Contents

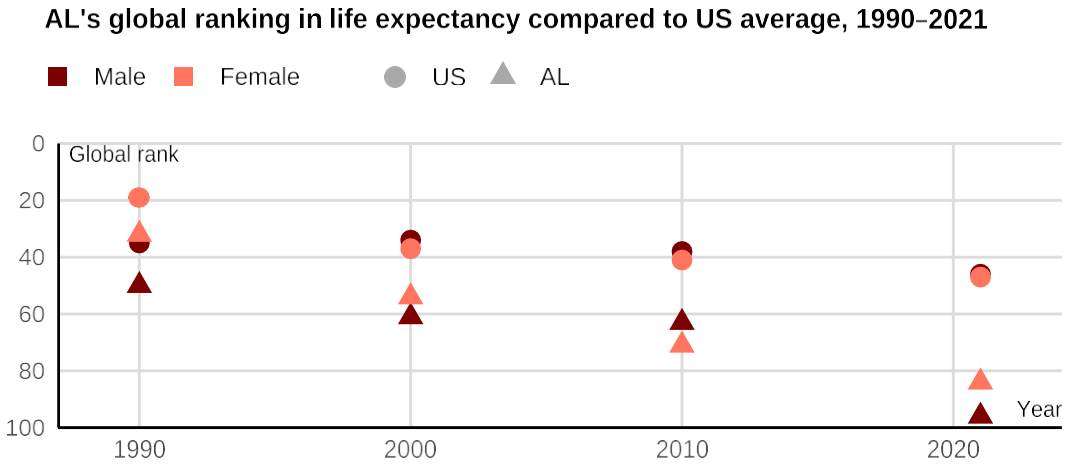
IHME

The State of Health in Alabama

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).

AL is falling behind in life expectancy globally

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

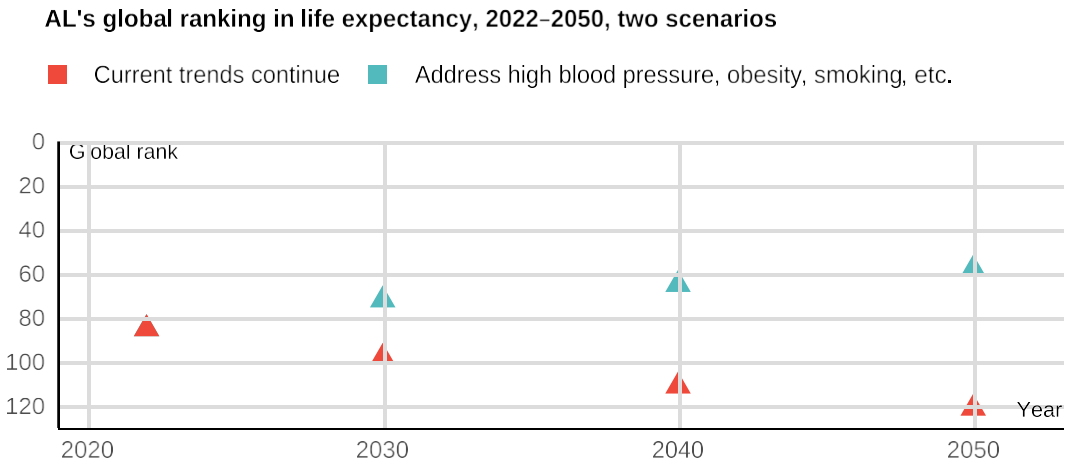


In AL, men's life expectancy ranking slipped more than it did for women.

In 2021, countries including **France, Austria, and Germany** had a higher life expectancy than AL.

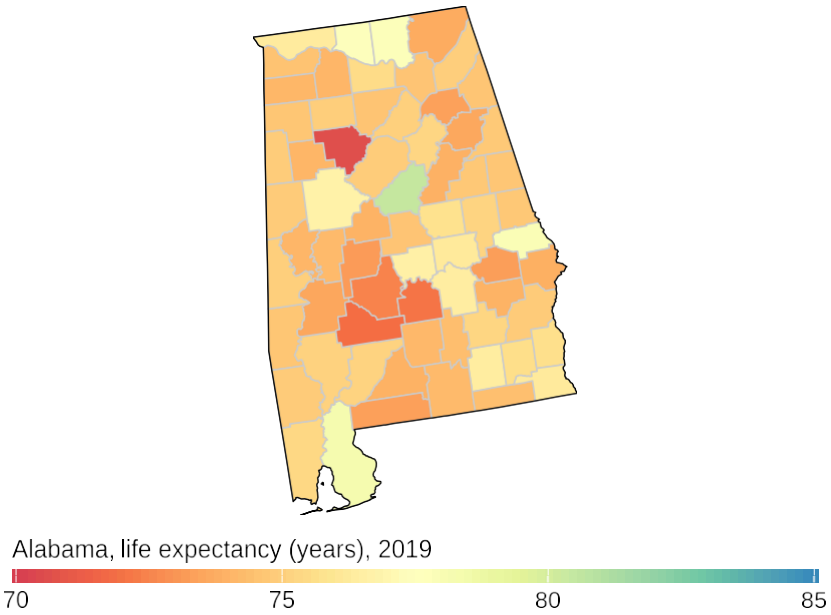
Tackling high blood pressure and obesity could improve AL's life expectancy ranking

