2026
ENVIRONMENTAL
SCAN

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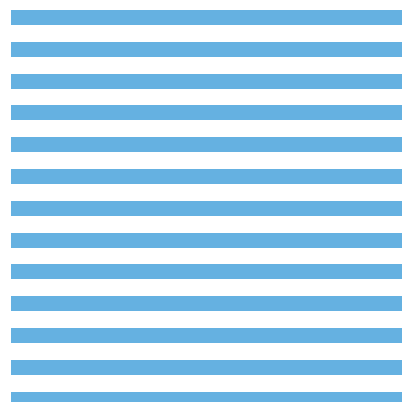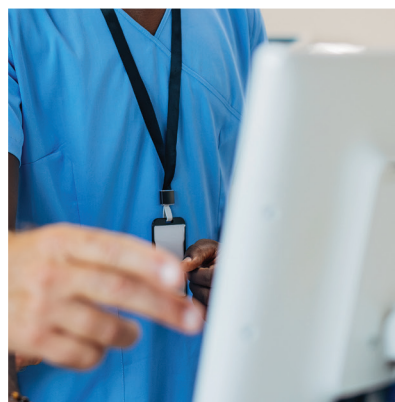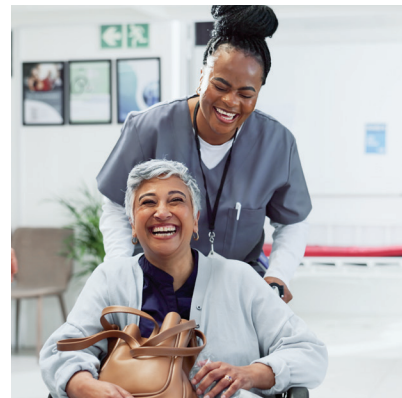
WELCOME TO THE
2026 ENVIRONMENTAL SCAN

Welcome to the American Hospital Association's 2026 Environmental Scan — a resource designed to help our field navigate a landscape that is rich with opportunity yet riddled with complexity and challenges.

We find ourselves at a pivotal moment. The year has tested our resolve, with policy changes and financial pressures reshaping the environment in which hospitals and health systems operate. Through it all, one thing has remained constant: Our shared commitment to caring for people, advancing health and strengthening the communities we serve.

The 2026 Environmental Scan contains data, trends, thought leadership and educational resources, illustrating some of the top issues facing our field. The Scan can help you plan for the future within your organization and consider ways our field can move forward together.

Hospitals are the backbone of American health care, providing essential care and services 24/7/365 and serving as trusted community anchors. Hospitals are not only places of caring for the sick and injured and centers for promotion of wellness and prevention, but also hubs of innovation and education. The Environmental Scan highlights how hospitals are harnessing technology — from telehealth and remote patient monitoring to AI-driven solutions — to make care more accessible, personalized and effective.

But innovation isn't just about technology. It's about reimagining how we promote health and well-being, and how we work with the communities we serve to address our most pressing challenges. Among other examples, the Environmental Scan highlights how hospitals and health systems are offering nutrition programs, health screenings and community partnerships to address food insecurity and chronic disease.

As you explore this year's Scan, don't just look at the challenges. Let's make sure we focus on the opportunities. Hospitals and health systems have always risen to meet the moment — adapting to change, innovating with purpose and evolving to better serve their communities.

At the heart of it all is a steadfast commitment to delivering the highest quality care — care that is safe, compassionate and centered on the needs of every patient. That's the story we must continue to share — not just to inspire, but also to protect access to care and ensure policymakers and the public understand the vital role hospitals and health systems play in advancing health, supporting families and strengthening our communities.
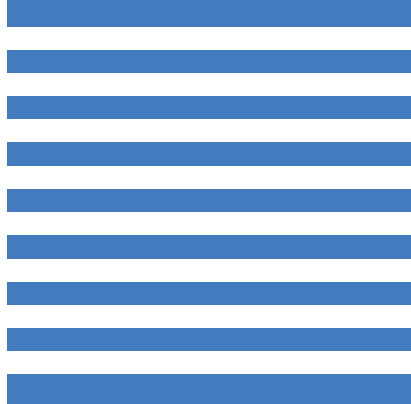
RICK POLLACK
President and CEO
American Hospital Association

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HOSPITAL AND HEALTH SYSTEM LANDSCAPE

A general overview of U.S. hospitals

Hospitals and health systems are foundational to the nation's health care infrastructure, providing essential services 24 hours a day, seven days a week. They are uniquely equipped to deliver care at every stage of life — from emergency interventions and complex surgeries to chronic disease management and preventive services. They serve not only as places of treatment, but also as hubs of innovation and education. As trusted community anchors, hospitals are committed to ensure that every individual has access to safe, high-quality care. This shared commitment moves us closer to realizing the AHA's vision: a just society of healthy communities, where all individuals reach their highest potential for health.

U.S. HOSPITALS BY THE NUMBERS

	2019*	2023†
No. of hospitals	6,090	6,093
No. of community hospitals	5,141	5,112
No. of staffed beds in all hospitals	919,559	913,136
No. of admissions in all hospitals	36,241,815	34,426,650

Note: Community hospitals are defined as all nonfederal, short-term general and other special hospitals. Other special hospitals include obstetrics and gynecology; eye, ear, nose and throat; long-term acute care; rehabilitation; orthopedic; and other individually described specialty services. Community hospitals include academic medical centers or other teaching hospitals if they are nonfederal, short-term hospitals.

*"Fast Facts on U.S. Hospitals, 2021," Health Forum LLC, an affiliate of the AHA, January 2021

†"Fast Facts on U.S. Hospitals, 2025," Health Forum LLC, an affiliate of the AHA, January 2025

MOST HOSPITALS ARE COMMUNITY HOSPITALS

- Federal government **3%**
- Nonfederal psychiatric **11%**
- Other **2%**
- Community hospitals **84%**
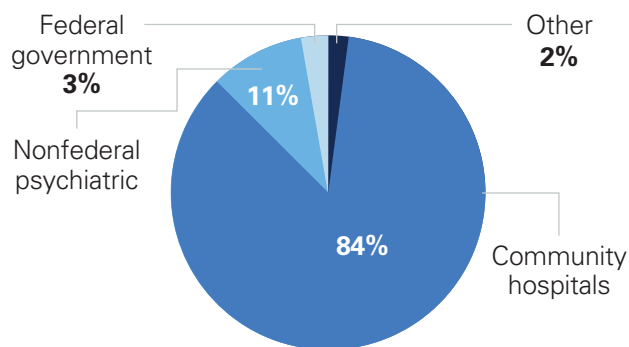
"Fast Facts on U.S. Hospitals, 2025," Health Forum LLC, an affiliate of the AHA, January 2025

TWO-THIRDS OF COMMUNITY HOSPITALS ARE SYSTEM-AFFILIATED
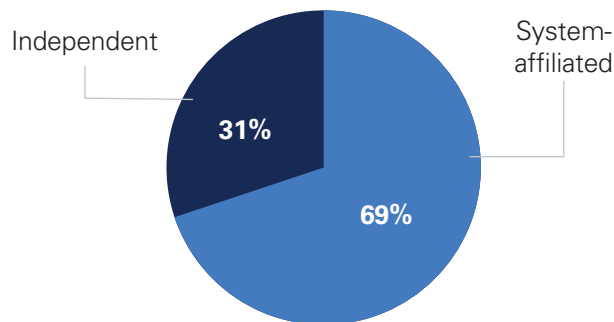
- Independent **31%**
- System-affiliated **69%**

"Fast Facts on U.S. Hospitals, 2025," Health Forum LLC, an affiliate of the AHA, January 2025

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HOSPITAL AND HEALTH SYSTEM LANDSCAPE

HOSPITALS AND PHYSICIANS HOLD TOP SPOT AS TRUSTED SOURCES OF INFORMATION

Information sources trusted for accurate health and wellness content	% of respondents
Hospital systems and physicians	64%
Health information websites	51%
Independent medical authorities	36%
Health insurance companies	32%
Government agencies	31%
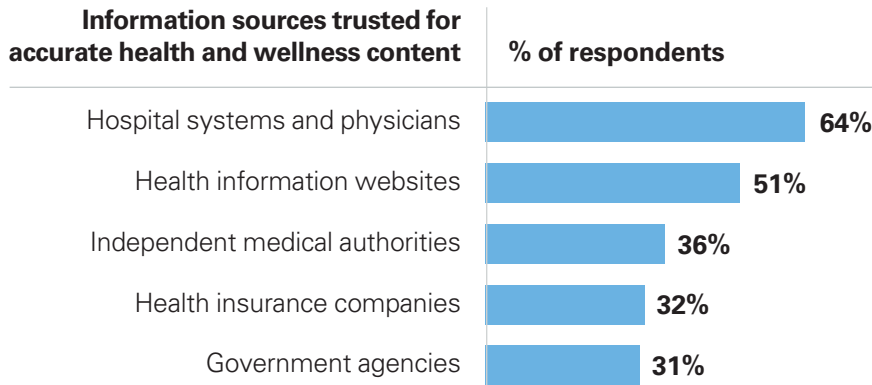
"Engaging the evolving US healthcare consumer and improving business performance," McKinsey & Company, March 7, 2025

AHA Resource

Explore **AHA data resources** and tap into credible, consistent and accurate information about the nation's hospitals.

2035 FORECAST: GROWTH ACROSS CARE SITES

Site or type of care	Growth
Inpatient volume	+5%
Inpatient days	+10%
Outpatient volume	+18%
Post-acute care	+31%
ED volume: Urgent and emergent visits	+5%
Urgent/retail care: In person	+3%
Office/clinic: In person	+13%
Hospital outpatient/ambulatory surgery center	+14%
Skilled nursing facilities	+1%
Home-based services	+32%

- Individuals 65 and older will account for **more than half of inpatient discharges**. These patients will bring with them multiple comorbidities requiring longer and more intensive hospital stays. Inpatient days are expected to **rise by 10%** — a trend that will exacerbate existing capacity issues.

- Cancer outpatient volumes are expected to **grow 18%** while inpatient volumes remain flat. While the aging population continues to drive utilization and complexity, the increasing incidence of cancer in younger adults adds a new challenge for providers as these patients often are diagnosed at later stages due to limited eligibility under traditional screening guidelines.

- Driven largely by GLP-1 use, type 2 diabetes inpatient **discharge growth will slow to 8%** versus a population-based forecast of 12% growth. However, evaluation and management visits for diabetes are expected to **grow 26%**, reflecting intensive care management needed for diabetic patients on GLP-1s.

- **19% of evaluation and management visits** will occur virtually by 2035.

"2025 Impact of Change Forecast: Outpatient Volumes," Sg2, a Vizient company, accessed July 21, 2025. Used with permission of Vizient Inc. All rights reserved.

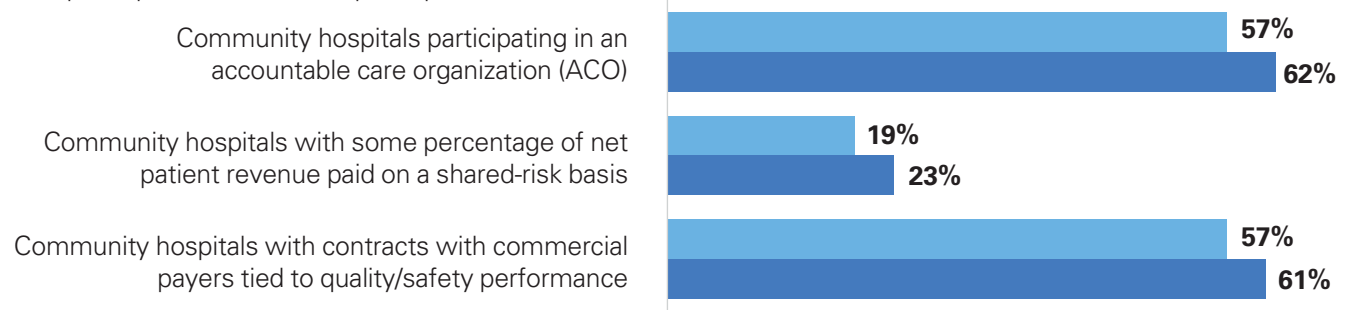## AHA Resource

Futurescan: Explore key trends that are having an unprecedented impact on the health care field, including expert guidance and action steps.

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HOSPITAL AND HEALTH SYSTEM LANDSCAPE

STEADY GROWTH IN VALUE-BASED PAYMENT ADOPTION AMONG COMMUNITY HOSPITALS

Value-based payment models use measures of quality and cost to determine payment for providers.

