

Highlights

This Highlights section focuses on the report subject areas referred to in Section 308 of the Public Health Service Act—health status and determinants, utilization of health resources, health care resources, and health care expenditures and payers. The Highlights section presents trends for the recent 10-year period or examines information for the most recent data year for topics of public health interest. When 10 years of data are not available, the analyses cover a time period as close as possible to 10 years given the constraints of the data source. In the Highlights section, estimates are for the total resident population when based on vital or other administrative or provider records and are for the civilian noninstitutionalized population when based on surveys. Each highlight includes a reference to the figure where definitions of terms and additional data can be obtained.

Health Status and Determinants

Life Expectancy at Birth

- Life expectancy at birth in the United States for the total population was 78.6 years in 2017, 0.5 year higher than in 2007. Despite the higher life expectancy in 2017 compared with 2007, life expectancy at birth has decreased in recent years. Life expectancy at birth decreased 0.2 year between 2014 and 2015, did not change between 2015 and 2016, and then decreased another 0.1 year between 2016 and 2017 (Figure 1).
- In 2017, life expectancy at birth was 76.1 years for males and 81.1 years for females—a difference of 5.0 years (Figure 1).
- Life expectancy at birth was 1.4 years higher in 2017 than in 2007 for non-Hispanic black persons, while life expectancy at birth was 0.1 year higher in 2017 than in 2007 for non-Hispanic white persons, narrowing the gap in life expectancy between these two race and Hispanic-origin groups. In 2007, life expectancy at birth for non-Hispanic white persons was 4.9 years longer than for non-Hispanic black persons; by 2017, the difference had narrowed to 3.6 years (Figure 1).
- From 2007 to 2017, life expectancy at birth was higher for Hispanic persons than for non-Hispanic white persons and non-Hispanic black persons. In 2017, life expectancy at birth for Hispanic persons was 81.8 years—3.3 years longer than for non-Hispanic white persons and 6.9 years longer than for non-Hispanic black persons (Figure 1).

Infant Mortality

- In 2017, the infant mortality rate was 5.79 deaths per 1,000 live births, 14% lower than in 2007 (Figure 2).
- The infant mortality rate in 2017 was 170% higher among infants of non-Hispanic black women than among infants of non-Hispanic Asian or Pacific Islander women (10.88 compared with 4.03 per 1,000 live births) (Figure 2).
- In 2017, the five leading causes of infant deaths were congenital malformations, preterm births and low birthweight, sudden infant death syndrome (SIDS), maternal complications of pregnancy, and unintentional injuries (accidents) (Figure 2).

Mortality

- In 2017, the age-adjusted all-cause death rate among males was 6% lower than in 2007 (864.5 compared with 922.9 deaths per 100,000 resident population). Among females, the age-adjusted all-cause death rate was also 6% lower in 2017 than 2007 (619.7 compared with 658.1 deaths per 100,000 resident population) (Figure 3).
- In 2017, the leading causes of death for all ages were heart disease, cancer, unintentional injuries (accidents), chronic lower respiratory diseases, cerebrovascular disease (stroke), Alzheimer's disease, and diabetes (Figure 3).
- From 2007 to 2017, the age-adjusted death rate for drug overdose increased from 11.9 to 21.7 deaths per 100,000. Drug overdose death rates were higher among males than among females throughout the period for all age groups, except for those aged 65 and over (Figure 4).
- Among males aged 15 and over, drug overdose death rates ranged from 8.7 per 100,000 (among men aged 65 and over) to 54.3 per 100,000 (among men aged 25–34) in 2017. Among females aged 15 and over, drug overdose death rates ranged from 5.5 per 100,000 (among women aged 65 and over) to 27.5 per 100,000 (among women aged 45–54) in 2017 (Figure 4).

Natality

- From 2007 to 2017, the birth rate among teenagers aged 15–19 years fell by more than one-half, from 41.5 to 18.8 live births per 1,000 teens—a record low for the United States (Figure 5).
- The total percentage of preterm singleton births (infants born at less than 37 weeks of gestation) decreased from 2007 through 2014, and then increased from 2014

through 2017. This rise in preterm births since 2014 was largely driven by an increase in late preterm births (34–36 weeks of gestation) (Figure 6).

