

Cancer Prevention & Early Detection Facts & Figures

Tables and Figures
2022

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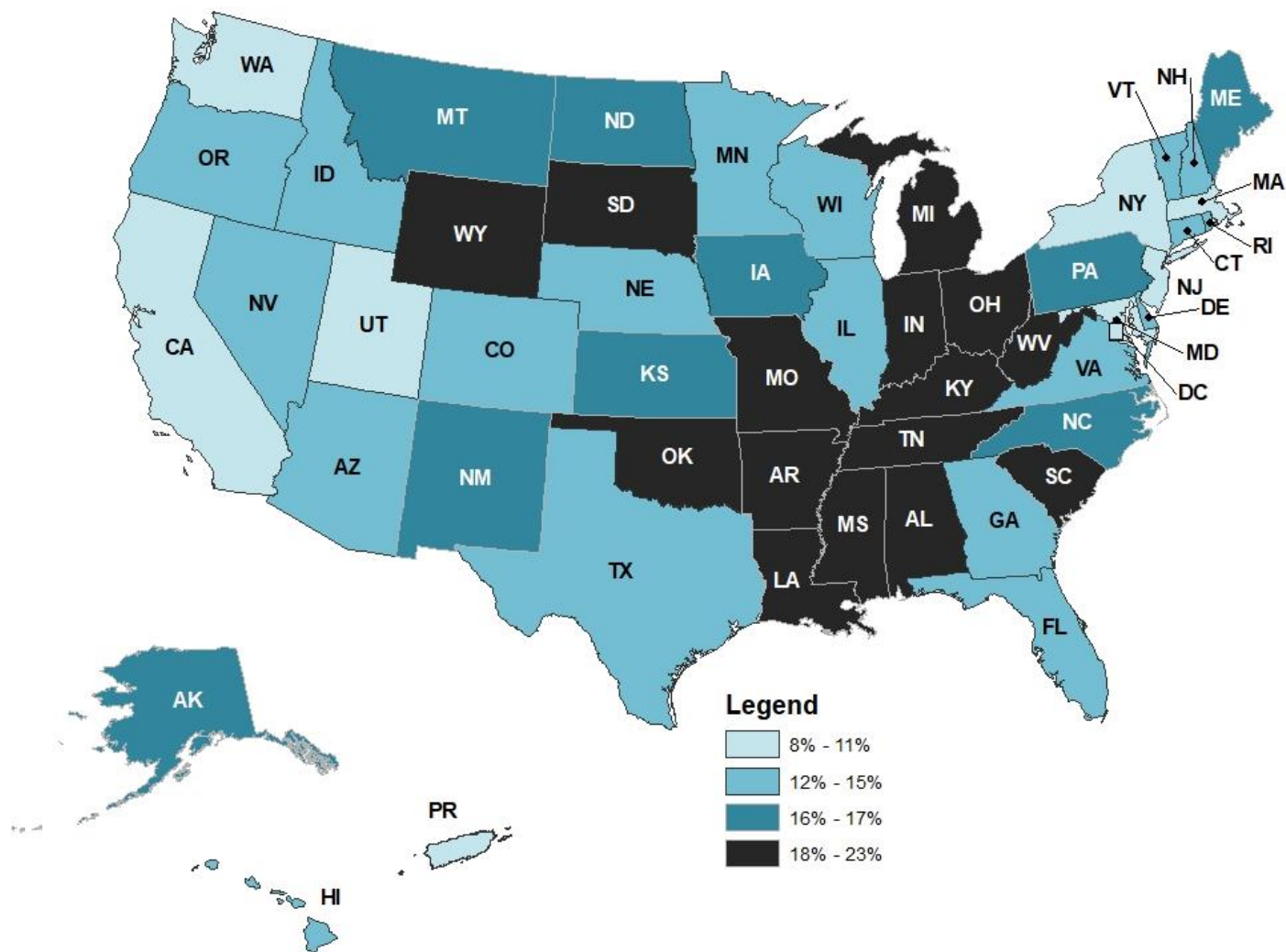
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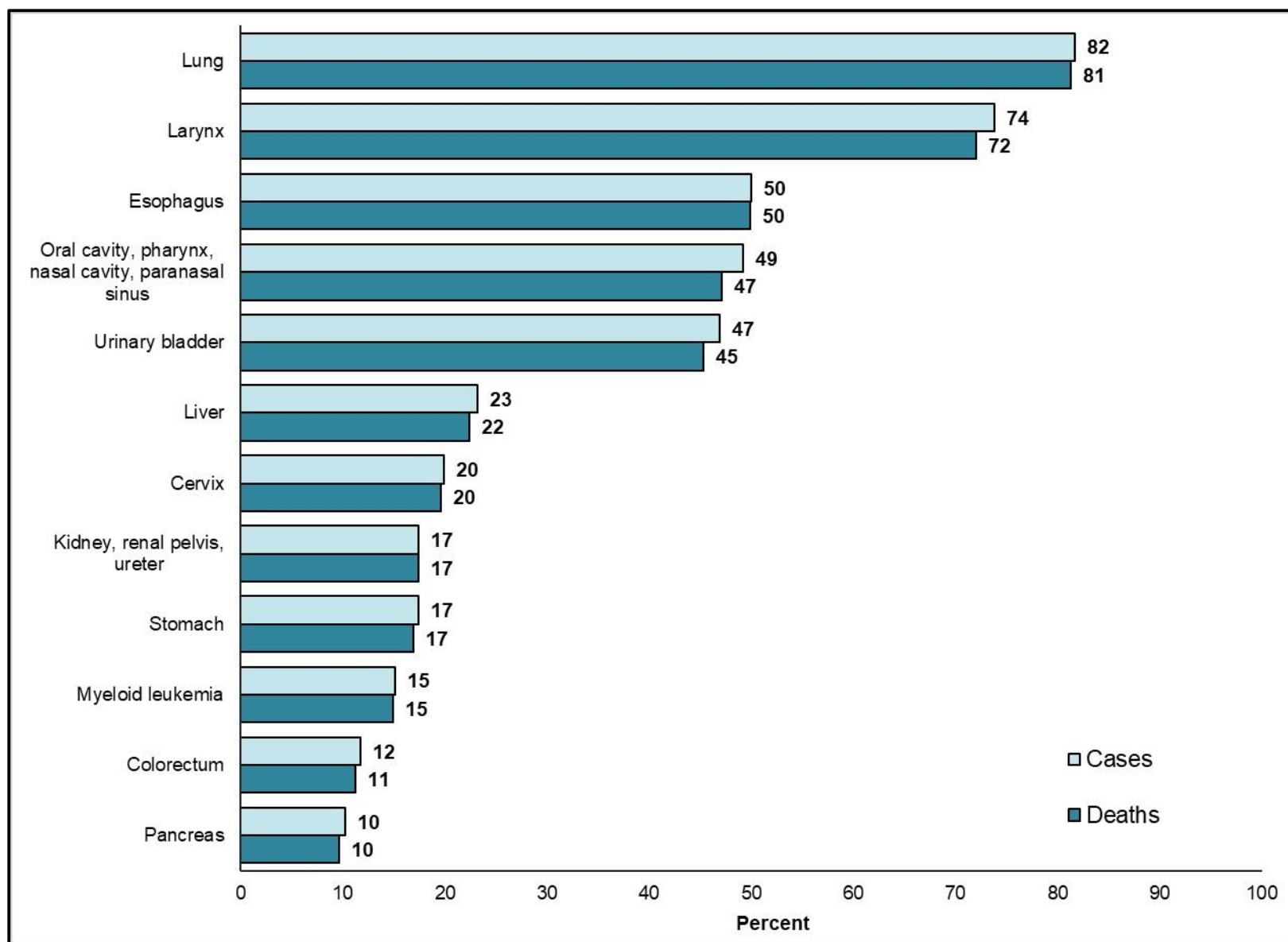
Figure 1A. Current* Cigarette Smoking Prevalence (%), Adults 18 Years and Older by State, 2020



*Smoked 100 cigarettes in their entire lifetime and are current smokers (regular and irregular).

Source: Behavioral Risk Factor Surveillance System, 2020.

Figure 1B. Proportion of Cancer Cases and Deaths Attributable to Cigarette Smoking, Adults 30 Years and Older, US, 2014



Source: Islami F et al, 2018.¹

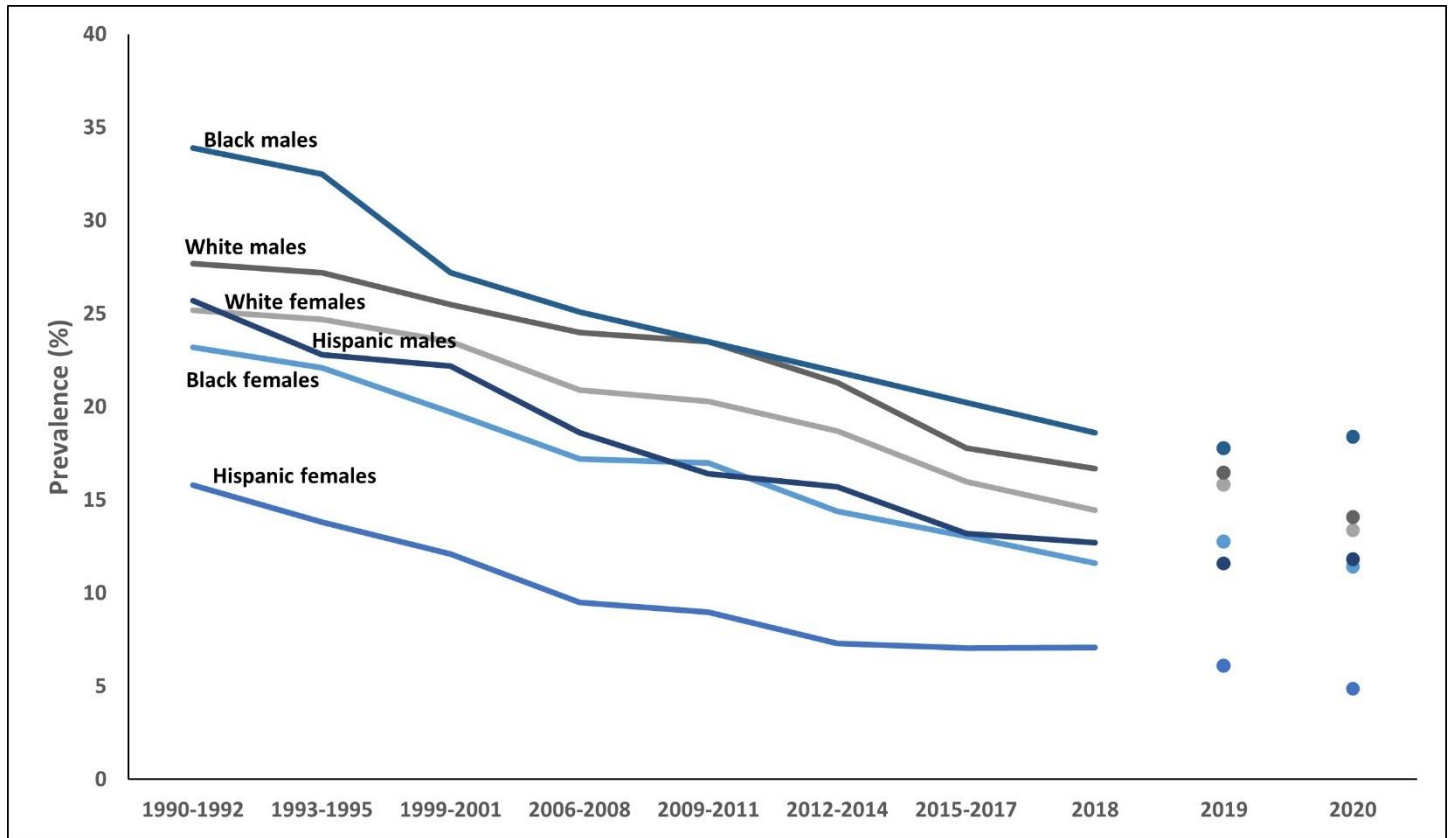
Table 1A. Current Cigarette Smoking*, Quit Ratio, Past-Year Quit Attempts and Recent Successful Cessation Prevalence (%), Adults 18 Years and Older, US, 2020

	Current Smoking			Quit Ratio†	Past-Year Quit Attempt‡	Recent successful cessation§
	Males	Females	Overall	Overall	Overall	Overall
Overall	14	11	13	65	55	8
Sex, people who identify as:						
Males	–	–	–	65	56	8
Females	–	–	–	64	55	8
Age (years)						
18-24	9	6	7	41	69	15
25-44	17	12	14	56	60	11
45-64	16	14	15	62	50	5
65+	10	8	9	81	50	6
Race/Ethnicity, people who identify as:						
Hispanic	12	5	8	65	58	6
White	14	13	14	68	53	9
Black	18	11	15	47	63	7
Asian	12	4	8	60	68	---
AI/AN	30	20	25	50	46	---
Sexual orientation, people who identify as:						
Gay or lesbian	18	12	16	60	65	---
Straight	14	11	12	65	54	8
Bisexual	---	18	17	54	71	---
Immigration status						
Born in US/US territory	15	13	14	64	55	8
In US fewer than 10 years	8	5	6	53	58	---
In US 10+ years	12	4	8	68	60	6
Education (≥25 years)						
No HS diploma	28	18	23	51	53	6
GED	34	30	32	49	50	---
HS diploma	20	17	19	62	54	6
Some college	16	12	14	67	56	9
Undergraduate degree	6	6	6	79	55	13
Graduate degree	4	3	3	85	52	12
Income level						
<100% FPL	29	20	23	43	56	6
100 to less than 200% FPL	22	16	18	54	55	6
≥200% FPL	11	8	10	71	55	10
Insurance status						
Uninsured	25	17	21	42	55	4
Private	10	8	9	71	55	10
Medicaid/Pub/Dual Eligible	25	21	23	42	60	7
Medicare (ages ≥ 65)	11	9	10	78	48	4
Other	16	13	15	70	52	8

AI/AN: Persons who identified as American Indian or Alaskan Native race only or AI/AN and multiple race groups. HS-high school. GED-General Educational Development high school equivalency. FPL-federal poverty level. *Ever smoked 100 cigarettes in lifetime and now smoke every day or some days. †Former smokers (do not smoke currently) among those who ever smoked 100 cigarettes in lifetime. ‡Current smokers who reported that they stopped smoking for >1 day during the past 12 months because they were trying to quit smoking and former smokers who quit during the past year. §Former smokers who quit smoking for ≥6 months during the past year among current smokers who smoked for ≥2 years or former smokers who quit during the past year. Note: See Special Notes (pg. 43) regarding unavailable data.

Source: National Health Interview Survey, 2020.

Figure 1C. Current Cigarette Smoking* Prevalence (%) Trends, Adults 18 Years and Older by Sex and Race/Ethnicity, US, 1990-2020



*Ever smoked 100 cigarettes in lifetime and now smoke every day or some days. Note: Estimates are age-adjusted to the 2000 US standard population. Due to changes in NHIS survey design, 2019 estimates are not directly comparable to prior years and are separated from the trend line. 2020 estimates are separated from trend line to indicate a break in NHIS survey data collection mode after COVID-19 pandemic onset, where interviews changed to telephone-based modes in 2020 quarter 2 onwards vs. in-person modes in prior years and 2020 quarter 1.