■ % participation, 2019   ■ % participation, 2023

Community hospitals participating in an accountable care organization (ACO)
- 57%
- 62%

Community hospitals with some percentage of net patient revenue paid on a shared-risk basis
- 19%
- 23%

Community hospitals with contracts with commercial payers tied to quality/safety performance
- 57%
- 61%

Note: Community hospitals include all nonfederal, short-term general and specialty hospitals whose facilities and services are available to the public. ACOs are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care to a designated group of patients.
AHA Annual Survey Database, FY2019 and FY2023, American Hospital Association, ahadata.com, 2020 and 2024
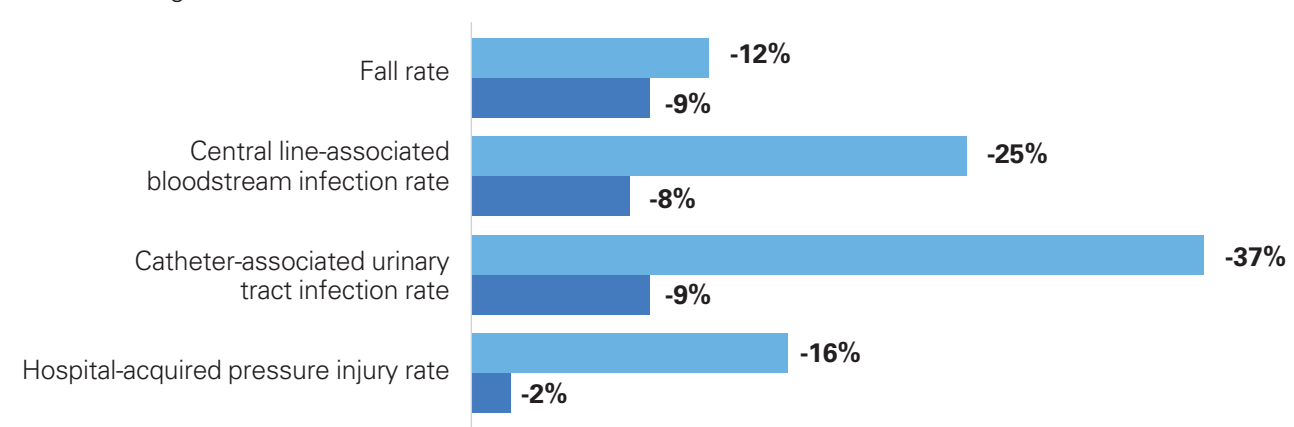
AHA Resource Learn about the AHA **Care Delivery Transformation Framework** that includes resources to support health care organizations as they develop and implement new care models that will take the health care system into the future.

Quality and Performance Improvement

HOSPITALS SHOW POST-PANDEMIC IMPROVEMENT ACROSS KEY QUALITY METRICS

■ Medical-surgical 2020-2024   ■ Critical care 2020-2024

Fall rate
- -12%
- -9%

Central line-associated bloodstream infection rate
- -25%
- -8%

Catheter-associated urinary tract infection rate
- -37%
- -9%

Hospital-acquired pressure injury rate
- -16%
- -2%

"Insights Report: Improvement in Safety Culture Linked to Better Patient and Staff Outcomes," AHA and Press Ganey, March 2025

AHA Resource Explore the **AHA Patient Safety Initiative**, a collaborative, data-driven effort that gives hospitals and health systems a strong voice in the national conversation around health care safety.

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HOSPITAL AND HEALTH SYSTEM LANDSCAPE

BETTER OUTCOMES FOR HOSPITALIZED SURGICAL PATIENTS

- In the first quarter of 2024, hospitalized surgical patients were **nearly 20% more likely to survive** than expected — based on their underlying acuity — compared with patients in the fourth quarter of 2019.

- There were **substantial declines in three high-risk postoperative complications**: hemorrhage (down 22.6%), sepsis (down 9.2%) and respiratory failure (down 18.9%).

- As an increasing number of surgical procedures are shifted to outpatient or ambulatory settings, the surgical patients who remain hospitalized tend to present with greater clinical complexity and require higher-acuity care. It is projected that this trend will continue to intensify over the next decade.

"New Analysis Connects Better Outcomes for Hospitalized Surgical Patients to Improvements in Key Patient Safety Indicators," AHA and Vizient, Aug. 5, 2025

HOSPITALS ADVANCE SEPSIS CARE

Hospitals that have instituted quality improvement programs focused on sepsis have demonstrated reductions in mortality, length of stay and health care costs. The National Health Care Safety Network survey of hospitals shows modest increases in the prevalence and support for hospital sepsis programs in 2024 compared with 2023.

KEY HOSPITAL ADVANCEMENTS:

80% reported having a dedicated sepsis committee

68% of sepsis committees involve antibiotic stewardship programs

60% provide dedicated time for sepsis program leaders to focus on sepsis-related activities

Srinivasan, M.D., Arjun. "A New Chapter in Improving Sepsis Programs and Optimizing Patient Care Nationwide," CDC Safe Healthcare Blog, Aug. 21, 2025

SUCCESSES, CHALLENGES AND EMERGING TRENDS

In 2025, the AHA launched the Quality Exchange, a virtual collaborative of 250+ health care quality and patient safety leaders focused on advancing patient care and organizational performance through shared strategies and solutions. The following insights draw from the Quality Exchange's survey and ongoing discussions.

TOP 3 AREAS OF HEALTH CARE QUALITY WHERE MEMBERS ARE SEEING SUCCESS

1. **Safety and risk management:** Structured risk mitigation approaches to reduce harm.
2. **Data-driven improvement:** Use of analytics and metrics for measurable improvements.
3. **Patient experience and engagement:** Enhancing patient-centered care.

TOP 3 AREAS OF HEALTH CARE QUALITY WHERE SUPPORT IS NEEDED TO ADDRESS CHALLENGES

1. **Professional development and leadership:** Building quality improvement leadership capacity and engaging the workforce.
2. **Process optimization:** Applying methodologies (e.g., Lean and Six Sigma) for efficiency.
3. **Technology and telemedicine:** Expanding the effective and secure use of digital tools and virtual care to improve access, coordination and continuity of care.

EMERGING TRENDS

- Leveraging AI and digital technologies to drive improvement.
- Strengthening structural accountability for patient safety.
- Aligning and integrating patient safety initiatives with broader improvement efforts.
- Prioritizing workplace violence prevention.
- Enhancing care coordination through bundled models.
- Advancing age-friendly health systems.

Quality Exchange Community survey and discussions, AHA Living Learning Network, 2025

AHA Resource

The AHA **Living Learning Network**, in partnership with the Centers for Disease Control and Prevention (CDC), has advanced sepsis care through its collaborative using the CDC's **Sepsis Program Core Elements**. Building on this progress, AHA will continue its efforts in 2026 to further improve hospital-based sepsis outcomes.

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FINANCIAL LANDSCAPE

National, Hospital and Consumer Perspectives

The financial sustainability of the U.S. health care system is shaped by complex factors, including the convergence of national economic trends and policies, hospital financial pressures and consumer affordability challenges. As federal deficits rise and health care spending undergoes significant restructuring, hospitals face mounting strain from challenges including reduced revenue from the federal government, an increase in uncompensated care, elevated labor costs and supply chain disruptions. At the same time, nearly half of U.S. adults report difficulty affording care, with lower-income and uninsured populations being disproportionately affected.

These dynamics not only threaten the operational stability of hospitals, especially in rural areas, but also jeopardize access to care for millions of Americans. The AHA underscores the urgent need for coordinated policy solutions that address these interconnected challenges to ensure the long-term viability of the health care system and the communities it serves.

U.S. economic trends

FEDERAL DEFICIT

**2025:
$1.8 trillion**

"Monthly Budget Review: Summary for Fiscal Year 2025," Congressional Budget Office, Nov. 10, 2025

DEBT LEVEL CLIMBS

$38 trillion

The total gross national debt as of early November 2025

"National Debt Hits $38.09 Trillion, Increased $2.18 Trillion Year over Year, $5.97 Billion Per Day," U.S. Congress Joint Economic Committee, Nov. 7, 2025

GOVERNMENT SPENDING ON FEDERAL DEBT

13 cents of every dollar

the federal government spent went to pay interest on the national debt in 2024.

Shuppy, Annie et al. "Report: Irreconcilable Expectations," Third Way, April 24, 2025

NET INTEREST PAYMENTS ON NATION'S DEBT

In fiscal year 2025, net interest payments on the U.S. national debt **exceeded $1 trillion** for the first time. It is one of the largest federal spending categories.

"Monthly Budget Review: Summary for Fiscal Year 2025," Congressional Budget Office, Nov. 10, 2025

NATIONAL HEALTH EXPENDITURES

Total health care spending in the U. S.

Year	National expenditure	Amount per person	% of GDP
2013	$2.9T	$9,038	16.9%
2018	$3.6T	$10,998	17.5%
2023	$4.9T	$14,570	17.6%

- In 2023, spending increased **7.5%** from the previous year.

"Health Expenditures 1960-2023," Peterson-KFF Health System Tracker, accessed July 26, 2025

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FINANCIAL LANDSCAPE

MEDICARE PART A FUNDING

- The Medicare Hospital Insurance Trust Fund, which finances Part A (includes inpatient hospital services) is projected to be **depleted by 2033**.

"2025 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds," CMS, June 18, 2025

MEDICAID CHRONICALLY UNDERPAYS FOR SERVICES

Without supplemental payments, Medicaid fee-for-services payments nationally paid 58 cents for every dollar that hospitals spent caring for Medicaid patients in 2023, and Medicaid managed care organizations paid 65 cents.

"What's at Stake: Medicaid covers the people you know," AHA, 2025

SOCIAL SECURITY

69 million Americans will receive Social Security benefits in 2025, totaling **$1.6 trillion**.

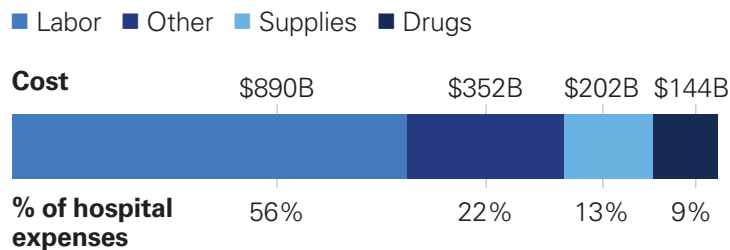"Fact Sheet: Social Security," Social Security Administration, https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf, accessed July 26, 2025

SOCIAL SECURITY'S SHARE OF GDP PROJECTED TO RISE BY 2035

Year	Share
2025	**5.2%**
2035	**6.0%**

"The Long-Term Budget Outlook: 2025 to 2055," Congressional Budget Office, March 27, 2025

Hospitals under pressure: Financial strain shifting landscape

HOSPITAL EXPENSES REMAIN ELEVATED (2024)

■ Labor ■ Other ■ Supplies ■ Drugs

	Labor	Other	Supplies	Drugs
Cost	$890B	$352B	$202B	$144B
% of hospital expenses	56%	22%	13%	9%

- Examples of other expenses include utilities, facility maintenance, equipment leasing, insurance premiums, IT services and software licensing, cybersecurity and nonpersonnel-related administrative costs.
- Advertised salaries for registered nurses have **grown 26.6% faster** than the rate of inflation over the past four years.

Note: Average expenses estimated by industry benchmark data from Strata Decision Technology LLC. Labor is inclusive of purchased services and professional fees.
"The Cost of Caring: Challenges Facing America's Hospitals in 2025," AHA, April 2025
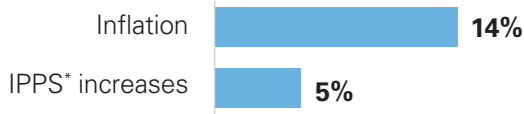
AHA Resource

Advocacy Action Center: Access information and resources that empower hospitals and the public to advocate for critical health care issues.

Health Plan Accountability Updates: AHA members can access materials developed to hold insurers accountable for practices that restrict patient access and increase administrative burden.

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INFLATION GROWTH OUTPACES MEDICARE INPATIENT REIMBURSEMENT, 2022-2024

Inflation	**14%**
IPPS* increases	**5%**

*IPPS: Inpatient Prospective Payment System

"The Cost of Caring: Challenges Facing America's Hospitals in 2025," AHA, April 2025

HOSPITALS BRACE FOR TARIFF-DRIVEN COST INCREASES

- **82%** of health care experts expect tariff-related expenses to raise hospital costs by at least 15% over the next six months.

- **94%** of health care administrators expected to delay equipment upgrades to manage financial strain.