- In 2017, a total of 8.1% of singleton births occurred at less than 37 weeks of gestation, including 6.0% at 34–36 weeks, 0.9% at 32–33 weeks, and 1.2% at less than 32 weeks (Figure 6).
- In 2017, the percentage of singleton births that were born prior to 32 weeks of gestation—the group with the greatest risk of death during infancy due to preterm birth—was highest among non-Hispanic black women (2.5%), and lowest among non-Hispanic white (0.9%) and non-Hispanic Asian or Pacific Islander (0.9%) women (Figure 6).

Use of Tobacco Products

- The percentage of students in grades 9–12 who smoked cigarettes in the past 30 days was 7.7 percentage points lower in 2018 than in 2011, while the use of electronic cigarettes increased by 19.3 percentage points. In 2018, 8.1% of students had smoked cigarettes in the past 30 days and 20.8% of students had used electronic cigarettes (Figure 7).
- In 2017, 14.1% of adults aged 18 and over were current cigarette smokers, a decline from 19.7% in 2007 (age adjusted) (Figure 7).
- In 2017, current cigarette smoking prevalence was 8.0 percentage points lower than in 2007 among adults aged 18–44, 4.5 percentage points lower among adults aged 45–64, and not different among adults aged 65 and over. In 2017, 14.6% of adults aged 18–44, 16.5% of adults 45–64, and 8.2% of adults 65 and over were current smokers (Figure 7).

Obesity

- From 1999–2000 to 2015–2016, obesity among males aged 2–19 increased from 14.0% to 19.1%. During the same period, obesity among females aged 2–19 years increased from 13.8% to 17.8% (Figure 8).
- From 1999–2000 to 2015–2016, the age-adjusted prevalence of obesity among women increased from 33.3% to 41.2%. During the same period, the age-adjusted prevalence of obesity among men increased from 27.4% to 38.1% (Figure 8).

Current Asthma Among Children

- The prevalence of current asthma in children under age 18 years decreased from 9.1% in 2007 to 8.4% in 2017. The prevalence of current asthma in non-Hispanic black children was higher than for Hispanic and non-Hispanic white children during the entire 2007–2017 period (Figure 9).

Diabetes

- The age-adjusted prevalence of total diabetes among adults aged 20 and over, which includes both physician-diagnosed and undiagnosed diabetes, increased from 10.0% in 1999–2000 to 14.7% in 2015–2016 (Figure 10).

Hypertension

- From 1999–2000 to 2015–2016, the age-adjusted prevalence of hypertension (systolic pressure of greater than or equal to 140 mm Hg or diastolic pressure of greater than or equal to 90 mm Hg or currently taking antihypertensive medication) among adults aged 20 and over was stable and for men and women. The age-adjusted prevalence of hypertension among men was 29.5% in 1999–2000 and 31.3% in 2015–2016, while the prevalence among women was 30.2% in 1999–2000 and 28.7% in 2015–2016 (Figure 11).
- The age-adjusted prevalence of high blood pressure (systolic pressure of greater than or equal to 140 mm Hg or diastolic pressure of greater than or equal to 90 mm Hg) among men aged 20 and over decreased from 19.6% in 1999–2000 to 17.5% in 2015–2016. The age-adjusted prevalence of high blood pressure among women aged 20 and over decreased from 21.1% in 1999–2000 to 13.6% in 2015–2016. The prevalence of high blood pressure was generally higher among men than women from 2005–2006 to 2015–2016 (Figure 11).

Functional Limitation

- In 2017, the percentage of adults aged 18–64 who reported having difficulty in functioning was 33.7%, with 27.8% reporting “some difficulty” and another 5.9% reporting “a lot of difficulty” or “cannot do at all.” Among adults aged 65 and over, the percentage of those who reported having difficulty in functioning was 61.1%, with 41.6% reporting “some difficulty” and an additional 19.5% reporting “a lot of difficulty” or “cannot do at all” in 2017 (data table for Figure 12). Functional limitation is defined by the reported level of difficulty (no difficulty, some difficulty, a lot of difficulty, or cannot do at all/unable to do) in any of six core functioning domains: seeing, hearing, mobility, communication, cognition, and self-care.

