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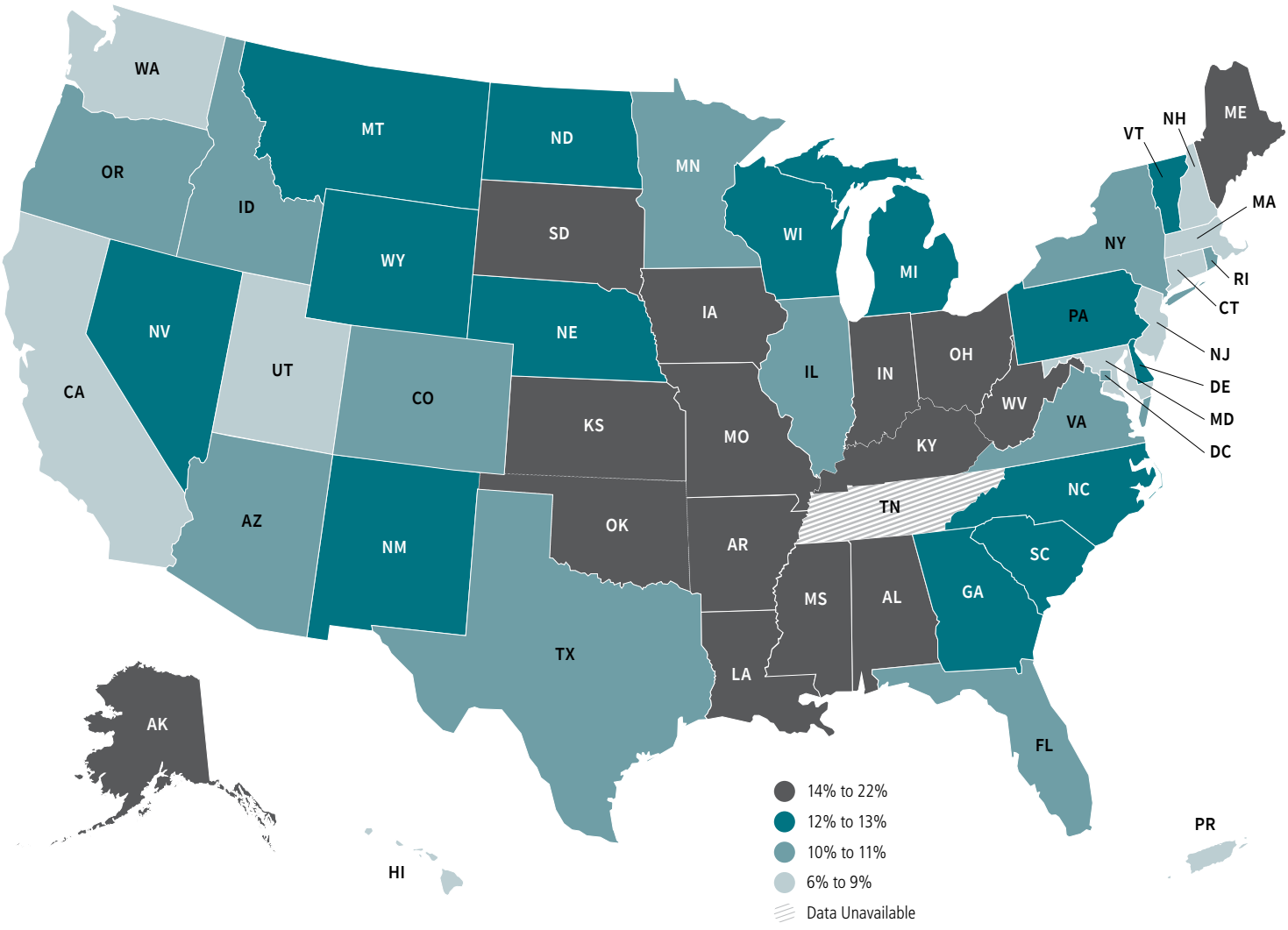
Cancer Prevention & Early Detection
Facts & Figures 2026

Current Cigarette Smoking (%), Adults 18 Years and Older, by State, US, 2024



Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and >65 years. Current cigarette smoking is defined as ever smoked 100 cigarettes in lifetime and now smoke every day or some days. State grouping was based on quartiles of the prevalence distribution.

Source: Behavioral Risk Factor Surveillance System, 2024.

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Contents

This publication attempts to summarize current scientific information about cancer. Except when specified, it does not represent the official policy of the American Cancer Society.

Suggested citation: American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2026.* Atlanta: American Cancer Society; 2026.

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Highlights

Tobacco

- In 2024, 10% (males: 12%, females: 8%) of adults currently smoked cigarettes, a historic low from its peak prevalence of 42% in 1965. Yet, 25 million adults still smoke, and prevalence remains high among American Indian or Alaska Native individuals (18%), lower-educated individuals (18% in adults without a high school diploma and 29% in adults with a GED), and those living in nonmetropolitan areas (16%).
- Menthol-flavored cigarettes, which can increase smoking uptake and reduce cessation success, are used by 36% of all adults who currently smoke, but this proportion is 82% in Black individuals and 45% in 18- to 24-year-olds.
- More than half of adults who smoked cigarettes (55%) in 2024 had attempted to quit in the past year, but only about 11% had quit successfully for ≥6 months, with higher success in Asian (19%), Hispanic (12%), and White (11%) adults than Black (8%) adults and in those with more education (16% in those with a graduate degree versus 8% in those with no high school diploma).
- In 2024, e-cigarettes (7.8%) were the most popular tobacco product among US high school students, followed by nicotine pouches (2.4%), cigarettes (1.7%), cigars (1.5%), and smokeless tobacco (1.5%).
- Close to 9-in-10 high school students who reported currently using tobacco products in 2023 used a flavored product, from 42% for cigarettes (menthol) and 71% for cigars to about 90% for e-cigarettes and nicotine pouches.

Excess Body Weight, Physical Activity, Diet, & Alcohol

- During August 2021-August 2023, 72% of adults ages 20 and over had excess body weight (overweight: 32%; obesity: 40%). Prevalence of overweight was higher in males (35%) compared to females (28%), while obesity prevalence was similar (40% and 41%, respectively).
- During August 2021-August 2023, prevalence of obesity in youth ages 2-19 years was 21% and overweight prevalence was 15%.
- In 2024, less than half of adults reported recommended levels of aerobic activity (48%). About one-quarter reported no leisure-time physical activity in 2024, and prevalence varied three-fold across US states (15%-42%).
- Six percent of US adults reported heavy alcohol consumption in 2024, with a three times higher prevalence in Montana (10%) compared to Pennsylvania (3%).

Ultraviolet Radiation Exposure

- In 2024, 37% of adults reported being sunburned within the past year, with higher prevalence among younger adults 18-44 years: 45%) and White persons (51%).

Infectious Agents

- In 2024, 63% of adolescents ages 13-17 years (64% of females, 62% of males) were up to date with the human papillomavirus (HPV) vaccine series, though estimates differed widely across states, with the lowest prevalence in Mississippi (39%) and the highest in Massachusetts (80%).
- In 2023, an estimated 63% of adolescents (65% of females, 61% of males) ages 13-17 years received at least one dose of the HPV vaccination series before their 13th birthday.

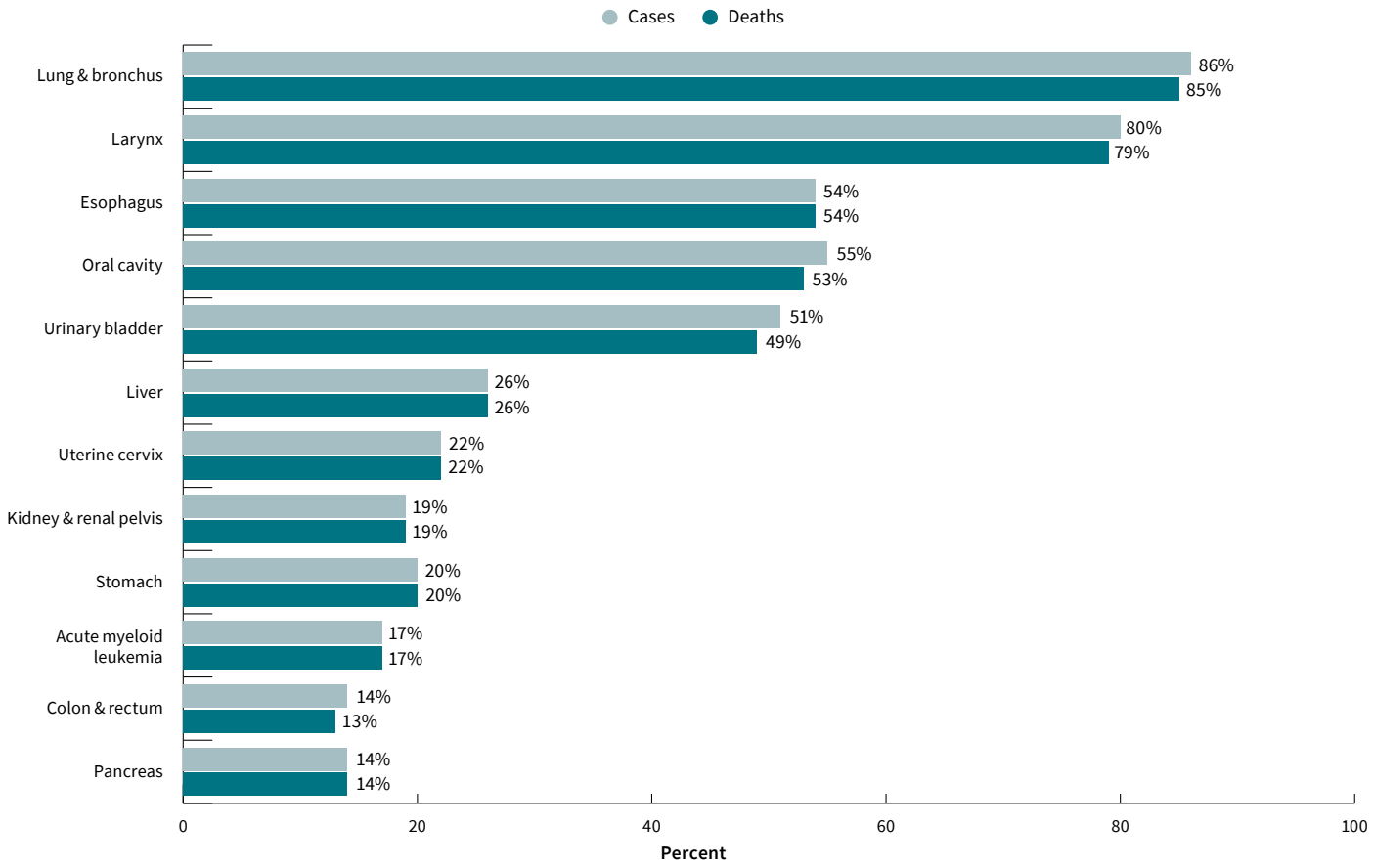
Cancer Screening*

- In 2023, prevalence of up-to-date breast cancer screening in females ages 45 years and older was 69% overall, but substantially lower in females who were uninsured (35%), were recent immigrants (54%), did not have a high school diploma (56%), were ages 45-54 years (58%), and were American Indian or Alaska Native (59%).
- In 2021, 78% of females ages 25-65 years were up to date with cervical cancer screening. Screening utilization was lowest among recent immigrants (58%), those who did not have a high school diploma (59%), and uninsured females (60%).
- About 65% of adults ages 45 years and older were up to date with colorectal cancer screening in 2023, with lower prevalence in individuals who were uninsured (25%), were ages 45-49 years (37%), were recent immigrants (43%), and had household incomes below the federal poverty level (51%).
- In 2024, prevalence of lung cancer screening was 15% among the estimated 18.4 million screening-eligible adults, with lower prevalence among those 50-59 years (11%) than those ages 60-69 (20%) and 70-80 years (18%).
- Among males 50 years and older in 2023, 37% were screened in the past year for prostate cancer, with the lowest prevalence in those who were uninsured (13%), had household incomes below the federal poverty level (21%), were Medicaid/public/dual-eligible insured (22%), and were American Indian or Alaska Native (23%).

*Estimates are according to American Cancer Society guidelines.

Tobacco

Figure 1A. Proportion of Cancer Cases and Deaths Attributable to Cigarette Smoking (%) in Adults 30 Years and Older, US, 2019



Source: Islami et al., 2024.[8]

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Table 1A. Current Tobacco Use and Quit Ratio (%), Adults 18 Years and Older, US, 2024

	Current Cigarette Smoking*			Menthol cigarette smoking§	E-cigarettes¶	Quit ratio†
	Males	Females	Overall			
Overall	**12**	**8**	**10**	**36**	**8**	**65**
Sex						
Males	12	–	12	30	8	65
Females	–	8	8	43	7	66
Age (years)						
18-24	5	2	3	45	15	54
25-44	13	8	10	40	11	63
45-64	15	12	13	28	4	64
65+	8	7	8	32	1	82
Race/Ethnicity						
Hispanic	10	5	7	39	5	65
White only	12	10	11	28	10	67
Black only	13	9	11	82	5	48
Asian only	6	2	4	‡	3	77
AIAN only or multiple	18	19	18	21	12	57
Sexual orientation						
Gay/lesbian	13	11	12	30	11	67
Heterosexual	12	8	10	34	7	65
Bisexual	11	14	13	36	17	67
Immigration status						
Born in US/US territory	13	10	11	36	9	65
In US fewer than 10 years	11	‡	7	46	3	69
In US 10+ years	9	2	6	28	4	73
Education (≥25 years)						
No high school diploma	24	13	18	34	7	54
GED	35	24	29	29	16	55
High school diploma	18	14	16	36	8	61
Some college	13	11	12	37	9	68
Undergraduate degree	5	4	5	30	4	81
Graduate degree	3	3	3	26	3	84
Income level						
<100% FPL	25	18	21	35	10	47
100 to <200% FPL	18	12	15	41	9	56
≥200% FPL	9	6	8	33	7	71
Insurance status						
Uninsured	19	9	15	30	12	51
Private	9	7	8	33	7	73
Medicaid/Public/Dual eligible	22	15	18	36	11	52
Medicare (65 years and above)	8	7	8	32	1	83
Other (below 65 years)	19	13	16	39	8	61
Urbanicity						
Nonmetropolitan	17	14	16	32	11	60
Metropolitan	11	7	9	37	7	67

AIAN-American Indian or Alaska Native. GED-General Educational Development high school equivalency. FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years and by 4 age groups: 25-34, 35-44, 45-64, and ≥65 years for education. *Ever smoked 100 cigarettes in lifetime and currently smoke every day or some days. §Of those who currently smoke, those who usually smoked menthol cigarettes. ¶Currently using e-cigarettes or other electronic vaping products. †Persons who formerly smoked among those who ever smoked 100 cigarettes in lifetime. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: National Health Interview Survey, 2024.

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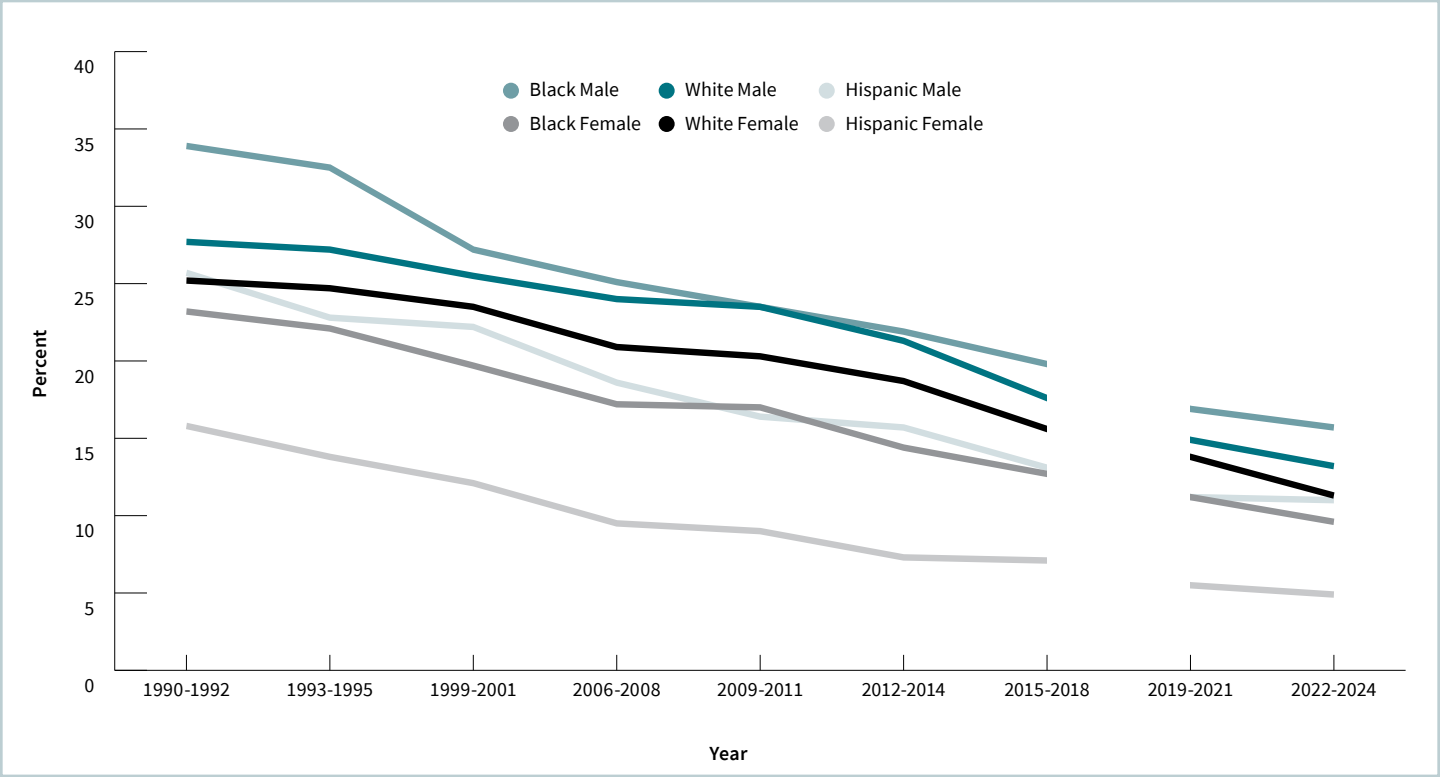
Figure 1B. Current Cigarette Smoking Prevalence (%), Adults 18 Years and Older, by Sex and Race/Ethnicity, US, 1990-2024



Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years. The National Health Interview Survey underwent a significant redesign in 2019, preventing comparability to prior years indicated by the line break. Current cigarette smoking is defined as ever smoked 100 cigarettes in lifetime and now smoke every day or some days.

Sources: National Center for Health Statistics (US), 2019.(5) National Health Interview Survey, 2015-2024.