- **90%** of supply chain professionals are expecting procurement disruptions.

"The Cost of Caring: Challenges Facing America's Hospitals in 2025," AHA, April 2025

GLOBAL SUPPLY CHAIN

Despite efforts to bolster the domestic supply chain, a significant proportion of essential medical goods come from international sources. Examples:

- In 2024 alone, the U.S. imported **more than $75 billion** in medical devices and supplies. These imports include many low-margin, high-use essentials in hospital settings — such as syringes, needles, blood pressure cuffs and IV saline bags. Hospitals rely on imports for advanced surgical tools and other critical technologies as well.

- In 2023, Chinese manufacturers supplied the majority of N95 and other respirators used in health care. Additionally, China was the source for one-third of disposable face masks, two-thirds of nondisposable face masks and 94% of the plastic gloves used in health care settings.

- The U.S. receives nearly **30%** of its active pharmaceutical ingredients from China. **More than 90%** of generic sterile injectable drugs — such as certain chemotherapy treatments and antibiotics — depend on key starter materials from either India or China.

"The Cost of Caring: Challenges Facing America's Hospitals in 2025," AHA, April 2025

AHA Resource

Explore the **Tariff Resource Center** supported by the AHA's **Association for Healthcare Resource & Materials Management**, which helps hospitals navigate tariff impacts and optimize their supply chains.

RURAL HOSPITALS ARE STRUGGLING

- **152** rural hospitals have closed their doors or were unable to continue providing inpatient services since 2010.*

- **48%** of rural hospitals operated at a financial loss in 2023.†

- Rural hospitals **lose money** on several critical service lines, including behavioral health, pulmonology, obstetrics and burns and wounds.†

- **1/3** of all rural hospitals in the country are at risk of closing because of the serious financial problems they are experiencing.‡

*"Rural Hospital Closures," The Cecil G. Sheps Center for Health Services Research, https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures, accessed Oct. 17, 2025

†"Rural Hospitals at Risk: Cuts to Medicaid Would Further Threaten Access," AHA, June 2025

‡"Rural Hospitals at Risk of Closing," Center for Healthcare Quality and Payment Reform, August 2025

AHA Resource

AHA Rural Health Services; More than 57 million rural Americans depend on their hospital as an important source of care as well as a critical component of their area's economic and social fabric. Explore AHA resources that support rural hospitals.

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FINANCIAL LANDSCAPE

AVERAGE COST OF A HEALTH CARE DATA BREACH IN THE U.S.

Chart — Average cost of a health care data breach:
- 2023: **$10.9M**
- 2024: **$9.8M**
- 2025: **$7.4M**

(Y-axis: 0, $5B, $10B, $15B)
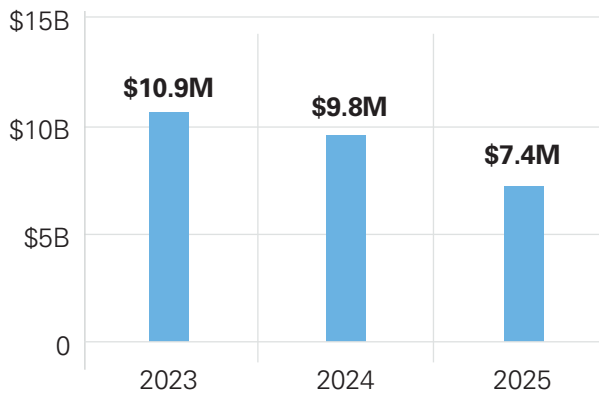
- Health care **recorded the highest average breach cost** among sectors for the 14th consecutive year — even as it saw a sharp reduction from 2024.
- Health care breaches **took the longest to identify and contain at 279 days** — five weeks longer than the global average across all industries.
- Globally across all fields, AI adoption is outpacing oversight. **97%** of AI-related security breaches involved AI systems that lacked proper access controls. Most breached organizations reported they have no governance policies in place to manage AI or prevent shadow AI — the use of AI without employer approval or oversight.

"Cost of a Data Breach Report 2023" and "Cost of a Data Breach Report 2025: The AI Oversight Gap," IBM Security, Ponemon Institute LLC, July 30, 2025

AHA Resource

Cyber & Risk Advisory: Learn how the AHA advises and assists the health care field in mitigating the many cyberrisks it faces.

VIOLENCE: A COSTLY PUBLIC HEALTH ISSUE

$18.3 BILLION Annual cost of workplace and community violence to hospitals in 2023.

- The largest contributor to total annual costs came from post-event health care expenses to treat violent injuries.
- Beyond measurable effects, violence in hospitals has far-reaching consequences that remain difficult to quantify, including its influence on public perception, staff recruitment and retention, legal liabilities, job satisfaction and the psychological toll on health care workers who experience or witness such incidents.

Graves, Janessa et al. "The Burden of Violence to U.S. Hospitals: A Comprehensive Assessment of Financial Costs and Other Impacts of Workplace and Community Violence," Harborview Injury Prevention and Research Center, University of Washington, supported by the AHA, March 2025

AHA Resource

Explore the AHA **Hospitals Against Violence** initiative.

Hospitals Against Violence | #HAVhope

HOSPITALS INCREASE EFFICIENCY WITH ENERGY SAVINGS

AHA's American Society for Health Care Engineering (ASHE) analyzed data from hundreds of hospitals around the country participating in its Energy to Care program.

- Hospitals **increased in size** (square footage) by approximately **3%** from 2018 through 2023.
- Despite the size increase, hospitals' **median energy consumption decreased** from 2018 through 2023 by 5.6%.
- Hospital **greenhouse gas emissions** associated with facility energy consumption saw a **7% drop** from 2018 to 2023.

"Energy Use Benchmarking Deep Dive for U.S. Hospitals," ASHE, July 2025

AHA Resource

The AHA and its professional membership groups provide strategic thought leadership, resources and programs to support health care organizations pursuing sustainability. Programs include:

Energy to Care: An energy-reduction program that helps facilities track, manage and communicate energy savings.

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FINANCIAL LANDSCAPE
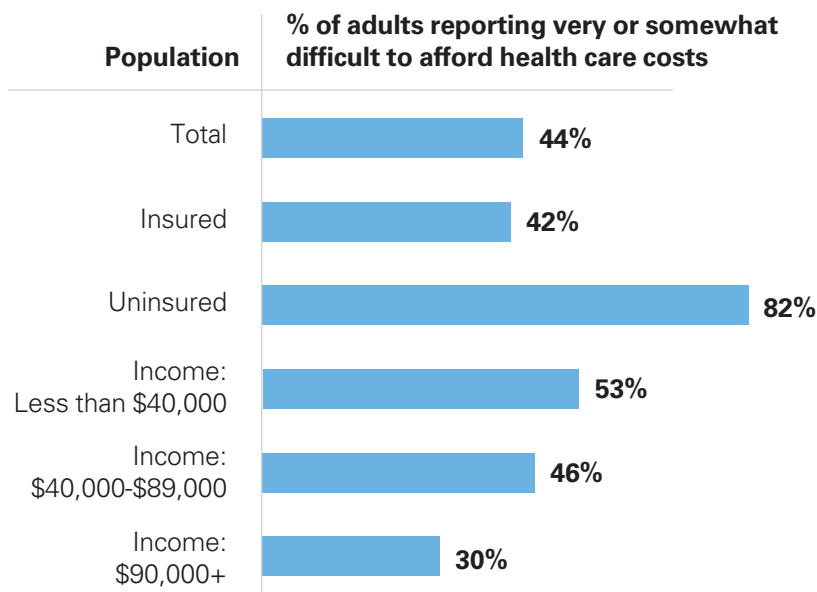
HOSPITALS ARE ECONOMIC ANCHORS OF COMMUNITIES

In 2023, community hospitals:

- Employed **6.6 million** people.
- Supported **25.9 million** jobs across the nation — close to **1 in 6 jobs**.
- Purchased more than **$1.3 trillion** in goods and services from businesses.
- Supported **$4.8 trillion** in total economic activity nationwide — more than one-sixth of the nation's economy.

"Hospitals Are Cornerstones in their Communities," AHA, February 2025

Consumers and Affordability

NEARLY HALF OF ADULTS SAY IT IS DIFFICULT TO AFFORD HEALTH CARE COSTS

Population	% of adults reporting very or somewhat difficult to afford health care costs
Total	44%
Insured	42%
Uninsured	82%
Income: Less than $40,000	53%
Income: $40,000-$89,000	46%
Income: $90,000+	30%

1 in 4 adults say they or a family member in their household had problems paying for health care in the past 12 months.

36% of adults say that they have skipped or postponed getting needed health care in the past 12 months because of the cost.

23% of adults say in the past 12 months they have taken an over-the-counter drug instead of getting a prescription filled because of cost concerns.

49% of adults would not be able to pay an unexpected medical bill of $500 out of pocket; 19% would not be able to pay it at all and 30% would go into debt.

Sparks, Grace et al. "Americans' Challenges with Health Care Costs," Kaiser Family Foundation, July 11, 2025

HEALTH COSTS OUTPACE WAGE GROWTH AND INFLATION

Estimated annual health care costs for a family with employer-sponsored insurance

2005: $12,214
2025: $35,119
188%
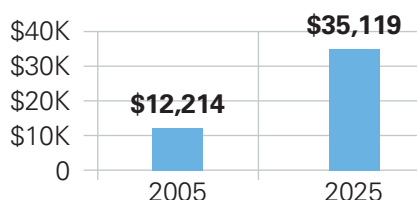
- **Outpaced the 84% growth in wages** over the same time period.
- **Health costs have increased 6.1%** per year on average over the past two decades. That's compared with an average inflation rate of 2.5% over that time.

Note: Calculation for a family of four.
Bell, Deana et al. "2025 Milliman Medical Index — Annual Analysis," Milliman, May 27, 2025

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FINANCIAL LANDSCAPE

MILLIONS OF HEALTH CLAIMS DENIED — FEW PATIENTS APPEAL

Health insurers process more than 5 billion payment claims annually.

- About **850M**, or **17%**, are denied

- **Less than 1%** of patients appeal.

- **Up to three-quarters** of claim appeals are granted.

Wernau, Julie. "Health Insurers Deny 850 Million Claims a Year. The Few Who Appeal Often Win," The Wall Street Journal, Feb. 12, 2025

PRESCRIPTION DRUG DENIALS INCREASE

Private insurers **denied 25%** more prescription drug claims in 2023 than in 2016 — **jumping from 18.3% to 22.9%**.

Kliff, Sarah. "Health Insurers are Denying More Drug Claims, Data Shows," The New York Times, July 18, 2025

EMPLOYER HEALTH PREMIUMS OUTPACE WAGES AND INFLATION

- Employer-sponsored insurance covers **154 million non-elderly people** in the U.S.

- The average annual premiums for employer-sponsored health insurance in 2025 are **$9,325** for single coverage and **$26,993** for family coverage.

- Over the last year, the average single premium **increased by 5%** and the average family premium **increased by 6%**. Comparatively, there was an increase of 4% in workers' wages and inflation of 2.7%.

"2025 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 22, 2025

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WORKFORCE

At the heart of every hospital in America is a workforce driven by an unwavering commitment to healing. From nurses, advanced practice professionals and physicians to technicians, aides and administrative staff, these individuals form the lifeblood of the health care system. This workforce is not just essential, but also deeply valued — shouldering the responsibility of public trust while navigating unprecedented challenges.

