IHME

The State of Health in New Jersey

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).

NJ is falling behind in life expectancy globally

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

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

■ Male   ■ Female   ● US   ▲ NJ
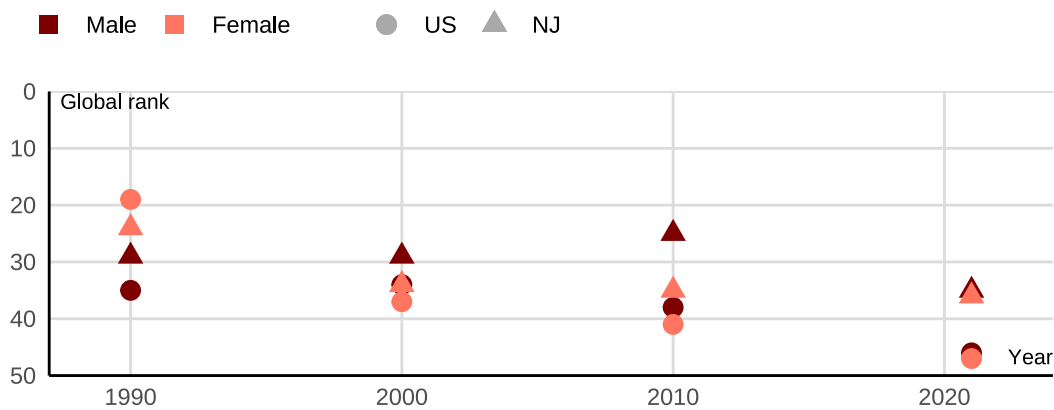
In NJ, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Luxembourg, Austria, and Netherlands** had a higher life expectancy than NJ.

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

If NJ intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 7th by 2050.

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

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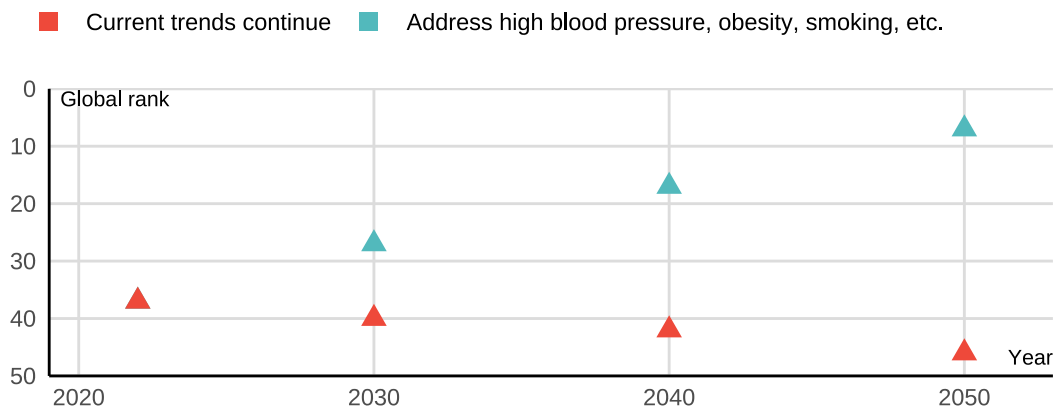
The scenario "address high blood pressure, obesity, smoking, etc." is based on NJ eliminating exposure to high body mass index, high blood sugar, high blood pressure, high LDL cholesterol, poor diet, and smoking by 2050. This graphic assumes that every other location globally would continue on their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

Source: *The Lancet,* https://bit.ly/health-US

healthdata.org

There are noticeable differences in life expectancy among NJ counties.
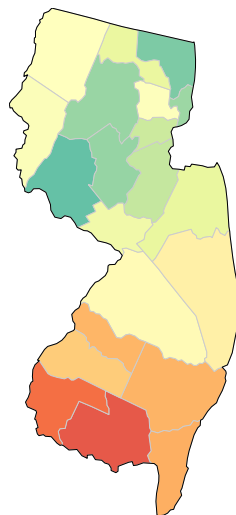
New Jersey, life expectancy (years), 2019

75	80	85

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

Leading causes 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

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

Leading risk factors 2021 ranking

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

[1] Based on disability-adjusted life years per 100,000 people, all ages, all sexes combined, Level 3 of the Global Burden of Disease (GBD) hierarchy.
[2] Includes disorders such as neck pain and arthritis.
[3] Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.
[4] Based on risk-attributable disability-adjusted life years in 2021 for all ages and all sexes combined, Level 3 of the GBD hierarchy.
[5] Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