Source: 1990-2017: National Center for Health Statistics, 2019.² National Health Interview Survey, 2018-2020

Table 1B. Current Tobacco Use and Smoking Cessation Prevalence (%), Adults 18 Years and Older by State, 2018-2019, 2020

	Cigarettes*					E-cigarettes¶ (2018-2019)	Smoking Cessation		
	Overall	Rank† (1=high)	Males	Females	Low education‡		Quit ratio†	Past- year quit attempt‡	Recent successful cessation§
United States (median)	15		17	13	30	3	58	62	6
<i>Range</i>	8-23		9-23	6-24	11-47	1-5	48-67	56-71	3-11
Alabama	19	46	21	17	41	4	54	69	5
Alaska	17	34	17	17	47	2	56	62	---
Arizona	13	15	15	10	22	4	62	63	6
Arkansas	20	49	22	19	33	3	50	57	4
California	8	2	10	6	11	2	66	69	8
Colorado	12	11	13	11	23	3	66	66	8
Connecticut	12	12	13	10	23	---	60	70	5
Delaware	15	26	17	12	28	1	58	66	---
District of Columbia	11	8	11	11	24	1	61	71	6
Florida	14	25	17	12	22	2	60	64	6
Georgia	15	27	17	13	30	2	54	66	7
Hawaii	12	10	12	11	23	3	65	63	5
Idaho	14	23	14	13	25	3	60	62	6
Illinois	12	13	13	11	19	2	58	62	8
Indiana	19	47	20	18	40	3	52	60	4
Iowa	16	30	17	15	27	3	56	60	5
Kansas	16	33	18	15	35	3	57	59	7
Kentucky	21	51	22	21	42	4	53	56	6
Louisiana	18	38	20	16	34	2	53	64	6
Maine	17	37	18	17	41	4	58	58	7
Maryland	10	4	12	8	21	2	61	64	6
Massachusetts	11	6	12	9	23	2	62	66	6
Michigan	19	44	20	17	42	2	56	64	6
Minnesota	14	21	15	13	29	2	60	60	6
Mississippi	20	50	23	17	38	2	48	66	3
Missouri	18	39	19	17	41	3	55	61	6
Montana	17	35	17	17	42	3	59	59	7
Nebraska	14	24	15	12	21	3	60	61	6
Nevada	13	20	16	11	12	2	61	62	10
New Hampshire	13	19	15	12	40	2	62	61	5
New Jersey	10	3	12	8	18	2	64	69	7
New Mexico	16	31	19	13	27	3	57	65	7
New York	11	9	13	9	19	2	61	67	7
North Carolina	16	32	18	14	30	3	55	60	7
North Dakota	17	36	18	16	38	3	53	57	6
Ohio	19	48	19	19	40	3	52	59	4
Oklahoma	18	40	19	17	33	5	54	61	4
Oregon	13	16	14	12	28	3	63	59	8
Pennsylvania	16	29	17	15	30	3	57	63	6
Rhode Island	13	18	14	12	23	---	58	66	9
South Carolina	18	41	20	16	34	2	53	63	6
South Dakota	18	43	18	18	37	4	56	59	5
Tennessee	18	42	19	18	31	2	53	58	5
Texas	12	14	16	9	19	2	61	66	7
Utah	8	1	9	7	24	3	67	67	11
Vermont	14	22	15	12	42	2	64	61	6
Virginia	13	17	15	11	24	3	59	65	7
Washington	11	7	11	10	17	2	66	64	8
West Virginia	23	52	23	24	47	4	51	58	7
Wisconsin	15	28	17	14	33	3	60	61	7
Wyoming	19	45	20	17	32	4	55	59	7
Puerto Rico	10	5	15	6	18	---	58	63	5

*Smoked 100 cigarettes in lifetime and are current smokers (regular and irregular). †Based on overall % for age ≥18 years. ‡Less than a high school education. ¶Used e-cigarettes even one time and now use every day or some days. E-cigarette estimates are from the Tobacco Use Supplement of the Current Population Survey, 2018-2019. †Former smokers (do not smoke currently) among those who ever smoked 100 cigarettes in lifetime. ‡Current smokers who reported that they stopped smoking for >1 day during the past 12 months because they were trying to quit smoking and former smokers who quit during the past year. §Former smokers who quit smoking for ≥6 months during the past year among current smokers who smoked for ≥2 years or former smokers who quit during the past year. Note: Puerto Rico not included in range or median. See Special Notes (pg. 43) regarding unavailable data.

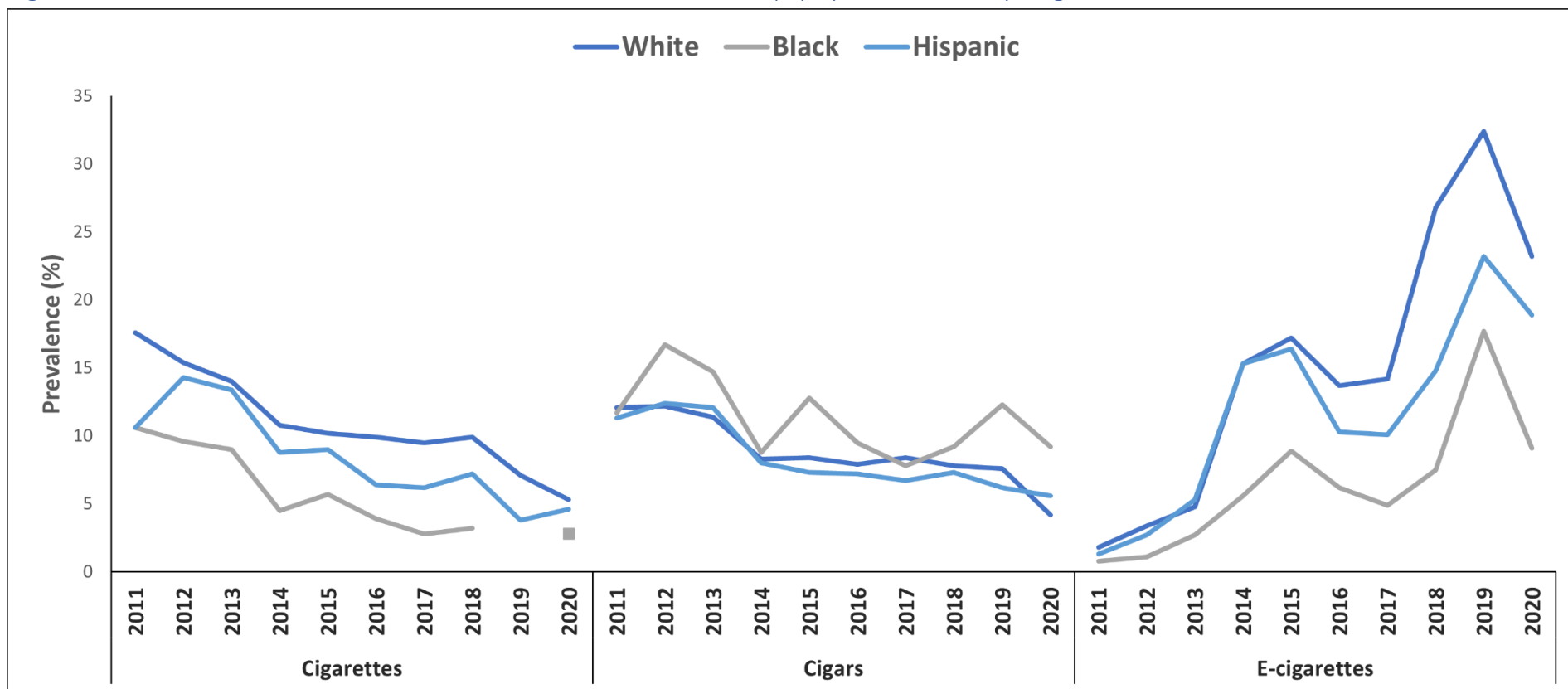
Source: Behavioral Risk Factor Surveillance System, 2020; Tobacco Use Supplement, Current Population Survey, 2018-2019.

Table 1C. Current* Tobacco Use Prevalence (%), High School Students, US, 2021

	E-cigarettes	Cigars	Cigarettes	Smokeless Tobacco†	Waterpipe
Overall	11	2	2	1	1
Sex, people who identify as:					
Males	11	3	2	2	1
Females	12	2	2	---	1
Race/Ethnicity, people who identify as:					
Hispanic	8	1	2	---	1
White	14	2	2	1	1
Black	6	4	---	---	3

*In the past 30 days. †Includes chewing tobacco/snuff/dip, snus, and dissolvable tobacco. See Special Notes (pg. 43) regarding unavailable data.
Source: National Youth Tobacco Survey, 2021.

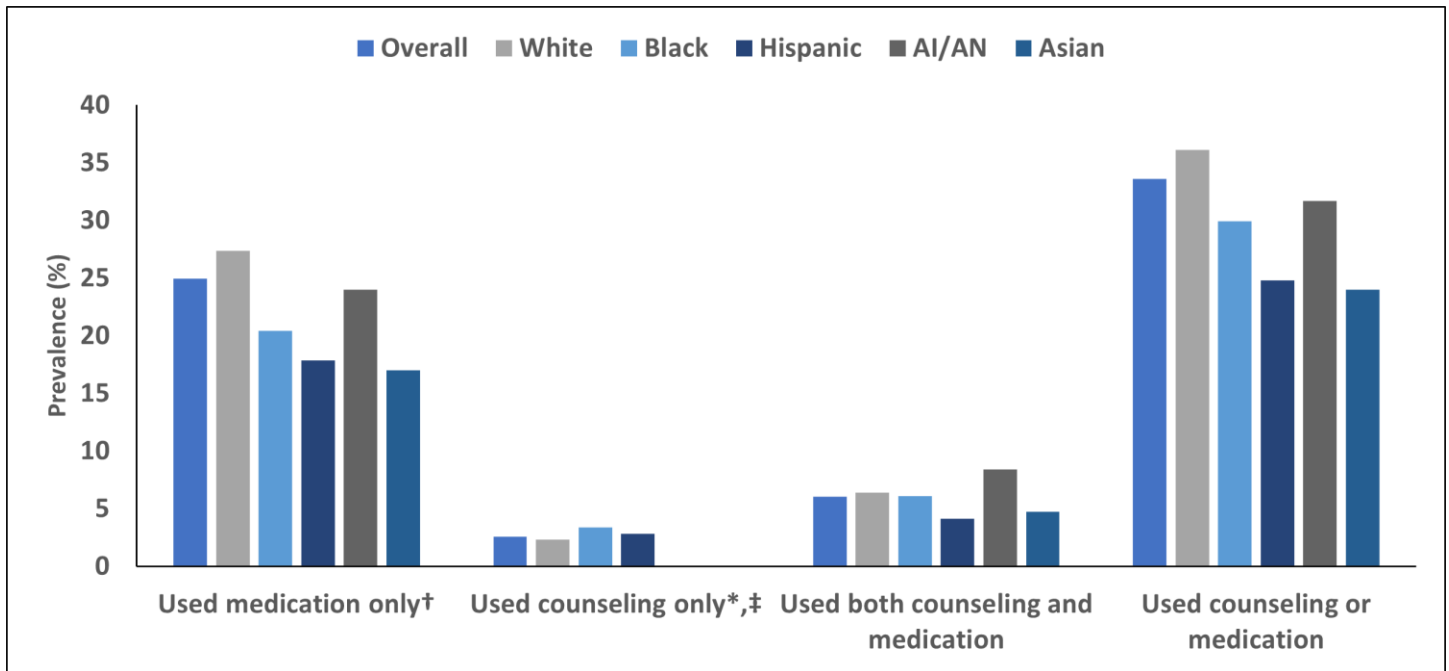
Figure 1D. Current* Use of Selected Tobacco Products Prevalence (%) by Race/Ethnicity, High School Students, US, 2011-2020



*In the past 30 days. Note: Due to changes in methodology for NYTS 2021, estimates are not comparable to previous years and therefore excluded from the trend lines. See Table 1C for 2021 estimates.

Sources: **2020:** Gentzke AS, et al. *MMWR Morb Mortal Wkly Rep.* 2020 Dec 18;69(50):1881-1888;³ **2019:** Wang T, et al. *MMWR Surveill Summ.* 2019 Nov 6;68(12):1-22;⁴ **2018:** Gentzke AS et al. *MMWR Morb Mortal Wkly Rep.* 2019 Feb 15;68(6):157-164;⁵ **2017:** Wang T, et al. *MMWR Morb Mortal Wkly Rep.* 2018 Jun 8;67(22):629-633;⁶ **2016:** Jamal A, et al. *MMWR Morb Mortal Wkly Rep.* 2017 Jun 16;66(23):597-603;⁷ **2015:** Singh T, et al. *MMWR Morb Mortal Wkly Rep.* 2016 Apr 15;65(14):361-7;⁸ **2014:** Arrazola RA, et al. *MMWR Morb Mortal Wkly Rep.* 2015 Apr 17;64(14):381-5;⁹ **2013:** Arrazola RA, et al. *MMWR Morb Mortal Wkly Rep.* 2014 Nov 14;63(45):1021-6;¹⁰ **2011 & 2012:** Arrazola RA, et al. *MMWR Morb Mortal Wkly Rep.* 2013 Nov 15;62(45):893-7.¹¹

Figure 1E. Use of Counseling, Medications, and Switching to Other Tobacco Products for Cessation Prevalence (%), Adults Ages ≥ 18 years by Race/Ethnicity, US, 2018-2019



AI/AN: Persons who identified as American Indian or Alaskan. *Used one-on-one counseling; attended a stop-smoking clinic, class, or support group; and/or sought a telephone helpline or quitline during the past year among current smokers who tried to quit during the past year or former smokers who quit during the past 2 years when stopped smoking. †Used nicotine patch, nicotine gum or lozenge, nicotine-containing nasal spray or inhaler, varenicline (US trade name: Chantix), and/or bupropion (including trade names Zyban and Wellbutrin) during the past year among current smokers who tried to quit during the past year or used by former smokers who quit during the past 2 years when stopped smoking. ‡Unstable estimates suppressed for AIAN, Asian person.

Source: Tobacco Use Supplement to the Current Population Survey, 2018-2019.

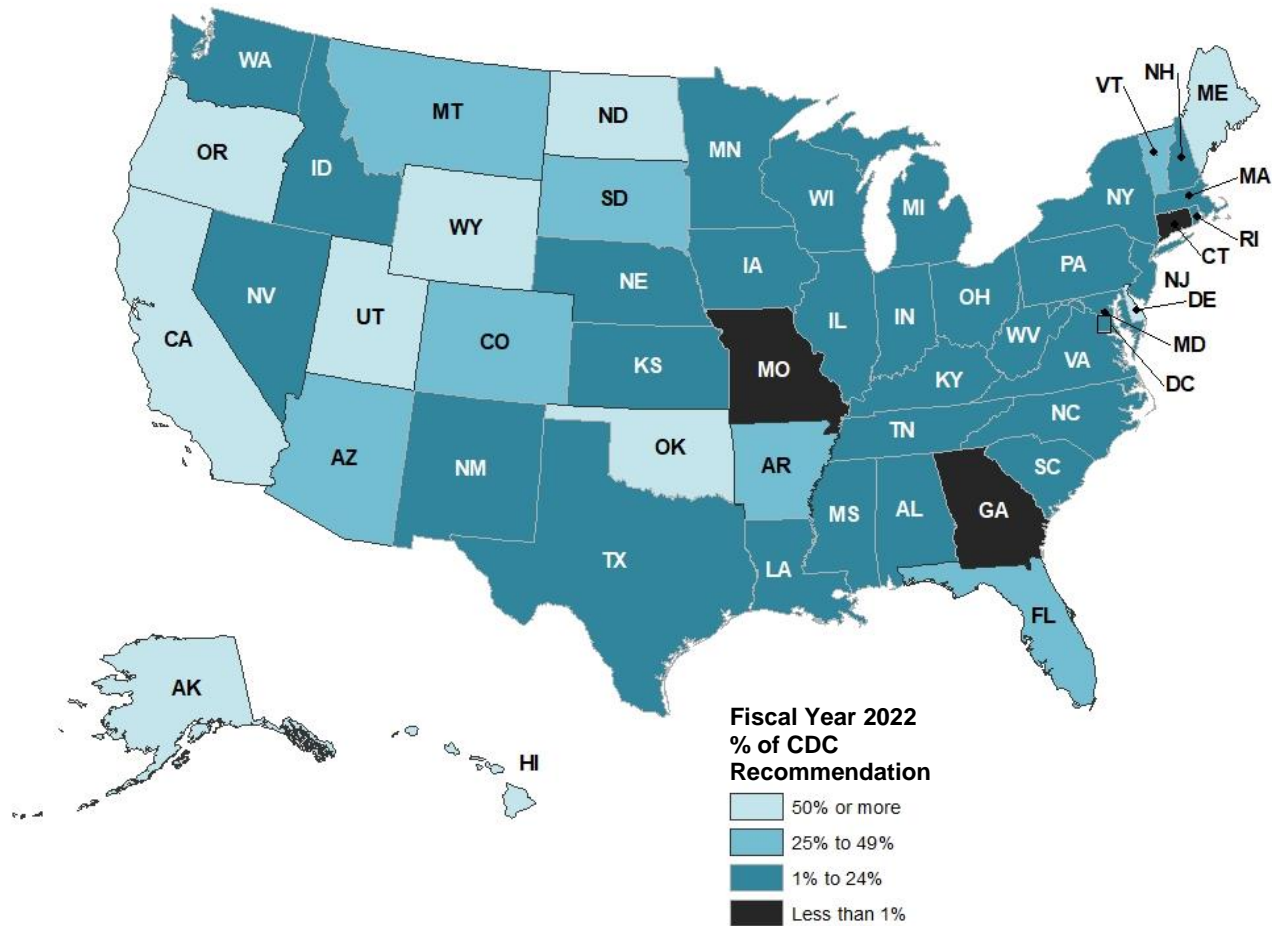
Table 1D. Current* Tobacco Use Prevalence (%), High School Students by State, 2019

	Cigarettes	Rank† (1=high)	Cigars	E-cigarettes‡	Smokeless tobacco use§
<i>National Range</i>	2-14		1-12	10-36	1-12
Alabama	7	12	10	19	10
Alaska	8	7	5	26	5
Arizona	5	24	5	18	5
Arkansas	10	3	8	24	8
California	–	–	–	18	–
Colorado	5	24	–	29	–
Connecticut	4	37	4	27	4
Delaware	–	–	–	–	–
District of Columbia	5	24	7	13	6
Florida	5	24	–	–	–
Georgia	4	37	5	17	5
Hawaii	5	24	–	31	–
Idaho	5	24	4	22	4
Illinois	5	24	6	20	6
Indiana	–	–	–	–	–
Iowa	7	12	4	20	4
Kansas	6	20	5	22	5
Kentucky	9	4	8	26	8
Louisiana	8	7	12	23	12
Maine	7	12	5	30	5
Maryland	5	24	6	23	6
Massachusetts	5	24	5	32	5
Michigan	5	16	5	21	5
Minnesota	–	–	–	–	–
Mississippi	7	12	9	21	9
Missouri	7	12	5	21	5
Montana	8	7	7	30	7
Nebraska	4	37	4	17	4
Nevada	4	37	–	24	–
New Hampshire	6	20	–	34	–
New Jersey	4	37	–	28	–
New Mexico	9	4	8	34	8
New York	4	37	7	22	7
North Carolina	8	7	–	35	–
North Dakota	8	7	5	33	5
Ohio	5	24	7	30	7
Oklahoma	9	4	7	28	7
Oregon	–	–	–	–	–
Pennsylvania	7	12	6	24	6
Rhode Island	4	37	5	30	5
South Carolina	6	20	9	21	9
South Dakota	12	2	7	24	7
Tennessee	7	12	9	22	9
Texas	5	24	6	19	6
Utah	2	45	1	10	1
Vermont	7	12	6	26	6
Virginia	5	24	5	20	5
Washington	–	–	–	–	–
West Virginia	14	1	11	36	11
Wisconsin	6	20	5	21	5
Wyoming	–	–	–	–	–
Puerto Rico	3	44	3	9	2

*In the past 30 days. †Based on % current cigarette smoking. ‡E-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. §Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products. Note: Puerto Rico not included in range. See Special Notes (pg. 43) for more information regarding unavailable data.