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Table 1B. Current Tobacco Use and Smoking Cessation (%), Adults 18 Years and Older, by State, US, 2020 and 2024

	Cigarettes* 2024						Smoking Cessation		
Age adjusted %	**Overall**	**Rank (1=high)**	**Males**	**Females**	**Low education****	**E-cigarettes¶ (2024)**	**Quit ratio† (2024)**	**Past-year quit attempt†† (2020)**	**Recent successful cessation§ (2020)**
United States (median)	**12**	**–**	**13**	**11**	**23**	**9**	**65**	**63**	**6**
Range	*6-22*	*–*	*7-21*	*5-23*	*12-54*	*3-12*	*55-75*	*56-71*	*3-11*
Alabama	14	9	16	13	35	11	62	69	5
Alaska	15	4	17	12	42	9	61	62	‡
Arizona	11	28	12	9	20	9	68	63	6
Arkansas	17	3	19	16	35	12	58	57	4
California	8	47	10	6	12	7	70	69	8
Colorado	10	35	11	8	20	9	70	66	8
Connecticut	9	41	10	8	20	6	69	70	5
Delaware	10	35	9	11	21	8	70	66	‡
District of Columbia	9	41	10	8	21	4	61	71	6
Florida	11	28	12	10	25	8	67	64	6
Georgia	12	23	14	9	27	8	64	66	7
Hawaii	8	47	9	7	22	11	75	63	5
Idaho	10	35	12	7	28	9	69	62	6
Illinois	11	28	13	8	18	7	66	62	8
Indiana	14	9	15	14	31	10	62	60	4
Iowa	14	9	14	13	27	10	64	60	5
Kansas	14	9	16	13	42	10	62	59	7
Kentucky	18	2	19	17	30	12	59	56	6
Louisiana	15	4	16	15	34	10	61	65	6
Maine	15	4	17	14	49	8	63	58	7
Maryland	8	47	9	7	12	6	70	64	6
Massachusetts	9	41	10	8	14	6	66	66	6
Michigan	14	9	14	13	38	11	66	64	6
Minnesota	11	28	11	10	21	8	68	60	6
Mississippi	15	4	17	12	31	9	60	66	3
Missouri	15	4	15	15	30	9	63	61	6
Montana	13	17	12	13	34	11	67	59	7
Nebraska	13	17	14	11	22	9	63	61	6
Nevada	12	23	14	11	15	10	65	62	10
New Hampshire	9	41	9	10	26	7	74	61	5
New Jersey	9	41	10	8	13	7	66	69	7
New Mexico	12	23	13	11	22	9	65	65	7
New York	10	35	12	8	17	7	65	67	7
North Carolina	12	23	14	10	18	8	66	60	7
North Dakota	13	17	14	12	38	8	65	57	6
Ohio	14	9	15	13	38	10	62	59	4
Oklahoma	14	9	15	14	29	11	64	61	4
Oregon	11	28	13	9	23	9	69	59	8
Pennsylvania	13	17	14	12	21	9	65	63	6
Rhode Island	10	35	11	9	17	8	67	66	8
South Carolina	13	17	14	12	21	10	62	63	6
South Dakota	14	9	15	13	34	9	62	59	5
Tennessee	–	–	–	–	–	–	–	58	5
Texas	10	35	11	9	15	8	67	66	7
Utah	6	51	7	5	16	7	72	67	11
Vermont	11	28	13	10	39	7	69	61	6
Virginia	11	28	13	10	23	8	64	65	7
Washington	8	47	9	7	19	8	73	64	8
West Virginia	22	1	21	23	54	12	55	59	7
Wisconsin	12	23	13	12	24	9	67	61	7
Wyoming	13	17	15	11	25	12	68	59	7
Puerto Rico	9	41	14	5	23	3	59	63	5

Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years and by 4 age groups: 25-34, 35-44, 45-64, and ≥65 years for education. *Ever smoked at least 100 cigarettes in lifetime and now smoke every day or some days. **Did not finish high school/GED among adults ages ≥25 years. ¶Reported using e-cigarettes or other electronic vaping products every day or some days. †Persons who formerly smoked among those who ever smoked 100 cigarettes in lifetime. ††Persons who reported that they stopped smoking during the past 12 months because they were trying to quit smoking among those currently smoking and persons who quit during the past year among those who formerly smoked.§Persons who quit smoking for ≥6 months during the past year among those who quit during the past year and among those currently smoking. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: Behavioral Risk Factor Surveillance System, 2020 and 2024.

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Table 1C. Current Tobacco Use (%), High School Students, US, 2023 and 2024

	Cigarettes	Cigars	E-cigarettes	Smokeless tobacco†	Waterpipe
Overall (2024)	1.7	1.5	7.8	1.5	0.8
Sex (2024)					
Males	2.2	2.1	7.8	2.3	0.9
Females	1.1	1	7.7	0.6	0.7
Race/Ethnicity (2024)					
Hispanic	1.7	1.6	7.4	1.4	1
White	1.9	1.3	8.1	1.8	0.4
Black	‡	2.7	8.4	‡	1.6
Flavored product use among students currently using the product* (2023)	42 (menthol)	71	88	84	85

Data from US territories are excluded from national estimates as they were sampled separately. Current tobacco use is defined as in the past 30 days. †Includes chewing tobacco, snuff, dip, and snus. *Any flavor other than tobacco-flavored or unflavored reported in 2024 for e-cigarettes and in 2023 for all other products. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Sources: Jamal A, et al. 2024.[11] Birdsey J, et al. 2023.[15] National Youth Tobacco Survey, 2023 and 2024.

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Table 1D. Current Tobacco Use (%), High School Students, by State, US, 2023

	Cigarettes	Rank† (1=high)	Cigars*	E-cigarettes¶	Smokeless tobacco†
United States (median)	4	–	4	17	3
Range	*1-7*	–	*1-10*	*6-27*	*1-7*
Alabama	–	–	–	–	–
Alaska	7	4	3	17	7
Arizona	–	–	–	–	–
Arkansas	7	1	9	23	5
California	–	–	–	–	–
Colorado	–	–	–	–	–
Connecticut	3	27	3	12	2
Delaware	2	32	5	18	3
District of Columbia	3	25	4	10	4
Florida	–	–	–	–	–
Georgia	–	–	–	–	–
Hawaii	3	27	–	13	–
Idaho	–	–	–	–	–
Illinois	4	18	–	17	–
Indiana	6	6	–	18	–
Iowa	–	–	–	–	–
Kansas	–	–	–	–	–
Kentucky	5	11	4	20	3
Louisiana	–	–	–	–	–
Maine	6	8	4	16	3
Maryland	3	23	4	14	3
Massachusetts	3	20	–	18	–
Michigan	2	33	5	15	3
Minnesota	–	–	–	–	–
Mississippi	5	12	10	18	4
Missouri	6	5	5	21	3
Montana	7	2	5	24	5
Nebraska	2	35	–	7	2
Nevada	3	27	–	15	4
New Hampshire	4	16	–	17	–
New Jersey	3	30	–	18	–
New Mexico	3	23	3	18	3
New York (excluding NYC)	2	36	6	17	3
North Carolina	4	15	–	21	–
North Dakota	5	9	4	18	3
Ohio	4	18	4	19	3
Oklahoma	4	14	6	22	4
Oregon	–	–	–	–	–
Pennsylvania	4	17	5	16	3
Rhode Island	3	25	4	17	3
South Carolina	–	–	–	–	–
South Dakota	5	13	4	15	2
Tennessee	5	9	7	22	5
Texas	3	20	4	14	3
Utah	1	37	1	6	1
Vermont	6	7	4	16	3
Virginia	2	34	2	8	2
Washington	–	–	–	–	–
West Virginia	7	3	6	27	6
Wisconsin	3	20	5	16	3
Wyoming	–	–	–	–	–
Puerto Rico	2	31	3	13	2

Estimates are crude. Cells with hyphen marks denote unavailable estimates. Current use is defined as at least 1 day in the past 30 days before the survey. †Based on % current cigarette smoking. *Cigars, cigarillos, or little cigars. ¶E-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. †Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products. See Special Notes, **page 51**, for more information regarding unavailable data.

Source: Youth Risk Behavior Survey, 2023.

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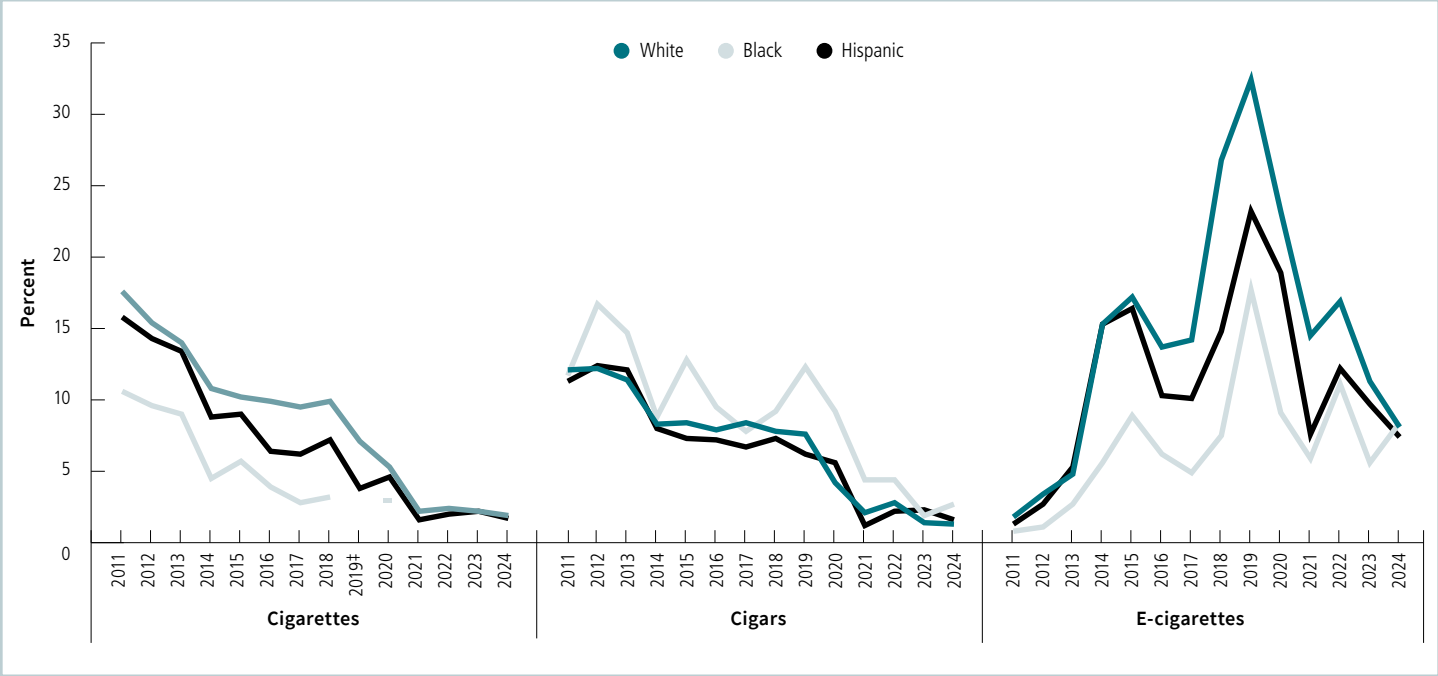
Figure 1C. Current Use of Selected Tobacco Products (%), by Race/Ethnicity, High School Students, US, 2011-2024



Estimates are crude. Current tobacco use is defined as in the past 30 days. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Sources: 2024: Jamal A, et al. 2024;[11] **2023:** Birdsey J, et al. 2023;[15] **2022:** Park-Lee E, et al. 2022;[14] **2021:** Gentzke AS, et al. 2022;[17] **2020:** Gentzke AS, et al. 2020;[13] **2019:** Wang TW, et al, 2019;[16] **2018:** Gentzke AS, et al. 2019;[21] **2017:** Wang TW, et al. 2018;[10] **2016:** Jamal A, et al. 2017;[19] **2015:** Singh T, et al. 2016;[3] **2014:** Arrazola RA, et al. 2015;[18] **2013:** Arrazola RA, et al. 2014;[20] **2011-2012:** Centers for Disease Control and Prevention (CDC). 2013.[4]

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Table 1E. Smoking Cessation and Cessation Assistance (%), Adults 18 Years and Older, US, 2022 and 2024

	Past-year quit attempt* (2024)	Recent successful cessation† (2024)	Doctor advice to quit§ (2022)	Doctor assistance to quit¶ (2024)	Counseling** (2022)	Medication†† (2022)	Counseling or medication (2022)
Overall	**55**	**11**	**47**	**46**	**7**	**36**	**38**
Sex							
Males	53	11	45	44	7	36	38
Females	57	13	50	48	8	38	39
Age (years)							
18-24	74	24	32	21	‡	27	28
25-44	59	15	37	40	6	29	31
45-64	47	5	60	57	9	45	47
65 years and above	44	5	60	60	10	46	47
Race/Ethnicity							
Hispanic	62	12	34	35	7	28	30
White only	51	11	51	48	7	41	42
Black only	66	8	47	43	10	29	32
Asian only	58	19	33	37	‡	14	15
AIAN only or multiple	56	‡	50	38	‡	33	33
Sexual orientation							
Gay/lesbian	61	‡	44	54	‡	40	41
Heterosexual	55	12	46	45	7	35	37
Bisexual	50	7	51	53	‡	47	48
Immigration status							
Born in US/US territory	54	11	49	47	8	39	41
In US fewer than 10 years	77	‡	‡	18	‡	‡	‡
In US 10+ years	55	11	43	39	‡	17	19
Education (≥25 years)							
No high school diploma	51	8	45	48	5	29	30
GED	45	7	55	55	‡	40	43
High school diploma	49	10	50	49	4	35	37
Some college	55	9	51	51	12	42	45
Undergraduate degree	59	12	47	51	7	45	46
Graduate degree	60	16	45	44	‡	40	41
Income level							
<100% FPL	54	9	50	45	12	39	42
100 to <200% FPL	56	11	49	47	6	30	32
≥200% FPL	54	13	46	47	7	39	40
Insurance status							
Uninsured	56	10	31	33	‡	17	20
Private	53	11	48	48	6	38	39
Medicaid/Pub/Dual eligible	54	10	56	51	10	40	43
Medicare (65 years and above)	44	5	60	62	10	43	44
Other (below 65 years)	53	‡	62	66	14	50	53
Urbanicity							
Nonmetropolitan	52	11	49	48	6	38	40
Metropolitan	56	11	47	46	8	36	38

AIAN-American Indian or Alaska Native. GED-General Educational Development high school equivalency. FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years and by 4 groups: 25-34, 35-44, 45-64, and ≥65 years for education. *Quit smoking for >1 day in past year in those who currently smoke/quit in past year. †Quit smoking for ≥6 months in past year. §Received advice from a health professional to quit in those currently smoking/quit in past year that saw a health professional in the past year. January 2022 excluded due to survey error. ¶Received advice from a health professional on ways to quit/prescribed cessation medication in those currently smoking/quit in past year that saw a health professional in the past year. **Used one-on-one counseling, stop smoking clinic, class, or support group; a telephone help line or quitline to stop smoking in those currently smoking who tried to quit in past year/quit in past 2 years. ††Used nicotine patch, gum, lozenge, nasal spray, or inhaler, varenicline, bupropion, or combination to stop smoking in those currently smoking who tried to quit in past year/quit in past 2 years. ‡Estimates are statistically unstable and not shown. See Special Notes, page 51.

Source: National Health Interview Survey, 2022 and 2024.

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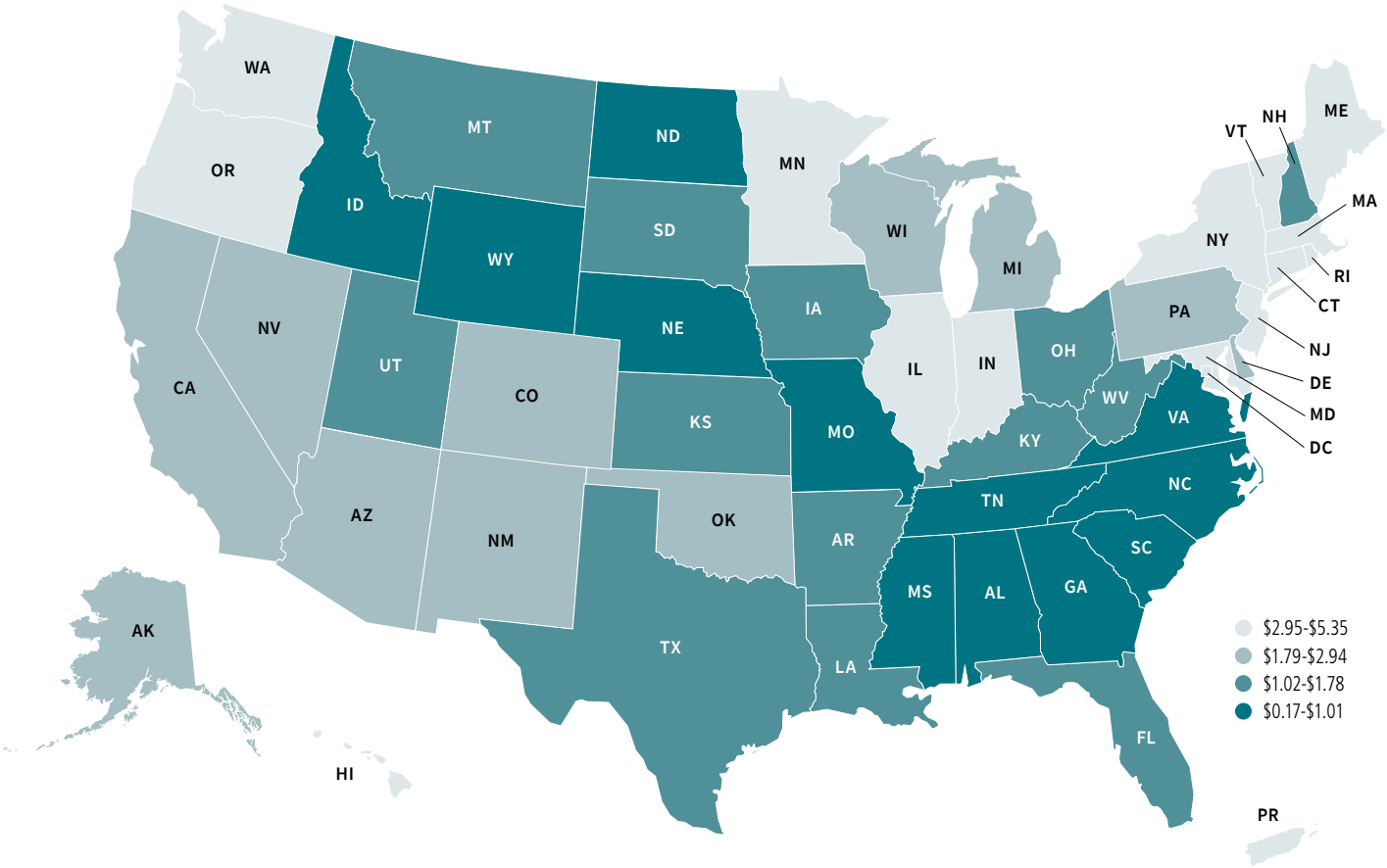
Figure 1D. Cigarette Excise Taxes ($), by State, US, 2026



Effective as of December 24, 2025. Statewide tax rates per pack of cigarettes. State grouping was based on quartiles of the tax ($) distribution.