Many major risk factors are increasing in NJ[6]

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, NJ**

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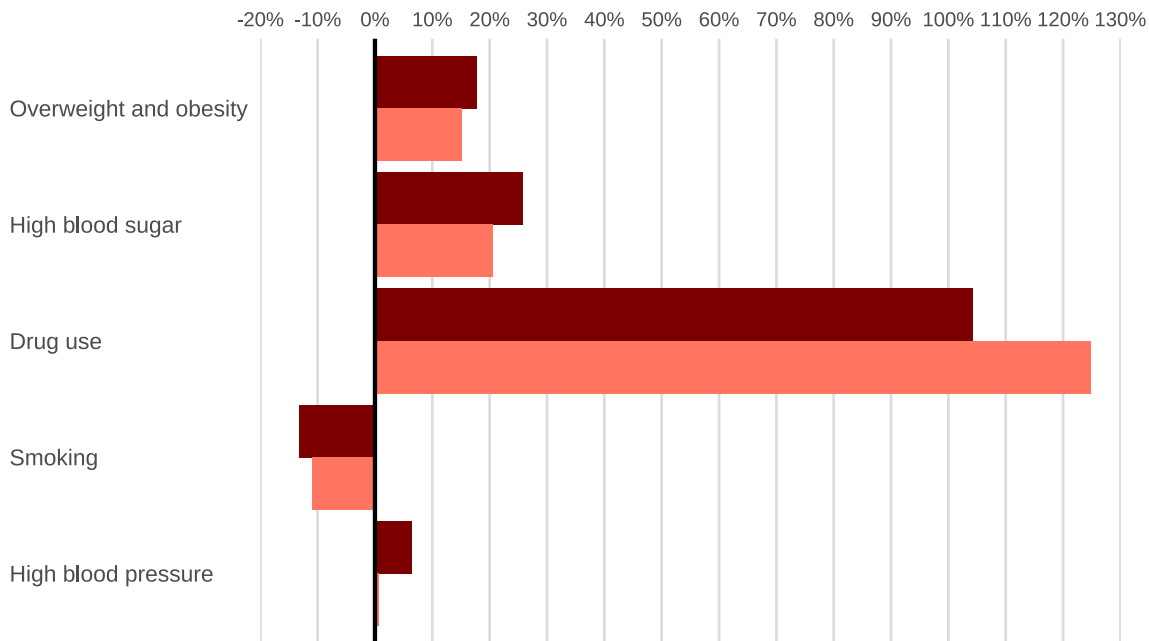
[6]*Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes combined. Risk factors are ordered based on ranking for risk-attributable disability-adjusted life years in 2021 for all sexes combined, level 3.*