Source: Youth Risk Behavior Survey, 2019.

Figure 1F. State Funding for Tobacco Control, Fiscal Year 2022



CDC-Centers for Disease Control and Prevention. Note: Annual funding amounts only include state funds. Data not available for Puerto Rico. Sources: Campaign for Tobacco-Free Kids et al, 2022.¹² Centers for Disease Control and Prevention, 2014.¹³

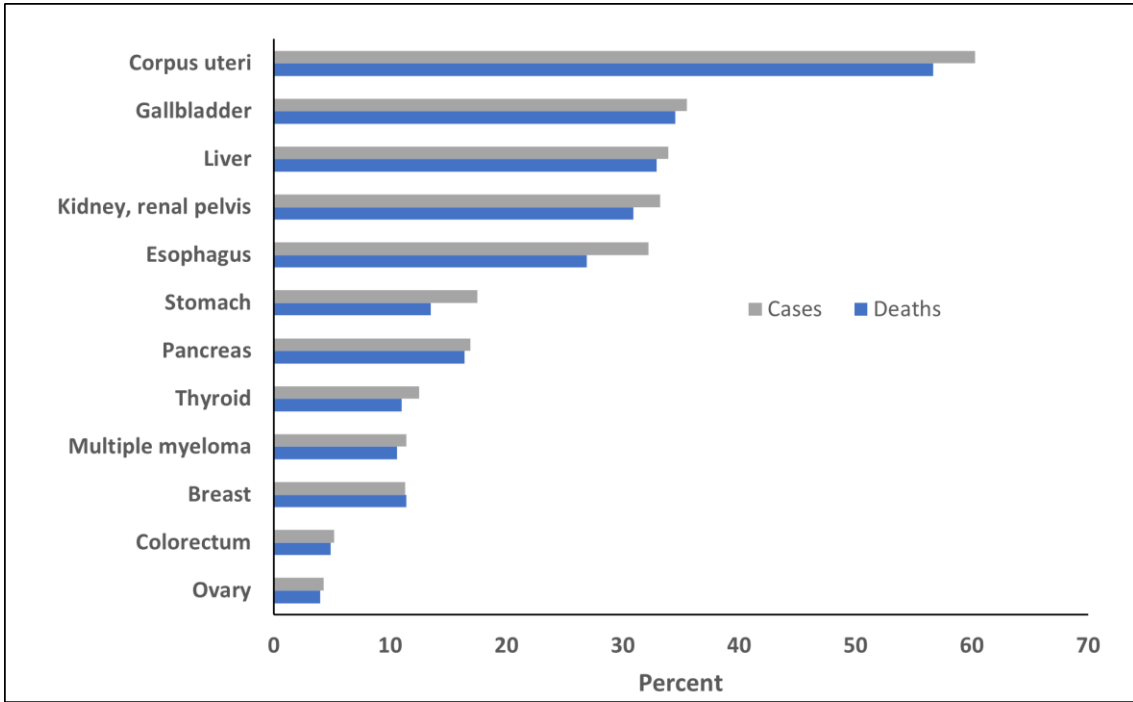
Table 1E. Tobacco Control Measures by State, 2022

	Cigarette tax per pack (\$)*	100% smoke-free laws†				e-cigarettes use also restricted
		W	R	B	G	
United States (average)	\$1.88					
<i>Range</i>	<i>\$0.17-\$4.50</i>					
Alabama	\$0.675					✓
Alaska	\$2.00					
Arizona	\$2.00	✓	✓	✓	✓	
Arkansas	\$1.15					
California	\$2.87	✓	✓	✓	✓	✓
Colorado	\$1.94	✓	✓	✓	✓	✓
Connecticut	\$4.35	✓	✓	✓	✓	✓
Delaware	\$2.10	✓	✓	✓	✓	✓
District of Columbia	\$4.50	✓	✓	✓		
Florida	\$1.339	✓	✓		✓	✓
Georgia	\$0.37					
Hawaii	\$3.20	✓	✓	✓		✓
Idaho	\$0.57		✓			
Illinois	\$2.98	✓	✓	✓	✓	
Indiana	\$0.995	✓	✓			
Iowa	\$1.36	✓	✓	✓		
Kansas	\$1.29	✓	✓	✓		
Kentucky	\$1.10					
Louisiana	\$1.08	✓	✓			
Maine	\$2.00	✓	✓	✓	‡	✓
Maryland	\$2.00	✓	✓	✓	✓	
Massachusetts	\$3.51	✓	✓	✓	✓	✓
Michigan	\$2.00	✓	✓	✓		
Minnesota	\$3.04	✓	✓	✓	✓	✓
Mississippi	\$0.68					
Missouri	\$0.17					
Montana	\$1.70	✓	✓	✓	✓	
Nebraska	\$0.64	✓	✓	✓	✓	✓
Nevada	\$1.80	✓	✓			✓
New Hampshire	\$1.78		✓	✓		✓
New Jersey	\$2.70	✓	✓	✓		✓
New Mexico	\$2.00	✓	✓	✓		✓
New York	\$4.35	✓	✓	✓	✓	✓
North Carolina	\$0.45		✓	✓		
North Dakota	\$0.44	✓	✓	✓	✓	✓
Ohio	\$1.60	✓	✓	✓	✓	
Oklahoma	\$2.03					
Oregon	\$3.33	✓	✓	✓	✓	✓
Pennsylvania	\$2.60	✓				
Rhode Island	\$4.25	✓	✓	✓		✓
South Carolina	\$0.57					
South Dakota	\$1.53	✓	✓	✓	✓	✓
Tennessee	\$0.62					
Texas	\$1.41					
Utah	\$1.70	✓	✓	✓		✓
Vermont	\$3.08	✓	✓	✓	✓	✓
Virginia	\$0.60					
Washington	\$3.025	✓	✓	✓	✓	
West Virginia	\$1.20					
Wisconsin	\$2.52	✓	✓	✓	✓	
Wyoming	\$0.60					
Puerto Rico	\$5.10	✓	✓	✓	✓	✓

W-workplaces, R-restaurants, B-bars, G-state-run gambling establishments. *Effective as of December 28, 2020. †Passed or implemented, reported as of April 1, 2022. Other state laws that do not explicitly address e-cigarettes may be interpreted as prohibiting their use. ‡Some exceptions; see sources for more information.

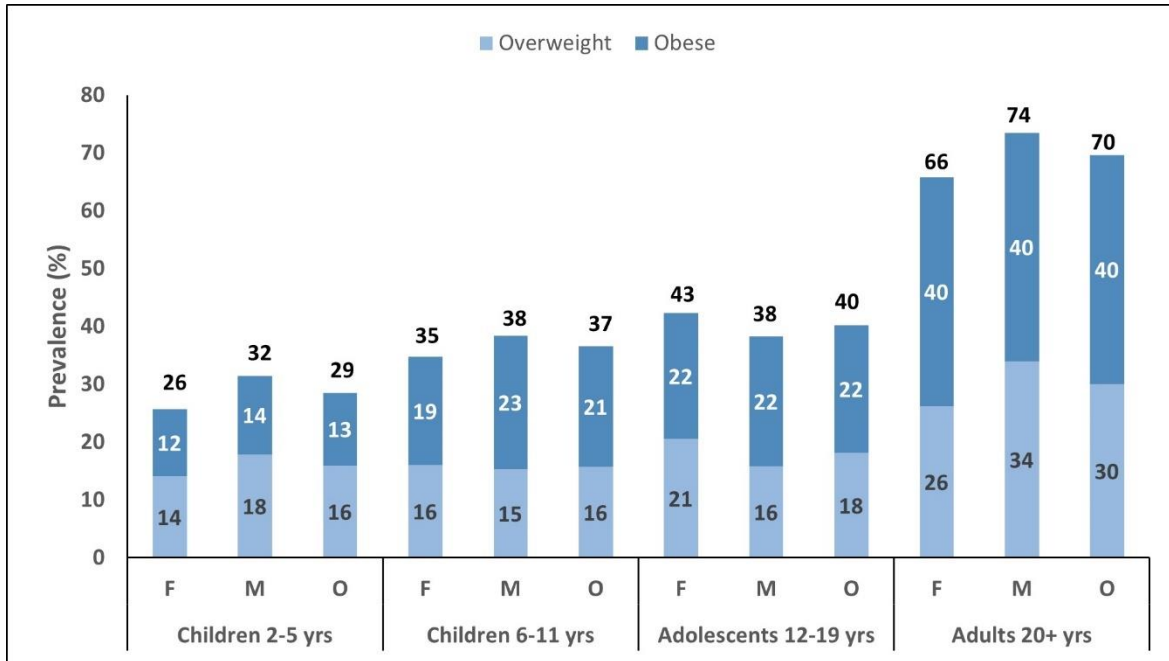
Source: Taxes: American Cancer Society Action Network, 2022.¹⁴ Smoke-free laws: American Nonsmokers Rights Foundation, 2022.¹⁵

Figure 2A. Proportion of Cancer Cases and Deaths Attributable to Excess Body Weight in Adults 30 Years and Older, US, 2014



Source: Islami F, et al., 2018.¹

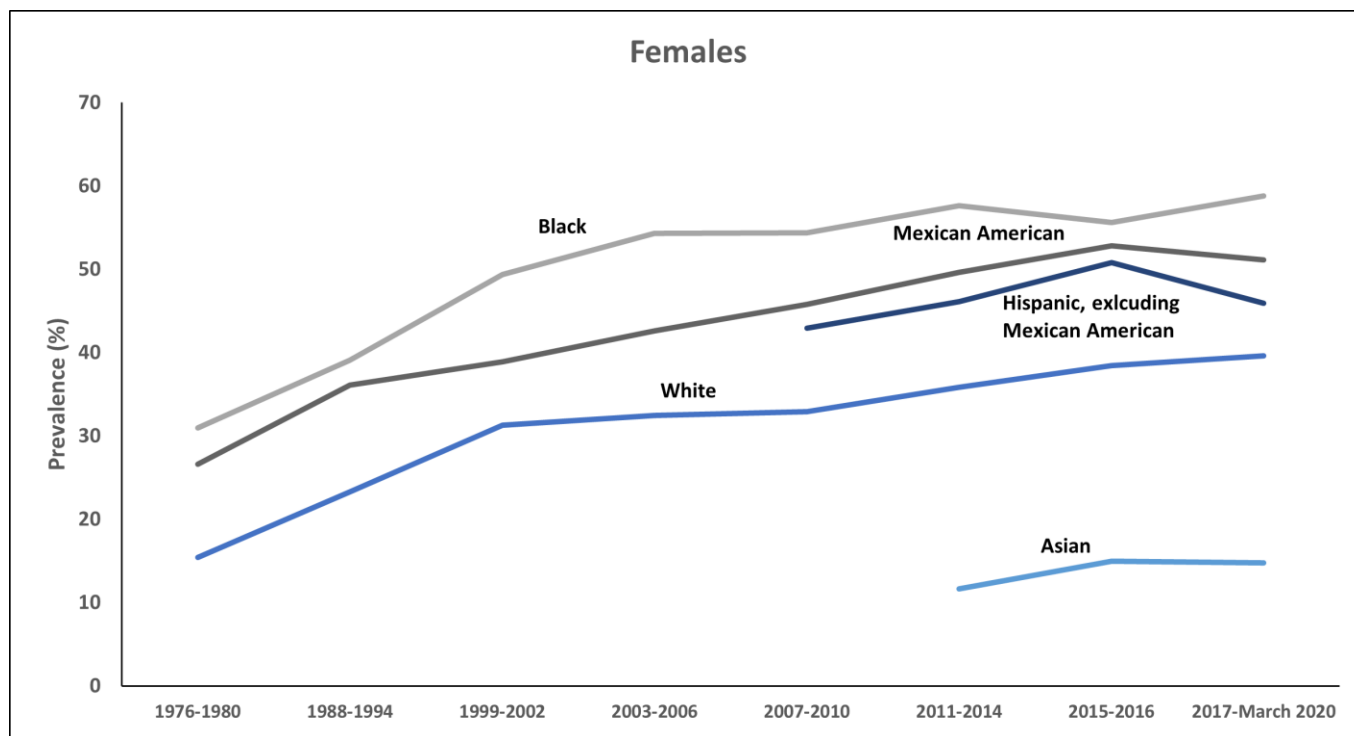
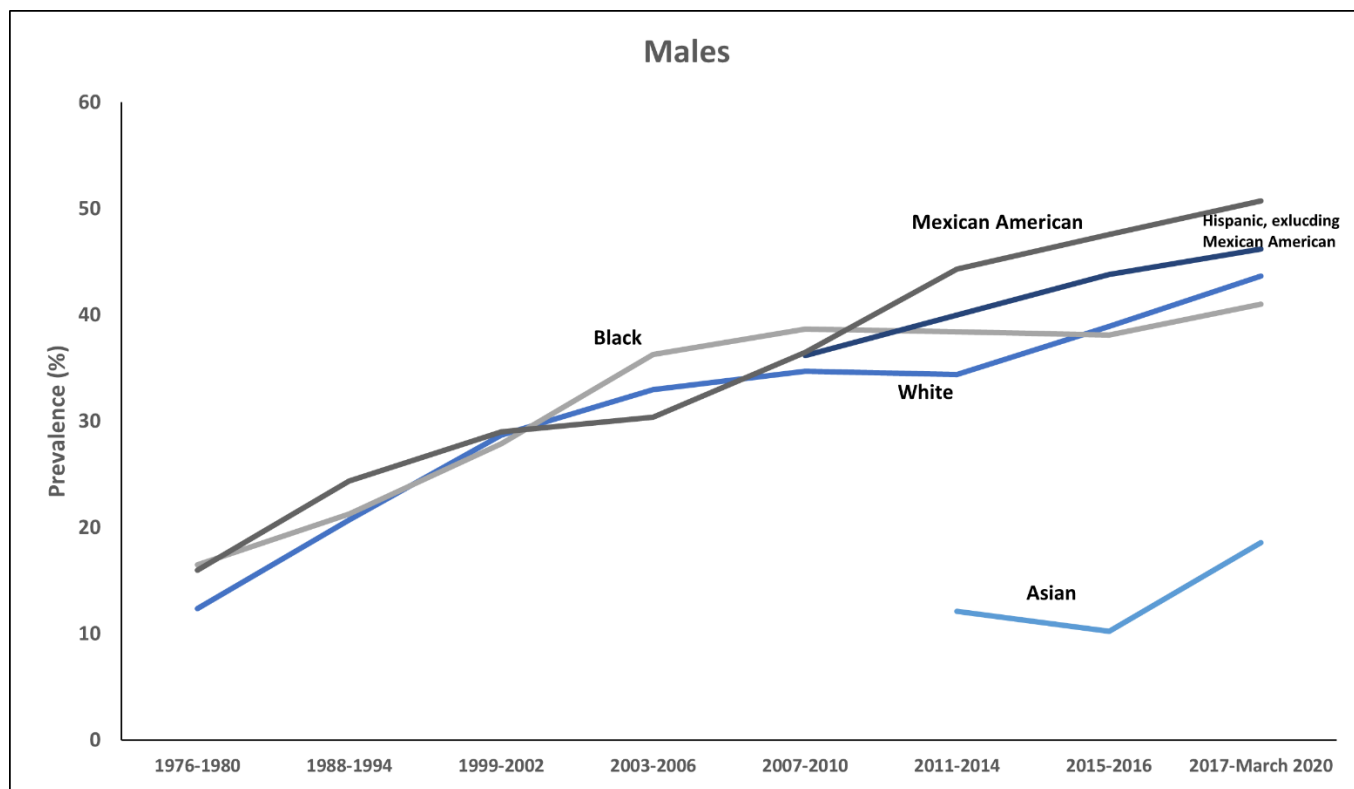
Figure 2B. Excess Body Weight* Prevalence (%), Youth and Adults, US, 2017- March 2020



F: females, M: males, O: overall. *For adults, a BMI of 25.0-29.9 kg/m² is overweight; a BMI of ≥30.0 kg/m² is obese. Excess body weight is a BMI of ≥25.0 kg/m². 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 85th and 94.9th percentile are considered overweight, and BMIs at or above the 95th percentile are classified as obese.