Health Care Access and Utilization

Vaccination Coverage Among Children Aged 19–35 Months

- In 2017, 70.4% of children aged 19–35 months had completed the combined 7-vaccine series of recommended childhood vaccinations (includes diphtheria, tetanus, pertussis, poliovirus, measles, mumps, and rubella, among others). Children living outside of metropolitan statistical areas (MSAs) (66.8%) were less likely to have received the combined series than those living in MSA principal cities (71.9%) (Figure 13).

Prescription Drugs

- The age-adjusted percentage of Americans taking five or more prescription drugs in the past 30 days increased from 6.5% in 1999–2000 to 10.0% in 2003–2004, and then was stable through 2015–2016 (11.0%) (Figure 14).
- The percentage of Americans taking five or more prescription drugs in the past 30 days increased with age. In 2015–2016, fewer than 1% of children under age 18 years took five or more prescription drugs, compared with 3.9% of adults aged 18–44, 19.1% of adults aged 45–64, and 39.8% of adults aged 65 and over (Figure 14).

Unmet Need Due to Cost

- In 2017, 16.2% of adults living below 100% and 15.3% of adults living at 100%–199% of the poverty level delayed or did not receive needed medical care due to cost compared with 5.1% of those living at or above 400% of the poverty level (Figure 15).
- In 2017, 11.9% of adults living below 100% and 11.6% of adults living at 100%–199% of the poverty level did not receive needed prescription drugs due to cost compared with 2.7% of those at or above 400% of the poverty level (Figure 15).

Health Care Resources

Dentists

- The supply of professionally active dentists per 100,000 total United States resident population was lowest in Alabama (40.43), Arkansas (41.67), and Mississippi (42.86), and highest in Alaska (79.48), Massachusetts (82.66), and Washington, D.C. (103.89) in 2017. In general, the southern states had the fewest dentists per population, while the Mid-Atlantic and Pacific states had the most (Figure 16).

Long-Term Care Services

- Home health care services were the most-used long-term care services in 2015–2016 among adults aged 65 and over, with 3.7 million users. The second and third most used were hospice (1.3 million patients) and nursing home services (1.2 million residents) (Figure 17).

Health Care Expenditures and Payers

Personal Health Care Expenditures

- In 2017, personal health care expenditures in the United States totaled almost \$3.0 trillion—a 3.8% increase from 2016 (Figure 18).
- In 2017, expenditures for hospital care accounted for 38.6%, physician and clinical services accounted for 23.4%, and prescription drugs accounted for 11.3% of personal health care expenditures, amounting to nearly three-quarters of total personal health care expenditures. The remaining expenditures included nursing care facilities and continuing care retirement communities (5.6%); dental (4.4%); home health care (3.3%); and other professional services, other health residential and personal care, durable medical equipment, and other nondurable medical products (13.4%) (Figure 18).
- In 2017, 35.1% of the \$2,961.0 billion personal health care expenditures were paid by private health insurance, 22.3% by Medicare, 17.6% by Medicaid, 12.3% by consumers out-of-pocket, and the remaining expenditures were paid by other types of insurance, payers, and programs (Figure 18).

Health Insurance Coverage Among Children

- In 2018 (preliminary estimates), the percentage of children under 18 years with Medicaid coverage was 36.0%, 7.4 percentage points higher than in 2007 (28.6%). The percentage with private health insurance was 54.7%, 5.1 percentage points lower than in 2007 (59.8%), and the percentage of children who were uninsured was 5.2%, 3.8 percentage points lower than in 2007 (9.0%) (Figure 19).
- In 2017, Hispanic children (7.7%) were more likely to be uninsured than non-Hispanic white (4.1%), non-Hispanic black (4.0%), and non-Hispanic Asian (3.8%) children (Figure 19).

Health Insurance Coverage Among Adults Aged 18–64

- In 2018 (preliminary estimates), the percentage of adults aged 18–64 with private health insurance was 68.9%, similar to the percentage in 2007 (69.5%). The percentage of adults aged 18–64 with Medicaid coverage was 12.8%, 5.4 percentage points higher than in 2007 (7.4%), and the percentage of adults aged 18–64 who were uninsured was 13.3% in 2018, 6.3 percentage points lower than in 2007 (19.6%) ([Figure 20](#)).
- In 2017, more than one-quarter of Hispanic adults (27.5%) aged 18–64 were uninsured, which was higher than that for non-Hispanic white (8.5%), non-Hispanic black (14.0%), and non-Hispanic Asian (7.4%) adults ([Figure 20](#)).