If AL intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 58th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on AL 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 AL counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in AL.[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 AL.[4]

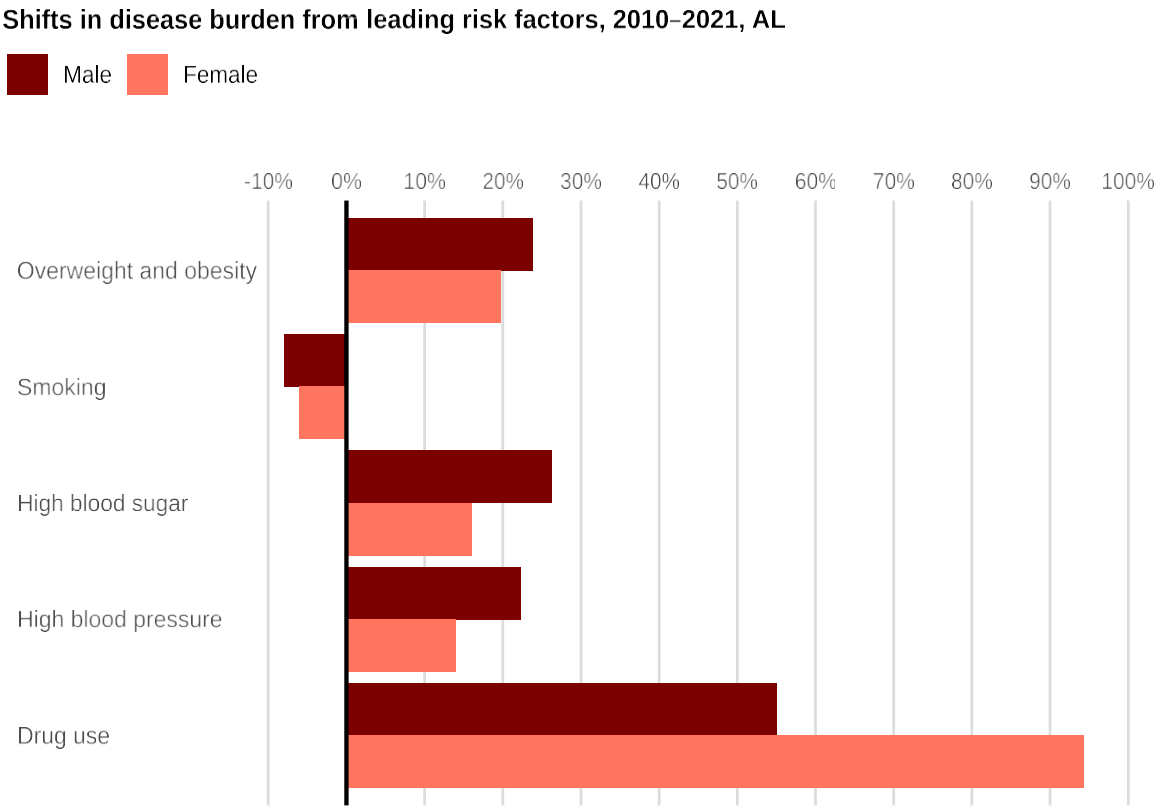
Leading risk factors 2021 ranking

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

[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).

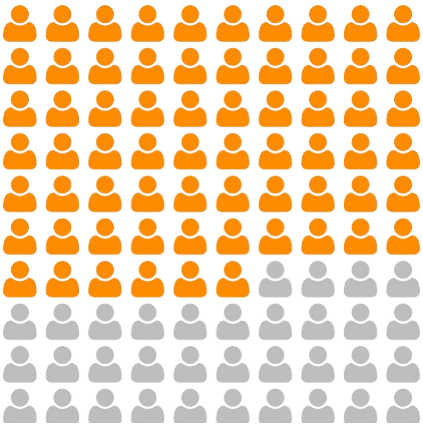
Most of the major risk factors are increasing in AL[6]

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.



