Life expectancy is a key indicator of health and equality. It rose considerably over the last century but faces new challenges. While the Covid-19 pandemic clearly influenced it, U.S. life expectancy had already stalled over the previous decade. Additionally, even though Utah has historically had a higher life expectancy than the nation, that advantage is disappearing. Female life expectancy is nearly identical for Utah and the U.S.

Life expectancy is the average number of years a person would live if the population death rates remained unchanged throughout their life. Life expectancy in the developed world rose quickly during the 20th century but has recently decelerated for both Utah and the nation. The following charts visualize patterns for the U.S. and Utah during 1959-2019. The data come from the United States Mortality DataBase, a fairly new and very reliable data source.

A few things jump out in these figures:

- Life expectancy is higher for females compared to males. With few exceptions, this is true throughout the world and likely has biological roots.
- Life expectancy has risen considerably for all groups since 1970.
- Recently, life expectancy has stalled. The pattern is visually noticeable in the past decade and also during the 1990s for Utah women.
- For women, the gap between Utah and the U.S. is clearly shrinking.

For comparison, United Nations data show other countries with greater life expectancies. Among high-income countries, the 2019 average life expectancy was 83.7 for females and 78.4 for males. The United States Mortality DataBase statistics in our figures show female and male life expectancies at 81.7 and 76.6 in the U.S., and 81.9 and 78.3 in Utah. This places Utah men at about the average for high-income countries, but Utah women 2 years below. At the higher end of the spectrum, Japan had female and male life expectancies of 87.7 and 81.5 years—about 6 and 3 years above Utah.

These statistics illustrate that Utah and the U.S. still have considerable room to increase their life expectancies; we are not approaching a biological limit, if one even exists. So, why are life expectancies stalling? There is no final consensus on the reasons, with some potential explanations including overt and institutional discrimination; excessive work culture; inaccessible healthcare; poor exercise and diet; and deaths of despair such as suicide and overdoses.

Why are these stalls especially prevalent among Utah women? Future research should address this question using additional data and rigorous statistical tests.

Rising life expectancy is clearly a desirable goal. The recent stalls are disheartening. However, Utah has a history of solving difficult problems. We could lead the way in helping life expectancy rise again by leveraging expert knowledge and working in innovative ways across public and private domains.