As hospitals face growing shortages, burnout and engagement challenges, the AHA calls for bold investments, the adoption of supportive innovations, thoughtful policy and enduring respect for those who show up every day to care for others. Supporting and strengthening the health care workforce is fundamental to ensuring that hospitals can continue to serve their communities with excellence and compassion.
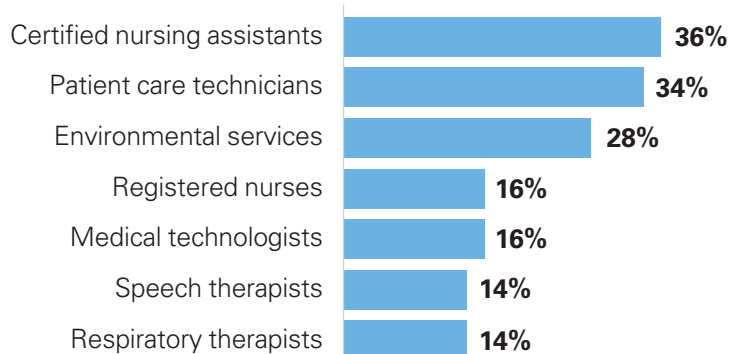
Workforce Trends and Challenges

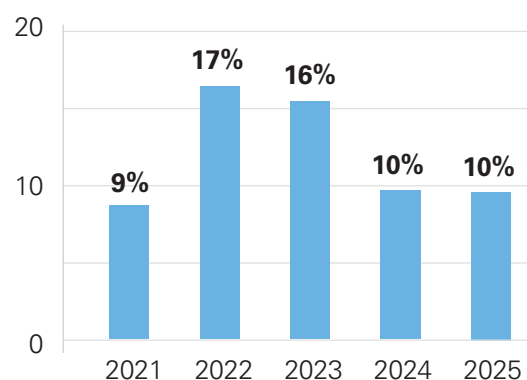### TURNOVER RATES

■ All hospital employees ■ All staff RNs
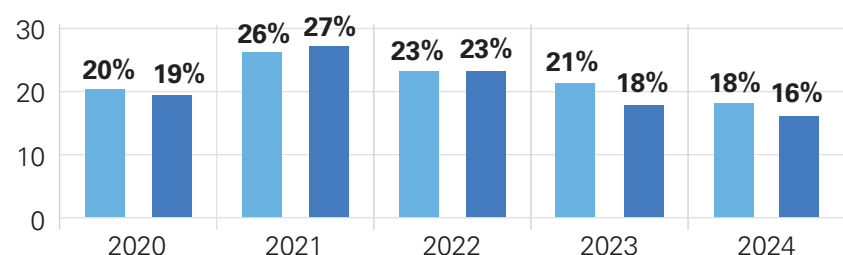
- The average cost of turnover for a bedside RN is **$61,110**. This results in the average hospital **losing between $3.9 million and $5.7 million annually** due to RN turnover. Each 1% change in RN turnover can cost or save the average hospital approximately **$289,000** per year.

THE TOP TURNOVER RATES FOR ADVANCED PRACTICE AND ALLIED HEALTH PROFESSIONALS, 2024

Certified nursing assistants	**36%**
Patient care technicians	**34%**
Environmental services	**28%**
Registered nurses	**16%**
Medical technologists	**16%**
Speech therapists	**14%**
Respiratory therapists	**14%**

AVERAGE RN VACANCY RATE

VACANCY RATES

RN vacancy rate	% of hospitals, 2024	% of hospitals, 2025
Greater than 15.0%	**19.3%**	**16.2%**
Greater than 10.0%	**47.8%**	**41.4%**

- It takes close to **3 months** to recruit an experienced RN, with progressive care/step down RNs presenting the greatest challenge.

"2025 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions Inc., March 2025

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U.S. NURSING BY THE NUMBERS

- There were **5,641,311 RNs** and **968,948 licensed practical nurses/licensed vocational nurses** (LPNs/LVNs) at the beginning of 2024.

- **More than 73% of RNs** now hold a baccalaureate degree or higher, putting the workforce at the highest educational level ever documented.

- The percentage of RNs younger than 30 years **declined from 11.1% in 2022 to 7.9% in 2024**. Similarly, the proportion of the LPN/LVN workforce younger than 30 is the lowest that has been observed since 2015, at 7.0%.

- More than **138,000 nurses left the workforce** between 2022 and 2024.

- **40% of nurses** report an intent to leave the workforce or retire within the next 5 years. Of this group, **18.6%** intend to retire and **22.7%** plan to leave nursing for other reasons.

Smiley, Richard A. et al. "The 2024 National Nursing Workforce Survey," Journal of Nursing Regulation, volume 16, number 1, S1-S88, April 2025

THE NURSING EDUCATION PIPELINE: ENROLLMENT GROWTH AND CAPACITY CONSTRAINTS

- Enrollment in baccalaureate nursing programs **increased by 4.9%** in 2024, marking the second year of enrollment increases.

- Enrollment in master's nursing programs **increased by 4.8%**, the first enrollment increase since 2021.

- Enrollment in Ph.D. nursing programs **declined by 0.5%**, marking the 11th consecutive year of decreased enrollment.

- U.S. nursing schools **turned away 80,162** qualified applications due to an insufficient number of clinical sites, faculty and clinical preceptors as well as budget constraints.

"Schools of Nursing Enrollment Increases Across Most Program Levels, Signaling Strong Interest in Nursing Careers," American Association of Colleges of Nursing, June 17, 2025

AHA Resource

Learn about the **American Organization for Nursing Leadership (AONL)**, the national professional organization for more than 12,000 nurse leaders, dedicated to advancing nursing leadership through education, advocacy, research and community-building across the health care continuum.

Burnout, Satisfaction and Safety

BURNOUT BY OCCUPATION

Health care workers reporting burnout during the past month (2024)

Occupation	2023	2024
Pharmacy professionals	64%	65%
Dentists	59%	60%
Advanced practice professionals	54%	54%
Nurses	53%	53%
Medical students	56%	53%
Physicians	52%	50%
Employees	49%	49%
Residents and fellows	46%	44%
Overall	52%	51%

Note: Data from more than 79,000 assessments in 2023 and more than 97,000 Well-Being Index assessments in 2024.

"State of Well-Being 2024-2025," Well-Being Index, https://www.mywellbeingindex.org/insights, 2025

RN SATISFACTION WITH NURSING AS A CAREER DECLINES

Percentage of RNs who are very satisfied or satisfied with nursing as a career

2015	85%
2025	75%

- **58%** indicate that they feel burned out on most days.

- **64%** indicate that compassion fatigue has impacted their health.

"Nursing in Transition: Workplace Changes, Challenges and Solutions," AMN Healthcare, 2025

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TOP REASONS NURSES ARE LEAVING THE WORKFORCE ASIDE FROM RETIREMENT

1. Stress and burnout
2. Workload
3. Understaffing
4. Inadequate salary
5. Workplace violence

Smiley, Richard A. et al. "The 2024 National Nursing Workforce Survey," Journal of Nursing Regulation, volume 16, number 1, S1-S88, April 2025

TOP FACTORS THAT WOULD MAKE RNs CONSIDER STAYING IN NURSING AS RETIREMENT APPROACHES

1. Financial incentives
2. Flexible work hours
3. Fully remote positions
4. Part-time opportunities
5. Flexible shift lengths

"Nursing in Transition: Workplace Changes, Challenges and Solutions," AMN Healthcare, 2025

NURSE LEADERS REPORT TOP CHALLENGES

1. Staff recruitment and retention
2. Staffing
3. Emotional health and well-being of staff

"Nursing Leadership Insight Study," American Organization for Nursing Leadership Foundation and Joslin Insight, 2025

AHA Resource

View **AHA workforce resources**, including the guide "Building a Systemic Well-being Program: A 5-step Blueprint."

NURSES AND WORKPLACE SAFETY

Nurse leaders reported witnessing the following acts at work over the past year.

Act	Percentage
Incivility	62%
Verbal intimidation	54%
Bullying	46%
Violence	42%

Note: Patients and patient families are the top sources of these acts.

"Nursing Leadership Insight Study," American Organization for Nursing Leadership Foundation and Joslin Insight, 2025

AHA Resource

AONL™

Learn about AONL's **Transition to Nurse Manager Practice**, an online leadership development program for new and aspiring nurse managers looking to cultivate leadership and management skills.

HOSPITALS WITH ENGAGED STAFF DELIVER SAFER CARE AND BETTER PATIENT EXPERIENCES

- Data show a positive relationship between the level of care team engagement in their work and the hospital scores for patient safety culture. When caregivers feel supported, working with an effective team and doing meaningful work, they are more likely to be deeply engaged in their work.

- Hospitals that score higher on team member engagement surveys also see higher patient experience scores reported from patients.

- Patients ranked hospitals more highly when they perceived the hospital team to be working well together and to be attentive to the patients' needs and questions. Better teamwork has long been shown to drive better outcomes.

"Improvement in Safety Culture Linked to Better Patient and Staff Outcomes," Insights Report from the AHA and Press Ganey, March 2025

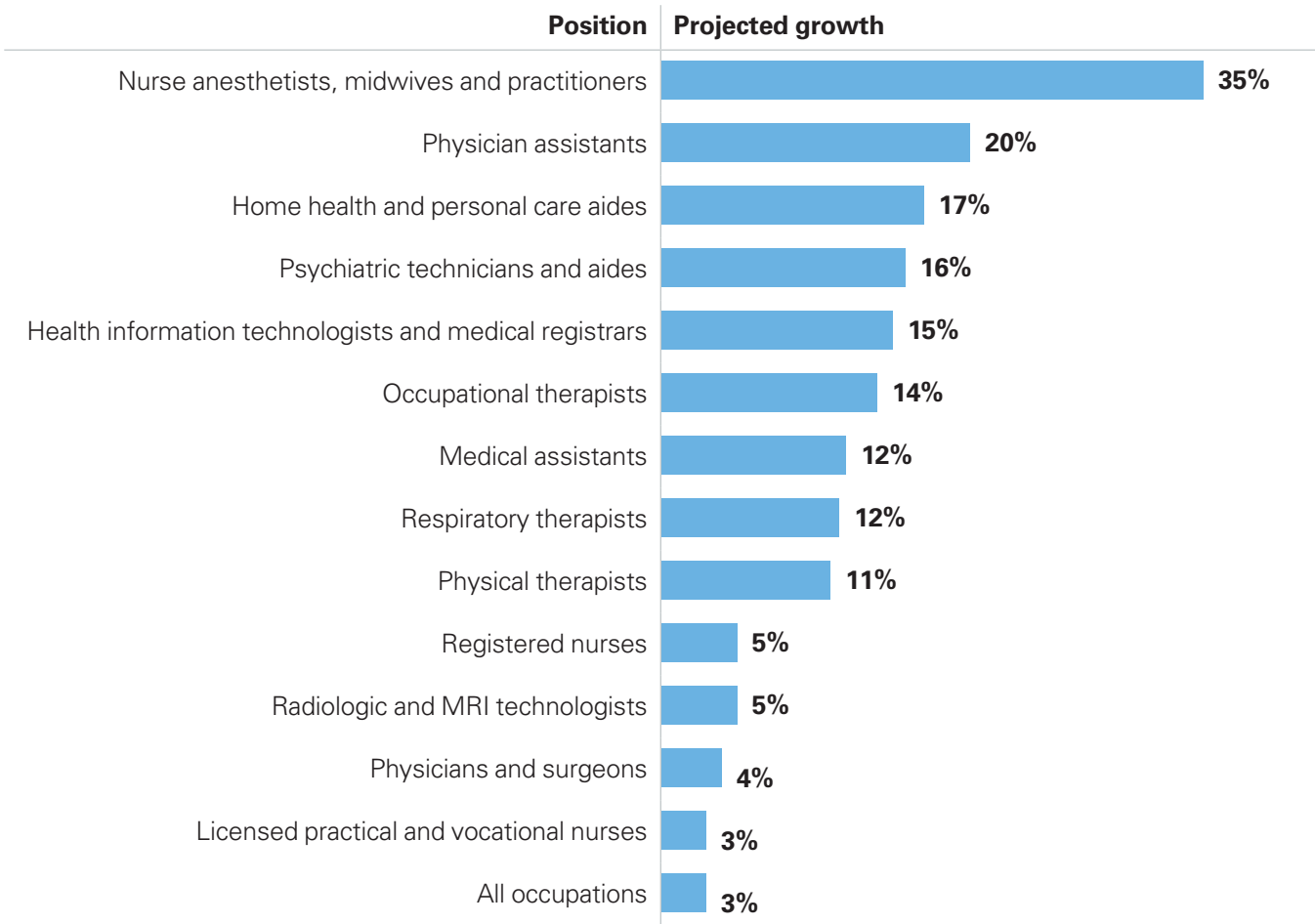---

AHA Resource

Learn about AHA **Team Training**, an evidence-based program that provides education and resources to both clinical and nonclinical health care professionals.