Source: Campaign for Tobacco-Free Kids, 2026.[1]

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Table 1F. Tobacco Control Measures, by State, US, 2025 and 2026

	Cigarette tax per pack ($)*	100% smoke-free laws†					Tobacco control funding as % of CDC recommendation††
		W	R	B	G	E-cigarette use also restricted	
United States *(average)*	**$2.11**						
Range	*$0.17-$5.35*						
Alabama	$0.675						3.2%
Alaska	$2.00						63.0%
Arizona	$2.00	✓	✓	✓	✓		28.9%
Arkansas	$1.15						30.7%
California	$2.87	✓	✓	✓	✓	✓	63.7%
Colorado	$2.24	✓	✓	✓	✓	✓	74.9%
Connecticut	$4.35	✓	✓	✓	✓	✓	4.7%
Delaware	$2.10	✓	✓	✓	✓	✓‡	76.5%
District of Columbia	$4.50	✓	✓	✓			32.9%
Florida	$1.339	✓	✓		✓	§	45.0%
Georgia	$0.37						2.0%
Hawaii	$3.60	✓	✓	✓		§	59.7%
Idaho	$0.57		✓				29.8%
Illinois	$2.98	✓	✓	✓	✓	✓‡	7.5%
Indiana	$2.995	✓					12.4%
Iowa	$1.36	✓	✓	✓			14.2%
Kansas	$1.29	✓	✓	✓			7.0%
Kentucky	$1.10						8.4%
Louisiana	$1.08	✓	✓				8.5%
Maine	$3.50	✓	✓	✓	✓	**	100.0%
Maryland	$5.00	✓	✓	✓	✓	✓	43.8%
Massachusetts	$3.51	✓	✓	✓	✓	✓	16.9%
Michigan	$2.00	✓	✓	✓			4.2%
Minnesota	$3.04	✓	✓	✓	✓	✓	23.0%
Mississippi	$0.68						23.8%
Missouri	$0.17						4.3%
Montana	$1.70	✓	✓	✓	✓		35.7%
Nebraska	$0.64	✓	✓	✓	✓	✓‡	17.6%
Nevada	$1.80	✓	✓			¶	3.2%
New Hampshire	$1.78		✓	✓		**	3.7%
New Jersey	$3.00	✓	✓	✓		§	7.3%
New Mexico	$2.00	✓	✓	✓		§	24.9%
New York	$5.35	✓	✓	✓	✓	✓‡	19.3%
North Carolina	$0.45		✓	✓			13.7%
North Dakota	$0.44	✓	✓	✓	✓	✓	61.8%
Ohio	$1.60	✓	✓	✓	✓	✓‡	5.9%
Oklahoma	$2.03						85.9%
Oregon	$3.33	✓	✓	✓	✓	✓	73.3%
Pennsylvania	$2.60	✓					13.1%
Rhode Island	$4.50	✓	✓	✓		§‡	6.1%
South Carolina	$0.57						11.8%
South Dakota	$1.53	✓	✓	✓	✓	✓	38.5%
Tennessee	$0.62						2.6%
Texas	$1.41						2.3%
Utah	$1.70	✓	✓	✓		§	83.7%
Vermont	$3.08	✓	✓	✓	✓	✓‡	30.5%
Virginia	$0.60						10.3%
Washington	$3.025	✓	✓	✓	✓		7.7%
West Virginia	$1.20						1.6%
Wisconsin	$2.52	✓	✓	✓	✓		11.7%
Wyoming	$0.60						30.7%
Puerto Rico	$5.10	✓	✓	✓		✓	—

W-hospitality workplaces, R-restaurants and attached bar in the restaurant, B-freestanding bars, G-state-run gambling establishments. *Effective as of December 24, 2025. Statewide tax rates per packof cigarettes. Average does not include Puerto Rico. †Passed or implemented, reported as of July 1,2025. Other state laws that do not explicitly address electronic smoking devices might be interpreted as prohibiting their use in existing smoke-free provisions. ‡Some exceptions; see references for more information. For e-cigarette use restrictions by establishment: ✓workplaces, restaurants, bars, and gambling establishments. §workplaces, restaurants, & bars only. ¶workplaces and restaurants only. **restaurants & bars. ††Fiscal year 2025.

Source: American Nonsmokers' Rights Foundation, 2025;[9] Campaign for Tobacco Free Kids, 2025.[1]

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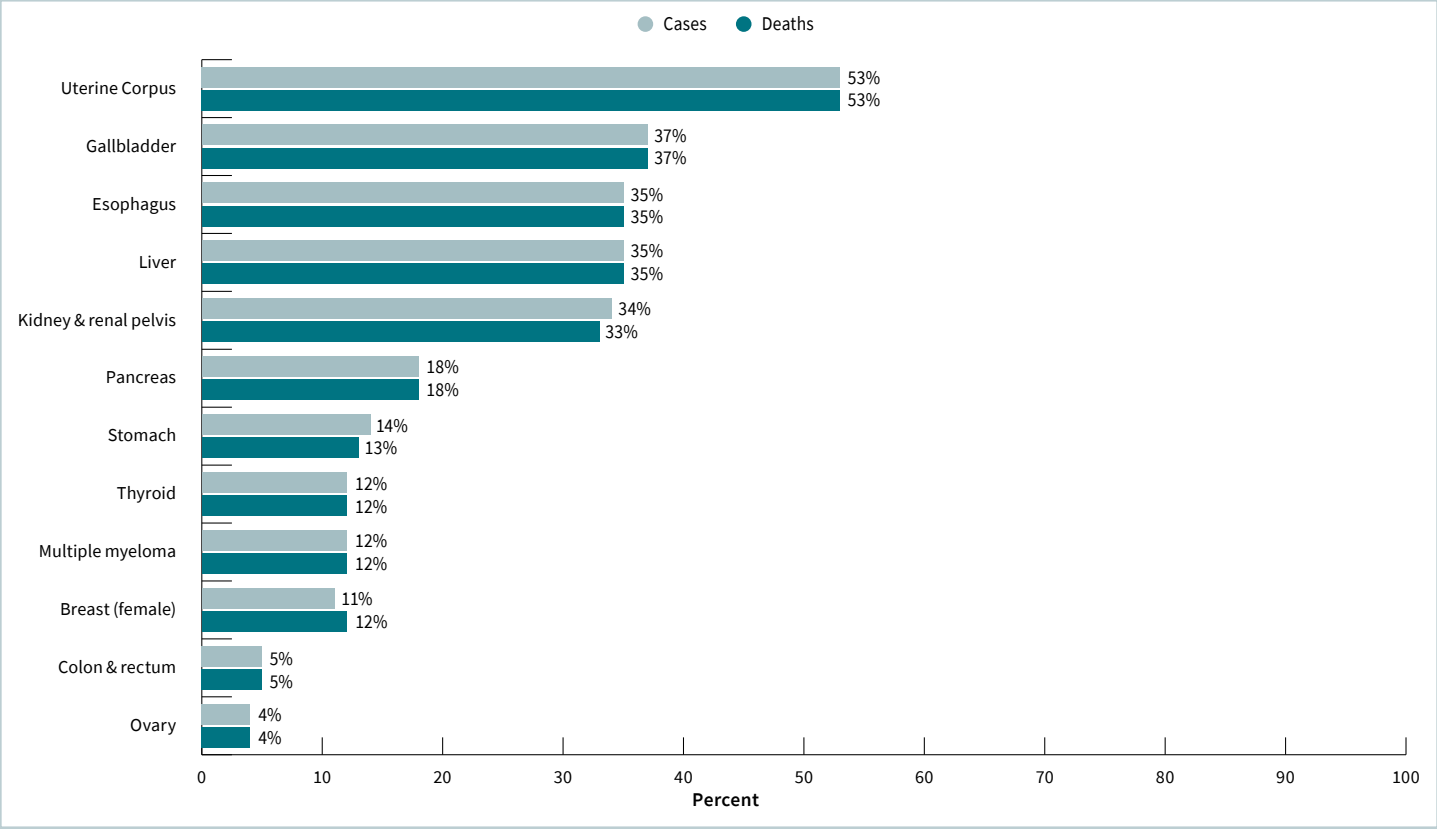
Excess Body Weight, Physical Activity, Diet, & Alcohol

Figure 2A. Proportion of Cancer Cases and Deaths Attributable to Excess Body Weight (%) in Adults 30 Years and Older, US, 2019



Esophagus limited to adenocarcinomas, stomach limited to cancers of the cardia, and breast (female) limited to postmenopausal cancers.

Source: Islami et al., 2024[8]

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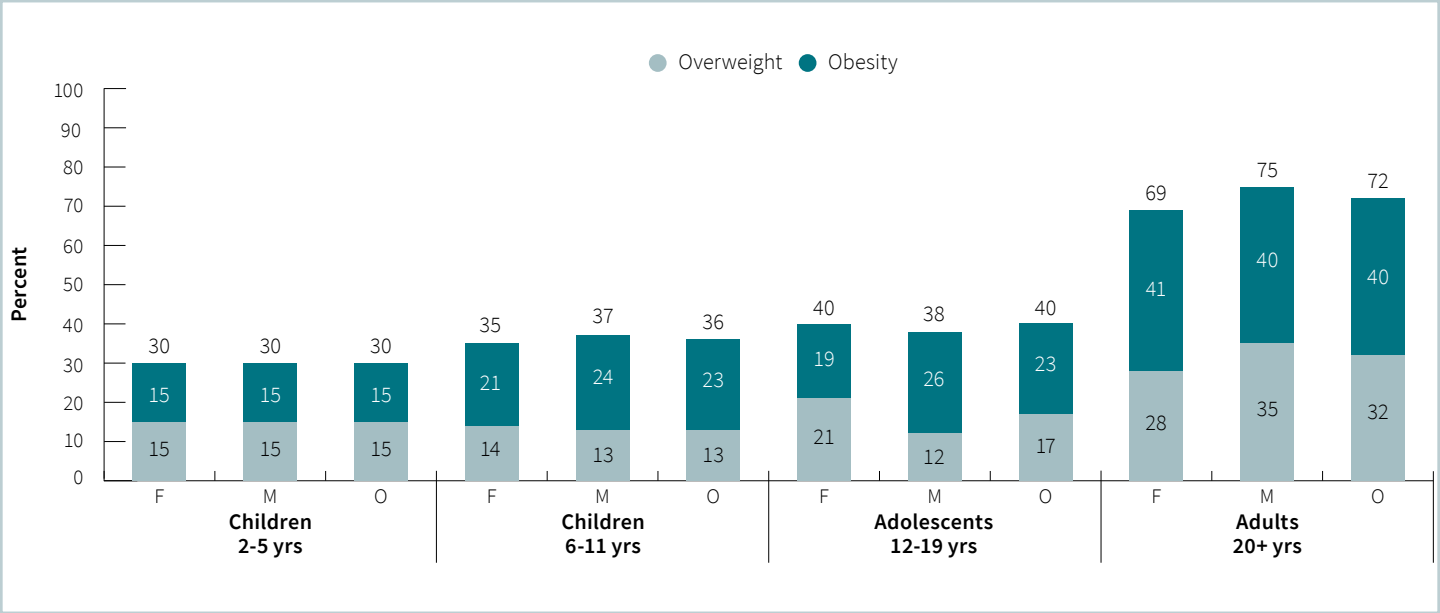
Figure 2B. Overweight and Obesity (%), Youth and Adults, US, August 2021-August 2023



BMI-Body mass index. F-females, M-males, O-overall. For youth (ages 2-19 years), BMI is based on percentile rankings of the individual's height and weight on age- and sex-specific growth charts; BMIs between the top 85th and <95th percentile are considered overweight, and BMIs at or above the 95th percentile (top 5%) are classified as obese. For adults (ages 20+ years), a BMI of 25.0 to <30.0 kg/m2 is overweight, and a BMI of ≥30.0 kg/m2 is obese. Excess body weight is a BMI of ≥25.0 kg/m2. Estimates for ages 20+ are age adjusted to the year 2000 US population standard using 5 age groups: 20-34, 35-44, 45-54, 55-64, and ≥65 years.

Source: National Health and Nutrition Examination Survey, August 2021-2023.

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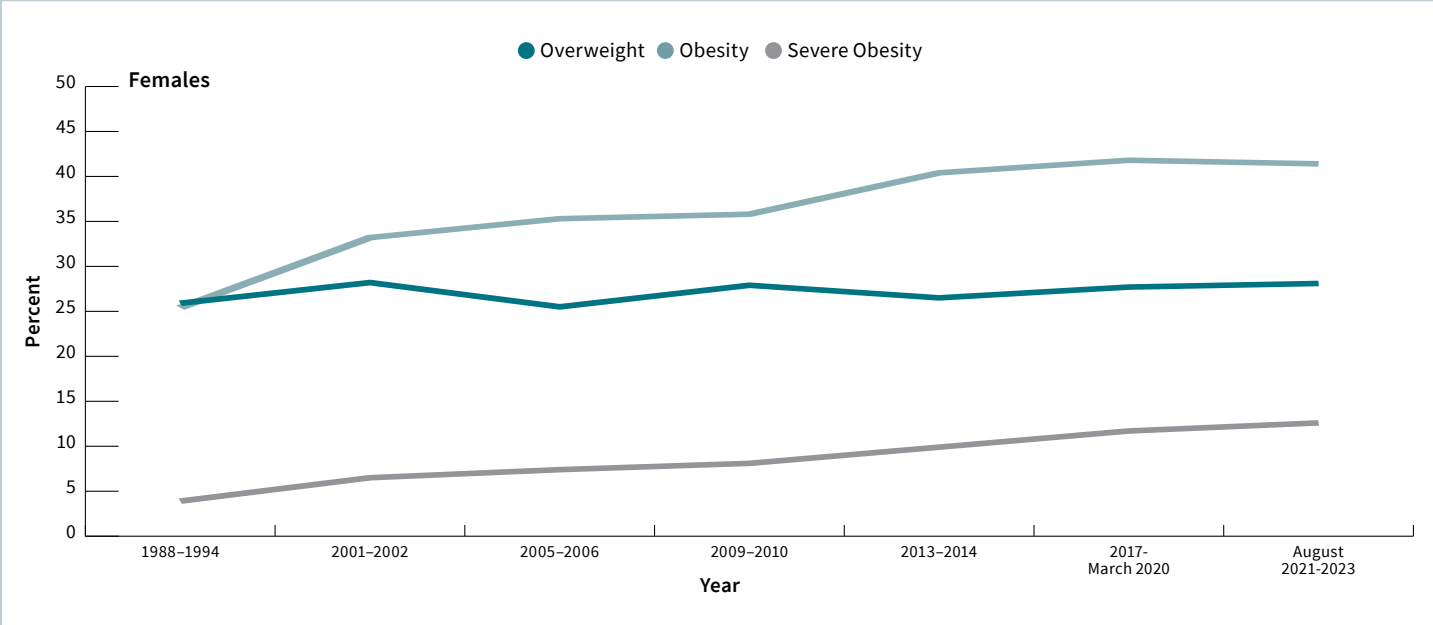
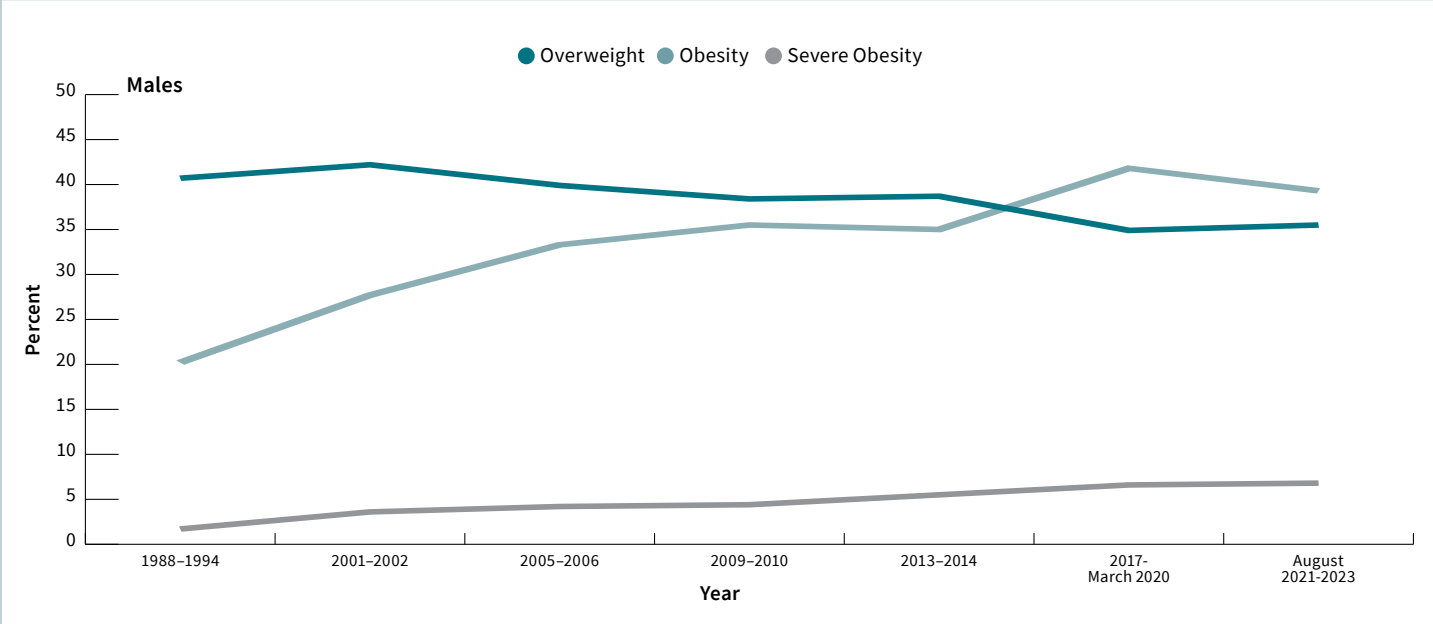
Figure 2C. Overweight, Obesity, and Severe Obesity (%), Adults 20 Years and Older, US, 1988-August 2023





BMI-Body mass index. For adults (ages 20+ years), overweight is a BMI of 25.0–<30.0 kg/m2, obesity is a BMI at or above 30.0 kg/m2, and severe obesity is BMI at or above 40.0 kg/m2. Pregnant females are excluded from the analysis. Estimates for ages 20+ are age adjusted to the year 2000 US population standard using 3 age groups: 20-39, 40-59, and ≥60 years.

