

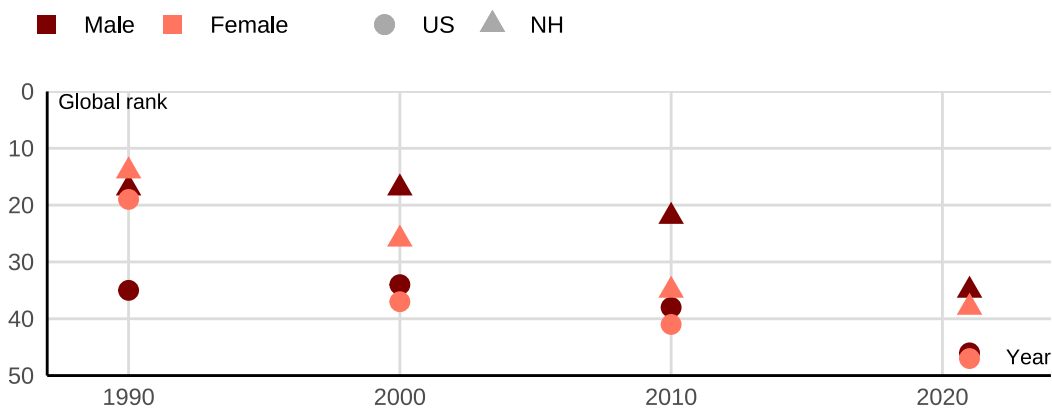
The State of Health in New Hampshire

IHME measures the US's health problems, including in all 50 states, Washington, D.C., and US territories from 1990 through 2021. It is the most comprehensive and comparable research on US health to date, tracking 400+ diseases, injuries, and risk factors. IHME also examines disparities by race and ethnicity and sex and published findings on health in 3,110 US counties. This work is made possible through funding from the National Institute on Minority Health and Health Disparities (NIMHD).

NH is falling behind in life expectancy globally

Between 1990 and 2021, the life expectancy ranking of NH dropped relative to other countries, mirroring trends in the US overall.

NH's global ranking in life expectancy compared to US average, 1990–2021



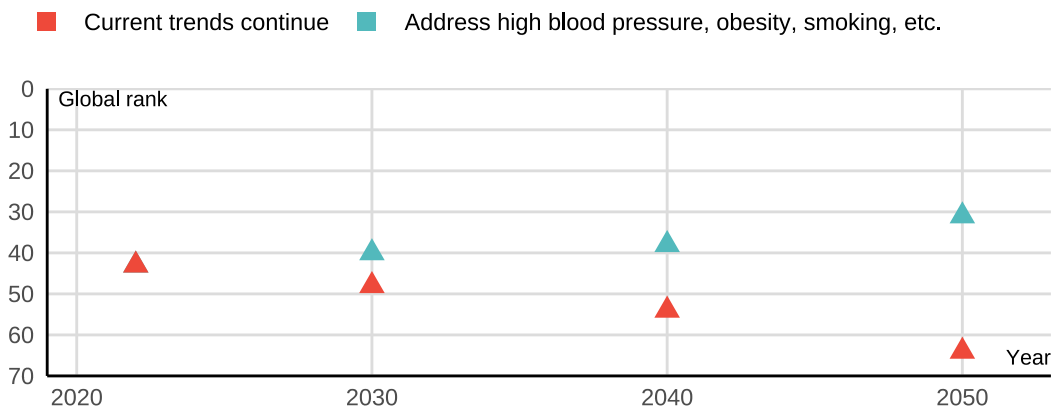
In NH, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **San Marino, Australia, and Malta** had a higher life expectancy than NH.

Tackling high blood pressure and obesity could improve NH's life expectancy ranking

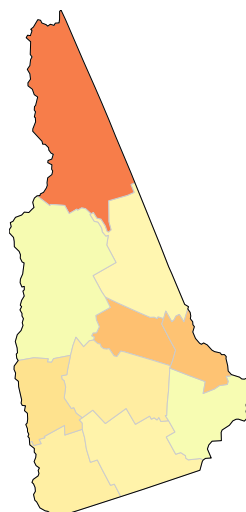
If NH intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 31st by 2050.

NH's global ranking in life expectancy, 2022–2050, two scenarios



The scenario “address high blood pressure, obesity, smoking, etc.” is based on NH eliminating exposure to high body mass index, high blood sugar, high blood pressure, high LDL cholesterol, poor diet, and smoking by 2050. This graphic assumes that every other location globally would continue on their current trajectory without addressing these issues.

There are noticeable differences in life expectancy among NH counties.



New Hampshire, life expectancy (years), 2019
 75 80 85

Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NH.¹

Main risk factors: Overweight and obesity is the top risk factor for poor health and early death in NH.⁴

Leading causes 2021 ranking

Leading risk factors 2021 ranking

1	Ischemic heart disease
2	COVID-19
3	Drug use disorders
4	Diabetes
5	Low back pain
6	Other musculoskeletal disorders ²
7	COPD ³
8	Alzheimer's disease
9	Depressive disorders
10	Lung cancer

1	Overweight and obesity ⁵
2	High blood sugar
3	Smoking
4	Drug use
5	High blood pressure

¹Based on disability-adjusted life years per 100,000 people, all ages, all sexes combined, Level 3 of the Global Burden of Disease (GBD) hierarchy.

