



Health, United States Spotlight

Health Status and Determinants

December 2017

ABOUT HEALTH, UNITED STATES

Health, United States is the annual report on health, produced by the National Center for Health Statistics and submitted by the Secretary of the Department of Health and Human Services to the President and Congress.

The report uses data from government sources as well as private and global sources to present an overview of national health trends. This infographic features indicators relating to adolescent health from the report's Health Status and Determinants section.

For more information, visit the Health, United States website at: <https://www.cdc.gov/nchs/hus.htm>.

Four Subject Areas of Health, United States

- Health status & determinants
- Health care resources
- Utilization of health resources
- Health care expenditures & payers

TEENAGE CHILDBEARING

SOURCE

NCHS, National Vital Statistics System (NVSS)

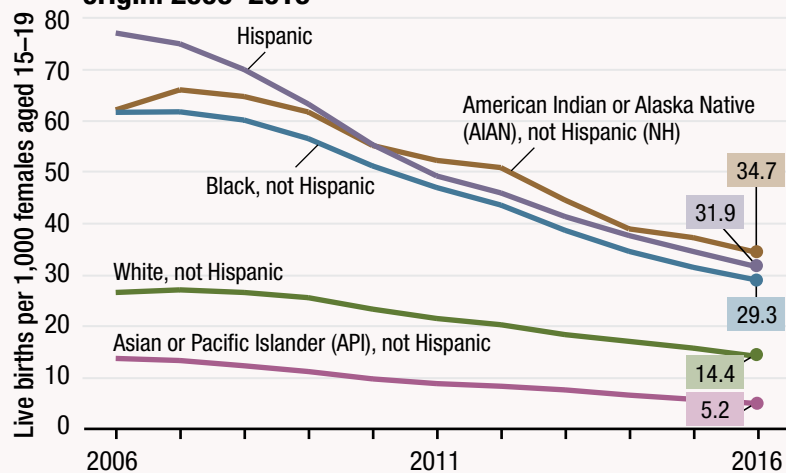
METHODOLOGY

Data on the mother's race and Hispanic origin are generally provided by the mother at the time of delivery.

NOTES

- Data represent resident births in the 50 states and the District of Columbia (D.C.).
- Racial and ethnic disparities in any given year are summarized using the difference between the highest and lowest group rates for that year.

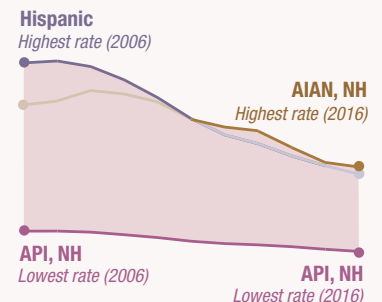
Births among females aged 15–19, by race and Hispanic origin: 2006–2016



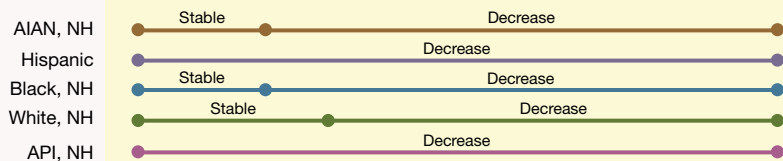
Teenage childbearing reached a **historic low** of 20.3 live births per 1,000 females aged 15–19 in 2016.

Birth rates for females aged 15–19 **decreased** across all five racial and ethnic groups between 2006 and 2016.

The difference between the highest and lowest group birth rates for females aged 15–19 **narrowed from 2006 through 2016**.



How did teenage childbearing change from 2006 through 2016?



TOBACCO USE

SOURCE

SAMHSA, National Survey on Drug Use and Health (NSDUH)

RESPONDENTS

Noninstitutionalized adolescents residing in the 50 states and D.C.

METHODOLOGY

Tobacco use was self-reported by the respondent. Tobacco products do not include e-cigarettes.

Tobacco products include **CIGARETTES, CIGARS, PIPE TOBACCO, and SMOKELESS TOBACCO.**



In 2016, roughly **5 out of 100 adolescents** aged 12–17 used a tobacco product in the past month compared with **13 out of 100** in 2006.

CIGARETTES

3.4%

of adolescents aged 12–17 smoked cigarettes in the past month in 2016.

Cigarette smoking in the past month among adolescents **decreased 7.0 percentage points** between 2006 and 2016.



CIGARS

1.8%

of adolescents aged 12–17 smoked cigars in the past month in 2016.

Cigar smoking in the past month among adolescents **decreased 2.3 percentage points** between 2006 and 2016.



PIPE TOBACCO

0.5%

of adolescents aged 12–17 smoked pipe tobacco in the past month in 2016.

Pipe tobacco smoking in the past month among adolescents **decreased 0.2 percentage points** between 2006 and 2016.



SMOKELESS TOBACCO

1.4%

of adolescents aged 12–17 used smokeless tobacco in the past month in 2016.

The smokeless tobacco survey question was revised as of 2015. More data are needed to establish a trend.

