Health
Health facts

Health risk factors
- The share of adults who smoke or are obese decreased from 2021 to 2022, but the share who binge drink increased.
- The obesity rate is six percentage points higher than it was in 2011.

Mortality and causes of death
- Life expectancy at birth increased in 2022 to 77.5 years, primarily due to lower COVID-19 death rates.
- Heart disease and cancer have been the two leading causes of death since 1950.
- Accidents were the third-leading cause of death in 2022, driven by drug overdose deaths and other accidental poisonings, the rate of which was seven times what it was in 1999.
- The number of fentanyl deaths increased from just over 3,000 in 2010 to over 74,000 in 2022. It has been involved in more overdose deaths than any other drug annually since 2016.

Mental health
- As of 2021–2022, about 35% of adults ages 18–25 and 21% of adults ages 26 or older had a mental illness in the past year.
- In 2022, about 20% of children ages 12–17, 20% of adults ages 18–25, and 7% of adults ages 26 or older had a major depressive episode in the past year.
- Adults ages 18–25 experienced mental illness in 2018–2019 at a rate nearly 10 percentage points higher than in 2008–2009. It increased less than one percentage point for people 26 and older.

Health insurance coverage and spending
- In 2022, 7.9% of the population (25.9 million people) did not have health insurance, matching the lowest rate last experienced in 2017.
- Per-enrollee spending fell across Medicare, Medicaid, CHIP, and private insurance plans in 2022, after accounting for inflation.

About the data

What are the primary sources of data on this topic?
- Centers for Disease Control and Prevention
- Census Bureau
- Centers for Medicare and Medicaid Services
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Other things to know about the data
- Mental health data in this report is sourced from SAMHSA’s National Survey on Drug Use and Health. The survey changed its collection methods in 2020, changing from in-person interviews to a mix of in-person and web-based. Because of this change, SAMHSA strongly advises against direct comparisons between data from 2019 and earlier with later data.
Federal agencies spending: Health

<table>
<thead>
<tr>
<th>Federal agency</th>
<th>Net spending in FY 2023*</th>
<th>Share of spending transferred to state and local governments</th>
<th>Share of spending that was mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services</td>
<td>$117.3 billion</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Patient-Centered Outcomes Research Trust Fund</td>
<td>$689 million</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Department of Education</td>
<td>-$1 million</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>United Mine Workers of America Benefit Funds</td>
<td>-$310 million</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: USAFacts calculations based on the Public Budget Database from the Office of Management and Budget

*Because of budgetary rules pertaining to offsetting receipts and offsetting collections, agencies can have negative net outlays, negative net transfers, or negative net mandatory spending. This happens when money agencies receive from certain sources exceeds the amount they spend, resulting in a surplus.

For more information on this issue, see here: [https://www.whitehouse.gov/wp-content/uploads/2023/03/ap_18_offsetting_fy2024.pdf](https://www.whitehouse.gov/wp-content/uploads/2023/03/ap_18_offsetting_fy2024.pdf)
What share of adults have common health risks?

Although the share of Americans with obesity decreased slightly to 33.6% in 2022, the share is 6 percentage points higher than it was in 2011. The share of adults who smoke tobacco continued downwards in 2022, falling below 14% for the first time since data collection began, while the share of adults who binge drink increased by 1.6 percentage points (16.9%).

HEALTH RISK FACTORS

What is life expectancy in the US?

Provisional data for 2022 shows that life expectancy at birth increased by 1.1 years to 77.5, after decreasing in 2020 and 2021. It’s now 0.5 years higher than in 2020 but 1.3 years lower than in 2019. Waning COVID-19 mortality accounted for approximately 84% of the rise in life expectancy according to the CDC.¹
What are the leading causes of death in the US?

Heart disease and cancer have been the two leading causes of death since 1950. The death rate was 210.9 deaths from heart disease per 100,000 people in 2022 and 182.5 per 100,000 people for cancer. COVID-19 was the only top cause of death whose death rate dropped from 2021 to 2022, decreasing by 55% and dropping from the third-leading cause of death to fourth, behind accidents.