²Includes disorders such as neck pain and arthritis.

³Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

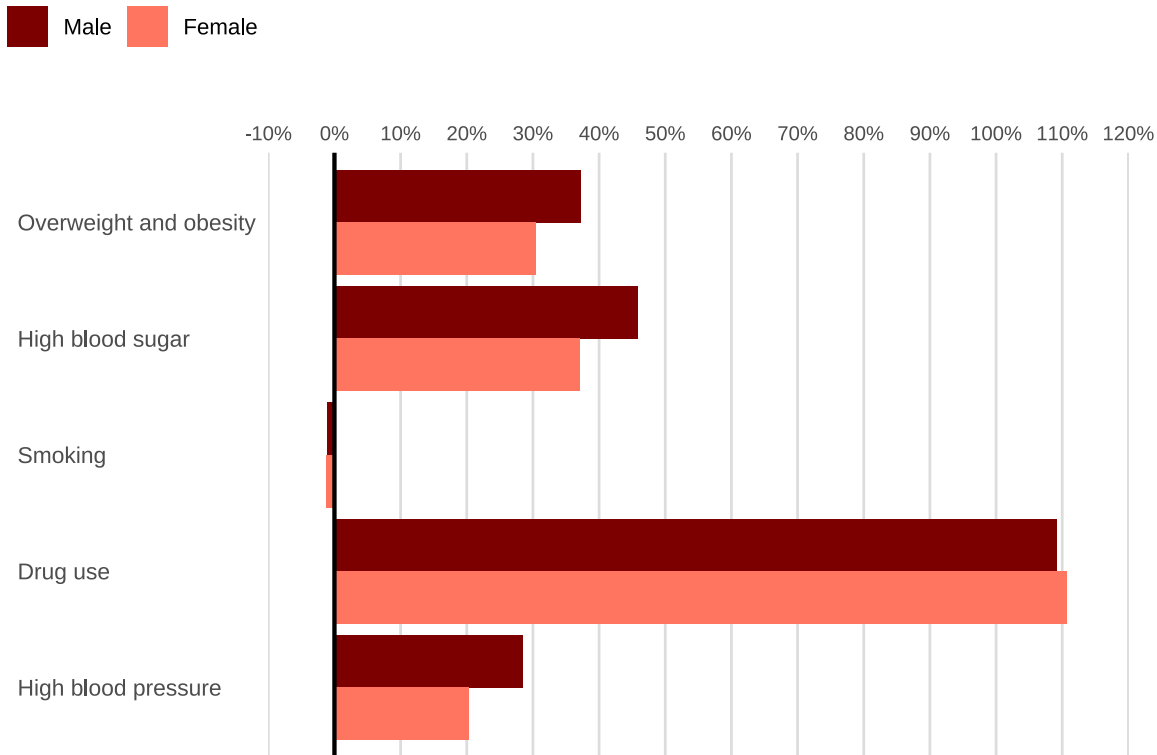
⁴Based on risk-attributable disability-adjusted life years in 2021 for all ages and all sexes combined, Level 3 of the GBD hierarchy.

⁵Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

Most of the major risk factors are increasing in NH⁶

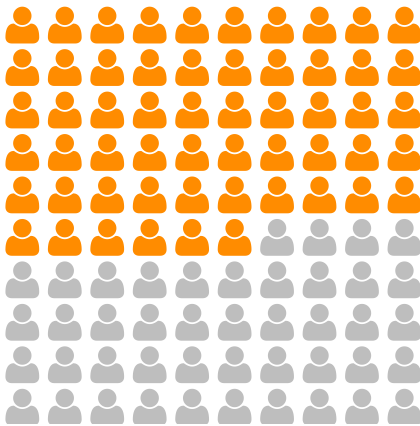
Among the five leading risk factors, the burden of disease from drug use is growing the fastest. Causes are ordered based on ranking for all sexes combined in 2021.

Shifts in disease burden from leading risk factors, 2010–2021, NH

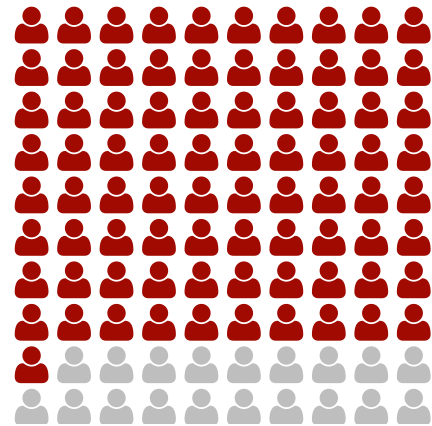


⁶Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes combined. Risk factors are ordered based on ranking for risk-attributable disability-adjusted life years in 2021 for all sexes combined, level 3.