Source: National Health and Nutrition Examination Survey, 2017- March 2020.

Figure 2C. Obesity* Prevalence (%) Trends, Adults 20-74 Years by Sex and Race/Ethnicity[†], US, 1976-March 2020



*Body mass index ≥ 30.0 kg/m². †See Special Notes (pg. 43) for more information.

Source: National Center for Health Statistics, 2014.¹⁶ National Health and Nutrition Examination Surveys, 2011-March 2020.

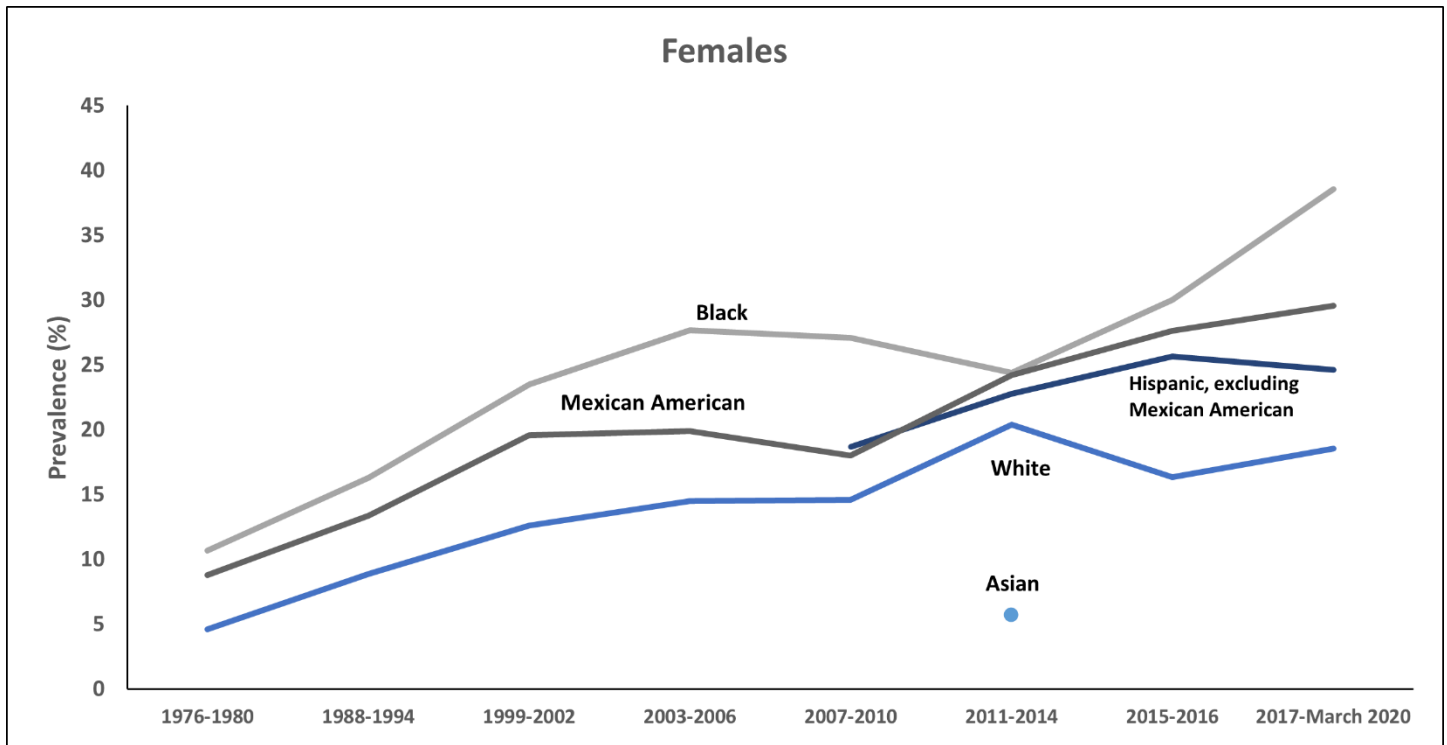
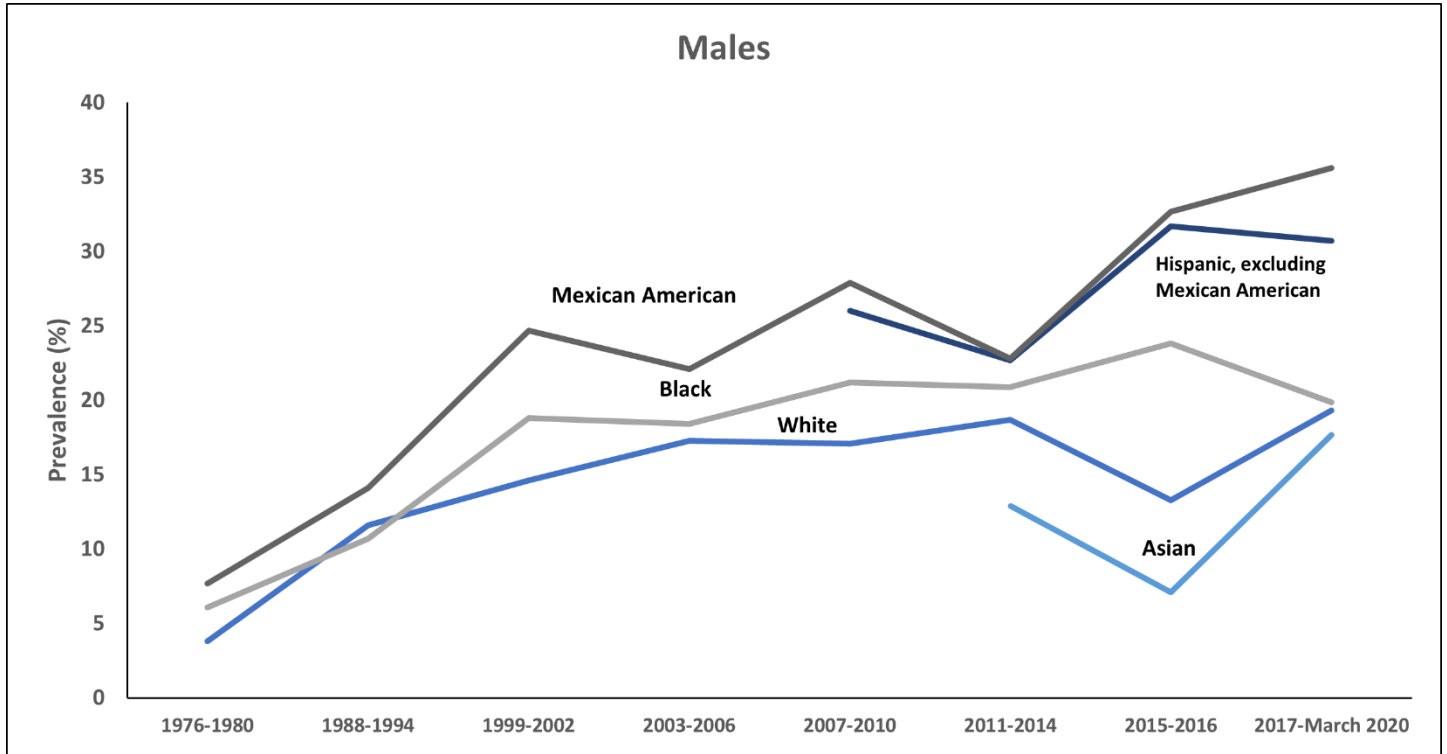
Table 2A. Overweight and Obesity* Prevalence (%) by State, Adults 18 Years and Older by State, 2020

	Overweight	Obese	Rank† (1=high)
United States (median)	35	32	---
<i>Range</i>	<i>30-38</i>	<i>24-40</i>	---
Alabama	33	39	3
Alaska	35	32	26
Arizona	35	32	30
Arkansas	30	37	6
California	33	30	38
Colorado	35	24	52
Connecticut	35	29	39
Delaware	32	36	11
District of Columbia	33	25	49
Florida	35	28	42
Georgia	33	34	17
Hawaii	33	25	50
Idaho	35	31	31
Illinois	35	32	24
Indiana	32	37	5
Iowa	35	37	7
Kansas	34	36	12
Kentucky	33	37	9
Louisiana	32	38	4
Maine	33	31	31
Maryland	35	31	33
Massachusetts	36	24	51
Michigan	34	35	16
Minnesota	36	31	35
Mississippi	33	40	1
Missouri	35	34	18
Montana	35	29	41
Nebraska	36	34	19
Nevada	36	28	44
New Hampshire	35	30	37
New Jersey	36	28	46
New Mexico	36	32	27
New York	37	26	47
North Carolina	35	34	20
North Dakota	38	34	21
Ohio	33	36	14
Oklahoma	33	37	8
Oregon	36	28	43
Pennsylvania	35	32	29
Rhode Island	34	31	36
South Carolina	32	37	10
South Dakota	36	33	22
Tennessee	34	36	13
Texas	34	36	15
Utah	34	29	40
Vermont	36	26	48
Virginia	35	32	25
Washington	36	28	45
West Virginia	31	40	2
Wisconsin	35	33	23
Wyoming	37	31	34
Puerto Rico	36	32	28

*For adults, a BMI of 25.0-29.9 kg/m² is overweight; a BMI of ≥30.0 kg/m² is obese. †Based on % obese. Note: Puerto Rico not included in range or median. See Special Notes (pg. 43) regarding unavailable data.

Source: Behavioral Risk Factor Surveillance System, 2020.

Figure 2D. Obesity* Trends (%), Adolescents 12-19 Years by Sex and Race/Ethnicity†, US, 1976- March 2020



*Body mass index at or above the 95th percentile. †See Special Notes (pg. 43) for more information.

Source: National Center for Health Statistics, 2014.¹⁶ National Center for Health Statistics, 2018.¹⁷ National Health and Nutrition Examination Survey, 2015- March 2020.

Table 2B. Overweight and Obesity* (%), High School Students by State, 2019

	Overweight	Obese	Rank† (1=high)
United States	16	15	---
<i>Range</i>	<i>12-20</i>	<i>10-23</i>	<i>---</i>
Alabama	20	17	9
Alaska	15	15	18
Arizona	17	13	35
Arkansas	20	22	3
California	15	16	15
Colorado	12	10	45
Connecticut	15	14	28
Delaware	---	---	---
District of Columbia	18	17	9
Florida	16	14	28
Georgia	18	18	5
Hawaii	14	16	15
Idaho	12	12	41
Illinois	15	15	18
Indiana	---	---	---
Iowa	16	17	9
Kansas	16	15	18
Kentucky	18	18	5
Louisiana	18	16	15
Maine	15	15	18
Maryland	16	13	35
Massachusetts	15	14	28
Michigan	16	15	18
Minnesota	---	---	---
Mississippi	18	23	1
Missouri	16	18	5
Montana	13	12	41
Nebraska	13	13	35
Nevada	17	12	41
New Hampshire	14	13	35
New Jersey	15	12	41
New Mexico	16	15	18
New York	16	13	35
North Carolina	16	15	18
North Dakota	16	14	28
Ohio	12	17	9
Oklahoma	18	18	5
Oregon	---	---	---
Pennsylvania	14	15	18
Rhode Island	15	14	28
South Carolina	16	17	9
South Dakota	16	14	28
Tennessee	18	21	4
Texas	18	17	9
Utah	12	10	45
Vermont	14	13	35
Virginia	16	15	18
Washington	---	---	---
West Virginia	17	23	1
Wisconsin	15	15	18
Wyoming	---	---	---
Puerto Rico	16	14	28

*Body mass index between the 85th and 94.9th percentile are considered overweight, and BMIs at or above the 95th percentile are classified as obese. †Based on % obese. Note: Puerto Rico not included in range or national estimate. See Special Notes (pg. 43) for more information regarding unavailable data.

Source: Youth Risk Behavior Surveillance System, 2019.

Table 2C. Alcohol, Diet, and Physical Activity Prevalence (%), Adults 18 Years and Older by State, 2019-2020

	Consumed ≥ 2 fruit servings a day (2019)	Consumed ≥ 3 vegetable servings a day (2019)	Alcohol consumption* (2020)	Met recommended levels of aerobic activity† (2019)	No leisure-time physical activity in past week (2020)
United States (median)	27	13	6	45	22
<i>Range</i>	<i>18-32</i>	<i>8-18</i>	<i>4-10</i>	<i>32-58</i>	<i>16-29</i>
Alabama	22	10	5	40	28
Alaska	25	13	9	51	21
Arizona	28	14	6	46	22
Arkansas	25	13	7	41	29
California	29	13	6	48	21
Colorado	28	13	7	52	16
Connecticut	30	15	5	46	20
Delaware	27	12	6	45	24
District of Columbia	29	16	7	46	19
Florida	25	11	7	45	26
Georgia	23	13	5	41	24
Hawaii	27	16	8	50	18
Idaho	25	13	7	50	20
Illinois	28	11	5	45	24
Indiana	27	14	6	40	25
Iowa	27	11	8	43	23
Kansas	25	14	6	43	21
Kentucky	21	9	6	---	29
Louisiana	22	10	7	39	28
Maine	28	16	8	46	20
Maryland	28	12	4	45	21
Massachusetts	30	13	6	46	19
Michigan	27	10	7	47	20
Minnesota	29	12	7	52	19
Mississippi	23	11	6	35	29
Missouri	23	11	7	41	25
Montana	26	13	9	58	18
Nebraska	27	12	7	44	21
Nevada	23	9	7	44	25
New Hampshire	28	13	7	48	19
New Jersey	---	---	6	---	20
New Mexico	25	11	7	50	23
New York	29	15	6	41	25
North Carolina	24	14	5	45	22
North Dakota	25	10	8	44	25
Ohio	23	11	6	43	23
Oklahoma	18	8	4	32	28
Oregon	27	15	8	50	18
Pennsylvania	27	11	7	46	23
Rhode Island	28	15	5	43	23
South Carolina	23	12	8	41	26
South Dakota	26	12	6	42	22
Tennessee	24	13	5	40	24
Texas	26	14	6	42	25
Utah	28	11	4	51	16
Vermont	32	18	9	54	17
Virginia	28	13	5	43	20
Washington	28	14	6	50	17
West Virginia	20	10	5	45	27
Wisconsin	28	10	10	49	20
Wyoming	25	12	6	49	22
Puerto Rico	14	4	4	29	45

*Men: >14 drinks per week, women: >7 drinks per week. †Includes 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity each week. Note: Puerto Rico not included in range or median. See Special Notes (pg. 43) regarding unavailable data.

Source: Behavioral Risk Factor Surveillance System, 2019 and 2020.