Source: Fryar CD, et al. 2021.[7] National Health and Nutrition Examination Survey, 2017-August 2023.

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Table 2A. Overweight and Obesity (%), Adults 18 Years and Older, by State, US, 2024

	Overweight*	Obesity*	Rank obese† (1=high)
United States (median)	**34**	**34**	–
Range	*31-37*	*25-42*	–
Alabama	33	40	3
Alaska	34	34	25
Arizona	34	34	25
Arkansas	34	40	3
California	35	29	45
Colorado	37	25	51
Connecticut	36	32	35
Delaware	33	37	13
District of Columbia	32	26	50
Florida	35	30	43
Georgia	34	36	19
Hawaii	33	28	47
Idaho	35	33	31
Illinois	34	34	25
Indiana	33	39	6
Iowa	35	37	13
Kansas	33	38	7
Kentucky	33	38	7
Louisiana	32	40	3
Maine	33	33	31
Maryland	36	33	31
Massachusetts	36	27	49
Michigan	32	37	13
Minnesota	35	32	35
Mississippi	32	41	2
Missouri	34	35	22
Montana	34	31	40
Nebraska	34	38	7
Nevada	33	34	25
New Hampshire	37	31	40
New Jersey	37	28	47
New Mexico	37	36	19
New York	35	30	43
North Carolina	34	35	22
North Dakota	34	38	7
Ohio	33	37	13
Oklahoma	34	37	13
Oregon	34	34	25
Pennsylvania	34	34	25
Rhode Island	36	31	40
South Carolina	34	35	22
South Dakota	31	38	7
Tennessee	–	–	–
Texas	34	36	19
Utah	34	32	35
Vermont	34	29	45
Virginia	35	32	35
Washington	34	32	35
West Virginia	32	42	1
Wisconsin	32	38	7
Wyoming	36	33	31
Puerto Rico	35	37	13

BMI-Body mass index. Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years. *A BMI of 25.00 to <30.00 kg/m2 is overweight, and a BMI of ≥30.00 kg/m2 is obese. †Based on age adjusted % obese.

Source: Behavioral Risk Factor Surveillance System, 2024.

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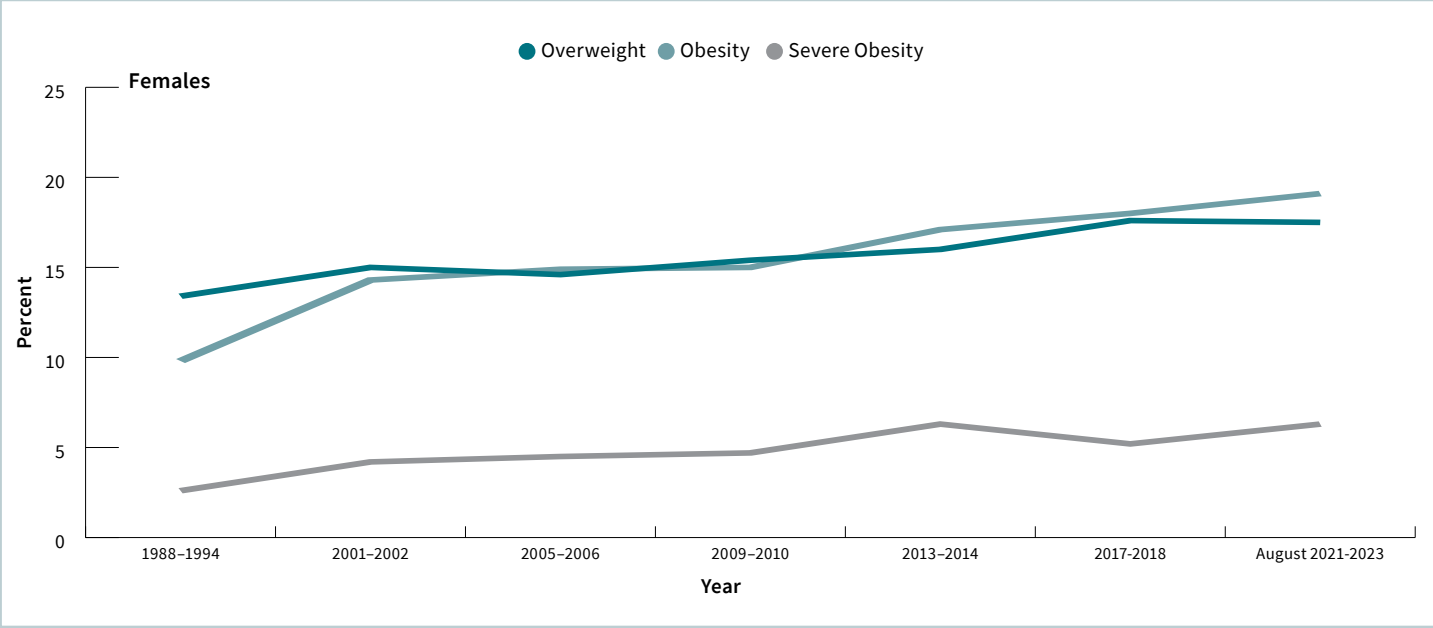
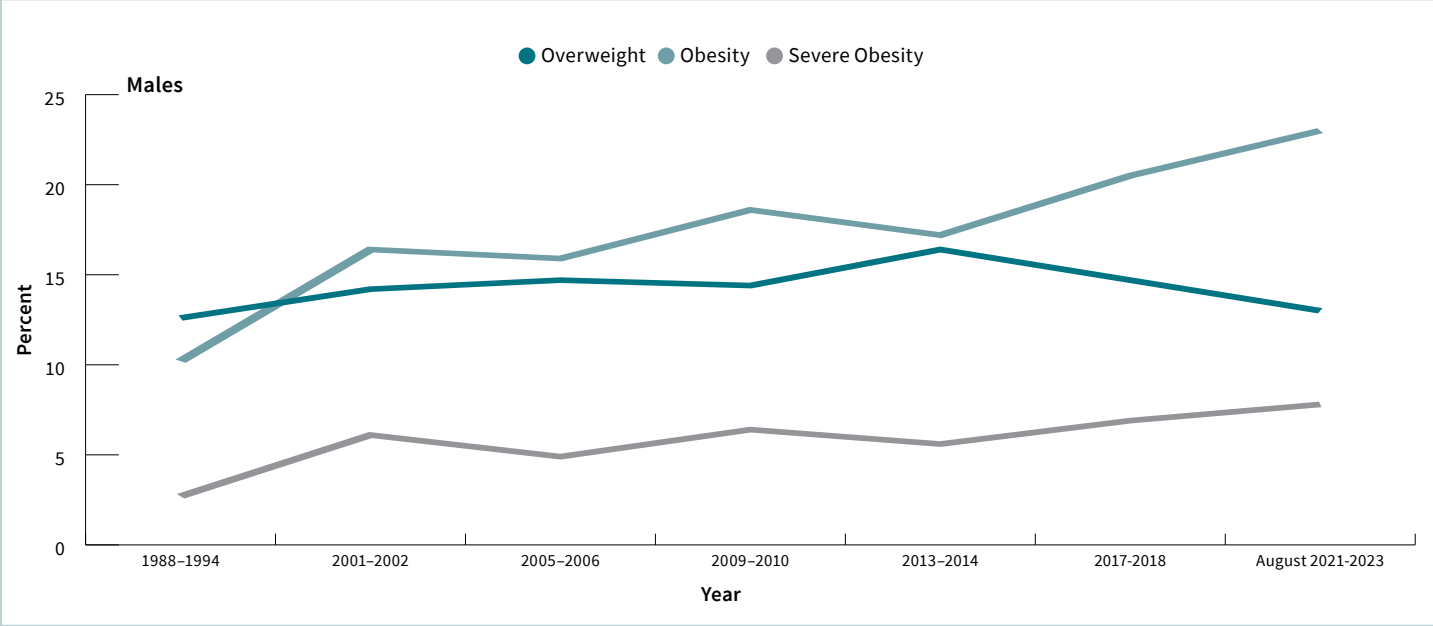
Figure 2D. Overweight, Obesity, and Severe Obesity (%), Children and Adolescents 2-19 Years, US, 1988-August 2023





BMI-Body mass index. Estimates are crude. For youth (ages 2-19 years), BMI is based on percentile rankings of the individual's height and weight on the CDC age- and sex-specific growth charts. BMIs at or above the 85th percentile and below the 95th percentile are classified as overweight. BMIs at or above the 95th percentile (top 5%) are classified as obese. Severe obesity was defined as a BMI ≥120% of the 95th percentile for age and sex on CDC growth charts.

Source: Fryar CD, et al. 2021.[7] National Health and Nutrition Examination Survey, August 2021-August 2023.

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Table 2B. Overweight and Obesity (%), High School Students, by State, US, 2023

	Overweight*	Obesity*	Rank obese† (1=high)
United States (median)	**15**	**16**	---
Range	*13-19*	*12-22*	---
Alabama	—	—	—
Alaska	16	17	12
Arizona	—	—	—
Arkansas	16	22	1
California	—	—	—
Colorado	—	—	—
Connecticut	16	14	28
Delaware	17	18	8
District of Columbia	17	19	6
Florida	—	—	—
Georgia	—	—	—
Hawaii	15	15	24
Idaho	—	—	—
Illinois	15	14	28
Indiana	15	17	12
Iowa	—	—	—
Kansas	—	—	—
Kentucky	15	22	1
Louisiana	—	—	—
Maine	14	15	24
Maryland	15	16	19
Massachusetts	15	13	34
Michigan	16	17	12
Minnesota	—	—	—
Mississippi	19	21	3
Missouri	17	16	19
Montana	15	14	28
Nebraska	13	16	19
Nevada	17	15	24
New Hampshire	13	13	34
New Jersey	17	12	37
New Mexico	17	18	8
New York (excluding NYC)	14	14	28
North Carolina	14	17	12
North Dakota	15	16	19
Ohio	13	20	4
Oklahoma	17	18	8
Oregon	—	—	—
Pennsylvania	15	17	12
Rhode Island	16	15	24
South Carolina	—	—	—
South Dakota	13	16	19
Tennessee	17	18	8
Texas	15	19	6
Utah	15	13	34
Vermont	14	14	28
Virginia	16	14	28
Washington	—	—	—
West Virginia	17	20	4
Wisconsin	16	17	12
Wyoming	—	—	—
Puerto Rico	15	17	12

Estimates are crude. Cells with hyphen marks denote unavailable estimates. *A body mass index between the 85th and <95th percentile is considered overweight. A body mass index at or above the 95th percentile is classified as obese. †Based on % obese. See Special Notes, **page 51**, for more information regarding unavailable data.

Source: Youth Risk Behavior Survey, 2023.

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Table 2C. Physical Activity and Alcohol Use (%), Adults 18 Years and Older, US, 2024

	Met recommended levels of aerobic activity*	No leisure-time physical activity in past week	Heavy alcohol consumption**
Overall	**48**	**26**	**6**
Sex			
Males	53	24	6
Females	44	28	6
Age (years)			
18-24	56	19	3
25-44	52	22	6
45-64	46	27	8
65+	39	36	5
Race/Ethnicity			
Hispanic	43	34	4
White only	51	23	7
Black only	42	30	4
Asian only	48	21	2
AIAN only or multiple	44	29	8
Sexual orientation			
Gay/lesbian	49	24	8
Heterosexual	49	25	6
Bisexual	43	25	10
Immigration status			
Born in US/US Territory	50	24	7
In US fewer than 10 years	39	34	1
In US 10+ years	44	31	3
Education (≥25 years)			
Some high school or less	32	48	6
High school diploma	38	37	7
Some college	47	26	6
College graduate	59	14	6
Income level			
<100% FPL	35	43	5
100 to <200% FPL	38	37	5
≥200% FPL	52	21	6
Insurance status			
Uninsured	44	33	6
Private	52	21	6
Medicaid/Public/Dual eligible	37	37	5
Medicare (65 years and above)	40	36	5
Other (below 65 years)	46	33	7
Urbanicity			
Nonmetropolitan	42	32	6
Metropolitan	49	25	6

AIAN-American Indian or Alaska Native. FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years and by 4 age groups: 25-34, 35-44, 45-64, and ≥65 years for education. *Includes 150 minutes or more of moderate-intensity aerobic activity or 75 minutes or more of vigorous-intensity aerobic activity each week. **>14 drinks/week in the past year for males or >7 drinks/week in the past year for females.

Source: National Health Interview Survey, 2024.

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Table 2D. Physical Activity and Alcohol Use (%), Adults 18 Years and Older, by State, US, 2023 and 2024

	Met recommended levels of aerobic activity* (2023)	No leisure-time physical activity in the past month (2024)	Heavy alcohol consumption† (2024)
United States (median)	**60**	**21**	**6**
Range	*35-68*	*15-42*	*3-10*
Alabama	57	27	6
Alaska	65	18	9
Arizona	63	21	7
Arkansas	53	27	6
California	62	21	5
Colorado	67	15	7
Connecticut	57	20	5
Delaware	60	24	6
District of Columbia	68	15	7
Florida	59	24	6
Georgia	59	23	5
Hawaii	64	20	7
Idaho	65	20	7
Illinois	61	23	6
Indiana	62	24	6
Iowa	59	21	8
Kansas	59	22	7
Kentucky	–	27	5
Louisiana	55	27	7
Maine	67	20	7
Maryland	60	19	4
Massachusetts	64	18	6
Michigan	59	21	6
Minnesota	62	17	7
Mississippi	52	30	6
Missouri	54	24	6
Montana	67	18	10
Nebraska	60	21	7
Nevada	58	23	6
New Hampshire	63	17	8
New Jersey	59	22	4
New Mexico	62	21	5
New York	58	24	5
North Carolina	60	20	4
North Dakota	63	21	8
Ohio	59	21	6
Oklahoma	51	27	5
Oregon	67	18	7
Pennsylvania	–	22	3
Rhode Island	57	22	6
South Carolina	59	21	7
South Dakota	59	21	8
Tennessee	58	–	–
Texas	57	25	6
Utah	65	17	4
Vermont	66	15	9
Virginia	64	21	6
Washington	66	17	6
West Virginia	55	27	5
Wisconsin	58	21	8
Wyoming	62	20	6
Puerto Rico	35	42	4

Kentucky and Pennsylvania (2023) and Tennessee (2024) were excluded from the Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years. *Includes 150 minutes or more of moderate-intensity aerobic activity or 75 minutes or more of vigorous-intensity aerobic activity each week. †>14 drinks/week in the past 30 days for males or >7 drinks/week in the past 30 days for females.

Source: Behavioral Risk Factor Surveillance System, 2023 and 2024.

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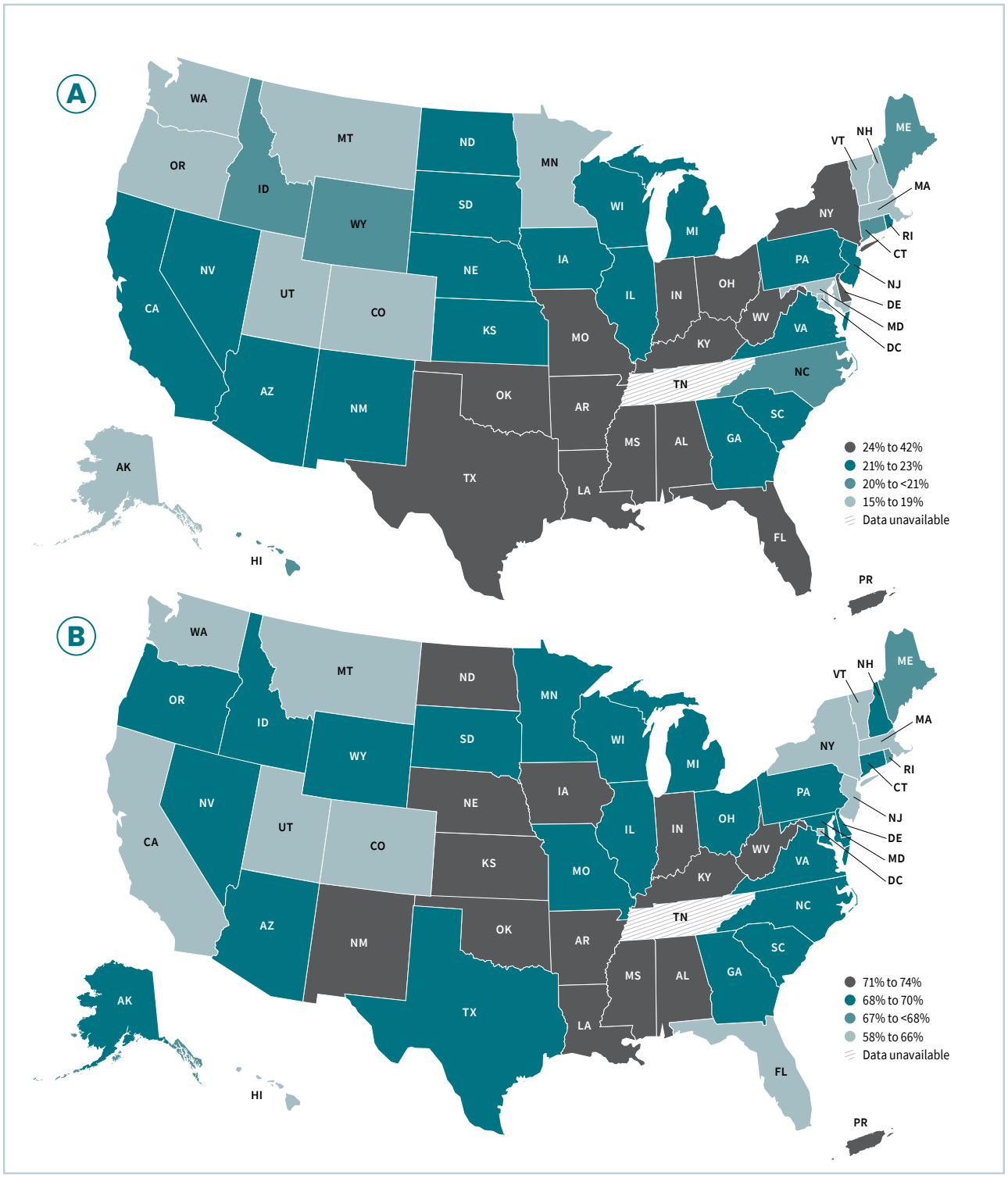
Figure 2E. No Leisure-time Physical Activity (A) and Excess Body Weight (B) (%), Adults 18 Years and Older, by State, US, 2024



Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years. B: Excess body weight is defined as a body mass index ≥25.00 kg/m2. State grouping was based on quartiles of the prevalence distribution.

Source: Behavioral Risk Factor Surveillance System, 2024.