In 2011, accidental poisonings (including drug overdoses) overtook motor vehicle accidents as the most common type of accidental death. While the motor vehicle accident death rate decreased for 14 of the last 20 years, the accidental poisoning death rate increased by 164% from 1999 to 2011 and another 166% from 2011 to 2022. Accidental poisonings account for more than three-quarters of the increase in the death rate from accidents since 1999.

What types of accidental deaths are most prevalent, and what has driven the increase in the death rate from accidents?

In 2011, accidental poisonings (including drug overdoses) overtook motor vehicle accidents as the most common type of accidental death. While the motor vehicle accident death rate decreased for 14 of the last 20 years, the accidental poisoning death rate increased by 164% from 1999 to 2011 and another 166% from 2011 to 2022. Accidental poisonings account for more than three-quarters of the increase in the death rate from accidents since 1999.
What are trends in drug overdose deaths data?

The rates of drug overdose deaths involving fentanyl and methamphetamine increased 75 and 52 times, respectively, between 1999 and 2022. Fentanyl has been involved in more overdose deaths than any other drug annually since 2016. West Virginia had the last decade's highest cumulative drug overdose death rate among US states, with 538 deaths per 100,000 people from 2013 through 2022. Delaware (363 deaths per 100,000 people), Ohio (358), and Kentucky (354) followed. Between 2013 and 2022, drug overdose deaths were most common among people ages 45 to 64 (345 deaths per 100,000) and 18 to 44 (330). American Indian or Alaska Natives (316) and men (301) have also been especially impacted by rising drug overdose deaths.

Source: Centers for Disease Control and Prevention

Note: Data for 2022 is preliminary. Data for methamphetamine is classified by the CDC as psychostimulants with abuse potential, although it is primarily methamphetamine.

**DRUG-INVOLVED OVERDOSE DEATHS**

**AGE-ADJUSTED RATE PER 100,000 PEOPLE**

Source: Centers for Disease Control and Prevention

Note: Data for 2022 is preliminary. Data for methamphetamine is classified by the CDC as psychostimulants with abuse potential, although it is primarily methamphetamine.

**CUMULATIVE DRUG OVERDOSE DEATHS (2013–2022)**

**PER 100,000 PEOPLE**

Source: Centers for Disease Control and Prevention

Note: Data for 2022 is preliminary.

**CUMULATIVE DRUG OVERDOSE DEATHS (2013–2022)**

**PER 100,000 PEOPLE**

**BY RACE/ETHNICITY**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>0</th>
<th>100</th>
<th>200</th>
<th>300</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
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<td>151</td>
<td>245</td>
<td>316</td>
</tr>
<tr>
<td>White</td>
<td>6</td>
<td>151</td>
<td>245</td>
<td>260</td>
</tr>
<tr>
<td>Black</td>
<td>6</td>
<td>151</td>
<td>245</td>
<td>248</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15</td>
<td>245</td>
<td>245</td>
<td>125</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>6</td>
<td>151</td>
<td>245</td>
<td>41</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

Note: Data for 2022 is preliminary. Definitions of the racial categories changed in 2020. Beginning in that year, the CDC began exclusively providing data that included “More than one race” as a group. Prior to this change, multiracial was not an option and those individuals were captured in a single “primary” race category.
How common is mental illness in the United States?

Similar shares of adults ages 18–25 and 26 or older experienced mental illness across the first several years of the National Survey on Drug Use and Health, but a gap of more than 1 percentage point first appeared in 2011–2012. The gap has since widened, with a growing share of people 18 to 25 experiencing mental illness while rates stayed flat for people 26 and older. As of 2021–2022, about 35% of adults 18–25 and 21% of adults 26 or older had any mental illness in the past year. Oregon had the highest rate of mental illness for people 18–25 in 2021–2022 (44.5%), followed by Montana (44.3%), Washington (41.8%), Idaho (41.7%), New Hampshire (41.2%), and Alaska (40.4%).