SUICIDE DEATHS

SOURCE

NCHS, National Vital Statistics System ([NVSS](#))

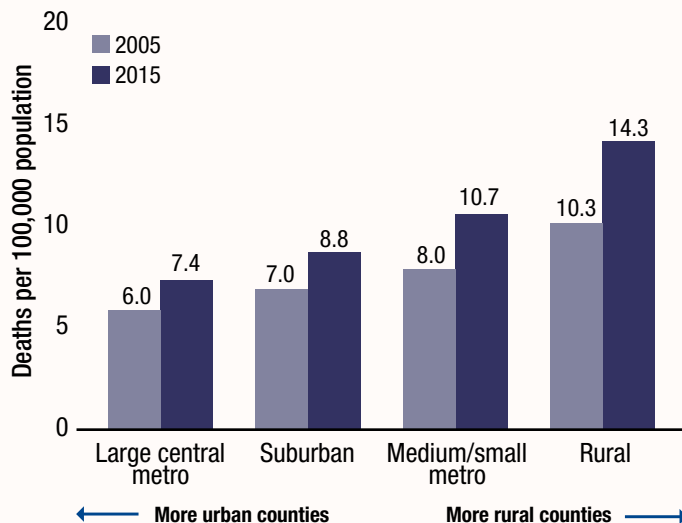
METHODOLOGY

Cause of death was certified by an attending physician, coroner, or medical examiner and recorded on the death certificate.

NOTES

- Data represent resident deaths in the 50 states and D.C.
- Suburban counties** are large fringe metro counties.
- Rural counties** are nonmetropolitan counties.

Suicide rates among adolescents aged 15–19, by urbanization of county of residence: 2005 and 2015



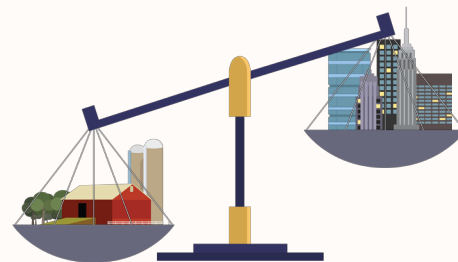
How much did suicide rates increase between 2005 and 2015?

Urbanization Category	Suburban	Medium/small metro	Rural	
Large central metro	▲ 24.9%	▲ 26.2%	▲ 33.8%	▲ 39.2%

Between 2005 and 2015, suicide rates among adolescents aged 15–19

↑ increased

for all four urbanization categories.



The suicide rate among adolescents aged 15–19 living in **RURAL COUNTIES** was nearly **TWICE THE SUICIDE RATE** among adolescents aged 15–19 living in **LARGE CENTRAL METRO COUNTIES** in 2015.

For adolescents aged 15–19, suicide was the **SECOND LEADING CAUSE OF DEATH** in 2015. Unintentional injuries were the leading cause of death.

OBESITY

SOURCE

NCHS, National Health and Nutrition Examination Survey ([NHANES](#))

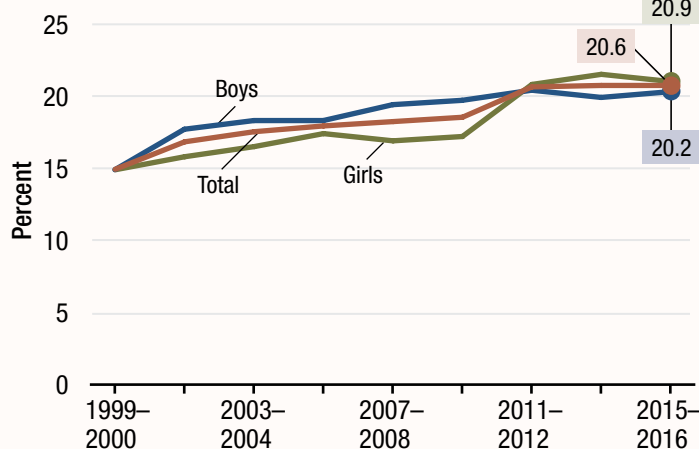
PARTICIPANTS

Noninstitutionalized adolescents.

METHODOLOGY

Participant weight and height were measured during the physical examination component of NHANES.

Obesity among adolescents aged 12–19, by sex: 1999–2000 through 2015–2016



Obesity in youth is defined as a **BODY MASS INDEX (BMI)** greater than or equal to the age- and sex-specific 95th percentile of the [2000 CDC Growth Charts](#).

$$\text{BMI} = \frac{\text{measured weight (kg)}}{[\text{measured height (m)}]^2}$$



From 1999–2000 through 2015–2016, obesity among adolescents aged 12–19

↑ increased

from 14.8% to 20.6%.



In 2015–2016, **one in five adolescents** aged 12–19 had obesity.

The prevalence of obesity was **not statistically different** between girls and boys aged 12–19.

For additional information on *Health, United States*, visit <https://www.cdc.gov/nchs/hus.htm>.

For more information about NCHS and its programs, visit <https://www.cdc.gov/nchs>.