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Table 2E. Diet, Alcohol Use, and Physical Activity (%), High School Students, by State, US, 2023

	Consumed fruit or 100% fruit juice ≥2 times a day	Consumed vegetables ≥3 times a day	Currently consumes alcohol‡	Met recommended levels of physical activity†	No physical activity*
United States (median)	**23**	**11**	**21**	**24**	**16**
Range	*18-30*	*8-17*	*6-28*	*14-30*	*12-31*
Alabama	—	—	—	—	—
Alaska	22	11	17	18	16
Arizona	—	—	—	—	—
Arkansas	21	10	25	25	18
California	—	—	—	—	—
Colorado	—	—	—	—	—
Connecticut	30	14	21	27	14
Delaware	—	—	20	22	22
District of Columbia	—	—	15	19	26
Florida	—	—	—	—	—
Georgia	—	—	—	—	—
Hawaii	20	15	17	22	17
Idaho	—	—	—	—	—
Illinois	—	—	26	24	16
Indiana	—	—	25	23	13
Iowa	—	—	—	—	—
Kansas	—	—	—	—	—
Kentucky	20	8	17	23	16
Louisiana	—	—	—	—	—
Maine	29	—	20	23	14
Maryland	25	13	18	20	20
Massachusetts	26	13	22	23	13
Michigan	23	10	21	26	16
Minnesota	—	—	—	—	—
Mississippi	23	9	23	22	21
Missouri	20	12	24	26	14
Montana	21	11	26	27	12
Nebraska	—	—	11	29	13
Nevada	—	—	16	17	18
New Hampshire	—	—	23	—	—
New Jersey	22	—	27	26	13
New Mexico	22	14	15	29	15
New York (excluding New York City)	25	—	24	24	17
North Carolina	24	11	21	24	18
North Dakota	23	11	20	29	12
Ohio	22	16	23	25	17
Oklahoma	18	9	26	27	16
Oregon	—	—	—	—	—
Pennsylvania	26	—	19	30	13
Rhode Island	—	—	18	22	17
South Carolina	—	—	—	—	—
South Dakota	23	12	24	30	12
Tennessee	21	10	20	19	19
Texas	25	12	—	25	18
Utah	25	9	6	19	13
Vermont	27	17	27	28	13
Virginia	—	—	16	24	18
Washington	—	—	—	—	—
West Virginia	21	—	28	28	15
Wisconsin	—	—	26	25	15
Wyoming	—	—	—	—	—
Puerto Rico	—	—	17	14	31

Estimates are crude. Cells with hyphen marks denote unavailable estimates. ‡At least one drink of alcohol, on at least 1 day during the 30 days before the survey. †Physical activity that increased heart rate and made breathing hard some of the time for a total of ≥60 minutes/day on all 7 days preceding the survey. *No physical activity that increased heart rate and made breathing hard some of the time for a total of ≥60 minutes/day on at least 1 of the 7 days preceding the survey. See Special Notes, **page 51**, regarding unavailable data.

Source: Youth Risk Behavior Survey, 2023.

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Ultraviolet Radiation

Table 3A. Sunburn* (%), High School Students, US, 2023

	Males	Females	Overall
Overall	**52**	**58**	**55**
Race/Ethnicity			
Hispanic	35	48	41
White only	75	83	79
Black	13	16	14
Asian	30	32	31
AIAN	30	50	42
NHPI	–	–	46

Estimates are crude. Cells with hyphen marks denote unavailable estimates. AIAN-American Indian or Alaska Native, NHPI-Native Hawaiian or Pacific Islander.
*Counting even a small part of their skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device, one or more times during the 12 months before the survey. See Special Notes, **page 51**, for more information regarding unavailable data.

Source: Youth Risk Behavior Survey, 2023.

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Table 3B. Sunburn* (%), Adults 18 Years and Older, US, 2024

	Males	Females	Overall
Overall	**37**	**36**	**37**
Age (years)			
18-24	41	49	45
25-44	44	47	45
45-64	34	33	34
65+	19	15	17
Race/Ethnicity			
Hispanic	20	21	21
White only	50	52	51
Black only	7	11	9
Asian only	16	17	16
AIAN only or multiple	30	41	37

AIAN-American Indian or Alaska Native. All estimates except age are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years. *Any sunburns in the past 12 months. Sunburn is defined as when even a small part of your skin turns red or hurts for 12 hours or more.

Source: National Health Interview Survey, 2024.

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Infectious Agents

Table 4A. Vaccination Coverage (%), Youth Ages 13-17 Years, by Sex, Race/Ethnicity, and Poverty Status, US, 2023 and 2024

	Before 13th birthday among ages 13-17 years (2023)						Ages 13-17 years (2024)			
	Human papillomavirus						Human papillomavirus			Hepatitis B
	Females		Males		Overall		Females	Males	Overall	Overall
	Initiation†	Up to date*	Initiation	Up to date	Initiation	Up to date	Up to date**			≥ 3 doses
Overall	**65**	**39**	**61**	**35**	**63**	**37**	**64**	**62**	**63**	**92**
Race/Ethnicity										
White	63	38	58	32	60	35	64	63	63	93
Black	70	38	61	34	66	36	63	56	60	91
Hispanic	67	39	66	42	66	40	65	61	63	91
Asian	–††	–	–	–	–	–	64	62	63	91
AIAN	–	–	–	–	–	–	50	68	58	93
Poverty Status										
<100% FPL	68	40	66	40	67	40	63	56	60	91
≥100% FPL	66	39	60	34	63	36	65	63	64	93

AIAN-American Indian or Alaska Native, FPL-Federal poverty level. Data from US territories excluded from national estimates as they were sampled separately. †≥ 1 dose of the human papillomavirus vaccine before 13th birthday among ages 13-17 years. *≥ 2 doses of the human papillomavirus vaccine before 13th birthday among ages 13-17 years. **Up-to-date human papillomavirus vaccination in ages 13-17 years is defined as 2 doses separated by 5 months (minus 4 days) for immunocompetent adolescents initiating the human papillomavirus vaccine series before their 15th birthday, and 3 doses for all others. ††Initiation and up-to-date human papillomavirus vaccination before 13th birthday among Asian and AIAN youth not released in the public NIS-Teen dataset or in the 2023 NIS-Teen MMWR publication.

Source: National Immunization Survey-Teen, 2023 and 2024.

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Table 4B. Human Papillomavirus Vaccination Coverage (%), Youth Ages 13-17 Years, by State, US, 2023 and 2024

	Up to date before 13th birthday† (2023)		Up to date* (2024)			
	Overall		Females	Males	Overall	
United States (median)	**37**	**Rank**	**65**	**63**	**66**	**Rank**
Range	*19-56*	(1=low)	*38-81*	*40-80*	*39-80*	(1=low)
Alabama	43	38	60	62	61	20
Alaska	35	14	48	56	52	4
Arizona	41	33	71	64	67	31
Arkansas	32	7	59	62	60	15
California	35	14	68	64	66	26
Colorado	44	40	65	64	64	23
Connecticut	‡	‡	71	63	67	31
Delaware	43	38	66	72	69	39
District of Columbia	42	35	75	77	76	48
Florida	41	33	54	64	59	13
Georgia	22	2	61	69	65	25
Hawaii	52	46	71	80	76	48
Idaho	33	9	55	57	56	8
Illinois	42	35	64	69	66	26
Indiana	37	23	59	55	57	11
Iowa	37	23	63	57	60	15
Kansas	36	19	63	57	60	15
Kentucky	31	6	62	61	61	20
Louisiana	49	45	65	66	66	26
Maine	37	23	72	62	67	31
Maryland	39	29	77	62	69	39
Massachusetts	46	42	81	79	80	52
Michigan	46	42	68	64	66	26
Minnesota	46	42	67	69	68	38
Mississippi	‡	‡	38	40	39	1
Missouri	34	10	49	57	53	6
Montana	37	23	61	59	60	15
Nebraska	36	19	66	63	64	23
Nevada	30	5	59	54	56	8
New Hampshire	36	19	74	70	72	44
New Jersey	19	1	63	55	59	13
New Mexico	38	27	72	61	67	31
New York	40	31	73	68	70	41
North Carolina	34	10	69	65	67	31
North Dakota	54	47	70	71	70	41
Ohio	34	10	74	61	67	31
Oklahoma	26	3	51	49	50	3
Oregon	40	31	68	64	66	26
Pennsylvania	42	35	65	62	63	22
Rhode Island	55	49	78	74	76	48
South Carolina	35	14	62	57	60	15
South Dakota	54	47	70	70	70	41
Tennessee	35	14	57	51	54	7
Texas	34	10	57	48	52	4
Utah	35	14	54	61	58	12
Vermont	36	19	81	63	72	44
Virginia	38	27	75	69	72	44
Washington	39	29	73	71	72	44
West Virginia	26	3	63	49	56	8
Wisconsin	45	41	64	70	67	31
Wyoming	32	7	54	40	47	2
Puerto Rico	56	50	77	77	77	51

Data from Puerto Rico were sampled separately. †≥ 2 doses of the human papillomavirus vaccine before 13th birthday among ages 13-17 years. *Up-to-date human papillomavirus vaccination in ages 13-17 years is defined as 2 doses separated by 5 months (minus 4 days) for immunocompetent adolescents initiating the human papillomavirus vaccine series before their 15th birthday, and 3 doses for all others. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: National Immunization Survey-Teen, 2023 and 2024.

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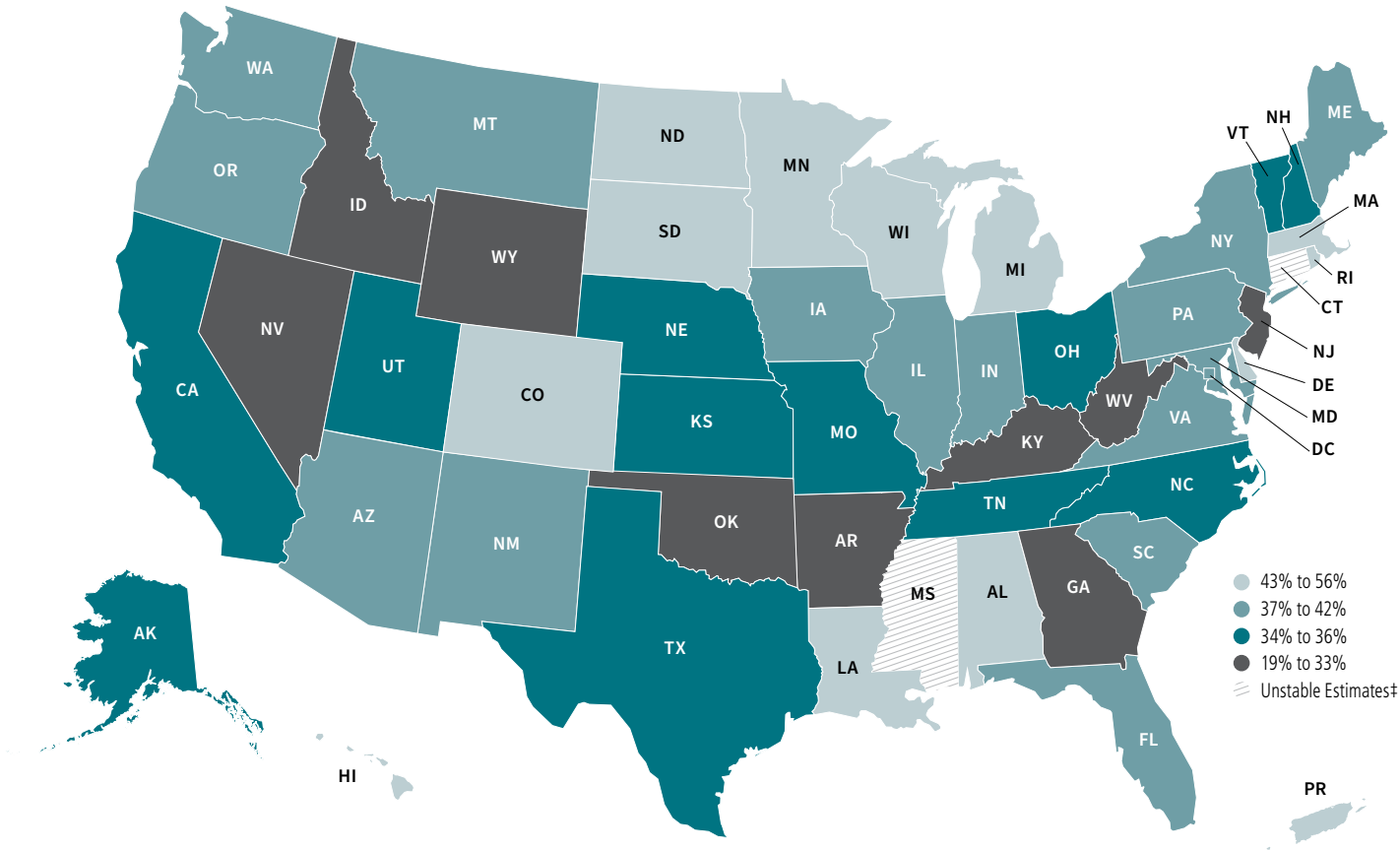
Figure 4A. Up-to-date Human Papillomavirus Vaccination Before 13th Birthday (%), Youth 13-17 Years, by State, US, 2023



Data from Puerto Rico were sampled separately. Up-to-date human papillomavirus vaccination is defined in this figure as ≥ 2 doses of the human papillomavirus vaccine before 13th birthday among ages 13-17 years. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**. State grouping was based on quartiles of the prevalence distribution.

Source: National Immunization Survey-Teen, 2023.

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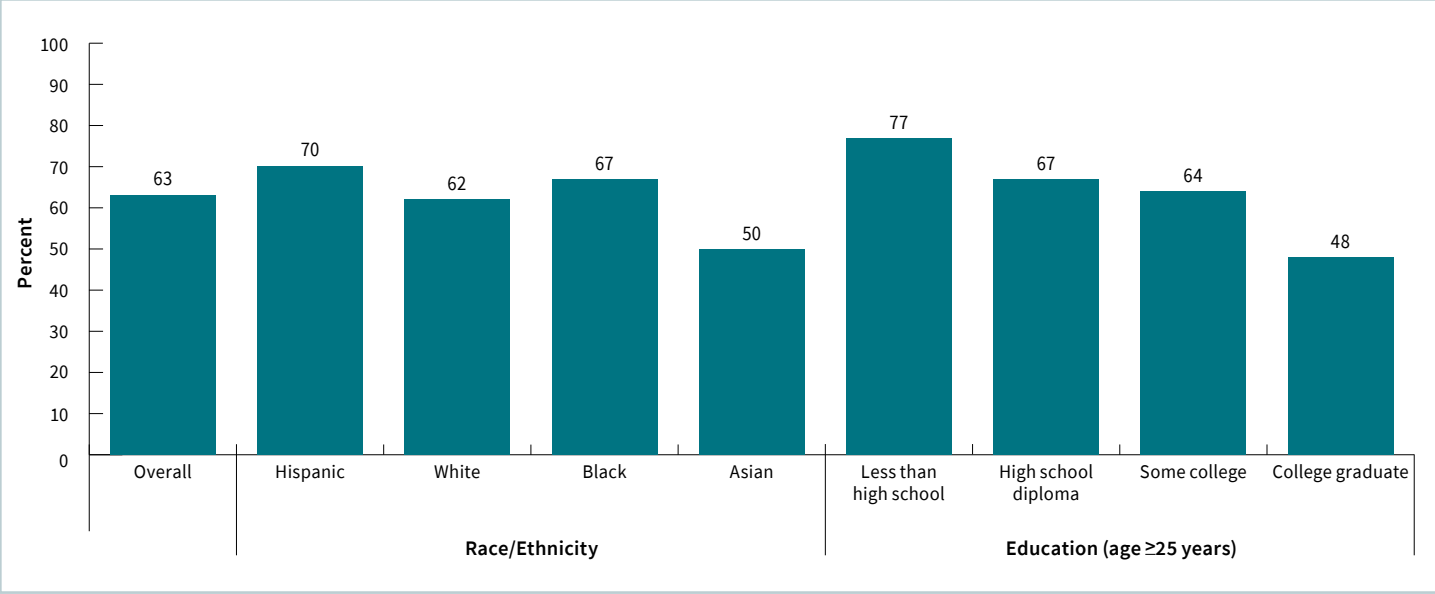
Occupational & Environmental Cancer Risk Factors

Figure 5A. Prolonged Exposure Among Individuals With Occupational Chemical Exposure (%), US Adults, 2023



Estimates are age adjusted to the year 2000 US population standard using 5 age groups: 18-24, 25-34, 35-44, 45-64, and ≥65 years and by 4 age groups: 25-34, 35-44, 45-64, and >65 years for education. †Among those with occupational chemical exposure to solvents, industrial glues, heavy metals, pesticides, or motor engine exhaust in the past 12 months; those who are exposed for 4 or more hours a week are considered to have prolonged exposure.

Source: National Health Interview Survey, 2023.