Overweight and obesity is a rising threat to health in NH, especially for youth.



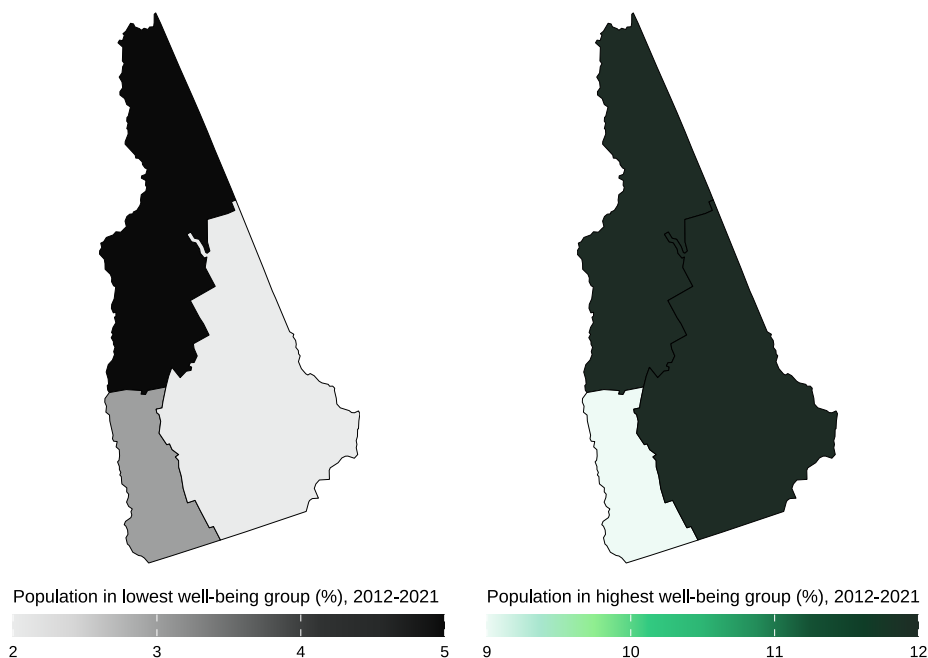
By 2050, IHME projects that **56%** of young people ages 15 to 24 will be overweight or obese in New Hampshire.



For adults, IHME projects that **81%** will be living with overweight and obesity by 2050 in New Hampshire.

Well-being in NH

IHME measures well-being across the states using a metric called the Human Development Index (HDI). This metric reflects lifespan, education, and income.



Map reflects geographic subdivisions called *Public Use Microdata Areas*. These areas are designed to capture a minimum of 100,000 people.

On average, in New Hampshire, American Indian and Alaska Native individuals, and Black males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, New Hampshire

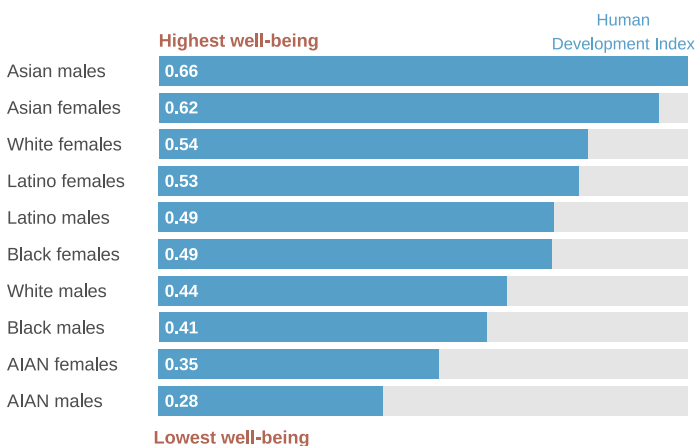
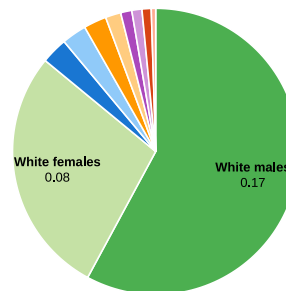


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

White males and White females make up the largest portion of the worst-off HDI segment.

Makeup of lowest well-being group in New Hampshire (hundred thousands of people)

■ White males ■ White females ■ Latino males (0.01) ■ Black males (0.01)
■ Latina females (0.01) ■ Asian females (<0.01) ■ Black females (<0.01) ■ AIAN males (<0.01)
■ Asian males (<0.01) ■ AIAN females (<0.01)



Numbers not shown in the pie chart are shown in the legend instead.

About IHME

The Institute for Health Metrics and Evaluation is an independent research organization at the University of Washington. Its mission is to deliver to the world timely, relevant, and scientifically valid evidence to improve health policy and practice. IHME carries out its mission through a range of projects within different research areas including the Global Burden of Diseases, Injuries, and Risk Factors (GBD); Future Health Scenarios; Cost Effectiveness and Efficiency; Resource Tracking; and Impact Evaluations.

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