Table 2D. Diet and Physical Activity Prevalence (%), High School Students by State, 2019

	Consumed fruit or 100% fruit juice ≥ 2 times / day	Consumed vegetables ≥ 3 times / day	Currently consumes alcohol ‡	Met recommended levels of physical activity†	No physical activity*
United States (median)	25	12	26	23	16
<i>Range</i>	<i>20-31</i>	<i>9-19</i>	<i>10-33</i>	<i>15-30</i>	<i>9-28</i>
Alabama	29	12	22	23	18
Alaska	25	17	22	18	16
Arizona	24	12	27	22	18
Arkansas	22	10	25	23	22
California	26	---	21	21	21
Colorado	27	17	31	25	13
Connecticut	31	15	26	23	18
Delaware	---	---	---	---	---
District of Columbia	---	---	20	15	28
Florida	28	13	26	23	22
Georgia	27	14	17	24	20
Hawaii	20	13	20	17	20
Idaho	25	12	27	22	11
Illinois	30	12	27	26	12
Indiana	---	---	---	---	---
Iowa	25	12	26	26	13
Kansas	25	13	33	26	16
Kentucky	21	9	23	19	19
Louisiana	24	12	29	21	26
Maine	29	---	23	20	16
Maryland	27	12	24	19	22
Massachusetts	26	11	30	22	16
Michigan	25	11	25	22	17
Minnesota	---	---	---	---	---
Mississippi	23	10	26	23	20
Missouri	20	10	28	25	14
Montana	24	12	33	25	12
Nebraska	25	11	21	28	16
Nevada	22	---	26	22	16
New Hampshire	---	---	27	23	13
New Jersey	27	---	30	23	15
New Mexico	25	15	29	27	17
New York	28	---	26	19	20
North Carolina	27	12	24	20	20
North Dakota	23	10	28	25	14
Ohio	23	11	26	24	20
Oklahoma	20	9	27	29	15
Oregon	---	---	---	---	---
Pennsylvania	25	11	26	25	13
Rhode Island	29	14	21	21	15
South Carolina	24	10	23	20	21
South Dakota	24	12	26	30	13
Tennessee	23	9	22	22	19
Texas	24	9	28	23	20
Utah	27	12	10	21	9
Vermont	31	19	31	22	14
Virginia	26	---	25	22	17
Washington	---	---	---	---	---
West Virginia	23	10	30	26	15
Wisconsin	---	---	30	21	16
Wyoming	---	---	---	---	---
Puerto Rico	24	9	28	15	29

‡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 difficult some of the time for a total of ≥ 60 minutes/day on all 7 days preceding the survey. *No physical activity for a total of ≥ 60 minutes on any day during the preceding 7 days. Note: Puerto Rico not included in range or national estimate. See Special Notes (pg. 43) regarding unavailable data.

Source: Youth Risk Behavior Surveillance System, 2019.

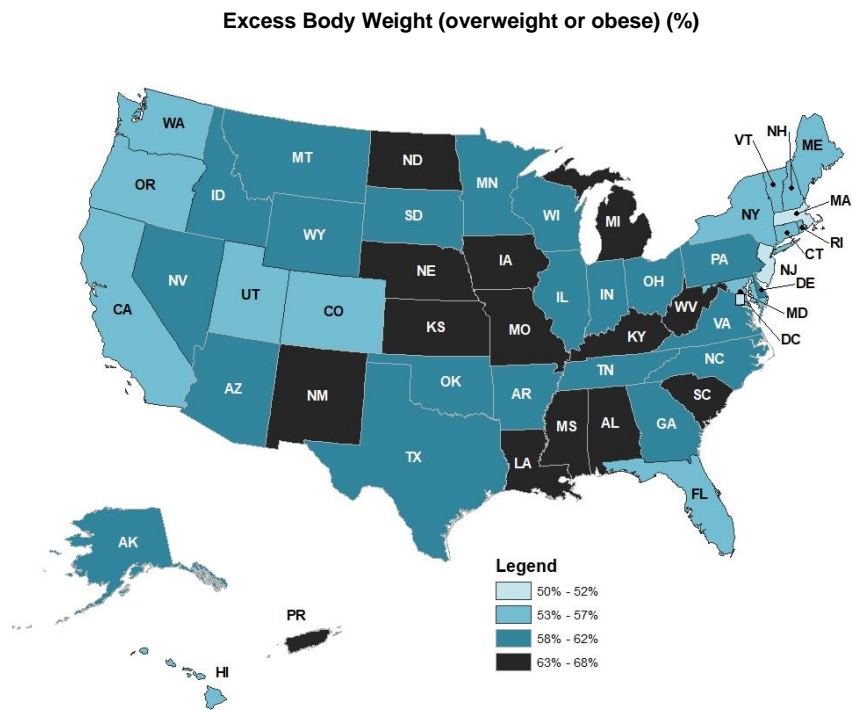
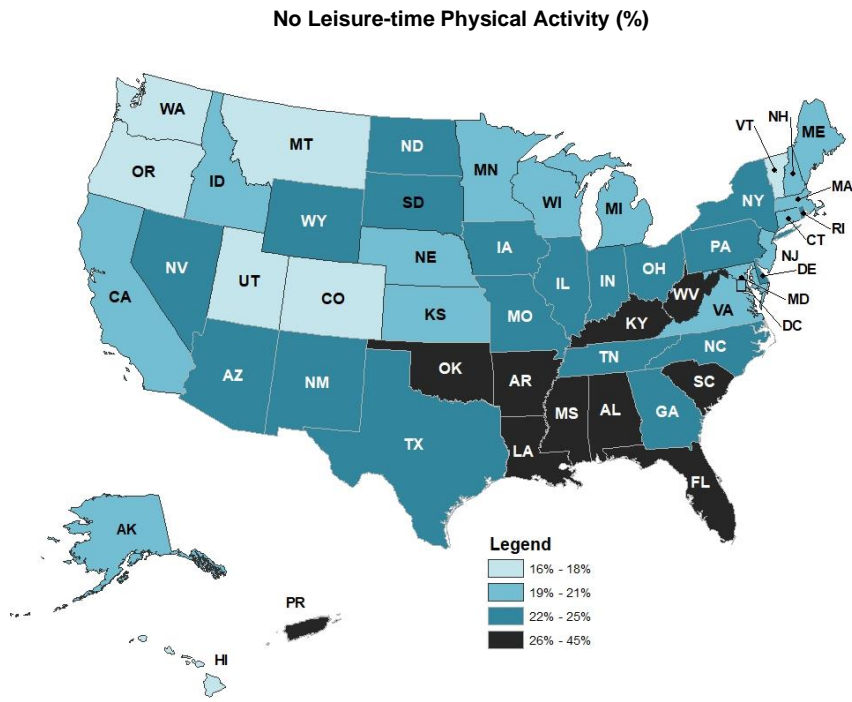
Table 2E. No Leisure-time Physical Activity and Recommended Levels of Aerobic Activity Prevalence (%), Adults 18 Years and Older, US, 2020

	No leisure-time physical activity in past week	Met recommended levels of aerobic activity*
Overall	26	48
Sex , people who identify as:		
Males	25	53
Females	28	44
Age (years)		
18-24	20	57
25-44	21	53
45-64	29	44
65+	39	38
Race/Ethnicity , people who identify as:		
Hispanic	35	41
White	23	52
Black	33	41
Asian	23	49
AI/AN	37	39
Sexual orientation , people who identify as:		
Gay/lesbian	25	53
Straight	26	48
Bisexual	31	48
Immigration status		
Born in US/US Territory	25	50
In US fewer than 10 years	33	42
In US 10+ years	32	44
Education (25 years and older)		
Some high school or less	49	30
High school diploma	36	39
Some college	26	46
College graduate	14	61
Income level		
<100% FPL	44	32
100 to less than 200% FPL	38	38
≥200% FPL	21	53
Insurance status		
Uninsured	35	42
Private	21	53
Medicaid/Public/Dual eligible	40	34
Medicare (ages ≥65 years)	41	36
Other	36	41

AI/AN: Persons who identified as American Indian or Alaska Native race only or AI/AN and multiple race groups. FPL-federal poverty level. *Includes 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity each week.

Source: National Health Interview Survey, 2020.

Figure 2E. No Leisure-time Physical Activity* and Excess Body Weight† Prevalence (%) by State, Adults 18 Years and Older, 2020



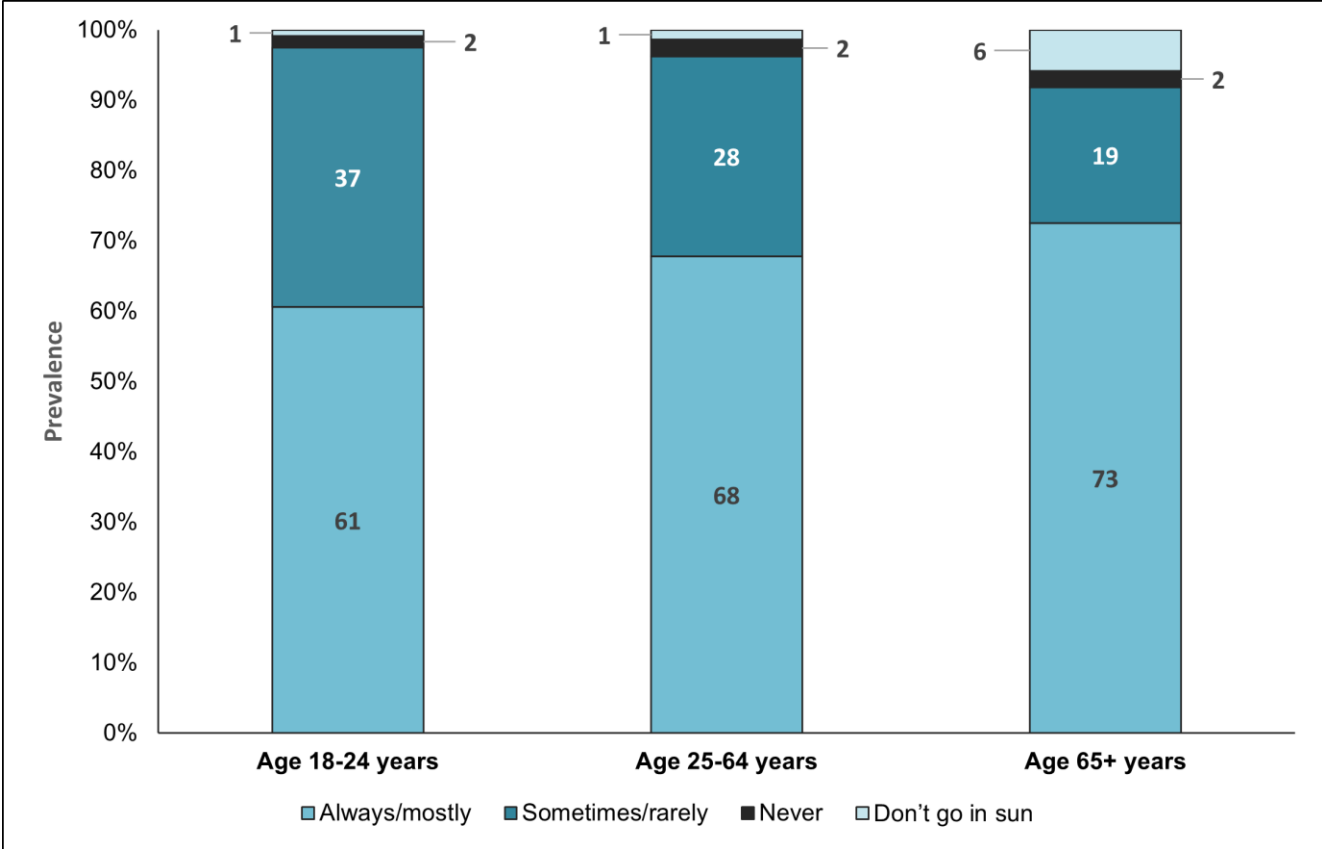
*In the past 30 days. †BMI ≥25.0 kg/m².
Source: Behavioral Risk Factor Surveillance System, 2020.

Table 3A. Sunburn and Use of an Indoor Tanning Device* Prevalence (%), High School Students, US, 2017 and 2019

	Males	Females	Overall
Sunburn (2017)			
Overall	53	62	57
Race/Ethnicity, people who identify as:			
Hispanic	40	50	45
White	71	79	75
Black	10	16	13
Asian	32	39	36
AI/AN	---	---	---
Indoor tanning device (2019)			
Overall	3	6	4
Race/Ethnicity, people who identify as:			
Hispanic	3	3	3
White	3	8	6
Black	5	1	3
Asian	1	0	1
AI/AN	---	---	---

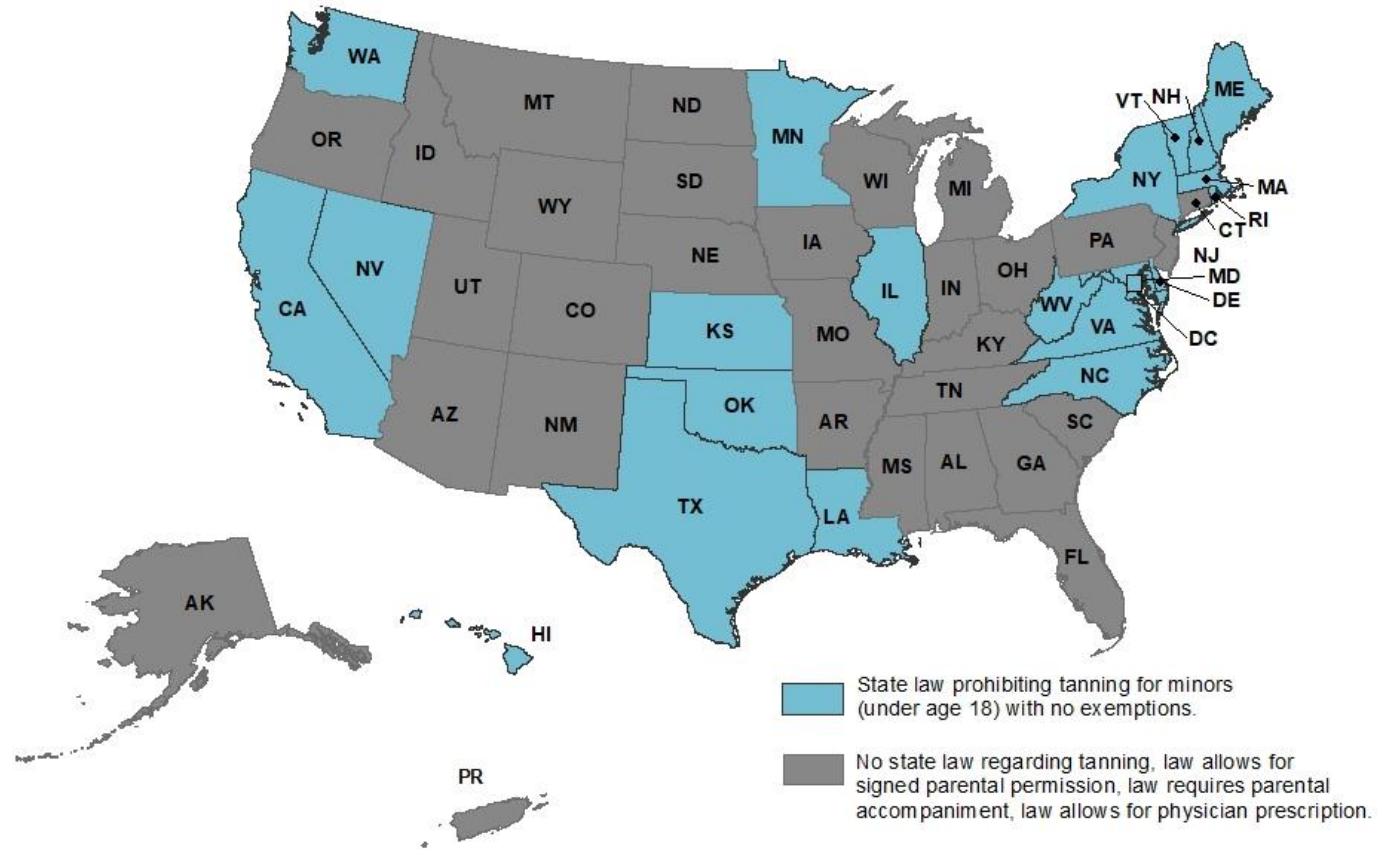
AI/AN: American Indian or Alaskan Native persons. *In the past 12 months. Note: See Special Notes (pg. 43) regarding unavailable data.
Source: High School Youth Risk Behavior Survey, 2017 and 2019.

Figure 3A. Sun Protective Behaviors* Prevalence (%), Adults 18 Years and Older, US, 2020



*At least one of the following: wear wide-brimmed hat, long pants, long-sleeve shirt, sunscreen (SPF 30+); or seek the shade. Note: Estimates are age-adjusted to the 2000 US standard population.
Source: National Health Interview Survey, 2020.