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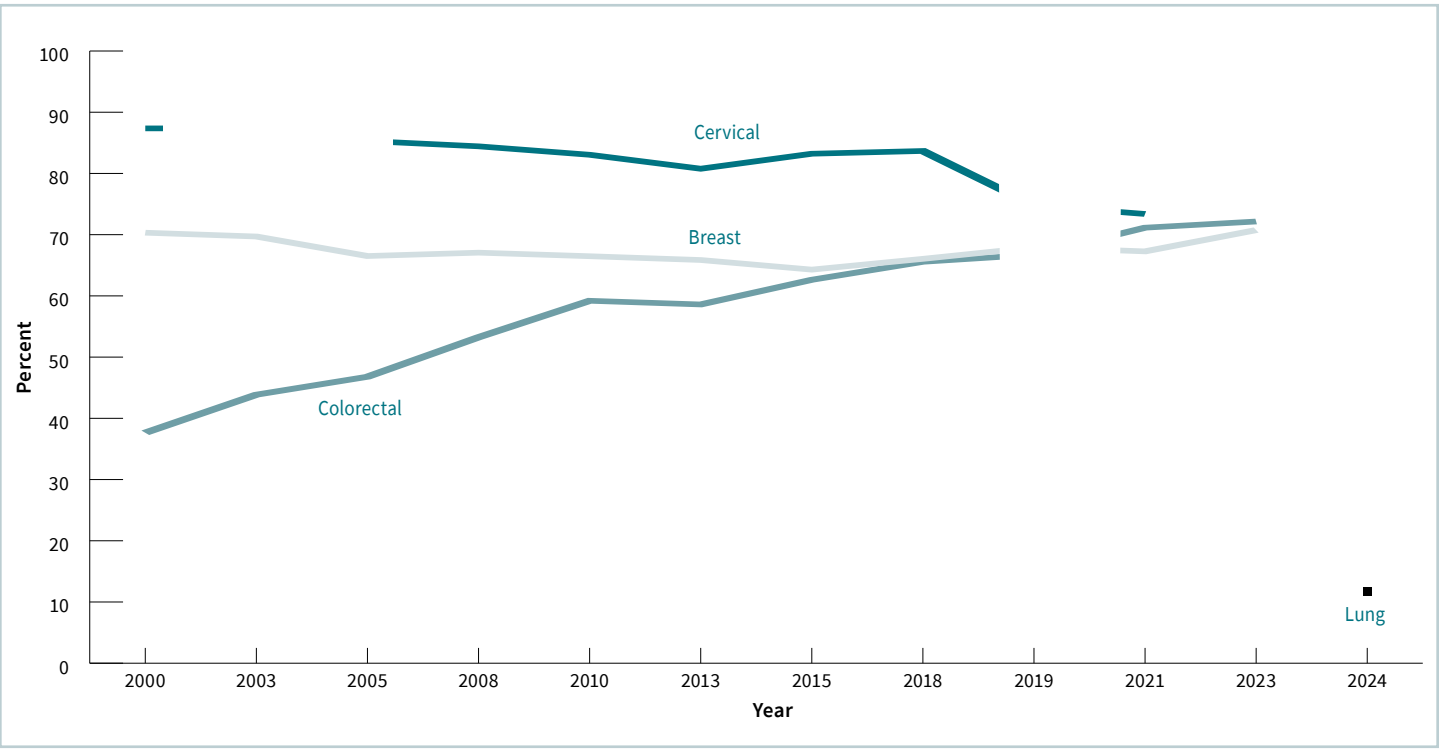
Cancer Screening

Figure 6A: Breast, Cervical, Colorectal, and Lung Cancer Screening (%), US, 2000-2024



The National Health Interview Survey (NHIS) underwent a significant redesign in 2019, preventing comparability to prior years indicated by the line break. Breast cancer screening is defined as a mammogram in the past 2 years among females ages 40+ years. Breast cancer screening estimates are age adjusted to the year 2000 US standard population using three age groups: 40-49, 50-64, and 65+ years. Cervical cancer screening is defined as a Papanicolaou test in the past 3 years (2000-on) among females ages 21-65 years, HPV and Papanicolaou co-testing (2015-on), or HPV test alone (2019-on) in the past 5 years among females 30-65 years who have not had a hysterectomy; hysterectomy data not available in 2003. Up-to-date cervical cancer screening not available in the 2023 NHIS. Cervical cancer screening estimates are age adjusted to the year 2000 US standard population using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years. Colorectal cancer screening is defined as colonoscopy, sigmoidoscopy, or fecal occult blood test/fecal immunochemical test in the past 10, 5, and 1 years; computed tomography colonography in the past 5 years (2010-on); or multi-target stool DNA test (sDNA) in the past 3 years (2018-on) among adults 50+ years. Due to questionnaire limitations, sDNA testing in 2019 was restricted to individuals who had ever received a fecal occult blood test or fecal immunochemical test. Colorectal cancer screening estimates are age adjusted to the year 2000 US standard population using 2 age groups: 50-64 and 65+ years. Lung cancer screening is defined as annual screening for lung cancer with low-dose CT in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Lung cancer screening estimates are age adjusted to the year 2000 US population standard using 3 age groups: 50-59, 60-69, and 70-80 years.

Source: National Health Interview Survey, 2000-2024.

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Table 6A. Mammography (%), Females 40 Years and Older, US, 2023

	(ACS* ≥45 yrs)	(USPSTF§ 50-74 yrs)	(USPSTF† 40-74 yrs)
Overall	**69**	**80**	**73**
Age (years)			
40-44	–	–	55
45-54	58	78	74
55-64	80	80	80
65-74	82	82	82
75 years and above	57	–	–
Race/Ethnicity			
Hispanic	64	78	68
White only	69	79	72
Black only	75	86	80
Asian only	71	81	76
AIAN only or multiple	59	74	62
Sexual orientation			
Gay/lesbian	72	80	69
Heterosexual	69	80	73
Bisexual	63	‡	64
Immigration status			
Born in US/US territory	70	80	73
In US fewer than 10 years	54	66	60
In US 10+ years	68	81	73
Education			
Less than high school	56	70	64
High school diploma	64	76	67
Some college	69	80	72
College graduate	77	85	79
Income level			
<100% FPL	56	69	61
100 to <200% FPL	62	74	65
≥200% FPL	72	83	76
Insurance status			
Uninsured	35	50	42
Private	74	83	78
Medicaid/Public/Dual eligible	63	72	67
Medicare (65 years and above)	70	83	83
Other (below 65 years)	72	78	76
Urbanicity			
Nonmetropolitan	65	76	66
Metropolitan	70	81	74

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force, AIAN-American Indian or Alaska Native, FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard. *Mammogram within the past year (ages 45-54 years) or past two years (ages ≥55 years). Estimates are age adjusted using 3 age groups: 45-49, 50-64, and ≥65 years. §USPSTF 2016 recommendation: Mammogram within the past 2 years. Estimates are age adjusted using 2 age groups: 50-64, and 65-74 years. †USPSTF 2024 recommendation: Mammogram within the past two years. Data are presented only as baseline estimates, as this recommendation was not in place at time of survey. Estimates are age adjusted using 3 age groups: 40-49, 50-64, and 65-74 years. ‡Estimates are statistically unstable and not shown. See Special Notes, page 51.

Source: National Health Interview Survey, 2023.

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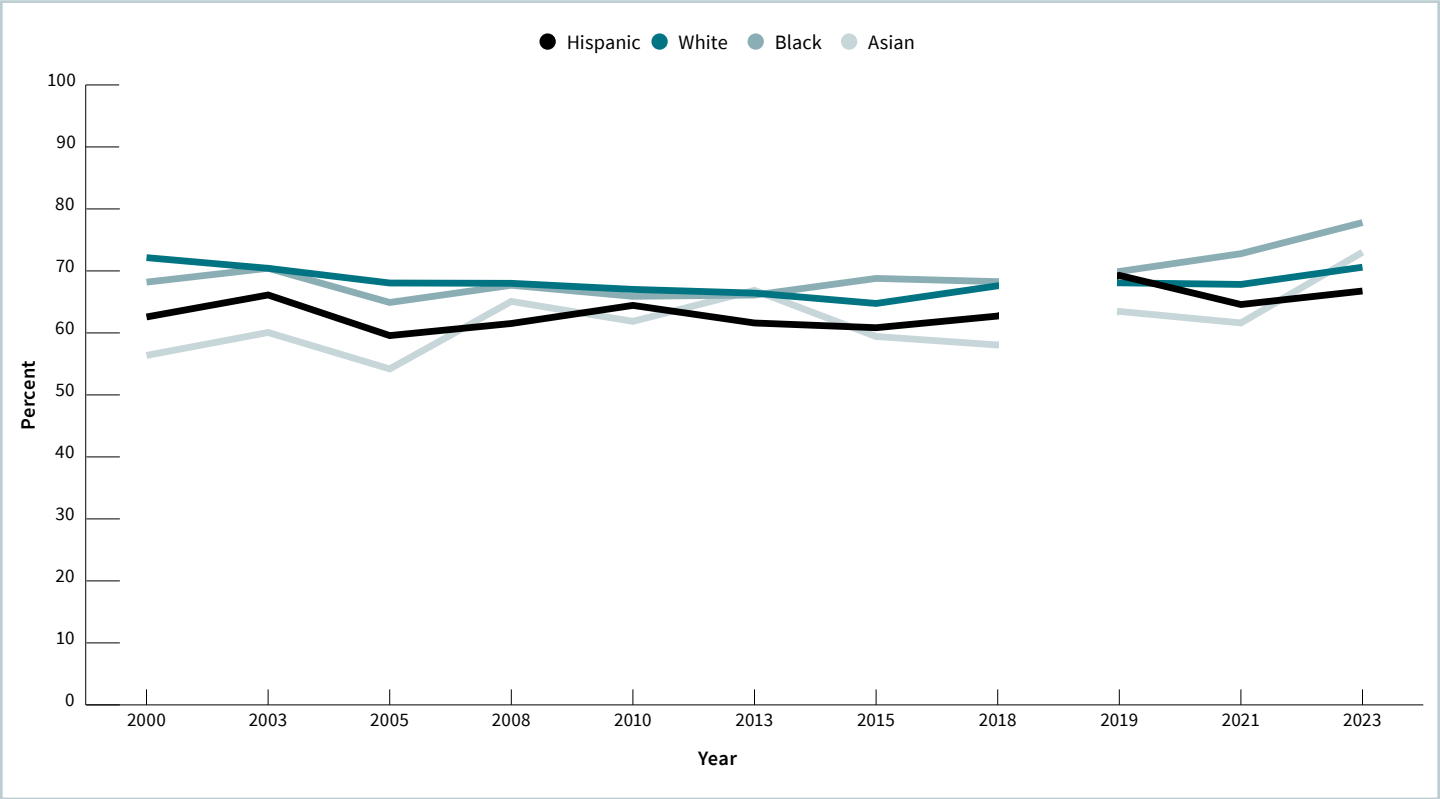
Figure 6B. Mammography Within the Past Two Years (%), Females 40 Years and Older, by Race/Ethnicity, US, 2000-2023



Estimates are age adjusted to the year 2000 US population standard using 3 age groups: 40-49, 50-64, and 65+ years. The National Health Interview Survey underwent a significant redesign in 2019, preventing comparability to prior years indicated by the line break.

Source: National Health Interview Survey, 2000-2023.

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Table 6B. Mammography (%), Females 40 Years and Older, by State, US, 2024

	ACS*		USPSTF§	USPSTF†
	≥45 years	Uninsured 45-64 years	50-74 years	40-74 years
United States (median)	**69**	**35**	**78**	**72**
Range	*60-78*	*18-50*	*69-86*	*62-80*
Alabama	68	‡	78	73
Alaska	66	‡	74	68
Arizona	68	32	76	71
Arkansas	66	‡	74	69
California	67	48	77	71
Colorado	67	33	78	70
Connecticut	78	‡	86	80
Delaware	73	‡	82	78
District of Columbia	70	‡	79	74
Florida	69	39	80	74
Georgia	68	26	79	70
Hawaii	72	‡	83	77
Idaho	64	‡	73	65
Illinois	69	47	79	73
Indiana	67	33	77	71
Iowa	71	43	80	74
Kansas	69	22	77	70
Kentucky	67	39	76	70
Louisiana	72	‡	81	77
Maine	73	43	82	76
Maryland	74	50	82	78
Massachusetts	78	‡	86	77
Michigan	70	44	82	75
Minnesota	72	38	83	75
Mississippi	70	‡	78	74
Missouri	68	32	79	71
Montana	63	24	73	66
Nebraska	67	27	78	71
Nevada	64	‡	77	69
New Hampshire	73	‡	84	77
New Jersey	70	37	80	75
New Mexico	61	‡	76	66
New York	71	40	81	75
North Carolina	72	36	82	76
North Dakota	69	‡	78	74
Ohio	65	26	76	70
Oklahoma	65	28	74	70
Oregon	66	‡	76	67
Pennsylvania	74	‡	81	73
Rhode Island	78	‡	86	80
South Carolina	70	32	80	75
South Dakota	67	‡	73	69
Tennessee	–	–	–	–
Texas	66	34	76	69
Utah	65	43	74	68
Vermont	71	‡	81	71
Virginia	67	‡	78	72
Washington	65	35	76	69
West Virginia	66	35	78	71
Wisconsin	73	18	82	76
Wyoming	60	18	69	62
Puerto Rico	75	‡	84	80

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force. Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. *Mammogram within the past year (ages 45-54 years) or past two years (ages ≥55 years). Estimates are age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years and by 3 age groups: 45-49, 50-59, and 60-64 years for uninsured. §USPSTF 2016 recommendation: Mammogram within the past 2 years. Estimates are age adjusted using 2 age groups: 50-64, and 65-74 years. †USPSTF 2024 recommendation: Mammogram within the past two years. Data are presented only as baseline estimates, as this recommendation was not in place for the first 4 months of the survey. Estimates are age adjusted using 3 age groups: 40-49, 50-64, and 65-74 years. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: Behavioral Risk Factor Surveillance System, 2024.

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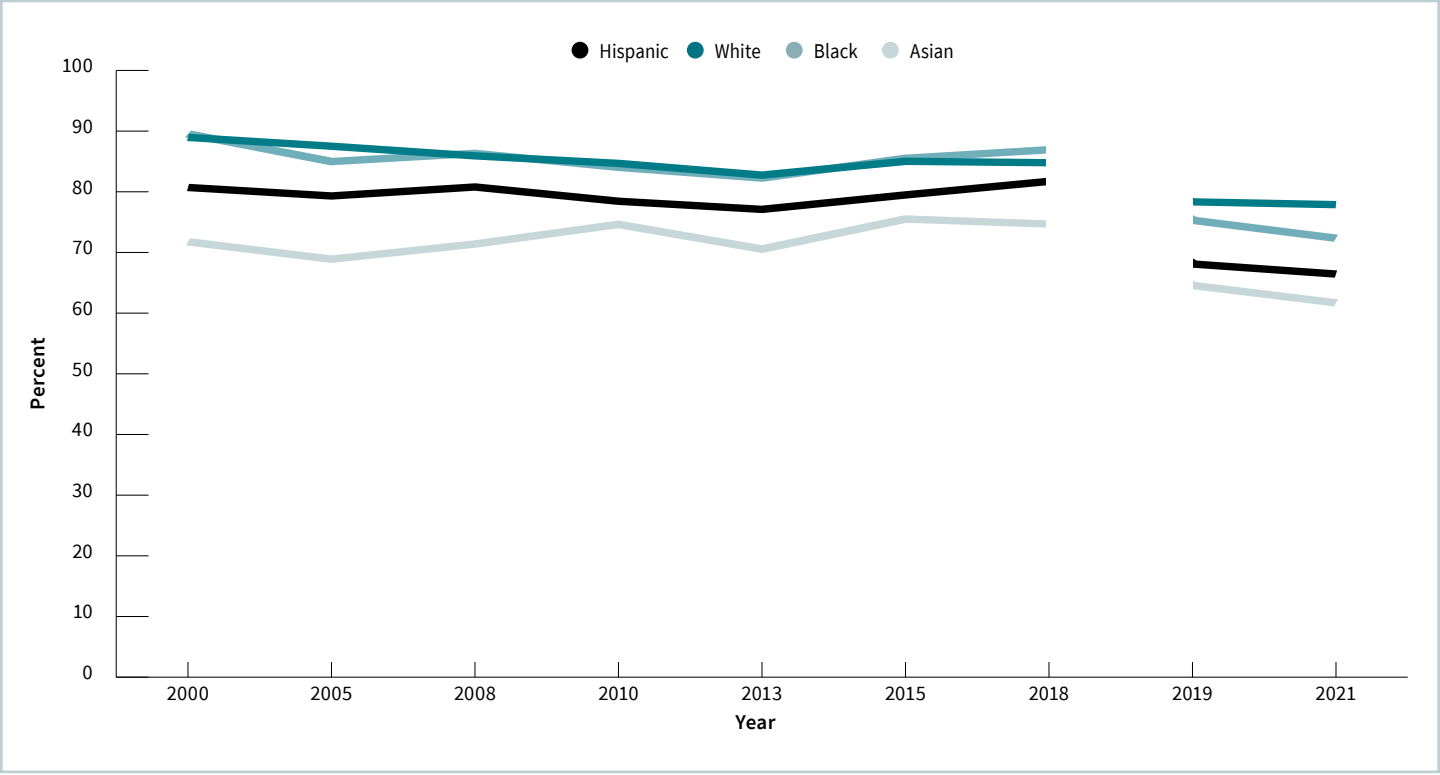
Figure 6C. Cervical Cancer Screening* (%), Females 21-65 Years, by Race/Ethnicity, US, 2000-2021



Estimates are age adjusted to the year 2000 US standard population using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years. The National Health Interview Survey (NHIS) underwent a significant redesign in 2019, preventing comparability to prior years as indicated by the line break. *Cervical cancer screening is defined as Pap test in the past 3 years (2000-2021) among females 21-65 years or HPV and Pap co-testing (2015-on) or HPV test alone within the past 5 years (2019-on) among females 30-65 years who have not had a hysterectomy; hysterectomy data not available in 2003. Up-to-date cervical cancer screening data not available in the NHIS 2023.

Source: National Health Interview Survey, 2000-2021.

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Table 6C. Cervical Cancer Screening (%), Females 21-65 Years, US, 2021

	Pap test within the past 3 years	Pap test and HPV test within the past 5 years	HPV test within the past 5 years	ACS†	USPSTF**
	25-65 years				21-65 years
Overall	**72**	**38**	**39**	**78**	**75**
Age (years)					
21-29	–	–	–	–	64
25-29	74	45	46	78	–
30-39	77	48	50	82	82
40-49	72	36	38	77	77
50-65	68	27	28	74	74
Race/Ethnicity					
Hispanic	66	37	39	71	68
White only	75	39	41	82	80
Black only	74	40	41	77	73
Asian only	61	26	28	65	63
AIAN only or multiple	65	31	32	70	67
Sexual orientation					
Gay/lesbian	66	36	37	74	71
Heterosexual	73	37	39	78	76
Bisexual	76	52	54	84	79
Immigration status					
Born in US/US territory	75	40	41	81	78
In US fewer than 10 years	54	30	33	58	55
In US 10+ years	67	32	34	72	67
Education (≥25 years)					
Less than high school	54	28	30	59	59
High school diploma	64	31	33	69	68
Some college	74	43	45	79	78
College graduate	79	40	42	85	84
Income level					
<100% FPL	60	33	36	67	65
100 to <200% FPL	63	35	37	69	66
≥200% FPL	76	39	41	81	78
Insurance status					
Uninsured	53	31	33	60	57
Private	77	38	40	82	79
Medicaid/Public/Dual eligible	66	40	43	72	70
Medicare (65 years and above)	52	17	18	60	60
Other (below 65 years)	67	36	37	72	69
Urbanicity					
Nonmetropolitan	69	32	33	74	73
Metropolitan	73	39	40	78	75

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force, AIAN-American Indian or Alaska Native, FPL-federal poverty level. Estimates are among females who have not had a hysterectomy. All estimates except age and insurance are age adjusted to the year 2000 US population standard. Up-to-date cervical cancer screening data are not available in the National Health Interview Survey 2023. †Pap test in the past 3 years or Pap test and HPV test or HPV test alone within the past 5 years among females 25-65 years. Pap test, combined Pap and HPV tests, ACS estimates, and USPSTF education estimates are age adjusted using 4 age groups: 25-29, 30-39, 40-49, and 50-65 years. **Pap test in the past 3 years among females 21-65 years or Pap test and HPV test or HPV test alone within the past 5 years among females 30-65 years. USPSTF estimates are age adjusted using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years.

Source: National Health Interview Survey, 2021.