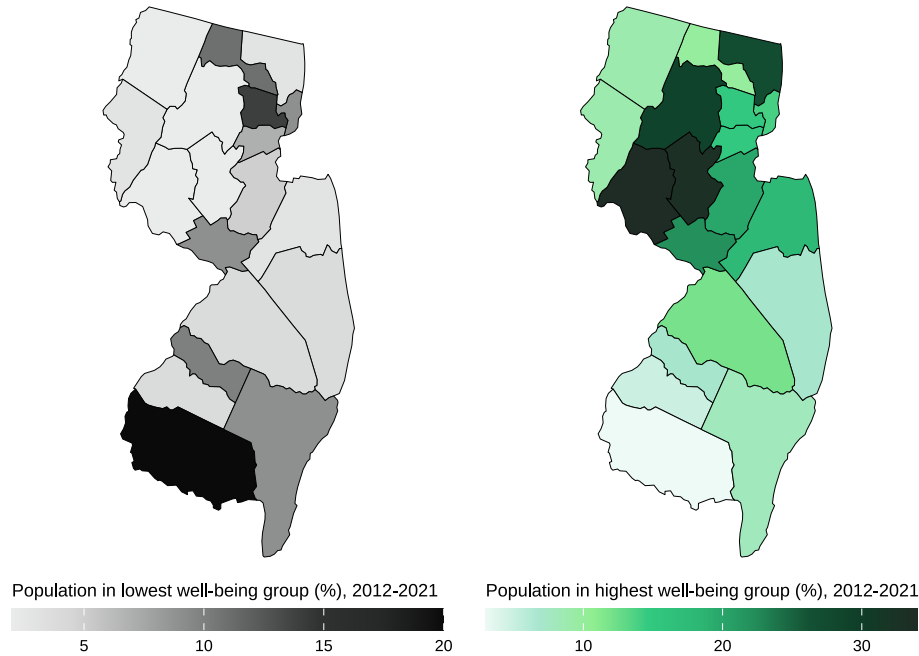# Overweight and obesity is a rising threat to health in NJ, especially for youth.
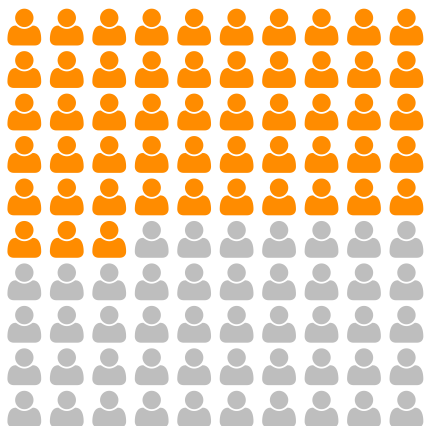
By 2050, IHME projects that **53%** of young people ages 15 to 24 will be overweight or obese in New Jersey.
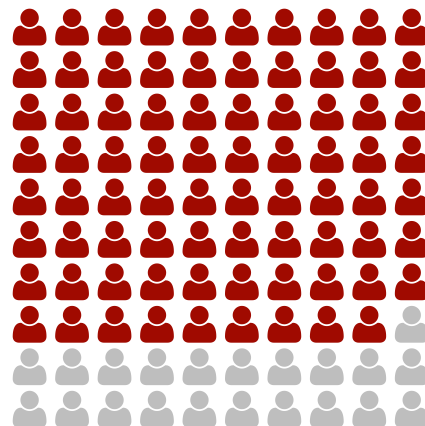
For adults, IHME projects that **79%** will be living with overweight and obesity by 2050 in New Jersey.

Well-being in NJ

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

Population in lowest well-being group (%), 2012-2021

Population in highest well-being group (%), 2012-2021

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 Jersey, AIAN males, Black males, and Latino males, experience the lowest well-being in the state.

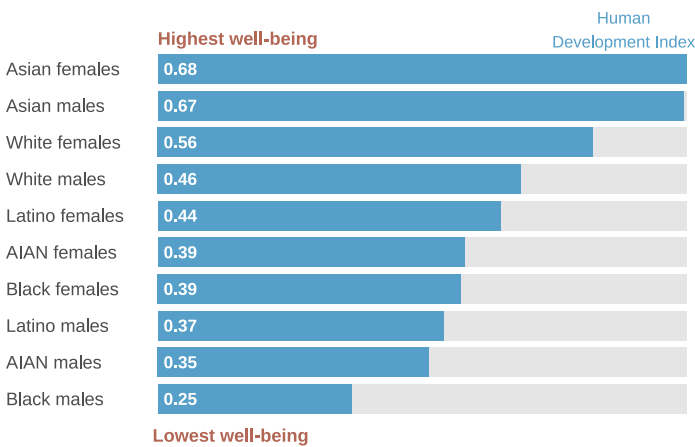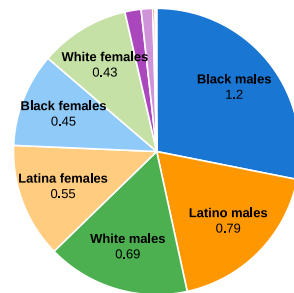## Human Development Index by race and ethnicity and sex, New Jersey

Highest well-being

Human Development Index

Asian females	0.68
Asian males	0.67
White females	0.56
White males	0.46
Latino females	0.44
AIAN females	0.39
Black females	0.39
Latino males	0.37
AIAN males	0.35
Black males	0.25

Lowest well-being

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

Black males and Latino males make up the largest portion of the worst-off HDI segment.

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

- Black males
- Latino males
- White males
- Latina females
- Black females
- White females
- Asian females (0.08)
- Asian males (0.06)
- AIAN males (0.01)
- AIAN females (0.01)

White females 0.43
Black females 0.45
Latina females 0.55
White males 0.69
Black males 1.2
Latino males 0.79

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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