Figure 3B. State Indoor Tanning Restrictions for Minors, 2022



Note: There is no medical indication for the use of a tanning device in the diagnosis or treatment of a disease. Reported as of January 1, 2022.
Source: American Cancer Society Cancer Action Network, Inc., 2022.

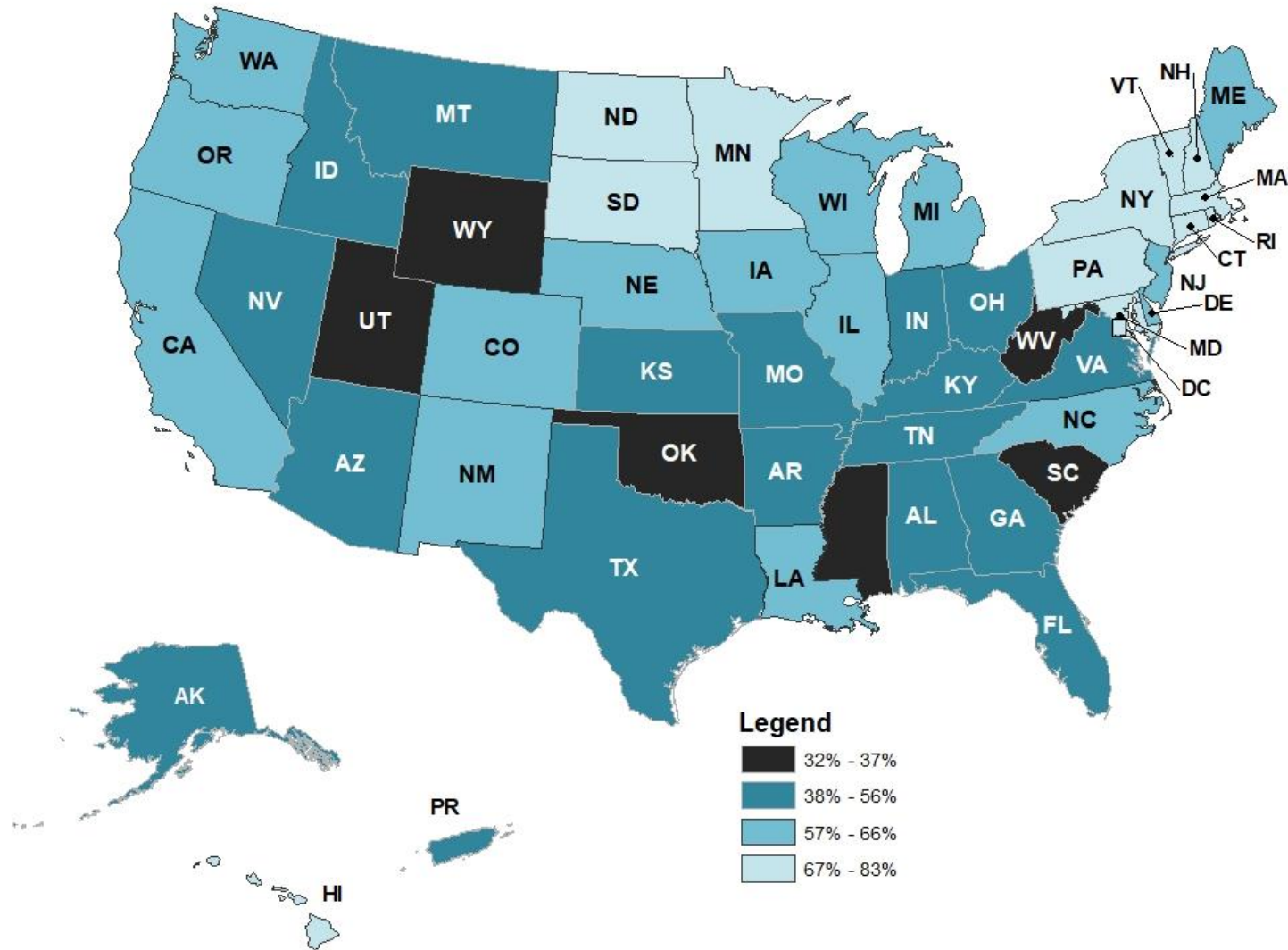
Table 4A. Vaccination Coverage (%), Youth by Sex, Race/Ethnicity, and Poverty Status, US, 2020

	Before 13th Birthday†				13-17 years		
	HPV				HPV		Hepatitis B
	Females		Males		Females	Males	Overall
	Initiation	Up-to-Date*	Initiation	Up-to-Date*	Up-to-Date*	Up-to-Date*	≥ 3 doses
Overall	66	39	63	34	61	56	93
Race/Ethnicity, people who identify as:							
White	60	32	60	32	57	54	94
Black	78	60	64	36	64	57	92
Hispanic	72	42	66	34	68	58	90
Poverty Status							
<100% FPL	74	47	73	37	64	62	91
≥100% FPL	65	37	60	32	61	55	93

FPL-federal poverty level. †Estimates based on vaccinations received before 13th birthday among 13-year-olds. *According to recommendations; see sources for more information.

Source: TeenVaxView, 2022.¹⁸ National Immunization Survey-Teen, 2020.

Figure 4A. Up-to-Date* Human Papillomavirus Vaccination Coverage (%), Adolescents 13-17 Years by State, 2020



*According to recommendations; see sources for more information. Note: Data for Puerto Rico not available.
Source: TeenVaxView, 2022.¹⁸

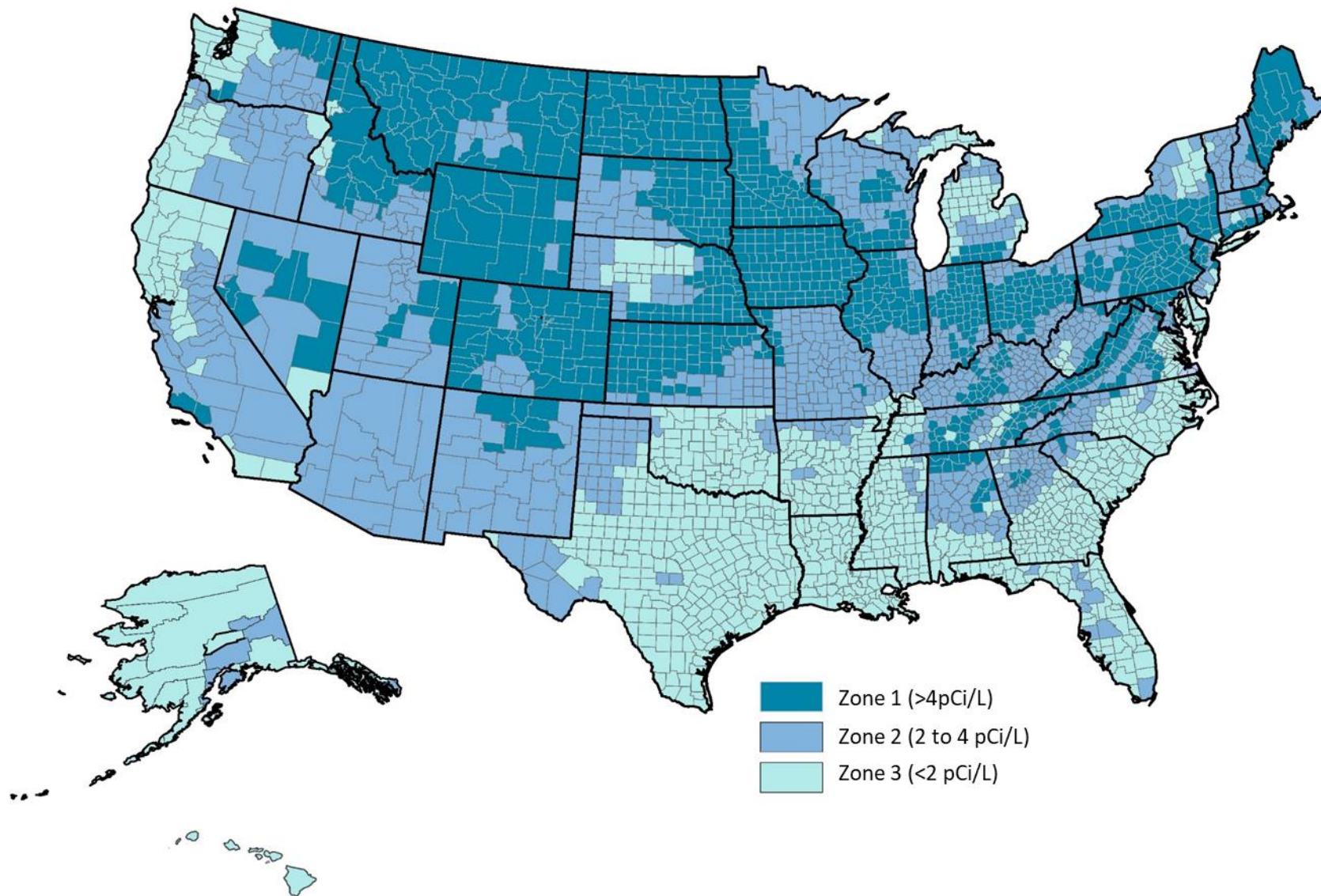
Table 4B. Human Papillomavirus Vaccination Coverage (%), Youth by State, 2018-2020

	Before 13th Birthday† (2018-2020)		13-17 years (2020)			
	Overall		Females	Males	Overall	
	Up-to-Date*		Up-to-Date*	Up-to-Date*	Up-to-Date*	
United States (median) Range	35 20-58	Rank (1=low)	62 33-80	56 31-86	60 32-83	Rank (1=low)
Alabama	48	43	57	49	53	13
Alaska	35	25	57	53	55	20
Arizona	39	29	52	51	51	10
Arkansas	33	16	53	46	50	7
California	47	42	69	56	62	34
Colorado	49	44	69	64	66	39
Connecticut	30	6	70	64	67	41
Delaware	46	41	62	64	63	36
District of Columbia	58	48	73	71	72	49
Florida	25	2	53	51	52	11
Georgia	31	11	59	51	55	21
Hawaii	52	46	68	79	74	51
Idaho	31	10	57	52	55	19
Illinois	40	30	64	62	63	35
Indiana	30	8	60	47	53	16
Iowa	42	35	72	49	60	28
Kansas	34	20	58	49	53	15
Kentucky	34	21	66	46	56	23
Louisiana	46	40	63	58	60	29
Maine	42	36	62	65	64	37
Maryland	45	38	71	62	67	40
Massachusetts	40	32	75	72	73	50
Michigan	34	19	62	61	61	31
Minnesota	45	39	73	65	69	45
Mississippi	---	---	33	31	32	1
Missouri	27	3	53	54	54	17
Montana	31	9	60	49	54	18
Nebraska	32	14	62	67	65	38
Nevada	38	28	52	49	50	9
New Hampshire	34	18	72	66	69	44
New Jersey	27	4	60	59	60	27
New Mexico	40	33	65	54	59	26
New York	35	23	69	67	68	43
North Carolina	40	30	66	56	61	30
North Dakota	50	45	78	63	70	46
Ohio	35	22	50	56	53	14
Oklahoma	---	---	47	45	46	5
Oregon	41	34	65	59	62	33
Pennsylvania	36	26	67	67	67	42
Rhode Island	57	47	80	86	83	52
South Carolina	33	15	47	47	47	6
South Dakota	42	37	75	69	72	48
Tennessee	30	7	49	56	53	12
Texas	27	5	57	53	55	21
Utah	20	1	50	41	45	4
Vermont	31	12	75	66	70	47
Virginia	32	13	65	48	56	24
Washington	37	27	65	53	59	25
West Virginia	34	17	48	39	43	2
Wisconsin	35	24	63	60	61	32
Wyoming	---	---	53	37	45	3
Peurto Rico	---	---	48	52	50	---

†Estimates based on vaccinations received before 13th birthday among 13-year-olds. Female and male estimates not provided separately due to instability. *According to recommendations; see sources for more information.

Source: TeenVaxView, 2022.¹⁸

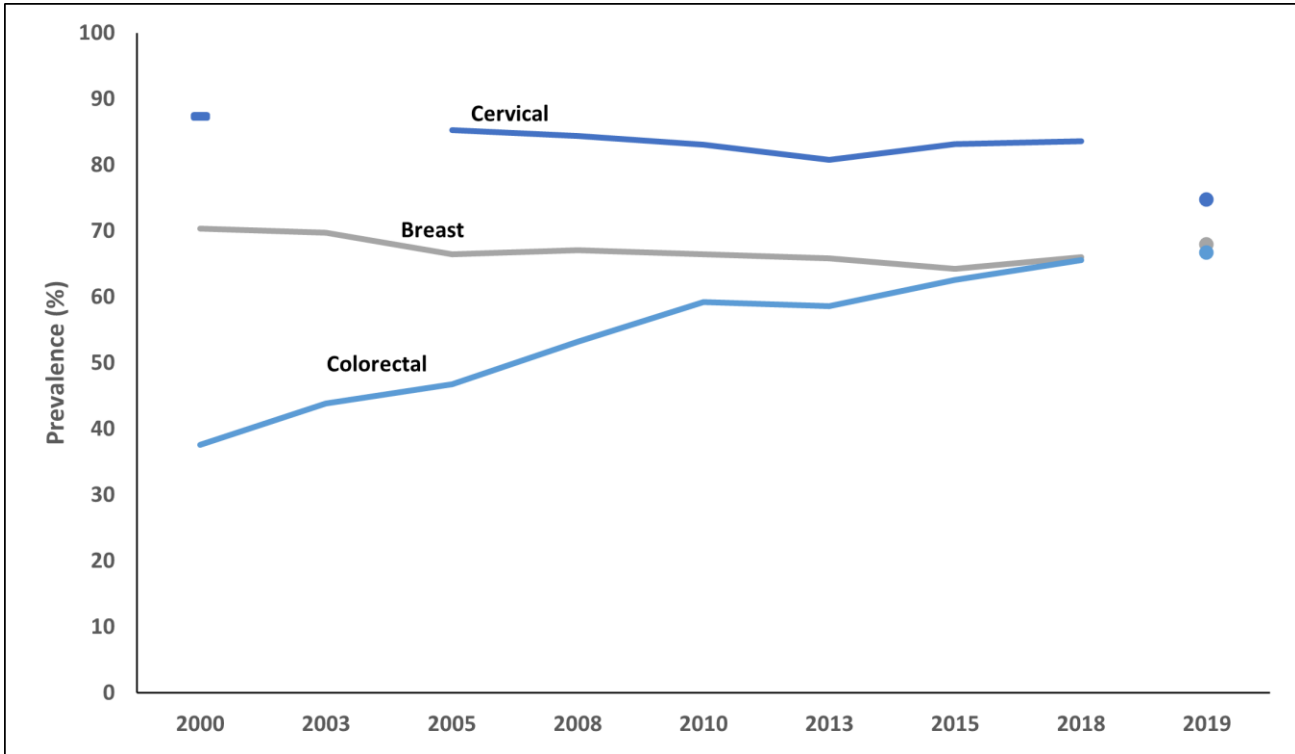
Figure 5A. Predicted Levels of Naturally Occurring Radon by US County



Note: The Environmental Protection Agency recommends that homeowners test for radon; for those with measured levels exceeding 4 pCi/L, remediation to reduce exposure is recommended. See source for more information. Zone designation in Puerto Rico is under development.

Source: US Environmental Protection Agency.¹⁹

Figure 6A. Trends in Breast*, Cervical†, and Colorectal‡ Cancer Screening Prevalence (%), US, 2000-2019



*Mammography in the past 2 years among women 40+ years. †Pap test in the past 3 years (2000-2013) or HPV and Pap co-testing in the past 5 years (2015, 2018, 2019) among women 21-65 years with an intact uteri; hysterectomy data not available in 2003. ‡Colonoscopy, sigmoidoscopy, and stool-testing in the past 10, 5, and 1 years; CT colonography in the past 5 years (2010, 2015, 2018, 2019); sDNA in the past 3 years (2018, 2019) among men and women 50+ years. Note: Due to changes in NHIS survey design, 2019 estimates are not directly comparable to prior years and are separated from the trend line.