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Table 6D. Cervical Cancer Screening (%), Females 21-65 Years, by State, US, 2024

	Pap test within the past 3 years	Pap test and HPV test within the past 5 years	HPV test within the past 5 years	ACS**		USPSTF¶
	25-65 years	25-65 years	25-65 years	25-65 years	Uninsured 25-64 years	21-65 years
United States (median)	**68**	**40**	**40**	**75**	**54**	**72**
Range	*59-78*	*31-75*	*32-74*	*67-87*	*42-79*	*63-83*
Alabama	72	36	37	77	44	73
Alaska	64	38	39	73	42	71
Arizona	64	38	39	72	52	68
Arkansas	65	33	33	72	54	70
California	69	42	43	75	54	72
Colorado	68	41	42	77	47	73
Connecticut	75	39	40	80	62	75
Delaware	69	42	43	77	57	74
District of Columbia	73	42	43	79	‡	78
Florida	69	37	38	73	53	71
Georgia	72	46	47	79	57	76
Hawaii	65	37	38	72	‡	69
Idaho	69	39	39	77	52	74
Illinois	64	38	39	70	52	66
Indiana	66	37	38	74	49	71
Iowa	66	39	39	75	72	71
Kansas	69	38	38	75	66	72
Kentucky	63	34	36	72	50	68
Louisiana	70	43	43	78	‡	75
Maine	69	41	41	80	64	76
Maryland	68	39	39	74	49	72
Massachusetts	70	38	39	77	46	73
Michigan	69	43	43	77	55	73
Minnesota	66	39	40	75	50	72
Mississippi	59	33	34	67	49	67
Missouri	66	42	42	75	51	71
Montana	66	41	41	75	45	71
Nebraska	66	39	39	72	58	68
Nevada	61	31	32	67	63	63
New Hampshire	71	46	46	79	‡	77
New Jersey	71	40	41	76	60	72
New Mexico	62	41	42	68	59	64
New York	69	41	42	74	55	71
North Carolina	70	49	50	77	49	73
North Dakota	65	38	39	75	‡	70
Ohio	67	41	41	74	63	70
Oklahoma	66	43	44	76	66	73
Oregon	68	43	44	78	‡	75
Pennsylvania	67	41	41	74	45	71
Rhode Island	70	42	43	76	59	71
South Carolina	72	39	40	76	49	73
South Dakota	64	37	38	71	65	72
Tennessee	–	–	–	–	–	–
Texas	67	42	43	72	55	69
Utah	63	32	34	73	58	69
Vermont	69	40	40	77	52	73
Virginia	69	35	37	75	46	72
Washington	63	40	41	73	45	69
West Virginia	67	42	43	75	61	73
Wisconsin	69	41	42	77	49	73
Wyoming	63	36	37	74	57	71
Puerto Rico	78	75	74	87	79	83

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force. Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. Estimates are among females who have not had a hysterectomy. All estimates are age adjusted to the year 2000 US population standard. **Pap test in the past 3 years or Pap test and HPV test or HPV test alone within the past 5 years among females 25-65 years. Pap test, combined Pap and HPV tests, HPV test alone, and ACS estimates are age adjusted using 4 age groups: 25-29, 30-39, 40-49, and 50-65 years. Uninsured estimates are age adjusted using 4 age groups: 25-29, 30-39, 40-49, and 50-64 years. ¶Pap test in the past 3 years among females 21-65 years or Pap test and HPV test or HPV test alone within the past 5 years among females 30-65 years. USPSTF estimates are age adjusted using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: Behavioral Risk Factor Surveillance System, 2024.

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Table 6E. Colorectal Cancer Screening (%), Adults 45 Years and Older, US, 2023

	Stool test*	Colonoscopy†	ACS**	USPSTF§
		≥45 years		45-75 years
Overall	**16**	**56**	**65**	**63**
Sex				
Males	16	56	64	62
Females	16	57	65	64
Age (years)				
45-49	11	28	37	37
50-54	16	44	55	55
55-64	16	64	73	73
65-75	–	–	–	82
65-74	21	74	82	–
75 years and above	15	68	72	–
Race/Ethnicity				
Hispanic	19	46	56	53
White only	15	59	67	67
Black only	16	60	66	64
Asian only	18	46	58	57
AIAN only or multiple	18	49	59	57
Sexual orientation				
Gay/lesbian	16	66	74	73
Heterosexual	16	56	65	64
Bisexual	21	59	69	66
Immigration status				
Born in US/US Territory	16	59	68	67
In US fewer than 10 years	17	27	43	41
In US 10+ years	18	48	58	56
Education				
Less than high school	15	42	51	49
High school diploma	15	52	59	57
Some college	17	58	67	65
College graduate	16	64	73	71
Income level				
<100% FPL	15	44	51	49
100 to <200% FPL	17	49	58	57
≥200% FPL	16	60	68	66
Insurance status				
Uninsured	7	18	25	24
Private	14	60	68	68
Medicaid/Public/Dual eligible	19	49	59	59
Medicare (65 years and above)	21	71	78	83
Other (below 65 years)	21	59	70	70
Urbanicity				
Nonmetropolitan	14	54	62	61
Metropolitan	16	57	65	64

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force, AIAN-American Indian or Alaska Native, FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard. *Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) within the past 1 year or multi-target stool DNA (sDNA) test within the past 3 years. †Within the past 10 years. **FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, or sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Stool testing, colonoscopy, and ACS estimates are age adjusted using 3 age groups: 45-49, 50-64, and ≥65 years. §FOBT/FIT, sigmoidoscopy, colonoscopy, CT colonography, or sDNA test in the past 1, 5, 10, 5 and 3 years, respectively, or sigmoidoscopy in the past 10 years with FOBT/FIT in the past 1 year. USPSTF estimates are age adjusted using 3 age groups: 45-49, 50-64, and 65-75 years.

Source: National Health Interview Survey, 2023.

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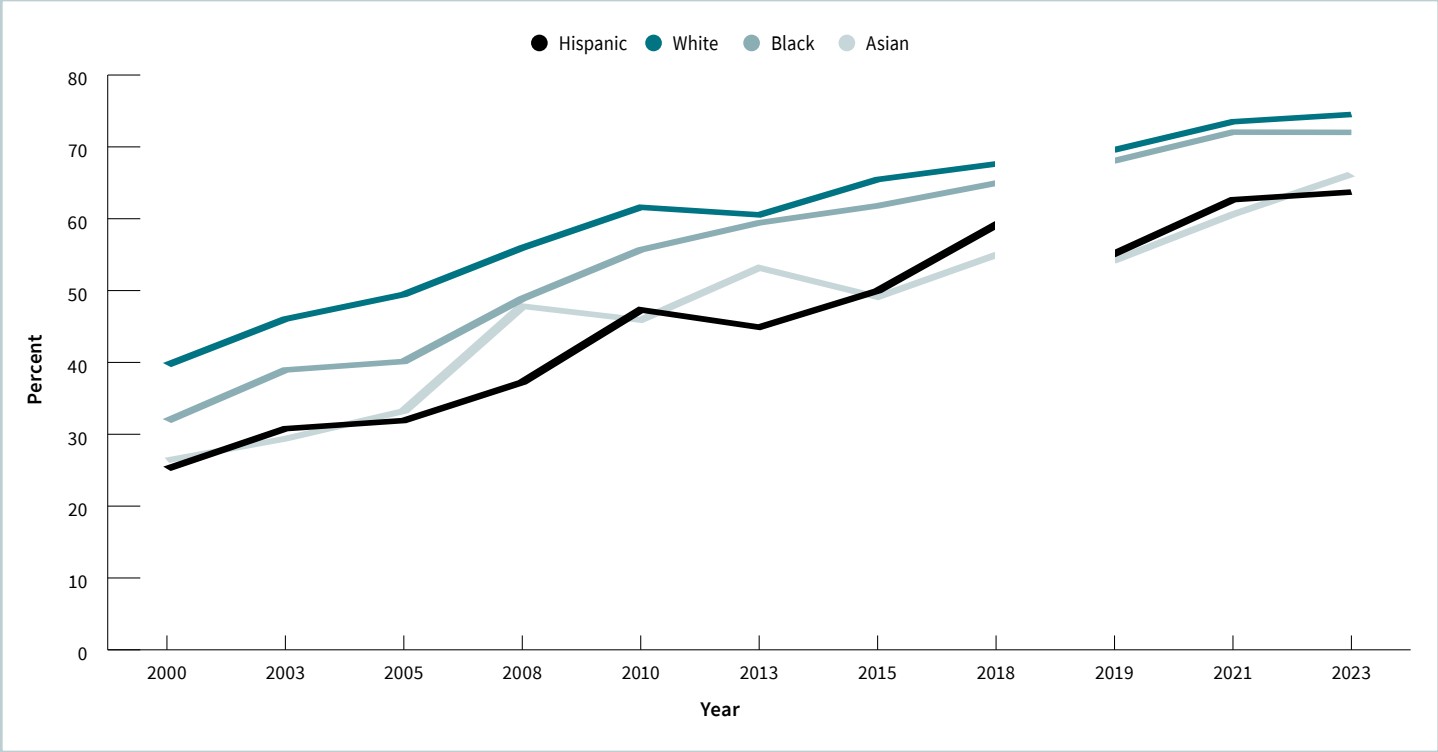
Figure 6D. Colorectal Cancer Screening* (%), Adults 50 Years and Older, by Race/Ethnicity, US, 2000-2023



Estimates are age adjusted to the year 2000 US population standard using 2 age groups: 50-64 and 65+ years. The National Health Interview Survey underwent a significant redesign in 2019, preventing comparability to prior years as indicated by the line break. *Colorectal cancer screening is defined as colonoscopy, sigmoidoscopy, or fecal occult blood test/fecal immunochemical test in the past 10, 5, and 1 years; computed tomography colonography in the past 5 years (2010, 2015-on); or multi-target stool DNA test (sDNA) in the past 3 years (2018-on). Due to questionnaire limitations, sDNA testing in 2019 was restricted to individuals who had ever received a fecal occult blood test or fecal immunochemical test.

Source: National Health Interview Surveys, 2000-2023.

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Table 6F. Colorectal Cancer Screening (%), Adults 45 Years and Older, by State, US, 2024

	Stool test*	Colonoscopy†	ACS**		USPSTF¶
	≥45 years	≥45 years	≥45 years	Uninsured (45-64 years)	45-75 years
United States (median)	**9**	**63**	**69**	**28**	**68**
Range	*5-44*	*42-73*	*59-78*	*17-44*	*58-77*
Alabama	9	63	69	27	67
Alaska	6	59	63	29	62
Arizona	11	58	65	18	63
Arkansas	9	60	66	29	65
California	16	54	64	19	63
Colorado	11	62	70	36	69
Connecticut	8	72	76	37	76
Delaware	8	67	72	23	71
District of Columbia	14	65	73	‡	72
Florida	11	60	66	27	65
Georgia	11	61	68	24	67
Hawaii	12	58	67	27	66
Idaho	8	62	67	30	66
Illinois	8	60	66	30	65
Indiana	10	61	68	34	67
Iowa	8	64	69	32	68
Kansas	9	63	69	23	68
Kentucky	9	63	69	32	68
Louisiana	10	66	72	26	71
Maine	9	67	73	38	72
Maryland	13	65	73	37	72
Massachusetts	7	71	76	32	75
Michigan	10	66	72	31	72
Minnesota	9	64	71	27	70
Mississippi	6	62	65	27	63
Missouri	8	62	67	28	66
Montana	8	59	65	25	64
Nebraska	8	63	69	19	68
Nevada	12	56	63	20	60
New Hampshire	7	69	74	43	73
New Jersey	8	65	70	31	69
New Mexico	11	52	59	28	58
New York	8	66	71	36	70
North Carolina	7	66	70	19	69
North Dakota	9	61	68	22	67
Ohio	10	63	70	41	70
Oklahoma	10	57	65	23	64
Oregon	12	60	70	30	69
Pennsylvania	10	63	70	44	68
Rhode Island	8	73	78	35	77
South Carolina	8	66	71	38	69
South Dakota	7	60	65	‡	63
Tennessee	–	–	–	–	–
Texas	11	59	66	27	64
Utah	6	64	68	27	67
Vermont	7	66	72	33	71
Virginia	9	63	69	19	68
Washington	12	60	69	30	68
West Virginia	11	60	67	27	65
Wisconsin	10	65	72	25	72
Wyoming	5	56	60	17	58
Puerto Rico	44	42	65	27	64

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force. Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. *Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) within the past 1 year or a multi-target stool DNA test (sDNA) test within the past 3 years. †Within the past 10 years. **FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, or sDNA within the past 1, 5, 10, 5, and 3 years, respectively. Stool testing, colonoscopy, and ACS estimates are age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years. Uninsured estimates are age adjusted using 3 age groups: 45-49, 50-64, and 60-64 years. ¶FOBT/FIT, sigmoidoscopy, colonoscopy, CT colonography, or sDNA test in the past 1, 5, 10, 5 and 3 years, respectively, or sigmoidoscopy in the past 10 years with FOBT/FIT in the past 1 year. USPSTF estimates are age adjusted using 3 age groups: 45-49, 50-64, and 65-75 years. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: Behavioral Risk Factor Surveillance System, 2024.

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Table 6G. Lung Cancer Screening (%), Adults 50-80 Years, US, 2024

	ACS*			USPSTF†		
	Eligibility			Eligibility		
	Percent	Population number (millions)	Screened	Percent	Population number (millions)	Screened
Overall	**17**	**18.4**	**15**	**12**	**13.1**	**19**
Sex						
Males	20	10.6	16	14	7.2	20
Females	13	7.8	15	10	5.9	16
Age (years)						
50-59	12	4.8	11	11	4.3	12
60-69	20	7.8	20	16	6.0	24
70-80	20	5.8	18	9	2.8	25
Race/Ethnicity						
Hispanic	7	1.0	‡	5	0.7	‡
White only	21	15.4	15	15	10.8	19
Black only	11	1.3	19	9	1.0	19
Asian only	5	0.3	‡	3	0.2	‡
AIAN only or multiple	25	0.3	‡	19	0.3	‡
Education						
Less than high school	20	2.5	14	16	1.9	16
High school diploma	25	7.1	16	20	5.5	19
Some college	19	6.0	16	13	4.1	18
College graduate	7	2.6	14	4	1.5	19
Income level						
<100% FPL	29	2.7	19	24	2.2	21
100 to <200% FPL	22	4.0	16	18	3.0	19
≥200% FPL	14	11.7	14	10	7.8	18
Insurance status						
Uninsured	15	0.7	‡	14	0.7	‡
Private	14	8.2	16	10	6.0	19
Medicaid/Public/Dual eligible	28	3.0	18	25	2.6	20
Medicare (65 years and above)	19	4.4	18	10	2.4	26
Other (below 65 years)	24	1.0	17	23	0.9	18
Urbanicity						
Nonmetropolitan	24	4.2	16	18	3.1	18
Metropolitan	15	14.2	15	11	10.0	19

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force, AIAN-American Indian or Alaska Native, FPL-federal poverty level. All estimates except age and insurance are age-adjusted to the year 2000 US population standard using 3 age groups: 50-59, 60-69, and 70-80 years. *The American Cancer Society recommends annual screening for lung cancer with a low-dose CT (LDCT) scan for people ages 50 to 80 years who smoke or used to smoke and have at least a 20 pack-year history of smoking. †The USPSTF recommends annual screening for lung cancer with LDCT in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. ‡Estimates are statistically unstable and not shown. See Special Notes, page 51.

Source: National Health Interview Survey, 2024.

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Table 6H. Lung Cancer Screening (%), Adults 50-80 Years, by State, US, 2024

	ACS†			USPSTF*		
	Eligibility			Eligibility		
	Percent	Population number (thousands)	Screened	Percent	Population number (thousands)	Screened
United States (median)	**18**	**280.6**	**18**	**13**	**179.0**	**23**
Range	*9-27*	*19.7-1779.5*	*11-28*	*6-22*	*13.0-1125.3*	*15-37*
Alabama	20	373.8	16	16	275.3	18
Alaska	18	42.0	13	13	29.0	17
Arizona	15	432.3	17	10	253.8	21
Arkansas	23	247.0	17	17	173.0	22
California	10	1291.3	11	6	791.0	15
Colorado	14	281.6	19	10	182.5	24
Connecticut	14	208.8	28	10	125.5	35
Delaware	19	76.8	18	13	46.4	20
District of Columbia	10	19.7	22	7	13.0	26
Florida	19	1779.5	18	13	1125.3	22
Georgia	17	606.8	17	12	431.5	19
Hawaii	13	76.7	14	9	46.5	15
Idaho	14	108.4	14	10	67.1	19
Illinois	15	726.3	17	11	486.3	21
Indiana	22	520.4	19	17	369.0	22
Iowa	21	241.7	17	15	159.7	21
Kansas	21	214.1	20	17	152.5	25
Kentucky	27	418.2	23	21	310.0	26
Louisiana	20	306.1	16	15	213.9	20
Maine	23	136.1	24	17	90.9	31
Maryland	12	280.6	21	8	179.0	25
Massachusetts	15	400.0	28	10	231.7	37
Michigan	23	807.7	22	17	568.4	27
Minnesota	16	329.7	18	11	205.8	23
Mississippi	19	202.3	16	14	142.9	19
Missouri	23	527.8	18	17	365.8	24
Montana	16	74.0	18	11	47.9	21
Nebraska	18	125.8	21	13	82.7	25
Nevada	17	200.0	17	12	130.3	23
New Hampshire	18	106.1	24	12	67.6	31
New Jersey	13	449.7	19	9	288.7	23
New Mexico	15	116.6	17	12	85.6	20
New York	14	1003.4	25	10	650.2	29
North Carolina	19	763.7	27	15	557.4	31
North Dakota	19	49.3	14	14	32.8	18
Ohio	23	927.4	21	17	662.6	24
Oklahoma	23	310.8	14	17	223.3	16
Oregon	16	256.0	16	11	160.2	21
Pennsylvania	18	988.9	28	13	634.0	35
Rhode Island	17	71.6	27	12	47.5	32
South Carolina	19	386.9	17	14	255.4	19
South Dakota	21	62.4	13	16	43.1	16
Tennessee	–	–	–	–	–	–
Texas	15	1359.5	14	11	968.6	17
Utah	9	83.9	12	6	52.5	16
Vermont	17	46.7	23	11	27.3	29
Virginia	18	556.8	18	13	377.3	23
Washington	14	397.3	17	9	241.9	23
West Virginia	27	188.9	24	22	143.1	27
Wisconsin	20	441.4	23	15	296.0	29
Wyoming	23	46.4	14	17	32.2	17
Puerto Rico	10	140.7	‡	7	92.4	‡

ACS-American Cancer Society, USPSTF-United States Preventive Services Task Force. Tennessee was not included in the 2024 Behavioral Risk Factor Surveillance System due to insufficient data. All estimates are age adjusted to the year 2000 US population standard using 3 age groups: 50-59, 60-69, and 70-80 years. *The American Cancer Society recommends annual screening for lung cancer with a low-dose CT (LDCT) scan for people ages 50 to 80 years who smoke or used to smoke and have at least a 20 pack-year history of smoking. †The USPSTF recommends annual screening for lung cancer with LDCT in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. ‡Estimates are statistically unstable and not shown. See Special Notes, **page 51**.