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The Future: Employment Growth and Technology Integration

HEALTH CARE EMPLOYMENT GROWTH: PROJECTION 2024-2034*

Position	Projected growth
Nurse anesthetists, midwives and practitioners	35%
Physician assistants	20%
Home health and personal care aides	17%
Psychiatric technicians and aides	16%
Health information technologists and medical registrars	15%
Occupational therapists	14%
Medical assistants	12%
Respiratory therapists	12%
Physical therapists	11%
Registered nurses	5%
Radiologic and MRI technologists	5%
Physicians and surgeons	4%
Licensed practical and vocational nurses	3%
All occupations	3%

- Health care and social assistance is projected to have the **largest job growth** and be the **fastest growing** industry sector (8.4%). Employment growth in this sector is expected to be driven primarily by both the aging population and the growing prevalence of chronic conditions, such as heart disease, cancer and diabetes.[†]

- Health care support occupations (**12.4%**) and health care practitioners and technical occupations (**7.2%**) are projected to be among the fastest growing occupational groups.[†]

*"Occupational Outlook Handbook," Bureau of Labor Statistics, Aug. 28, 2025, https://www.bls.gov/ooh/healthcare/home.htm
[†]"News Release: Employment Projections – 2024-2034," Bureau of Labor Statistics, Aug. 28, 2025

AHA Resource

The AHA **Health Care Workforce Scan** offers a comprehensive overview of the evolving health care workforce landscape, spotlighting key trends, challenges and innovations shaping the future of care delivery. It explores the impact of an aging population, financial pressures and workforce shortages, while showcasing how hospitals are leveraging technology — especially AI — to enhance care models, reduce burnout and improve retention. The report also highlights creative partnerships and training pipelines to build a more resilient workforce. For organizations seeking actionable insights and peer-driven solutions, this resource is an essential guide to navigating workforce transformation.

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PHYSICIANS' PERSPECTIVE

AI USE CASES FOR ADMINISTRATIVE BURDEN

68% of physicians say AI is an advantage in patient care.

57% of physicians believe the biggest area of opportunity for AI is addressing administrative burdens.

"AMA Augmented Intelligence Research: Physician sentiments around the use of AI in health care: motivations, opportunities, risks, and use cases," American Medical Association, February 2025

TOP 3 AI USE CASES THAT PHYSICIANS BELIEVE ARE MOST RELEVANT TO THEIR PRACTICE

1. Documentation of billing codes, medical charts or visit notes
2. Creation of discharge instructions, care plans and/or progress notes
3. Automation of insurance pre-authorization

HEALTH CARE PROFESSIONALS ARE LOSING TIME WITH PATIENTS

39% spend less time with patients and more time on administrative tasks compared to 5 years ago.

"Building trust in healthcare AI: United States report," The Future Health Index 2025 report commissioned by Philips, 2025

AI SCRIBES SHOW PROMISE IN REDUCING CLINICIAN BURNOUT

- Passive documentation of clinic visits using AI-drafted notes was linked to reduced burnout and improved well-being at two academic medical centers.

Henderson, Jennifer. "AI-Driven Scribes Tied to Reduced Clinician Burnout, Improved Well-Being," MedPage Today, Aug. 21, 2025

NURSES' PERSPECTIVE

TOP 3 AREAS OF NURSING THAT CAN BENEFIT FROM AI

1. Nursing education
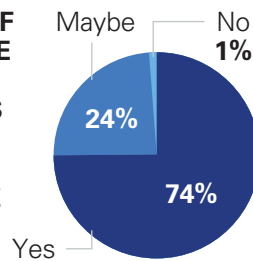2. Telehealth and remote monitoring
3. Administrative tasks

Top concern: Patient safety

"Nursing in Transition: Workplace Changes, Challenges and Solutions," AMN Healthcare, 2025

AHA Resource

View AHA **resources that showcase virtual nursing** case examples.
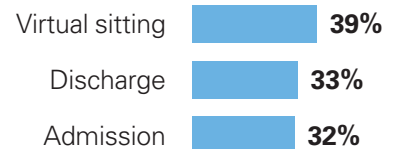
VIRTUAL NURSING

Virtual nurses, remote nurses who support bedside staff via audio-video technology, commonly take on admissions, discharges, patient education, safety monitoring, rounding/check-ins, triaging calls, documentation and mentoring tasks. By performing these activities remotely, they reduce bedside nurse workloads and enhance patient care.

MAJORITY OF LEADERS SEE VIRTUAL NURSING AS INTEGRAL TO FUTURE ACUTE CARE

Maybe — No **1%**
24%
74%
Yes

TOP CLINICAL VIRTUAL CARE INPATIENT USE CASES IMPLEMENTED

Virtual sitting	**39%**
Discharge	**33%**
Admission	**32%**

HOSPITAL LEADERS SEE VIRTUAL CARE IMPROVING KEY METRICS

|	
Patient safety	**58%**
Patient experience	**53%**
Workload burden for staff	**48%**
Patient outcomes	**48%**

"2024 Virtual Care Insight Survey Report: Inpatient virtual care adoption still emerging, pace expected to accelerate," AvaSure, Dec. 3, 2024

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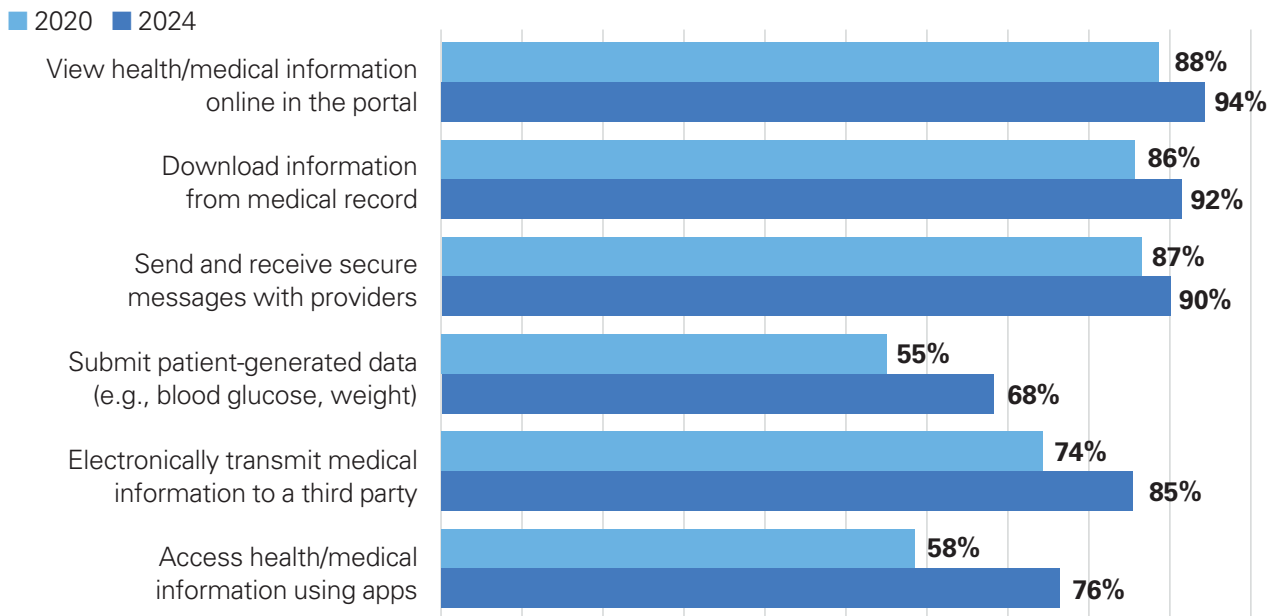
INNOVATION AND TECHNOLOGY

Hospitals and health systems are harnessing the power of innovation and technology to transform the way care is delivered — making it more accessible, personalized and effective for patients across the country. From the expansion of telehealth and remote patient monitoring to the use of electronic health records and AI-driven solutions, these advancements are enabling patients to engage more actively in their care, access services more conveniently and benefit from faster, more accurate clinical decision-making. The health care field is entering a new era — one in which technology is not just supporting health care but advancing care delivery in novel ways.

HOSPITALS INCREASING USE OF TECHNOLOGY FOR PATIENT CARE
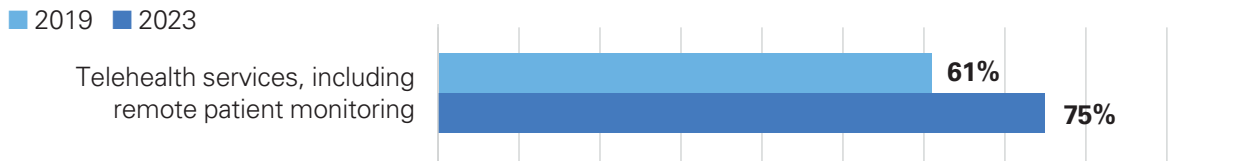
■ 2019 ■ 2023

Telehealth services, including remote patient monitoring
- 61%
- 75%

AHA Annual Survey Database, FY2019 and FY2023, American Hospital Association, ahadata.com, 2020 and 2024

TRENDS IN ELECTRONIC HEALTH RECORD PATIENT ENGAGEMENT

■ 2020 ■ 2024

View health/medical information online in the portal
- 88%
- 94%

Download information from medical record
- 86%
- 92%

Send and receive secure messages with providers
- 87%
- 90%

Submit patient-generated data (e.g., blood glucose, weight)
- 55%
- 68%

Electronically transmit medical information to a third party
- 74%
- 85%

Access health/medical information using apps
- 58%
- 76%

AHA IT Survey Database, FY2020 and FY2024, American Hospital Association, ahadata.com, 2020 and 2024

AHA Resource

Sign up for the **AHA Market Scan**, a weekly e-newsletter with insights and analysis on the field's latest developments in health care disruption, transformation and innovation.

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Artificial Intelligence (AI)

PRIMER: GENERATIVE AI (GEN AI) VS. AGENTIC AI

Generative AI acts as a digital creator, producing media content such as text essays, computer code, music compositions, image designs and more. Gen AI responds specifically to your instructions and requests and will not take action on its own.

Agentic AI performs tasks autonomously based on predefined rules or constraints. Rather than just generating content, this type of AI can make decisions, take actions, adapt to changes and coordinate multistep actions without ongoing prompts or input. This system acts more as a digital assistant than a creator.

"Generative AI vs. Agentic AI: What Is the Difference?" Coursera, July 16, 2025

Feature	Generative AI	Agentic AI
Autonomy	Low	High
User input needed	Direct prompts	Overarching goal
Case complexity	Single task	Multistep workflows
Primary use	Generate content	Meet user goal

DIGITAL CO-WORKERS ON THE ORG CHART

Some pioneering companies in various sectors are expressing their organizational charts not only in the number of full-time employees, but also in the number of AI agents being deployed in every part of the organization.

"The future of work is agentic," McKinsey & Company, June 3, 2025

AGENTIC AI IN HEALTH CARE

Examples include:

- Appointment scheduling
- Patient communications
- Post-discharge support for needs like medication reminders and chronic disease management
- Revenue cycle management

To ensure safety and compliance, most AI agents today operate within strict guardrails. These typically include predefined workflows, decision trees and "human-in-the-loop" mechanisms that constrain what the agent can do. These tools have the potential to offer 24/7, personalized and highly responsive support at scale. That could mean shorter wait times, quicker access and smoother journeys throughout a complex system. Additionally, they could allow clinicians to focus more on care and less on coordination.

Witowski, Nicole. "Agentic AI gets to work behind the desk in healthcare," Definitive Healthcare, May 23, 2025

LARGER ORGANIZATIONS IN ALL SECTORS ARE FOLLOWING MORE BEST PRACTICES FOR GEN AI DEPLOYMENT

■ Organizations with >$500M in annual revenue
■ Organizations with <$500M in annual revenue

Established a dedicated team to drive gen AI adoption: 52% / 23%

Have regular internal communications about the value created by gen AI solutions: 42% / 30%

Senior leaders are actively engaged in driving AI adoption, including role-modeling use: 37% / 34%

Established role-based capability training courses: 31% / 17%

- **63%** of health care, pharmaceutical and medical product companies are using gen AI in at least one business function.

- **52%** of respondents stated they will be reskilling 20% or more of their workforce over the next 3 years due to AI use.

"The state of AI: How organizations are rewiring to capture value," QuantumBlack, AI by McKinsey, March 5, 2025

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AI ADOPTION CURVE IN HEALTH CARE

AI solution area	Adoption curve
Diagnostic support	Piloting
Clinical workflow optimization	Piloting
Clinical documentation/scribes	Scaling and adapting
Revenue cycle management (RCM)	Scaling and adapting

"No let up in sight: 2026 medical cost trend set to grow at 8.5%. Is your playbook ready?"
©PwC, July 15, 2025

U.S. HEALTH CARE LEADERS CITE TOP FUNCTIONS WHERE AI IS CURRENTLY MOST EFFECTIVE IN THE WORKPLACE

- Transcribing business meeting notes
- Transcribing patient notes
- Reviewing and analyzing relevant medical literature and data
- Analyzing X-rays, CT scans and other images
- Creating routine patient communications

AI SKILLS GAP: MAJORITY OF HEALTH CARE EMPLOYEES LACK TRAINING OPPORTUNITIES

Not provided training: | Provided training:

| 59% | 24% | 17% |

Unsure if workplace provides training
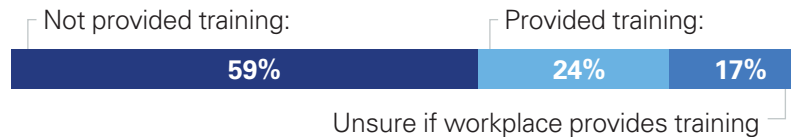
"AI Adoption in Healthcare Report 2024," The Healthcare Information and Management Systems Society in partnership with Medscape from WebMD, Dec. 6, 2024

AHA Resource

AHA Market Insights Report:
Building and Implementing an Artificial Intelligence Action Plan for Health Care

FOUR CRITICAL STEPS TO SCALE GEN AI

- Build a reinvention-ready digital core.
- Strengthen data quality and strategy.
- Prioritize responsible and secure AI deployment.
- Forge strategic partnerships to accelerate innovation.