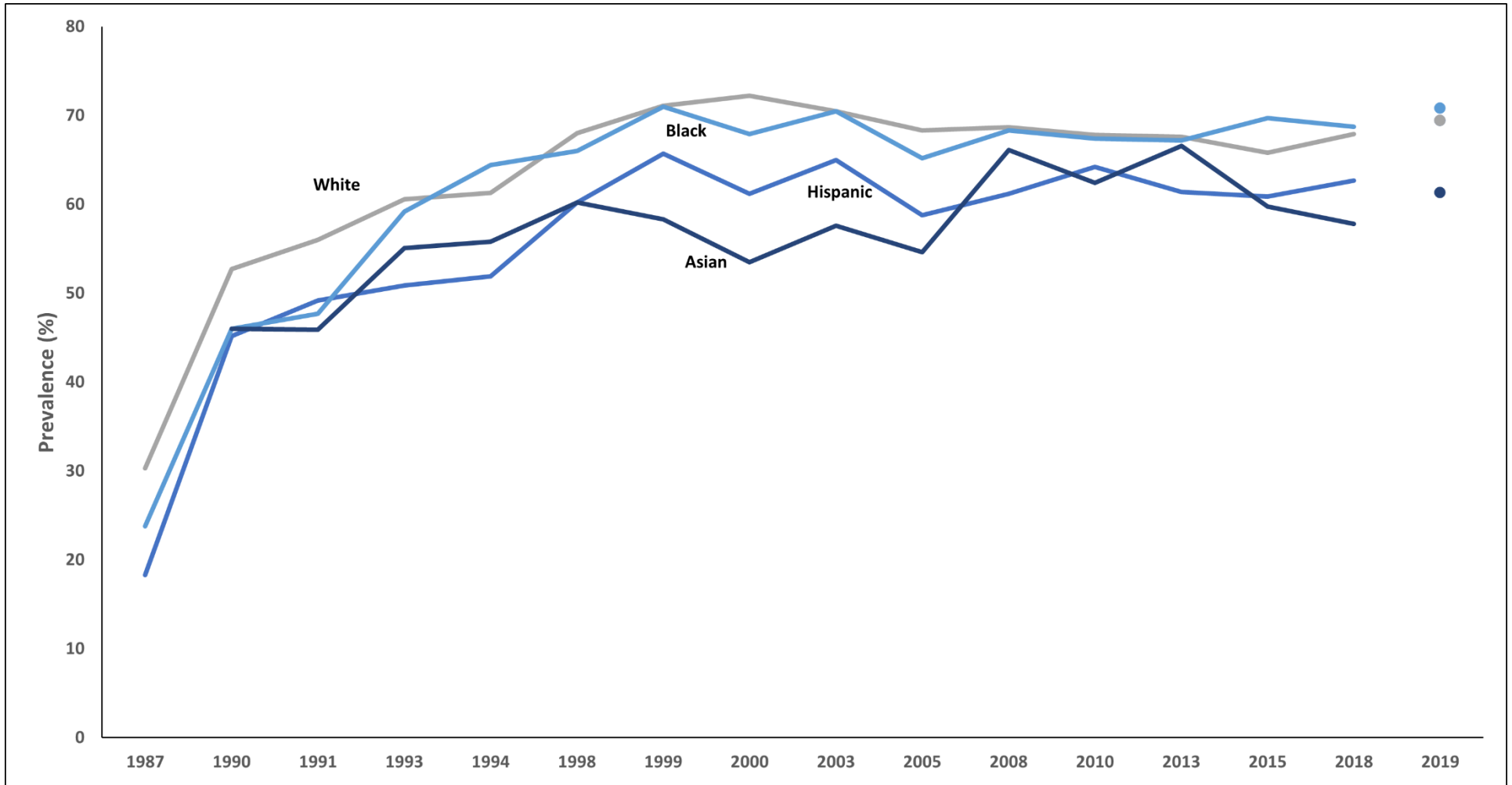
Source: National Health Interview Surveys, 2000-2019.

Table 6A. Up-to-date Mammography Prevalence (%), US, 2019

	ACS*	USPSTF†
	≥45 years	50-74 years
Overall	65	76
Age (years)		
45-54	54	---
55-64	76	---
50-64	---	76
65-74	78	78
75+	54	---
Race/Ethnicity, people who identify as:		
Hispanic	67	79
White	65	76
Black	69	79
Asian	60	74
AI/AN	54	63
Sexual orientation, people who identify as:		
Gay/lesbian	57	74
Straight	66	77
Bisexual	65	---
Immigration status		
Born in US/US territory	65	77
In US fewer than 10 years	47	59
In US 10+ years	67	78
Education		
Some high school or less	57	69
High school diploma	61	73
Some college	66	76
College graduate	72	83
Income level		
<100% FPL	57	68
100 to less than 200% FPL	58	69
≥200% FPL	69	79
Insurance status		
Uninsured	37	46
Private	70	80
Medicaid/Public/Dual eligible	61	72
Medicare (ages ≥65 years)	68	78
Other	69	79

AI/AN: Persons who identified as American Indian or Alaskan Native race only or AI/AN and multiple race groups. FPL-federal poverty level. *Mammogram within the past year (ages 45-54 years) or past two years (ages ≥55 years). †Mammogram within the past two years (ages 50-74). See Special Notes (pg. 43) regarding unavailable data. **Source:** National Health Interview Survey, 2019.

Figure 6B. Trends in Mammography within the Past Two Years Prevalence (%), Women 40 Years and Older by Race/Ethnicity, US, 1987-2019



Note: Estimates are not age-adjusted and estimates for Asian persons may be Hispanic or non-Hispanic. Due to changes in NHIS survey design, 2019 estimates are not directly comparable to prior years and are separated from the trend line.

Source: National Center for Health Statistics, 2018.¹⁷ National Health Interview Survey, 2018-2019.

Table 6B. Up-to-date Mammography Prevalence (%) by State, US, 2020

	ACS*		USPSTF†	
	Overall	Uninsured	Overall	Uninsured
	≥45 years	45-64 years	50-74 years	50-64 years
United States (median)	67	35	71	40
<i>Range</i>	<i>56-76</i>	<i>21-56</i>	<i>60-80</i>	<i>28-70</i>
Alabama	67	28	73	38
Alaska	56	27	65	40
Arizona	63	42	66	49
Arkansas	66	50	67	54
California	60	25	69	---
Colorado	60	31	66	37
Connecticut	73	44	74	60
Delaware	68	51	70	---
District of Columbia	66	---	72	---
Florida	65	35	72	35
Georgia	67	35	70	45
Hawaii	76	56	78	---
Idaho	60	30	65	40
Illinois	67	---	76	---
Indiana	62	32	67	37
Iowa	70	25	75	28
Kansas	64	29	70	36
Kentucky	66	---	70	---
Louisiana	74	44	73	56
Maine	72	23	76	34
Maryland	70	43	69	39
Massachusetts	75	---	80	---
Michigan	64	42	75	70
Minnesota	67	40	72	47
Mississippi	64	36	70	40
Missouri	67	26	72	35
Montana	63	21	69	35
Nebraska	64	36	72	42
Nevada	65	---	71	---
New Hampshire	67	23	69	28
New Jersey	66	38	68	50
New Mexico	61	32	71	39
New York	71	48	71	58
North Carolina	70	44	76	50
North Dakota	72	---	76	---
Ohio	67	35	69	40
Oklahoma	62	35	66	33
Oregon	67	39	73	56
Pennsylvania	68	---	70	---
Rhode Island	74	39	76	---
South Carolina	70	41	73	53
South Dakota	72	30	75	45
Tennessee	67	46	69	29
Texas	65	35	70	49
Utah	60	35	66	41
Vermont	63	46	69	---
Virginia	70	39	72	43
Washington	63	35	67	40
West Virginia	68	36	75	55
Wisconsin	70	53	76	---
Wyoming	56	27	60	33
Puerto Rico	66	46	80	---

*Mammogram within the past year (ages 45-54 years) or past two years (ages ≥55 years). Note: Puerto Rico not included in range or median. †Mammogram within the past two years (ages 50-74). See Special Notes (pg. 43) regarding unavailable data.

Source: Behavioral Risk Factor Surveillance System, 2020.

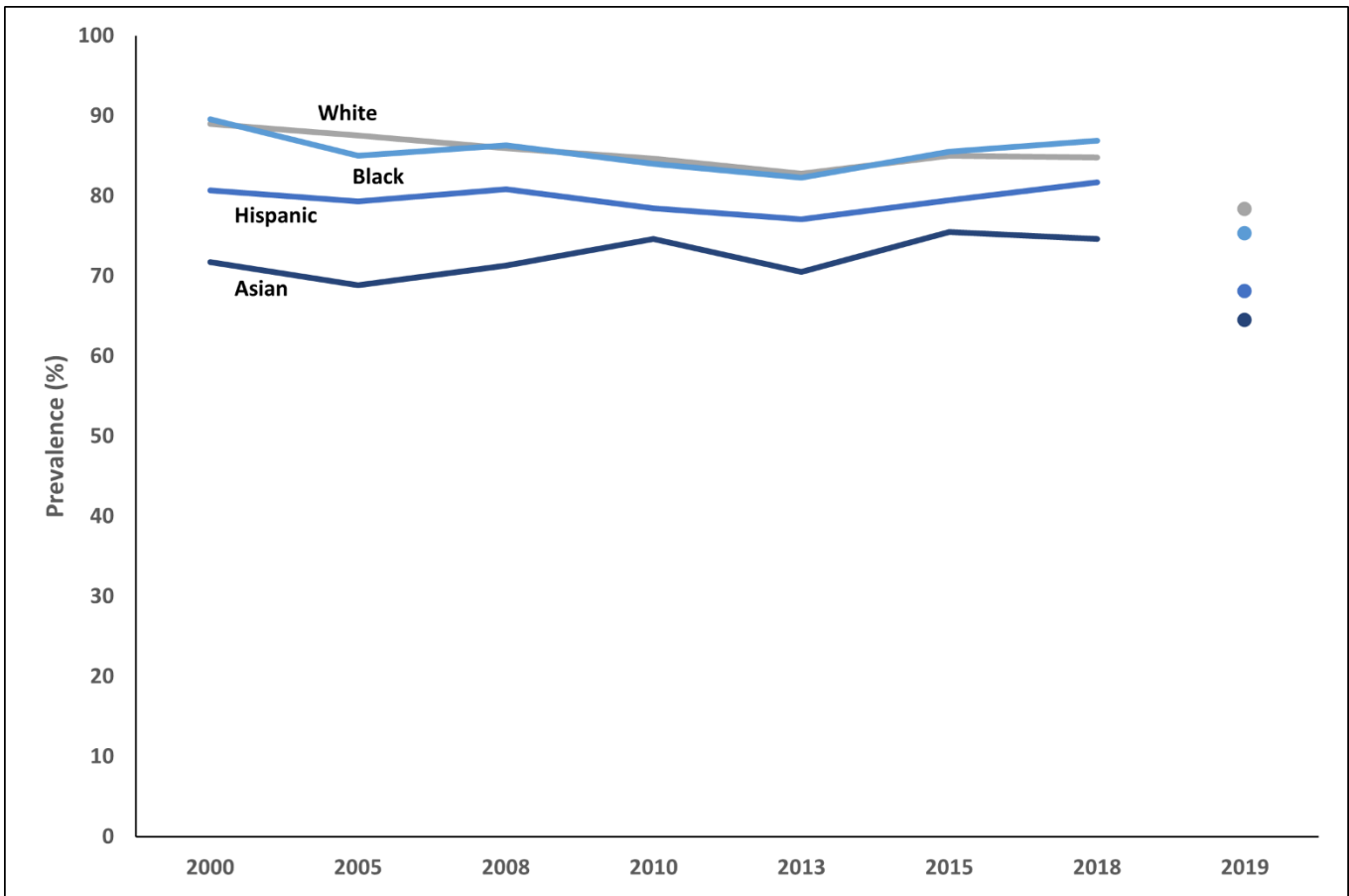
Table 6C. Cervical Cancer Screening* Prevalence (%), Women 25-65 Years, US, 2019

	Pap test in past 3 yrs	Pap test and HPV test in past 5 yrs	Up-to-date†
Overall	74	39	77
Age (years)			
25-29	76	49	78
30-39	77	48	80
40-49	75	40	77
50-65	70	24	73
Race/Ethnicity, people who identify as:			
Hispanic	67	36	70
White	77	40	80
Black	75	41	77
Asian	66	28	68
AI/AN	70	40	71
Sexual orientation, people who identify as:			
Gay/lesbian	78	40	82
Straight	75	39	77
Bisexual	71	43	75
Immigration status			
Born in US/US territory	77	41	80
In US fewer than 10 years	54	27	56
In US 10+ years	69	33	72
Education			
Some high school or less	55	26	57
High school diploma	68	34	70
Some college	75	41	78
College graduate	82	43	84
Income level			
<100% FPL	61	32	63
100 to <200% FPL	63	34	67
≥200% FPL	79	41	81
Insurance status			
Uninsured	54	33	58
Private	80	40	82
Medicaid/Public/Dual eligible	66	39	69
Medicare (ages ≥65 years)	60	18	64
Other	73	37	77

AI/AN: Persons who identified as American Indian or Alaskan Native race only or AI/AN and multiple race groups FPL-federal poverty level. *Among women with intact uteri. †Pap test in the past 3 years OR Pap test and HPV test within the past 5 years among women 25-65 years. Primary HPV testing estimates are not available due to questionnaire limitations. See Special Notes (pg. 43) regarding unavailable data.

Source: National Health Interview Survey, 2019.

Figure 6C. Trends in Cervical Cancer Screening* Prevalence (%), Women 21-65 Years by Race/Ethnicity, US, 2000-2019



*Pap test in the past 3 years (2000-2013) or HPV and Pap co-testing in the past 5 years (2015, 2018, 2019) among women ages 21-65 years with an intact uteri; hysterectomy data not available in 2003. Note: 2019 estimates are not comparable to prior years due to changes in NHIS questions on cervical cancer screening and changes to the survey design and are separated from the trend line.

Source: National Health Interview Surveys, 2000-2019.

Table 6D. Cervical Cancer Screening* Prevalence (%), Women 25-65 Years by State, 2020

	Pap test within the past 3 years	Pap test and HPV test within the past 5 years	Up-to-Date†	
	Overall 25-65 years	Overall 25-65	Overall 25-65 years	No health insurance 25-64 years
United States (median)	79	51	87	71
<i>Range</i>	<i>69-85</i>	<i>42-59</i>	<i>79-91</i>	<i>61-84</i>
Alabama	79	48	86	69
Alaska	69	50	79	69
Arizona	75	50	84	73
Arkansas	76	43	83	67
California	81	52	87	80
Colorado	77	56	86	78
Connecticut	85	51	91	84
Delaware	78	55	86	75
District of Columbia	83	58	89	---
Florida	79	54	85	68
Georgia	78	53	85	73
Hawaii	79	45	84	61
Idaho	72	47	82	65
Illinois	71	46	83	74
Indiana	77	48	85	77
Iowa	78	49	87	64
Kansas	78	48	88	73
Kentucky	83	54	88	---
Louisiana	80	51	86	68
Maine	80	55	88	76
Maryland	81	56	89	81
Massachusetts	78	56	87	64
Michigan	81	56	88	72
Minnesota	78	54	87	70
Mississippi	82	46	89	80
Missouri	79	48	86	69
Montana	77	53	87	75
Nebraska	80	45	87	70
Nevada	75	47	81	72
New Hampshire	80	57	90	78
New Jersey	81	51	87	75
New Mexico	76	51	85	72
New York	82	56	87	79
North Carolina	83	52	90	83
North Dakota	77	51	86	---
Ohio	78	52	86	61
Oklahoma	71	42	81	69
Oregon	79	59	88	77
Pennsylvania	79	52	87	66
Rhode Island	82	55	89	84
South Carolina	79	47	85	66
South Dakota	80	52	90	70
Tennessee	78	51	87	71
Texas	76	51	82	69
Utah	72	42	83	69
Vermont	76	56	87	80
Virginia	82	56	87	67
Washington	74	51	83	69
West Virginia	81	53	87	66
Wisconsin	79	55	87	75
Wyoming	72	46	82	69
Puerto Rico	82	70	88	82

*Among women with intact uteri. †Pap test in the past 3 years OR Pap test and HPV test within the past 5 years among women 25-65 years. Primary HPV testing estimates are not available due to questionnaire limitations. Note: Puerto Rico not included in range or median. See Special Notes (pg. 43) regarding unavailable data.

Source: Behavioral Risk Factor Surveillance System, 2020.