Source: Substance Abuse and Mental Health Services Administration

Note: Each survey year spans 2 consecutive calendar years. The source changed methods in 2020. Data from this chart should not be compared to the source data from 2020 and later.
How common is major depression in the US?

Twenty percent of children ages 12–17, 20% of adults ages 18–25, and 7% of adults ages 26 or older experienced a major depressive episode in 2021–2022. The most recent depression data should not be directly compared to estimates from 2019 or earlier due to changes in the source methodology; however, depression prevalence among people 12–17 and 18–25 increased throughout the 2010s. As much as one-quarter of Oregonians ages 12–17 and 18–25 experienced a depressive episode in 2021–2022, the most of any state.

The Substance Abuse and Mental Health Services Administration defines a major depressive episode as “a period of at least two weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.” Some depression symptoms include insomnia, fatigue, feelings of worthlessness, and recurrent thoughts of suicide.iii

Source: Substance Abuse and Mental Health Services Administration
Note: Each survey year spans 2 consecutive calendar years. The source changed methods in 2020. Data from this chart should not be compared to the source data from 2020 and later.
How many people don’t have health insurance?

In 2022, 7.9% of the population, equal to 25.9 million people, did not have health insurance. This is down from 8.3% in 2021 and 8.6% in 2020. Nearly two-thirds of the population — 216.5 million people — were covered by private health insurance. From 2021 to 2022, the share of people enrolled in private insurance and Medicaid decreased while the share covered by Medicare increased.

HEALTH INSURANCE COVERAGE

In 2022, 7.9% of the population, equal to 25.9 million people, did not have health insurance. This is down from 8.3% in 2021 and 8.6% in 2020. Nearly two-thirds of the population — 216.5 million people — were covered by private health insurance. From 2021 to 2022, the share of people enrolled in private insurance and Medicaid decreased while the share covered by Medicare increased.

HEALTH INSURANCE SPENDING PER ENROLLEE

Per-enrollee spending fell across Medicare, Medicaid, CHIP, and private insurance plans in 2022 when adjusted for inflation. Medicare and Medicaid cover older and low-income populations and spend more per enrollee than private insurance. However, the amount spent per enrollee decreased more for Medicare and Medicaid than private health insurance from 2021 to 2022.
Endnotes


Chart sources and notes

For each chapter, all chart names are listed and additional information is provided for each.

1. Chart sources and notes are structured as follows:
   - **Chart title**: Source(s)
   - Note(s):

2. For all population-adjusted data where adjustments are not provided by the source data, we use intercensal/postcensal estimates from the US Census Bureau, unless otherwise noted.

3. USAFacts compiles data for government revenue, spending, and debt, as well as on family and individual income and taxes from various government sources, which primarily include the Office of Management and Budget (OMB), the Census Bureau, the Bureau of Economic Analysis (BEA), and the Federal Reserve. The full citations for this data are not included below; to see detailed descriptions and notes about our methodology for compiling this data, please visit: https://usafacts.org/methodology/.

**Health**

Government spending 1980–2023, health: USAFacts aggregation of data from OMB, Census Bureau, and BEA.


Note(s): (1) The Behavioral Risk Factor Surveillance System (BRFSS) survey from which this data is sourced underwent methodological changes in 2011. Users should take caution when comparing data from 2011 and onward to data from 2010 and earlier. See https://www.cdc.gov/brfss/factsheets/pdf/DBS_BRFSS_survey.pdf. (2) Data shows the median of all states, DC and Territories (3) Rates are crude prevalence rates of people of age 18 or over.

Note(s): 2022 numbers are provisional as of June 15, 2023.


Share of people that had a major depressive episode in the past year: Substance Abuse and Mental Health Services Administration (SAMHSA). Interactive NSDUH State Estimates (Outcome: “Major Depressive Episode in the Past Year (through 2019)”; Age Group: “12 to 17”, “18 to 25”, and “26 or older”). https://datatools.samhsa.gov/saes/state.


Health insurance coverage, number of people: Ibid.


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