Source: Behavioral Risk Factor Surveillance System, 2024.

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Table 6I. Prostate Specific Antigen Test (%), Males 50 Years and Older, US, 2023

	Within the past year
Overall	**37**
Age (years)	
50-64	30
65+	46
Race/Ethnicity	
Hispanic	27
White only	41
Black only	34
Asian only	26
AIAN only or multiple	23
Sexual orientation	
Gay/lesbian	54
Heterosexual	37
Bisexual	‡
Immigration status	
Born in US/US Territory	39
In US fewer than 10 years	‡
In US 10+ years	30
Education	
Less than high school	22
High school diploma	32
Some college	37
College graduate	48
Income level	
<100% FPL	21
100 to <200% FPL	27
≥200% FPL	41
Insurance status	
Uninsured	13
Private	38
Medicaid/Public/Dual eligible	22
Medicare (65 years and above)	46
Other (below 65 years)	31
Urbanicity	
Nonmetropolitan	33
Metropolitan	38

AIAN-American Indian or Alaska Native, FPL-federal poverty level. All estimates except age and insurance are age adjusted to the year 2000 US population standard using 2 age groups: 50-64 and ≥65 years. Prostate cancer screening is defined among males who have not been diagnosed with prostate cancer. ‡Estimates are statistically unstable and not shown. See Special Notes, page 51.

Source: National Health Interview Survey, 2023.

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Table 6J. Prostate Specific Antigen Test (%), Males 50 Years and Older, by State, US, 2020

	Within the past year
United States (median)	**31**
Range	*22-48*
Alabama	37
Alaska	28
Arizona	29
Arkansas	35
California	27
Colorado	28
Connecticut	30
Delaware	30
District of Columbia	29
Florida	36
Georgia	34
Hawaii	26
Idaho	28
Illinois	30
Indiana	27
Iowa	29
Kansas	33
Kentucky	31
Louisiana	33
Maine	25
Maryland	33
Massachusetts	31
Michigan	31
Minnesota	25
Mississippi	34
Missouri	32
Montana	29
Nebraska	32
Nevada	27
New Hampshire	30
New Jersey	33
New Mexico	22
New York	34
North Carolina	37
North Dakota	31
Ohio	32
Oklahoma	31
Oregon	27
Pennsylvania	33
Rhode Island	30
South Carolina	32
South Dakota	37
Tennessee	32
Texas	28
Utah	26
Vermont	22
Virginia	33
Washington	24
West Virginia	35
Wisconsin	31
Wyoming	37
Puerto Rico	48

Estimates are age adjusted to the year 2000 US population standard using 2 age groups: 50-64 and ≥65 years. Prostate cancer screening is defined among males who have not been diagnosed with prostate cancer.

Source: Behavioral Risk Factor Surveillance System, 2020.

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Special Notes

Glossary

Body mass index (ages 2-19 years): After a BMI value is calculated for a child based on their weight and height, it is plotted on the Centers for Disease Control and Prevention's (CDC's) BMI for age- and sex-specific growth charts to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI value among children of the same sex and age. Visit cdc.gov/bmi/child-teen-calculator/bmi-categories.html for more information regarding youth BMI.

Race/Ethnicity: Unless otherwise noted, estimates for White, Black, Asian, and American Indian or Alaska Native are among the non-Hispanic population. Those identified as Hispanic might be of any race.

Sample surveys: Population-based surveys are conducted by selecting a sample of people to estimate the prevalence in a population using weights. The population-based survey methodology introduces sampling error to the estimated prevalence since a true prevalence is not calculated.

Data quality: The sources of data used for this report are from government-sponsored national and state systems of behavioral and health surveillance. These systems employ standardized techniques for sampling and use the latest advances in survey research methodology to survey targeted population groups on an ongoing basis. The design and administration of these surveillance systems can provide sources of good-quality data from which to derive population estimates of specific behaviors in a targeted population. The data included in this report are subject to at least four limitations. First, with regards to phone-based surveys such as the Behavioral Risk Factor Surveillance System, the participants are from households with either a landline telephone or cell phone. Second, both in-person and phone surveys have varying proportions of individuals who do not participate for a variety of reasons (e.g., they could not be reached during the time of data collection or refused to participate). Third, most estimates presented herein are based on self-reported data, which may be subject to bias. Finally, estimates for the same measure from different surveys may differ, even for overlapping survey years, due to differences in survey methodology (mode of administration, sampling), questionnaires, nature of survey (general health survey versus topic specific survey), etc.

Suppression criteria: Survey estimates were considered unstable and suppressed if the denominator sample size was <50 or the relative standard error (calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100) was ≥30%.

Age-adjusted prevalence: A statistical method used to adjust prevalence estimates to allow for valid comparisons between populations with different age compositions. Estimates by age, insurance status, and among youth (ages 2-19 years) are crude.

Range: The lowest and highest values of a group of prevalence estimates

Median: Middle value in a range of prevalence estimates. Estimates are arranged from smallest to largest values; the median is the middle value.

Survey Sources

Behavioral Risk Factor Surveillance System (BRFSS): This survey of US states and territories is conducted by the CDC and the National Center for Chronic Disease Prevention and Health Promotion. Since 1996, all 50 states, the District of Columbia, and Puerto Rico have participated in this annual survey. Tennessee in 2024 and Kentucky and Pennsylvania in 2023 were unable to collect sufficient data to meet the minimum

requirements to be included in the public data set. Data are gathered through monthly computer-assisted telephone interviews with adults ages 18 years and older living in households in a state or US territory. The methods are generally comparable from state to state. Due to methodological changes, BRFSS results within this publication are not directly comparable to BRFSS data prior to 2011. E-cigarette prevalence in 2024 is not comparable to years prior to 2021 when respondents were asked about both ever (lifetime) use and current use (some days or every day). Cancer screening estimates do not distinguish between examinations for screening and diagnosis.

BRFSS website: Behavioral Risk Factor Surveillance System

Complete citation: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention.

National Health and Nutrition Examination Survey (NHANES): Three cycles of this US national survey were conducted between 1971 and 1994. Beginning in 1999, the NHANES survey was implemented as a continuous annual survey. Data are gathered through in-person interviews and direct physical exams in mobile examination centers. Due to the COVID-19 pandemic, the 2019-2020 survey suspended data collection in March 2020, before the full two-year data collection was completed. As a result, the National Center for Health Statistics merged the 2019-March 2020 NHANES data with the 2017-2018 NHANES data to create a special pre-pandemic data set, referred to as the NHANES 2017-March 2020 dataset in this report. NHANES data collection returned in August 2021. Data from the newly released NHANES August 2021-August 2023 differed from prior years as there was no oversampling by race, Hispanic origin, and income. Additionally, the person-level oversampling by age group approach was changed, a multimode household screening approach (self- and interviewer-administered) was used, and survey design changes were employed to reduce in person contact.

NHANES website: National Health and Nutrition Examination Survey | National Health and Nutrition Examination Survey | CDC

Complete citation: Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention.

National Health Interview Survey (NHIS): The CDC's NHIS has monitored the health of the nation since 1957 and is designed to provide national estimates. Data are gathered through a computer-assisted personal interview of adults ages 18 years and older living in households in the US. Information about whether the respondent was born in the US or US territory, born outside the US, and the number of years living in the US is available. Screening estimates do not distinguish between examinations for screening and diagnosis. Due to changes in NHIS survey design, 2019 estimates are not directly comparable to prior years and are separated from the trend line. In 2024, 53.2% of the sample adult interviews were conducted at least partially by telephone. This is consistent with the percentage of telephone interviews conducted in 2023 (54.5%), yet slightly higher than in 2019 (pre-pandemic) (34.3%).

NHIS website: National Health Interview Survey | National Health Interview Survey | CDC

Complete citation: Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health Interview Survey Data. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention.

National Immunization Survey-Teen (NIS-Teen): This survey is sponsored and conducted by the National Center for Immunizations and Respiratory Diseases, the National Center for Health Statistics, and the CDC. It is designed to monitor national, state, and selected local area vaccination coverage among children ages 13-17 years in the US. Telephone (landline and cellular)

interviews of adolescents' parents/guardians are conducted in all 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands. In 2024, estimates from the three US territories were sampled separately. Immunization data for surveyed adolescents include only those who had adequate provider-reported vaccination records. Starting in 2021, vaccination coverage estimates were calculated only among adolescents who reported at least one non-COVID-19 vaccination. Race/ethnicity is reported by a parent or guardian. Adolescents of Hispanic ethnicity may be of any race, and those identified as White, Black, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or multiple races were non-Hispanic. Respondents of multiple races had more than one race category selected.

NIS-Teen website: NIS-Teen Data and Documentation for 2015 to Present | NIS Information | CDC

In this report, NIS-Teen data were cross-checked through the TeenVaxView resource: Vaccination Coverage among Adolescents (13-17 Years) | TeenVaxView | CDC. TeenVaxView is produced by the CDC, and it estimates overall adolescent vaccination status, as well as adolescent vaccination status by select sociodemographic characteristics.

Complete citation: US Department of Health and Human Services (DHHS). National Center for Immunization and Respiratory Diseases. The 2023 National Immunization Survey-Teen, Atlanta, GA: Centers for Disease Control and Prevention.

Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination Coverage Among Adolescents Aged 13–17 Years – National Immunization Survey-Teen, United States, 2024. *MMWR Morb Mortal Wkly Rep.* 2025;74:466–472. DOI: http://dx.doi.org/10.15585/mmwr.mm7430a1.

National Youth Tobacco Survey (NYTS): This national survey was first conducted in the fall of 1999. Beginning in 2011, the CDC's Office on Smoking and Health and the US Food and Drug Administration's Center for Tobacco Products began collaborating on the NYTS. Now an annual survey, it is designed to provide national data for public and private students in grades 6-12. In 2020 and prior years, data were gathered through a self-administered questionnaire completed during a required subject or class period. Post-COVID-19 pandemic, the 2021 survey was administered online to allow participation by eligible students at home, school, or somewhere else, and the 2022 NYTS survey was conducted using an online survey, with nearly all (99.3%) students completing it on a school campus. Because of survey mode changes, NYTS results from 2021 on cannot be compared with previous NYTS survey results.

NYTS website: About Historical NYTS Data and Documentation | Smoking and Tobacco Use | CDC

Complete citation: Office on Smoking and Health. National Youth Tobacco Survey: Methodology Report. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

Youth Risk Behavior Surveillance System (YRBSS): This biennial survey of the CDC's National Center for Chronic Disease Prevention and Health Promotion began in 1991. It is designed to provide national, state, and local prevalence estimates. Data are gathered through a self-administered questionnaire completed during a required subject or class period. Data that do not meet the weighting requirements are not publicly available and are not presented within this publication. In 2023, 36 states, 5 territories, and 21 local school districts were included. All estimates were pulled from the YRBSS explorer: YRBS Explorer (2023) | CDC.

YRBSS website: Youth Risk Behavior Surveillance System (YRBSS) | Youth Risk Behavior Surveillance System (YRBSS) | CDC

Complete citation: Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data. Available at: cdc.gov/yrbs.

American Cancer Society Recommendations for the Early Detection of Cancer in Average-risk Asymptomatic People

Cancer Site	Population	Test or Procedure	Recommendation
Breast	Women, ages 40-54	Mammography	Women should have the opportunity to begin annual screening between the ages of 40 and 44. Women should undergo regular screening mammography starting at age 45. Women ages 45 to 54 should be screened annually.
	Women, ages 55+		Transition to biennial screening, or have the opportunity to continue annual screening. Continue screening as long as overall health is good and life expectancy is 10+ years.
Cervix[b]	Women, ages 25-65	FDA-approved Primary HPV DNA test, **OR**	**Preferred:** Every 5 years with clinician-collected cervical specimen **Acceptable:** Every 3 years with self-collected vaginal specimen in a health care setting or at home
		Pap & HPV DNA co-testing, **OR**	**Acceptable:** Every 5 years
		Pap test alone	**Acceptable:** Every 3 years
	Women ages >65		May discontinue screening with **2** consecutive negative primary HPV tests (**preferred**) OR Pap/HPV co-test OR **3** consecutive negative Pap tests, with last test at 65 years or older.
	With HPV vaccination		Follow age-specific screening recommendations (same as unvaccinated individuals).
	Women with total hysterectomy		Women and individuals without a cervix and without a history of cervical cancer or a history of CIN2 or a more severe diagnosis in the past 25 years should not be screened.
Colorectal[c]	Adults, ages 45+	High-sensitivity guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT), **OR**	Every year
		Multi-target stool DNA test, **OR**	Every 3 years
		Flexible sigmoidoscopy, **OR**	Every 5 years alone or combined with a high-sensitivity gFOBT or FIT annually
		Colonoscopy, **OR**	Every 10 years
		CT Colonography	Every 5 years
Endometrial[d]	Women at menopause		Women should be informed about risks and symptoms of endometrial cancer and encouraged to report unexpected bleeding to a physician.
Lung	Adults ages 50-80 with a 20+ pack-year smoking history	Low-dose helical CT	Annual screening in generally healthy (at least 5-year life expectancy) adults who have a 20-pack- year or more smoking history (e.g., smoked 1 pack per day for 20 years or ½ pack per day for 40 years), regardless of whether or when they have quit.
Prostate	Men, ages 50+	Prostate-specific antigen test with or without digital rectal examination	Men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer after receiving information about the potential benefits, risks, and uncertainties. Prostate cancer screening should not occur without informed decision-making. African American men should have this conversation with their provider beginning at age 45.

CT-Computed tomography. [a]All individuals should become familiar with the potential benefits, limitations, and harms associated with cancer screening. [b]Guidelines apply to all individuals with a cervix, including those with HPV vaccination. [c]All positive tests (other than colonoscopy) should be followed up with a colonoscopy. [d]Guideline applies to all individuals with a uterus.

References

1. Boonn A. Cigarette Tax Increases by State Per Year 2000-2026 [Internet]. Campaign for Tobacco-Free Kids. 2025. Available from: https://assets.tobaccofreekids.org/factsheets/0275.pdf.

2. Data Finder - Health, United States [Internet]. 2025 [cited 2025 Nov 19]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

3. Singh T, Agaku IT, Arrazola RA, Marynak KL, Neff LJ, Rolle IT, et al. Exposure to Advertisements and Electronic Cigarette Use Among US Middle and High School Students. *Pediatrics.* 2016;137: e20154155.

4. Health, United States, 2013: With Special Feature on Prescription Drugs [Internet]. Hyattsville, MD: National Center for Health Statistics; Available from: https://www.cdc.gov/nchs/data/hus/hus13.pdf.

5. National Center for Health Statistics (US). Health, United States, 2018 [Internet]. Hyattsville (MD): National Center for Health Statistics (US); 2019 [cited 2026 Jan 20]. Available from: http://www.ncbi.nlm.nih.gov/books/NBK551095/.

6. Health, United States, 2020-2021 [Internet]. National Center for Health Statistics (US); 2023 [cited 2025 Nov 19]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK589555/.

7. Fryar C, Caroll M, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018 [Internet]. NCHS Health E-Stats. 2021 [cited 2025 Nov 19]. Available from: https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm.

8. Islami F, Marlow EC, Thomson B, McCullough ML, Rumgay H, Gapstur SM, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States, 2019. *CA Cancer J Clin.* 2024; 74:405–32.

9. Hopkins M. Smokefree Laws in the US [Internet]. American Nonsmokers' Rights Foundation. 2025 [cited 2025 Nov 25]. Available from: https://no-smoke.org/wp-content/uploads/pdf/table-states-smokefree-laws.pdf.

10. Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students - United States, 2011-2017. *MMWR Morb Mortal Wkly Rep.* 2018; 67:629–33.

11. Jamal A. Tobacco Product Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2024. *MMWR Morb Mortal Wkly Rep* [Internet]. 2024 [cited 2025 Nov 19];73. Available from: https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a2.htm?s_cid=mm7341a2_w.

12. Tobacco Product Use Among Middle and High School Students — United States, 2011 and 2012 [Internet]. [cited 2025 Nov 19]. Available from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6245a2.htm.

13. Andrea S. Gentzke P, Teresa W. Wang P, Ahmed Jamal M, Eunice Park-Lee P, Chunfeng Ren P, Karen A. Cullen P, et al. Tobacco Product Use Among Middle and High School Students — United States, 2020. *MMWR Morb Mortal Wkly Rep* [Internet]. 2020 [cited 2025 Nov 19];69. Available from: https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a1.htm.

14. Park-Lee E. Tobacco Product Use Among Middle and High School Students — United States, 2022. *MMWR Morb Mortal Wkly Rep* [Internet]. 2022 [cited 2025 Nov 19];71. Available from: https://www.cdc.gov/mmwr/volumes/71/wr/mm7145a1.htm.

15. Birdsey J, Cornelius M, Jamal A, Park-Lee E, Cooper MR, Wang J, et al. Tobacco Product Use Among U.S. Middle and High School Students - National Youth Tobacco Survey, 2023. *MMWR Morb Mortal Wkly Rep.* 2023; 72:1173–82.

16. Wang TW, Gentzke AS, Creamer MR, Cullen KA, Holder-Hayes E, Sawdey MD, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students - United States, 2019. *MMWR Surveill Summ.* 2019; 68:1–22.

17. Gentzke AS, Wang TW, Cornelius M, Park-Lee E, Ren C, Sawdey MD, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students - National Youth Tobacco Survey, United States, 2021. *MMWR Surveill Summ.* 2022; 71:1–29.

18. Arrazola RA, Singh T, Corey CG, Husten CG, Neff LJ, Apelberg BJ, et al. Tobacco use among middle and high school students - United States, 2011-2014. *MMWR Morb Mortal Wkly Rep.* 2015; 64:381–5.

19. Jamal A, Gentzke A, Hu SS, Cullen KA, Apelberg BJ, Homa DM, et al. Tobacco Use Among Middle and High School Students - United States, 2011-2016. *MMWR Morb Mortal Wkly Rep.* 2017; 66:597–603.

20. Arrazola RA, Neff LJ, Kennedy SM, Holder-Hayes E, Jones CD, Centers for Disease Control and Prevention (CDC). Tobacco use among middle and high school students – United States, 2013. *MMWR Morb Mortal Wkly Rep.* 2014; 63:1021–6.

21. Gentzke AS, Creamer M, Cullen KA, Ambrose BK, Willis G, Jamal A, et al. Vital Signs: Tobacco Product Use Among Middle and High School Students - United States, 2011-2018. *MMWR Morb Mortal Wkly Rep.* 2019; 68:157–64.

Acknowldgements

The production of these tables and figures would not have been possible without the efforts of Steve Bouvier, Angela Giaquinto, Ahmedin Jemal, Renee Kelley, Myisha King, Tyler Kratzer, Sandy McDowell, Rebecca Siegel, Scott Simpson, Lynn Urquhart, and Annie Wang.

Cancer Prevention & Early Detection Facts & Figures is an annual publication of the American Cancer Society, Atlanta, Georgia.

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