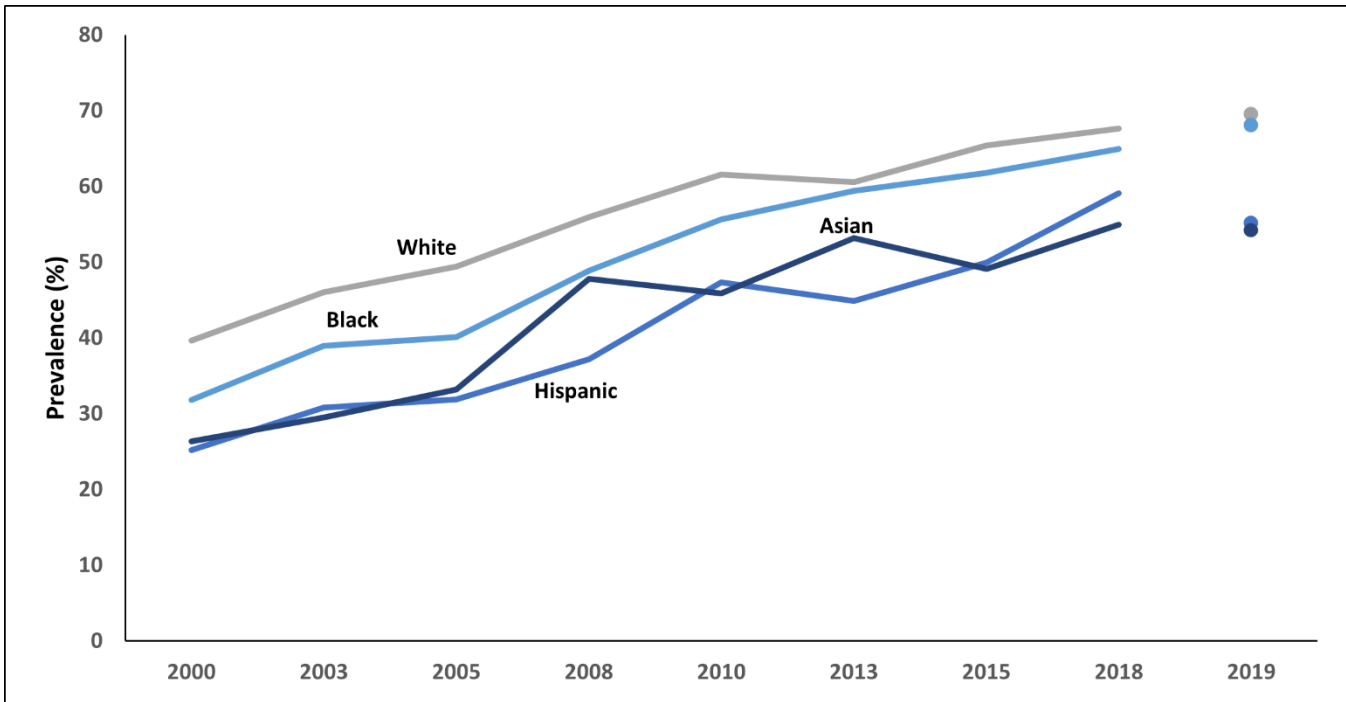
Table 6E. Colorectal Cancer Screening Prevalence (%), US, 2019

	Stool Test*	Colonoscopy†	Up-to-Date‡	
	≥45 years	≥45 years	≥45 years	45-75
Overall	6	54	57	56
Sex, people who identify as:				
Males	6	54	57	55
Females	6	54	58	57
Age (years)				
45-49	1	19	21	21
50-54	5	43	46	47
55-64	7	64	68	69
65-75	---	---	---	80
65-74	10	74	78	---
75+	7	65	67	---
Race/Ethnicity, people who identify as:				
Hispanic	7	42	47	45
White	6	57	60	59
Black	7	56	59	58
Asian	6	42	45	46
AI/AN	7	48	52	50
Sexual orientation, people who identify as:				
Gay/Lesbian	8	63	67	67
Straight	6	54	57	56
Bisexual	---	58	64	61
Immigration status				
Born in US/US Territory	6	57	60	59
In US fewer than 10 years	---	19	26	26
In US 10+ years	6	44	48	47
Education				
Less than high school	6	39	43	42
High school diploma	5	51	54	52
Some college	7	56	60	58
College graduate	6	61	65	63
Income level				
<100% FPL	6	42	45	45
100 to <200% FPL	7	45	49	48
≥200% FPL	6	58	61	59
Insurance status				
Uninsured	4	21	25	25
Private	5	58	61	62
Medicaid/Public/Dual eligible	7	45	49	50
Medicare (ages ≥65 years)	10	69	73	78
Other	8	64	67	70

AI/AN: Persons who identified as American Indian or Alaskan Native race only or AI/AN and multiple race groups. FPL: federal poverty level. *Fecal occult blood test (FOBT) OR fecal immunochemical test (FIT) within the past 1 year OR sDNA test within the past 3 years. †Within the past 10 years. ‡For ages ≥45 years: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. For ages 45-75 years: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively, OR sigmoidoscopy in past 10 years with FOBT/FIT in past 1 year. See Special Notes (pg. 43) regarding unavailable data.

Source: National Health Interview Survey, 2019.

Figure 6D. Trends in Colorectal Cancer Screening* Prevalence (%), Adults 50 Years and Older by Race/Ethnicity, US, 2000-2019



*Colonoscopy, sigmoidoscopy, and stool-testing in the past 10, 5, and 1 years; CT colonography in the past 5 years (2010, 2015, 2018, 2019); sDNA in the past 3 years (2018, 2019). Note: Due to changes in NHIS survey design, 2019 estimates are not directly comparable to prior years and are separated from the trend line.

Source: National Health Interview Surveys, 2000-2019.

Table 6F. Colorectal Cancer Screening Prevalence (%) by State, 2020

	Stool Test*	Colonoscopy†	Up-to-Date‡		
	≥45 years	≥45 years	≥45 years	No health insurance 45 to 64 years	45 to 75 years
United States (median)	8	58	64	31	59
<i>Range</i>	<i>4-40</i>	<i>37-66</i>	<i>53-70</i>	<i>19-42</i>	<i>47-65</i>
Alabama	8	62	67	29	63
Alaska	6	56	63	31	58
Arizona	11	51	59	31	54
Arkansas	10	53	61	35	57
California	17	37	53	19	47
Colorado	8	56	63	24	58
Connecticut	7	62	67	35	63
Delaware	5	61	66	38	61
District of Columbia	11	61	70	---	65
Florida	16	55	65	29	59
Georgia	10	58	64	27	59
Hawaii	17	54	65	34	61
Idaho	6	52	57	19	53
Illinois	5	55	59	31	55
Indiana	7	54	61	29	55
Iowa	6	58	63	26	58
Kansas	6	56	61	21	56
Kentucky	8	59	66	34	60
Louisiana	8	58	65	25	60
Maine	8	63	69	30	65
Maryland	9	60	67	31	62
Massachusetts	7	66	70	42	65
Michigan	9	60	66	33	61
Minnesota	7	59	65	35	61
Mississippi	7	57	62	35	57
Missouri	7	58	63	32	58
Montana	8	53	59	22	55
Nebraska	5	57	62	33	58
Nevada	11	54	61	34	56
New Hampshire	5	61	66	37	61
New Jersey	8	56	62	33	58
New Mexico	8	52	58	25	53
New York	8	61	67	33	63
North Carolina	9	59	66	30	61
North Dakota	7	57	63	31	59
Ohio	8	58	65	31	60
Oklahoma	9	50	56	22	51
Oregon	12	54	64	36	59
Pennsylvania	7	60	66	37	63
Rhode Island	7	63	69	41	65
South Carolina	9	60	67	40	62
South Dakota	5	60	65	39	60
Tennessee	8	58	65	29	60
Texas	11	50	59	26	53
Utah	5	60	64	28	60
Vermont	5	61	65	32	62
Virginia	9	60	66	30	62
Washington	10	55	63	29	58
West Virginia	8	57	63	30	58
Wisconsin	6	47	55	36	52
Wyoming	4	51	55	39	51
Puerto Rico	40	43	67	27	63

*Home-based blood stool test within the past year. †Within the past 10 years. ‡For ages 45 years and older: blood stool test, sigmoidoscopy, or colonoscopy within the past 1, 5, or 10 years, respectively. For ages 45-75 years: blood stool testing within the past year OR blood stool test within the past 3 years with sigmoidoscopy within the past 5 years OR colonoscopy within the past 10 years. Note: Puerto Rico not included in range or median. See Special Notes (pg. 43) regarding unavailable data.

Source: Behavioral Risk Factor Surveillance System, 2020.

Table 6G. Prostate Specific Antigen Test* Prevalence (%), Men 50 Years and Older, US, 2019

	Within the past year
Overall	38
Age (years)	
50-64	30
65+	47
Race/Ethnicity, people who identify as:	
Hispanic	28
White	40
Black	35
Asian	31
AI/AN	33
Sexual orientation, people who identify as:	
Gay	52
Straight	38
Bisexual	---
Immigration status	
Born in US/US Territory	40
In US fewer than 10 years	---
In US 10+ years	30
Education	
Some high school or less	22
High school diploma	34
Some college	40
College graduate	47
Income level	
<100% FPL	21
100 to <200% FPL	27
≥200% FPL	42
Insurance status	
Uninsured	9
Private	40
Medicaid/Public/Dual eligible	25
Medicare (ages ≥65 years)	45
Other	39

AI/AN: Persons who identified as American Indian or Alaskan Native race only or AI/AN and multiple race groups. FPL: federal poverty level . *Among men who have not been diagnosed with prostate cancer. See Special Notes (pg. 43) regarding unavailable data.

Source: National Health Interview Survey, 2019.

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 45-54	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+	Mammography	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	Women, ages 25-65	Primary HPV test (preferred), Pap test alone or co-testing (acceptable)	Primary HPV test every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test alone every 3 years.	
	Women, ages 66+		Those over age 65 who have had regular screening in the past 10 years with normal results and no history of CIN2 or more serious diagnosis within the past 25 years should stop cervical cancer screening. Once stopped, it should not be started again.	
	Women who have had a total hysterectomy		Stop cervical cancer screening.	
Colorectal†	Men and women, ages 45+	Guaiaac-based fecal occult blood test (gFOBT) with at least 50% sensitivity or fecal immunochemical test (FIT) with at least 50% sensitivity, OR	Annual testing of spontaneously passed stool specimens. Single stool testing during a clinician office visit is not recommended, nor are “throw in the toilet bowl” tests. In comparison with guaiac-based tests for the detection of occult blood, immunochemical tests are more patient-friendly and are likely to be equal or better in sensitivity and specificity. There is no justification for repeating FOBT in response to an initial positive finding.	
		Multi-target stool DNA test, OR		Every 3 years
		Flexible sigmoidoscopy (FSIG), OR		Every 5 years alone, or consideration can be given to combining FSIG performed every 5 years with a highly sensitive gFOBT or FIT performed annually
		Colonoscopy, OR		Every 10 years
		CT Colonography	Every 5 years	
Endometrial	Women at menopause		Women should be informed about risks and symptoms of endometrial cancer and encouraged to report unexpected bleeding to a physician.	
Lung	Current or former smokers ages 55-74 in good health with 30+ pack-year history	Low-dose helical CT (LDCT)	Clinicians with access to high-volume, high-quality lung cancer screening and treatment centers should initiate a discussion about annual lung cancer screening with apparently healthy patients ages 55-74 who have at least a 30 pack-year smoking history, and who currently smoke or have quit within the past 15 years. A process of informed and shared decision making with a clinician related to the potential benefits, limitations, and harms associated with screening for lung cancer with LDCT should occur before any decision is made to initiate lung cancer screening. Smoking cessation counseling remains a high priority for clinical attention in discussions with current smokers, who should be informed of their continuing risk of lung cancer. Screening should not be viewed as an alternative to smoking cessation.	
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 associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process. African American men should have this conversation with their provider beginning at age 45.	

CT-Computed tomography. *All individuals should become familiar with the potential benefits, limitations, and harms associated with cancer screening. †All positive tests (other than colonoscopy) should be followed up with colonoscopy.

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, the BMI value is plotted on the Centers for Disease Control and Prevention's (CDC) 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/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html](https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html) for more information.

Sample Surveys: Population-based surveys are conducted by selecting a sample of people to estimate the prevalence in a population using sample 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 three 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., cannot 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.

Age-adjusted prevalence: A statistical method used to adjust prevalence estimates to allow for valid comparisons between populations with different age compositions.

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

Median: 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 the 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. 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. Screening estimates do not distinguish between examinations for screening and diagnosis. Unless otherwise noted, estimates are age adjusted to the 2000 standard US population and are not presented if statistically unstable (relative standard error $\geq 30\%$ or denominator < 50).

BRFSS website: cdc.gov/brfss/

Complete citation: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019 and 2020.

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 was implemented as a continuous annual survey. Data are gathered through in-person interviews and direct physical exams in mobile examination centers. For NHANES data presented herein, persons of Mexican origin may be of any race. Estimates for Hispanic persons do not include Mexican American persons. Estimates for White, Black, and Asian persons are among non-Hispanic persons. Estimates for adults are age adjusted to the 2000 US standard population and are not presented if statistically unstable (relative standard error $\geq 30\%$ or denominator < 50).

NHANES website: cdc.gov/nchs/nhanes.htm

Complete citation: National Center for Health Statistics. National Health and Nutrition Examination Survey, 2017- March 2020. Public-use data file and documentation. <https://wwwn.cdc.gov/nchs/nhanes/Default.aspx>. 2022.

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 by the US Census Bureau through a computer-assisted personal interview of adults ages 18 years and older living in households in the US. For NHIS data presented herein, estimates for White, Black, American Indian/Alaska Native, and Asian persons are among non-Hispanic persons unless otherwise noted. The Asian group does not include Native Hawaiians or other Pacific Islanders. Estimates for people born in US territories include those who have been in the US for any length of time. Unless otherwise noted, estimates for high school diploma include GED, and some college includes those with an associate's degree. Screening estimates do not distinguish between examinations for screening and diagnosis. Estimates except for age and insurance status are age adjusted to the 2000 standard US population and are not presented if statistically unstable (relative standard error $\geq 30\%$ or denominator < 50).

NHIS website: cdc.gov/nchs/nhis/index.htm

Complete citation: National Center for Health Statistics. National Health Interview Surveys, 2000-2020. Public-use data files and documentation. <https://www.cdc.gov/nchs/nhis/index.htm>

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 and the District of Columbia. Immunization data for surveyed adolescents are also collected through a mail survey of their pediatricians, family physicians, and other health care providers. Race/ethnicity is reported by parent or guardian. Estimates for White and Black adolescents are among non-Hispanic persons. Those identified as Hispanic might be of any race. Asian, Native

American and Alaskan Native, Native Hawaiians or other Pacific Islanders, and persons of multiple races were not included due to small sample sizes. Methods for calculating HPV initiation before the age of 13 are described here: Fedewa et al, *Cancer* 2018. <https://www.ncbi.nlm.nih.gov/m/pubmed/30257056/>. Estimates are not presented if statistically unstable (relative standard error $\geq 30\%$ or denominator < 50).

NIS-Teen website: [cdc.gov/vaccines/imz-managers/nis/about.html](https://www.cdc.gov/vaccines/imz-managers/nis/about.html)

Complete citation: U.S. Department of Health and Human Services (DHHS). National Center for Immunization and Respiratory Diseases. The 2020 National Immunization Survey - Teen. Hyattsville, MD: Centers for Disease Control and Prevention, 2022. <https://www.cdc.gov/vaccines/imz-managers/nis/datasets-teen.html>

National Youth Tobacco Survey (NYTS): This national survey was first conducted in fall 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 six through 12. Data are gathered through a self-administered questionnaire completed during a required subject or class period. For NYTS data presented herein, estimates for White, Black, American Indian/Alaska Native, and Asian persons are among non-Hispanic persons unless otherwise noted.

NYTS website: [cdc.gov/TOBACCO/data_statistics/surveys/NYTS/](https://www.cdc.gov/TOBACCO/data_statistics/surveys/NYTS/)

Complete citation: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. National Youth Tobacco Survey data. Available from: https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/data/index.html

Tobacco Use Supplement to the Current Population Survey (TUS-CPS): This national and state-level survey is an NCI-sponsored survey of tobacco use that has been administered as part of the US Census Bureau's Current Population Survey approximately every 3-4 years since 1992-93. The most recent publicly released data are for the 2018-2019 TUS-CPS (July 2018, January 2019, and May 2019). The TUS-CPS is an in-person survey of adults ≥ 18 years that measures national and state-level tobacco use behaviors and related outcomes, and the 2018-2019 data were used to estimate state-level cessation behavior prevalence; only self-respondents were included, and response rates ranged from 56.2%-58.9%.

TUS-CPS website: cancer.control.gov/brp/tcrb/tus-cps

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 represented within this publication.

YRBSS website: [cdc.gov/HealthyYouth/yrbs/index.htm](https://www.cdc.gov/HealthyYouth/yrbs/index.htm)

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