Shah, M.D.,Tejash, Safavi, M.D., Kaveh and Owczarski, Daniel. "Gen AI amplified: Scaling productivity for healthcare providers," Accenture, March 10, 2025

THE PROMISE OF GEN AI AND THE HEALTH CARE WORKFORCE

- Emerging technologies such as gen AI can scale human capacity and give clinicians valuable time back for patient care.
- **40%** of the health care field's total working hours are devoted to language-based tasks that can be transformed by gen AI.
- **70%** of health care workers' tasks could be reinvented through technology augmentation or automation.

Shah, M.D., Tejash, Safavi, M.D., Kaveh and Owczarski, Daniel. "Gen AI amplified: Scaling productivity for healthcare providers," Accenture, March 10, 2025

BENEFITS OF INCORPORATING AI INTO REMOTE PATIENT MONITORING (RPM)

- **Simplified, personalized insights:** AI turns complex health data into clear, tailored information, helping patients better understand and manage their care. Easy-to-use interfaces can improve adoption.[*]
- **Enhanced clinician support:** RPM provides real-time data. AI analyzes these data immediately, enabling adaptive care paths beyond scheduled visits and prioritization of patients that need urgent attention.[*]
- **Early detection and intervention:** AI can detect subtle health changes or patterns early, enabling timely intervention and reducing hospitalizations, especially for chronic conditions.[*]
- **Therapeutic functions:** Some devices not only will monitor but also deliver treatments like pain relief or medication noninvasively.[†]

[*]Siwicki, Bill. "Can AI power progress with remote patient monitoring technology?" Healthcare IT News, Oct. 7, 2024

[†]Adeghe, Ehizogie Paul et al. "A review of wearable technology in healthcare: Monitoring patient health and enhancing outcomes," Open Access Research Journal of Multidisciplinary Studies, volume 7, number 1, pages 142-148, March 15, 2024, https://doi.org/10.53022/oarjms.2024.7.1.0019

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4 WAYS RPM IS RESHAPING BEHAVIORAL HEALTH

- Wearables to monitor sleep, heart rate variability and physical activity
- Mobile apps for mood tracking, journaling and self-reporting symptoms
- Passive sensing to detect behavioral change
- Geofencing and digital contingency management to prevent recurrent substance use

"4 RPM innovative practices for behavioral health patients," AHA Market Scan, Aug. 12, 2025

DIGITAL TWIN TECHNOLOGY IS EMERGING AS A TRANSFORMATIVE FORCE

Digital twin technology creates virtual replicas of patients or health care systems using real-time data, AI and advanced analytics.

- **For patients:** It enables personalized care by integrating data from EHRs, wearables and genomics to simulate health scenarios, predict disease progression and support proactive interventions.
- **For health care systems:** It optimizes operations by modeling workflows, resource allocation and clinical processes, while also enhancing training, simulation and decision-making for providers.

As adoption grows, digital twins are expected to improve diagnostic accuracy, reduce medical errors and support population health strategies.

Vallée, Alexandre. "Digital twin for healthcare systems," Frontiers in Digital Health, volume 5, Sept. 6, 2023, https://doi.org/10.3389/fdgth.2023.1253050

THE COST TO COMPUTE

By 2030, data centers are projected to require **$6.7 trillion** worldwide to keep pace with the demand for compute power. Data centers equipped to handle AI processing loads are projected to require **$5.2 trillion** in capital expenditures, while those powering traditional IT applications are projected to require **$1.5 trillion** in capital expenditures.[*]

Data centers currently account for **1%-2%** of global electricity demand. This could rise to **21%** by 2030 due to AI growth.[†]

[*]"The cost of compute: A $7 trillion race to scale data centers," McKinsey & Company, April 28, 2025

[†]Stackpole, Beth. "AI has high data center energy costs — but there are solutions," MIT Management Sloan School, Jan. 7, 2025

RPM AND THE FUTURE

RPM has the potential to lower costs by reducing in-person visits, improving outcomes and easing pressure on limited health care resources — especially the shortage of specialists amid an aging population and rising chronic conditions.

By 2027:
- Predictive capabilities are expected to become a standard feature of RPM platforms.
- Wearable technology will be incorporated into 60% of RPM programs.

"At the Tipping Point: Remote Patient Monitoring's Potential to Revolutionize Health Care Delivery," Center for Connected Medicine at University of Pittsburgh Medical Center, Jan. 6, 2025
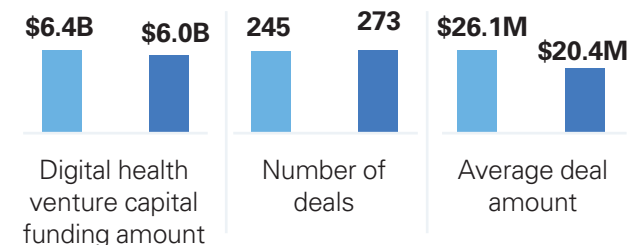
TESTING AI FOR MEDICAL CARE IN SPACE

Google and NASA collaborated on an innovative proof of concept for an automated clinical decision support system known as the Crew Medical Officer Digital Assistant. Designed to assist astronauts with medical help during extended space missions, this multimodal interface leverages AI. It holds potential for benefiting people on Earth by providing quality care in remote or resource-limited areas.

"How Google and NASA are testing AI for medical care in space," Google Cloud Blog, Aug. 7, 2025

DIGITAL HEALTH MARKET STARTS STRONG IN 2025

■ January-June 2025 ■ January-June 2024

	January-June 2025	January-June 2024
Digital health venture capital funding amount	$6.4B	$6.0B
Number of deals	245	273
Average deal amount	$26.1M	$20.4M

- AI-enabled startups captured **62%** of the venture capital dollars in 2025.

Note: AI-enabled digital health startups are those using artificial intelligence, machine learning and/or deep learning as a core part of their product or offerings.

Landi, Heather. "Healthcare AI rakes in nearly $4B in VC funding, buoying the digital health market in 2025," Fierce Healthcare, July 7, 2025

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U.S. DEMOGRAPHIC SHIFTS

As the demographic landscape of the United States continues to evolve, shifts in age distribution, life expectancy and generational composition are reshaping societal priorities. These changes are particularly evident in the health care field, in which each generation engages with medical services in distinct ways. Understanding how different age cohorts access, perceive and utilize health care is essential to anticipating future demands and crafting responsive policies.
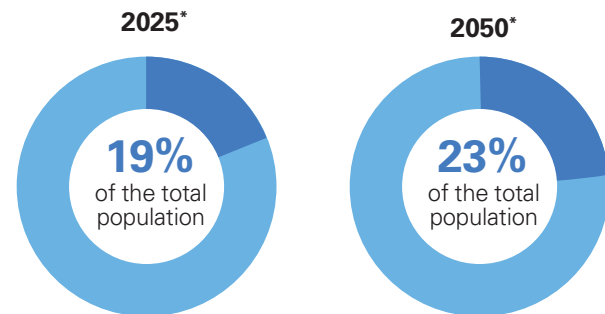
U.S. Population

OLDER AMERICANS ARE THE FASTEST-GROWING AGE GROUP (IN MILLIONS)

	2023	2024	% change
Adults 65 and older	59.4M	61.2M	+3.1%
Adults 18-64	204.3M	204.6M	+0.15%
Children younger than 18	73.2M	73.1M	-0.2%

	% change, 2020-2024
Adults 65 and older	+13.0%
Adults 18-64	+1.4%
Children younger than 18	-1.7%

"Older Adults Outnumber Children in 11 States and Nearly Half of U.S. Counties," United States Census Bureau, June 26, 2025

PROJECTION: ADULTS 65 AND OLDER

2025*
19%
of the total population

2050*
23%
of the total population

- All baby boomers will be older than 65 by 2030.[†]

*"2023 National Population Projections Tables: Main Series," U.S. Census Bureau, https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html, accessed July 26, 2025

[†]"2023 Profile of Older Americans," The Administration for Community Living, Department of Health and Human Services, May 2024

PROJECTION: U.S. POPULATION

2025: 350M
2055: 372M

- The population will **grow at an average rate of 0.2% per year**. That rate is less than one-quarter of the average growth rate seen from 1975 to 2024 (0.9% per year).

- The annual number of births is projected to exceed the annual number of deaths through 2032.

- Beginning in 2033, annual deaths are projected to exceed annual births. Without immigration, the population would shrink at this time.

"The Demographic Outlook: 2025 to 2055," Congressional Budget Office, Jan. 13, 2025

LIFE EXPECTANCY IN THE U.S. IMPROVES

2020	2021	2022	2023
77.0	76.4	77.5	78.4
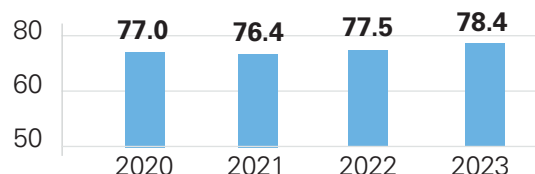
- U.S. life expectancy is **4.1 years below** the average of 82.5 in peer nations.

Note: Peer nation average includes countries of similar size and wealth, including Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland and the U.K.

Rakshit, Shameek, et al. "How does U.S. life expectancy compare to other countries?" Peterson-KFF Health System Tracker, Jan. 31, 2025

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U.S. DEMOGRAPHIC SHIFTS

MATERNAL MORTALITY RATE DECREASES

Deaths per 100,000 live births

22.3 (2022) **18.6** (2023)
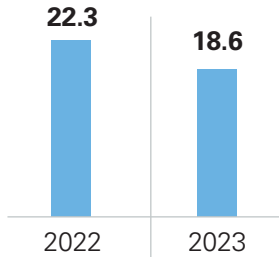
16% decrease

Hoyert, Donna. "Health E-State 100: Maternal Mortality Rates in the United States, 2023," CDC National Center for Health Statistics, February 2025

AHA Resource

- More than 35% of counties in the U.S. are maternity care deserts and are home to more than 2.3 million women of reproductive age.[*] Less than half (42%) of rural hospitals still offer labor and delivery services.[†] Hospitals play a key role in improving maternal and infant outcomes. Explore the AHA **Better Health for Mothers and Babies Initiative** for case studies, actionable tools and resources.

- Postpartum hemorrhage (PPH) is one of the most common and serious complications of childbirth. Occurring in approximately 3% to 5% of all deliveries, PPH accounts for 11.2% of maternal deaths in the U.S. and is the leading cause of severe maternal morbidity. The AHA and Epic are partnering to raise awareness of EHR-based tools that assist in the detection and treatment of PPH — regardless of the software platform. **Learn more about the AHA's partnership with Epic to reduce postpartum hemorrhage, and sign up to receive notifications about events, tools and resources**.

[*]"Nowhere to Go: Maternity Care Deserts Across the US: 2024 Report," March of Dimes, Sept. 10, 2024
[†]"Stopping the loss of rural maternal care," Center for Healthcare Quality & Payment Reform, August 2025

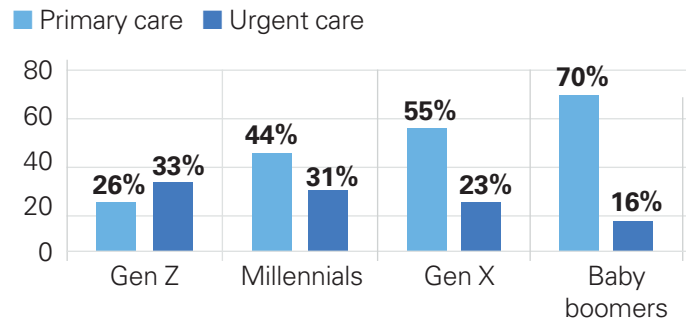## Consumer Engagement with Health Care

GENERATIONAL SHIFTS IN HEALTH CARE EXPECTATIONS

The Silent Generation and baby boomers primarily think of health care when they're sick, while younger health care consumers seek holistic care that prioritizes a partnership in wellness and prevention. In addition, loyalty appears to begin to fade with Gen X patients, as convenience and ease emerge as primary expectations. Reliability, competence and respect are the top three drivers of trust and younger generations lean further into respect as the top driver, while older generations focus on reliability.

Baron J, England W, Gorley T, Donohue R, Fryda S. "Next-generation Human Understanding: A playbook for healthcare experience management," NRC Health, 2024, https://nrchealth.com/resources, accessed Aug. 10, 2025

URGENT CARE A KEY ENTRY POINT FOR GEN Z

Primary and urgent care utilization by age group, 2023

■ Primary care ■ Urgent care

	Primary care	Urgent care
Gen Z	26%	33%
Millennials	44%	31%
Gen X	55%	23%
Baby boomers	70%	16%

"The top 10 trends impacting health systems in 2025," Advisory Board, Dec.11, 2024
Note: Urgent care plays a growing role in health system referrals. Learn more.
"By the numbers: Urgent care is a referrals winner for health systems," Advisory Board, July 3, 2024

THE FUTURE OF PRIMARY CARE

- Nontraditional care providers — retailers, payers, advanced primary care providers and others — are expected to capture **30% of the primary care market** by 2030.

- **Less than one-third of consumers** report they are likely to visit a retail store or pharmacy for primary care indications beyond vaccinations and common cold symptoms. To establish themselves as credible primary care providers, retailers will need to offer comprehensive services — from diagnosis and treatment to ongoing management of chronic conditions.

Morrissette, M.D., Erin et al. "The Future of Primary Care: Traditional and Nontraditional Models Continue to Evolve," Bain & Company, Dec. 4, 2024

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DIGITAL HEALTH USE BY GENERATION*

	Survey average	Gen Z	Millennials	Gen X	Baby boomers	Silent Generation
Used virtual care in the past 12 months	58%	60%	68%	54%	48%	41%
Track 1+ health metric digitally	54%	64%	65%	50%	39%	35%
Own wearable or connected device	53%	60%	66%	50%	36%	32%
Willing to share data with a provider	66%	42%	50%	71%	83%	90%
Completely trust health information shared by provider	53%	46%	44%	52%	63%	76%

- **Less than half** of baby boomers and the Silent Generation use mobile devices to access health care information, while **72%** of millennials do.[†]

- **1 in 5** consumers are ready to use gen AI as a doctor's assistant.[‡]

- **80% of 18- to 34-year-olds** are willing to use gen AI for routine health care activities.[‡]

- Patients younger than 45 are twice as likely to be optimistic that AI can improve health care (**66%**) than those 45 and older (**33%**).[§]

*Knowles, Madelyn et al. "Screenagers to Silver Surfers: How each generation clicks with care:" Rock Health, March 17, 2025

†Baron J, England W, Gorley T, Donohue R, Fryda S. "Next-generation Human Understanding: A playbook for healthcare experience management," NRC Health, 2024 https://nrchealth.com/resources, accessed Aug. 10, 2025

‡"2024 US Healthcare Consumer Insights and Engagement Survey," ©PwC, Oct. 17, 2024

§"Building trust in healthcare AI: United States report," The Future Health Index 2025 report commissioned by Philips, 2025

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AMERICA'S HEALTH CHECK-UP

Understanding the current status of chronic disease in the United States is essential to shaping a healthier future for all Americans. The AHA recognizes that chronic conditions such as heart disease, diabetes, obesity and mental health disorders not only place a significant burden on individuals and families but also strain our health care system and economy.

Hospitals play a vital role in this effort — not only as providers of care but also as trusted sources of health education. Across the country, hospitals are working to promote healthier lifestyles, support behavior change and address the social determinants of health that contribute to physical and mental health. By examining the prevalence, trends and risk factors associated with these conditions, we can better inform public health strategies, empower communities and strengthen the capacity of hospitals and health systems to deliver preventive care that improves the well-being of our nation.
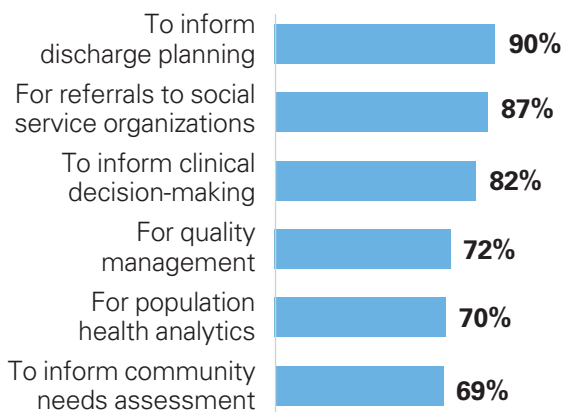
Hospital Spotlight: Bridging Clinical Care and Community Health

As cornerstones of their communities, hospitals and health systems play a role in addressing societal factors that influence the health of the patients and communities they serve. Focusing on these factors benefits patient care and serves as an avenue to improve quality and outcomes, reduce costs and build community engagement and trust.
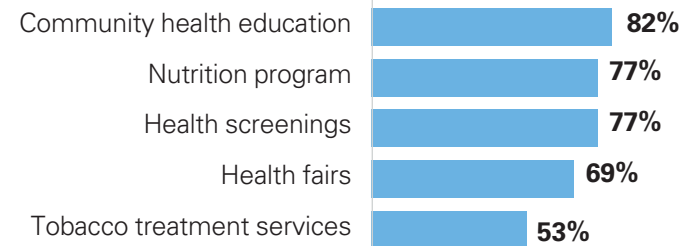
MAJORITY OF HOSPITALS COLLECT SOCIAL NEEDS DATA

95% of hospitals collect data on patients' health-related social needs.
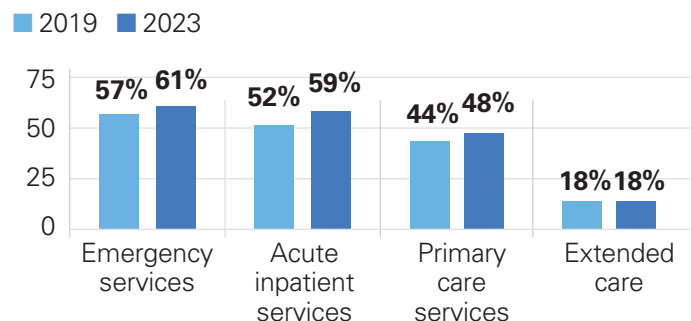
WAYS THAT HOSPITALS USE SOCIAL NEEDS DATA

To inform discharge planning	**90%**
For referrals to social service organizations	**87%**
To inform clinical decision-making	**82%**
For quality management	**72%**
For population health analytics	**70%**
To inform community needs assessment	**69%**

AHA Annual Survey Database, FY2023, American Hospital Association, ahadata.com, 2024

COMMUNITY HOSPITALS PROVIDE KEY PREVENTIVE SERVICES

Community health education	**82%**
Nutrition program	**77%**
Health screenings	**77%**
Health fairs	**69%**
Tobacco treatment services	**53%**

"AHA Hospital Statistics," 2025 ed.

HOSPITALS REPORTING INTEGRATION OF ROUTINE BEHAVIORAL HEALTH SERVICES

■ 2019 ■ 2023

	2019	2023
Emergency services	57%	61%
Acute inpatient services	52%	59%
Primary care services	44%	48%
Extended care	18%	18%

- More than **1 in 3** hospitals (**37.9%**) had a partnership with a community mental health center or a certified community behavioral health center in 2023.

AHA Annual Survey Database, FY2019 and FY2023, American Hospital Association, ahadata.com, 2020 and 2024
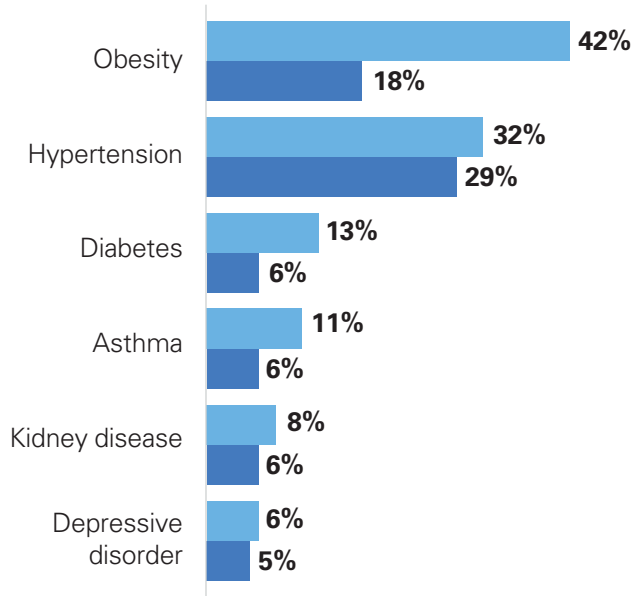
AHA Resource

Explore AHA **population health resources**.

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Chronic Conditions and Health Challenges

U.S. EXPERIENCES HIGHER RATES OF CHRONIC DISEASE THAN COMPARABLE COUNTRIES

■ Age-standardized share of the U.S. population, %
■ Comparable country average, %

Obesity — 42% / 18%
Hypertension — 32% / 29%
Diabetes — 13% / 6%
Asthma — 11% / 6%
Kidney disease — 8% / 6%
Depressive disorder — 6% / 5%

- Cancer rates in the U.S. are **15% higher** than the average rate in peer nations.

- Reasons for the above-average burden of chronic disease in the U.S. are complex and could include lack of universal health coverage in the U.S., higher poverty and differences in diet and exercise.

Note: Comparable country average includes countries of similar size and wealth, including Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland and the U.K.

Telesford, Imani et al. "How has the burden of chronic diseases in the U.S. and peer nations changed over time?" Peterson-KFF Health System Tracker, April 16, 2025

U.S. CANCER RATE TRENDS

- From 2018 to 2022, cancer death rates **decreased** an average of **1.7% per year for men** and **1.3% per year for women**.

- Overall cancer mortality **declined for more than 20 years**.

- Rates of new cases and deaths for tobacco-related cancers have been decreasing, but rates for cancers associated with excess body weight have been increasing.

"Annual Report to the Nation on the Status of Cancer," National Cancer Institute's Surveillance, Epidemiology and End Results Program, https://seer.cancer.gov/report_to_nation, accessed July 27, 2025

LEADING CAUSES OF DEATH IN THE U.S. (2023)

Disease	No. of deaths
Heart disease	680,981
Cancer	613,352
Accidents (unintentional injuries)	222,698
Stroke	162,639
Chronic lower respiratory diseases	145,357

"Leading Causes of Death," CDC National Center for Health Statistics, https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm, accessed July 28, 2025

ALZHEIMER'S DISEASE OVERVIEW

- More than **7 million** Americans are living with Alzheimer's. By 2050, this number is projected to rise to nearly **13 million**.

- **1 in 9** people 65 and older has Alzheimer's.

- Health and long-term care costs for people living with dementia are projected to reach **$384 billion** in 2025 and nearly **$1 trillion** in 2050.

"Alzheimer's Disease Facts and Figures," Alzheimer's Association, https://www.alz.org/alzheimers-dementia/facts-figures, accessed July 23, 2025

ALARMING DEMENTIA RISK ESTIMATE

The risk of developing dementia at any time after age 55 among Americans is 42%. This new finding is more than double the risk reported by older studies.

Year	No. of new dementia cases annually
2020	514,000
2060	1M

"United States Dementia Cases Estimated to Double by 2060," NYU Langone Health NewsHub, Jan. 13, 2025

AHA Resource — **Age-Friendly Health Systems:** Becoming an age-friendly health system entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms" to all older adults in your system: What Matters, Medication, Mentation and Mobility. This initiative is supported by The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the AHA and the Catholic Health Association of the United States.

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AMERICA'S HEALTH CHECK-UP

MENTAL HEALTH IN THE U.S. (2024)

- **23.4%** of adults had a mental illness in the past year, a similar percentage as that of previous years.
- Among adults with any mental illness, **52.1%** received mental health treatment in the past year.
- **18.8%** of adolescents 12-17 years old had moderate or severe symptoms of generalized anxiety disorder.
- **15.4%** of adolescents experienced a major depressive episode, dropping from 20.8% in 2021.

"SAMHSA Releases Annual National Survey on Drug Use and Health," Substance Abuse and Mental Health Services Administration," July 28, 2025

BEHAVIORAL HEALTH AND OLDER ADULTS

In the past year (2024):

1 IN 8
older adults had a mental illness.

1 IN 11
had a substance use disorder diagnosis.

"Older Americans Month: Highlighting Challenges and Opportunities," American Psychiatric Association, May 9, 2024
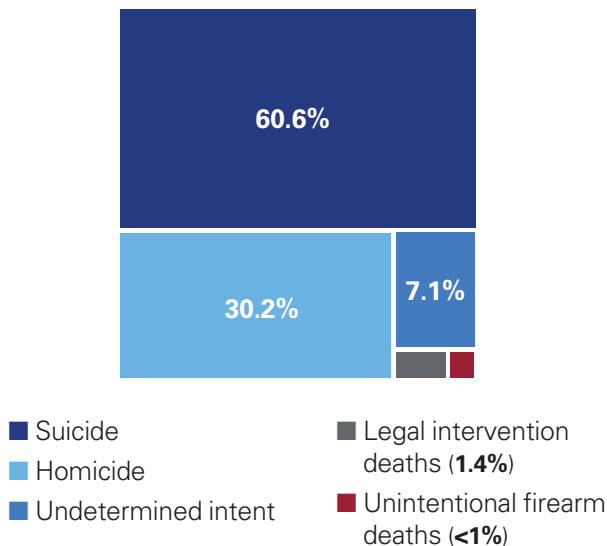

AHA Resource

Explore AHA **behavioral health resources**, including focused advocacy materials, opportunities for collaboration and useful tools to support affordable, integrated and high-quality behavioral health care for patients and communities.

SUICIDE DRIVES U.S. VIOLENT DEATH TOLL (2022)

- 74,148 violent deaths occurred in 2022.

- 60.6%
- 30.2%
- 7.1%

■ Suicide
■ Homicide
■ Undetermined intent
■ Legal intervention deaths (**1.4%**)
■ Unintentional firearm deaths (**<1%**)

Note: Legal intervention deaths are deaths caused by law enforcement and other persons with legal authority to use deadly force acting in the line of duty.

Forsberg, Kaitlin et al. "Surveillance for Violent Deaths — National Violent Death Reporting System, 50 States, the District of Columbia, and Puerto Rico, 2022," CDC Morbidity and Mortality Weekly Report (MMWR), June 12, 2025; 74(5);1-42, http://dx.doi.org/10.15585/mmwr.ss7405a1

SUICIDE ACROSS THE LIFESPAN

- Youth and young adults 10-24 years old make up **15% of all suicides**. Suicide is the second leading cause of death for this age group.[*]
- Adults 35-64 years old account for **47% of all suicides**. For this age group, suicide is the eighth leading cause of death.[*]
- Adults 75 and older have one of the highest suicide rates (**20.3 per 100,000**).[*]
- Veterans account for **14%** of adult suicides nationwide. Suicide ranks as the 13th leading cause of death among veterans overall, and the second leading cause among veterans younger than 45. Veterans have an age-adjusted suicide rate that is **57.3%** greater than the non-veteran U.S. adult population.[*]
- Among postpartum individuals, suicide is the leading cause of maternal death between six weeks and 12 months after birth, accounting for **39%** of deaths during that period.[†]

[*]"Health Disparities in Suicide," CDC Suicide Prevention, https://www.cdc.gov/suicide/disparities/index.html, May 16, 2024

[†]Tubb, Amy. "Suicide still a leading cause of maternal death," Maternal Mental Health Alliance, Oct. 12, 2023

AHA Resource

Explore **resources** that help people learn about suicide prevention and support those at risk.

The CDC reports that health care workers face an elevated suicide risk due to factors like long hours, irregular shifts, emotionally challenging patient interactions, disease exposure, workplace violence and access to lethal means. The AHA has developed a **guide** that provides interventions to help reduce suicide risk.

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AMERICA'S HEALTH CHECK-UP

TRENDS IN OPIOID USE

2M Estimated opioid-involved ED visits occurred between 2022 and 2024.

% OF OPIOID-INVOLVED ED VISITS, 2022-2024

Prescription opioids	**34%**
Heroin	**27%**
Fentanyl	**26%**
Unspecified opioids	**20%**
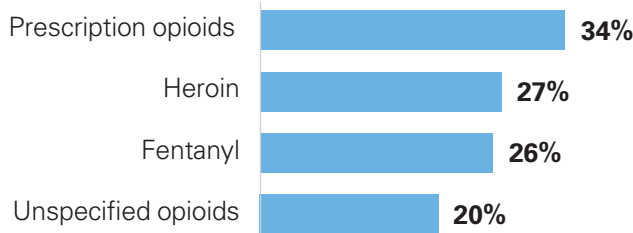
Das, Suparna et al. "Trends in Opioid-Involved Emergency Department Visits: Overall and by Type of Opioid, 2021-2024," Drug Abuse Warning Network, Substance Abuse and Mental Health Services Administration, 2025

OPIOID USE DISORDER DIAGNOSES RISE

Diagnoses of opioid use disorders (OUDs) have **climbed 40%** in commercially insured patients since 2021. Patients between 31 and 40 years old had the highest percentage of diagnoses, accounting for **26.8%** of OUDs.

Hollowell, Ashleigh. "FAIR Health Finds OUDs Up 40% Among Commercially Insured," Behavioral Health Business, Oct. 7, 2025

### OPIOID TREATMENT DRUG SAVES LIVES — LESS THAN HALF STAY ON TREATMENT

Buprenorphine — the most common medication used to treat opioid use disorder — can decrease both illicit opioid use and overdose deaths. People who continue treatment with buprenorphine have improved outcomes.

- **40%** of Medicare enrollees who started treatment with buprenorphine continued; fewer enrollees who continued treatment died compared with those who did not continue treatment.

"Not All Medicare Enrollees Are Continuing Treatment for Opioid Use Disorder," Office of Inspector General, Feb. 18, 2025

U.S. SEES A DECLINE IN OPIOID DEATHS[*]

Estimated deaths

27% decrease

2023	110,037
2024	80,391
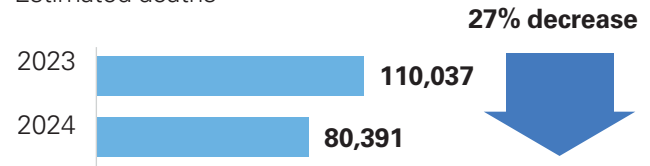
- Overdose remains the **leading cause of death** for Americans 18 to 44 years.[†]
- **$695,000:** Cost per opioid-use disorder case[‡]
- **Nearly $1 trillion:** Annual cost to the government, businesses and society[‡]

[*] "U.S. Overdose Deaths Decrease Almost 27% in 2024," CDC National Center for Health Statistics, May 14, 2025

[†] "CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths," CDC, Feb. 25, 2025

[‡] "The cost of addiction: Opioid use disorder in the United States," Avalere Health, May 2025

AI OPIOID SCREENING TOOL

An artificial intelligence (AI)-driven screening tool, developed by a National Institutes of Health-funded research team, successfully identified hospitalized adults at risk for opioid-use disorder and recommended referral to inpatient addiction specialists.

Compared with patients who received provider-initiated consultations, patients with AI screening had **47% lower odds** of being readmitted to the hospital within 30 days after their initial discharge. This reduction in readmissions translated to a total of nearly **$109,000** in estimated health care savings during the study period.

"AI screening for opioid use disorder associated with fewer hospital readmissions," National Institutes of Health, April 3, 2025


AHA Resource Read the AHA's report **Bridge to Care: Advancing Linkage to and Retention in Care Across Health Care Settings for Patients with Opioid and/or Stimulant Use Disorder**.

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Health Behaviors

FOOD INSECURITY ON THE RISE

Percent of US. households experienced food insecurity at some point during the year

Year	Percent
2021	10.2%
2022	12.5%
2023	13.5%
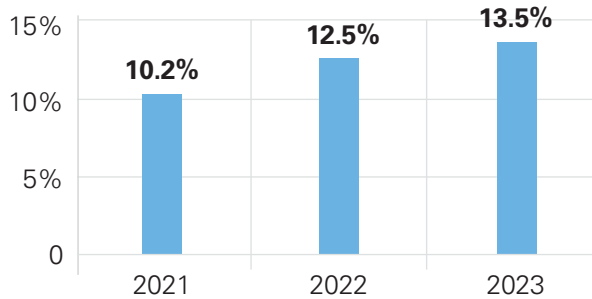
Rabbitt, Matthew P. et al. "Household Food Security in the United States in 2023," USDA Economic Research Service, Sept. 4, 2024

FOOD DESERTS PERSIST

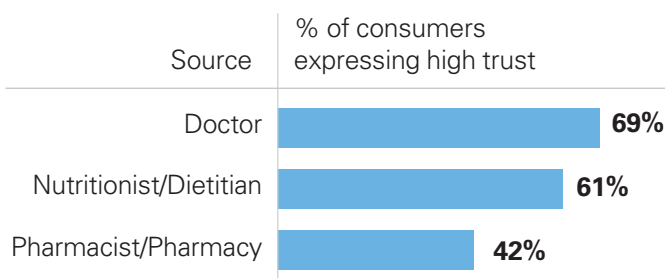**24 MILLION** Americans live in a food desert, 6.1% of the population

Note: Food deserts are defined as a low-income census tract where a substantial number or share of residents have low access to a supermarket or large grocery store.

"Food Access Research Atlas — Documentation," Department of Agriculture Economic Research Service, Jan. 5, 2025

MOST CONSUMERS ARE INTERESTED IN MANAGING THEIR HEALTH THROUGH FOOD

76% of Americans would prefer to use food over prescription medications to support their health.

DOCTORS ARE THE MOST TRUSTED SOURCE TO INFLUENCE CONSUMERS' FOOD CHOICES

Source	% of consumers expressing high trust
Doctor	69%
Nutritionist/Dietitian	61%
Pharmacist/Pharmacy	42%

Riess, Ryder et al. "Consumers want to eat their way to better health. How can health and business leaders help?" Deloitte Center for Health Solutions, July 14, 2025

AMERICANS PAY PRICE FOR POOR NUTRITION

- Most Americans have a **failing score** when it comes to consuming a healthy diet. Across the population ages 2 years and older, the average Healthy Eating Index score — a measure of diet quality — is 58 out of 100.

- **Poor nutrition** is the leading driver of death and disability in the U.S., including from heart disease, stroke, type 2 diabetes, obesity, hypertension and some cancers.

- The economic costs of suboptimal diets due to health care spending and lost productivity are estimated at **$1.1 trillion each year**.

Deuman, K.A. et al. "True Cost of Food: Food is Medicine Case Study," Food is Medicine Institute, Friedman School of Nutrition Science and Policy, Tufts University 2023, TuftsFoodisMedicine.org.

STUDY SHOWS IMPACT OF MEDICALLY TAILORED MEALS (MTMs)

MTMs are prepared, home-delivered meals, typically provided to people with complex health conditions and high acuity of care based on a referral from a medical professional or health plan. MTM programs typically provide 10 weekly meals for an average of eight months annually.

MTMs are associated with:

- **47%** reduction in annual hospitalizations among eligible patients.

- **$23.7 billion** in annual net savings.

Deng, Shuyue et al. "Estimated Impact Of Medically Tailored Meals On Health Care Use And Expenditures In 50 US States," Health Affairs, volume 44, number 4, April 2025, https://doi.org/10.1377/hlthaff.2024.01307
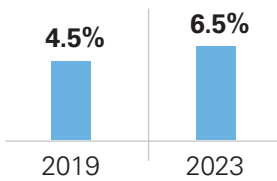
AHA Resource

The **Healthier Together Conference** is geared for leaders who work and partner to improve health and reduce disparities in health outcomes. **May 12-14, 2026, Dallas**

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ELECTRONIC CIGARETTE USE ON THE RISE

% of U.S. adults

4.5% **6.5%**

2019   2023

- In 2023, young adults 21-24 years old were most likely to use electronic cigarettes (**15.5%**).

- Usage was **higher** among men compared with women in both years.

- Data from the 2024 National Youth Tobacco Survey showed that **5.9%** of middle and high school students used electronic cigarettes in the past 30 days.

- Electronic cigarettes typically contain nicotine, which is addictive and can harm brain development through about age 25.

Vahratian, Anjel et al. "Electronic Cigarette Use Among Adults in the United States, 2019-2023," CDC National Center for Health Statistics, Data brief no. 524, January 2025

AHA Resource

Coalition for Trust in Health & Science: This coalition includes 50 national organizations, including the AHA and the American Organization for Nursing Leadership, and seeks to combat misinformation and help Americans make science-based health decisions for themselves, their families and communities.

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