[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 AL, especially for youth.



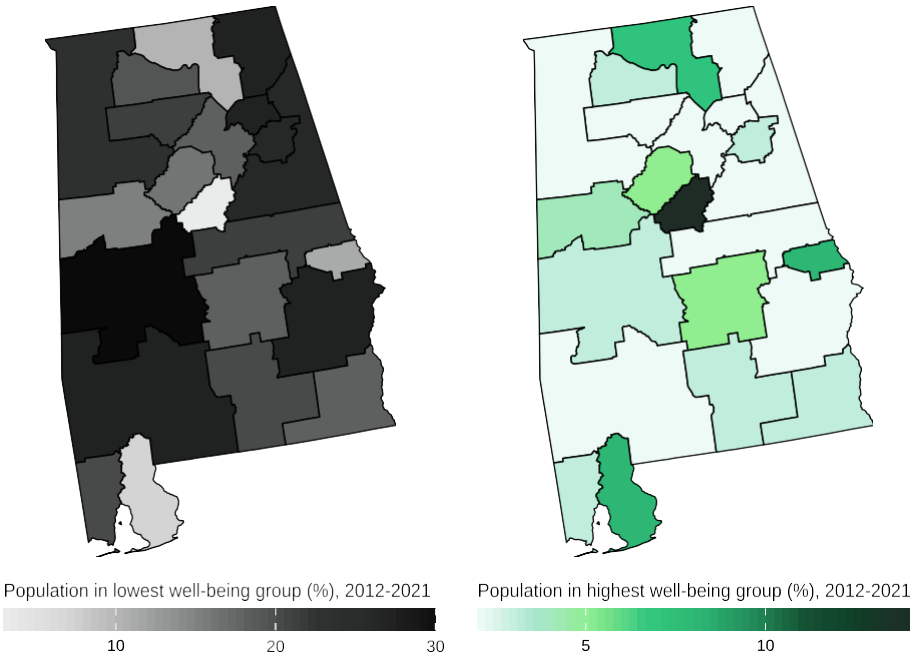
By 2050, IHME projects that **66%** of young people ages 15 to 24 will be overweight or obese in Alabama.

For adults, IHME projects that **85%** will be living with overweight and obesity by 2050 in Alabama.

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

Well-being in AL

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 Alabama, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Alabama

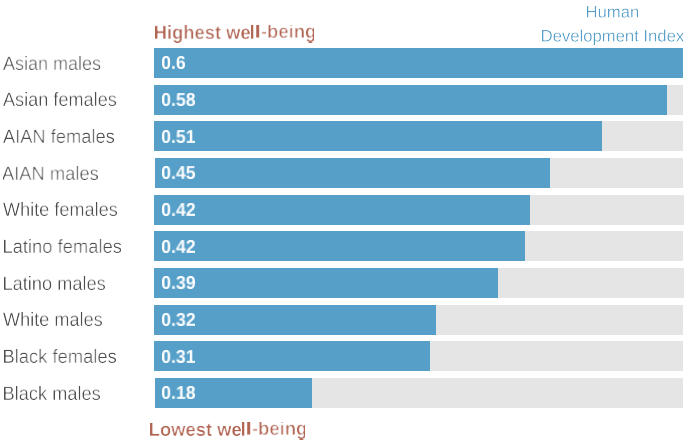
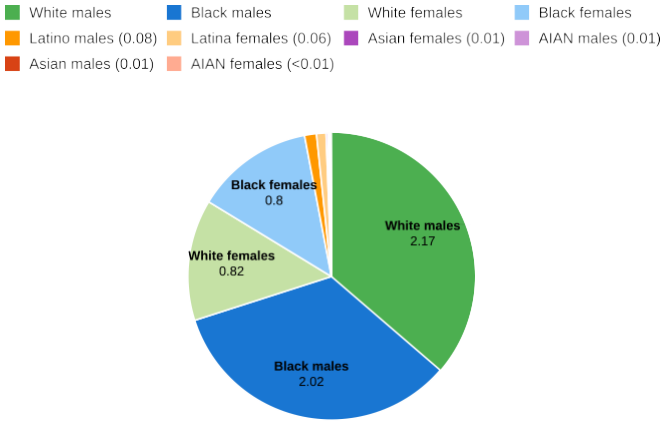


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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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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The State of Health in Alaska

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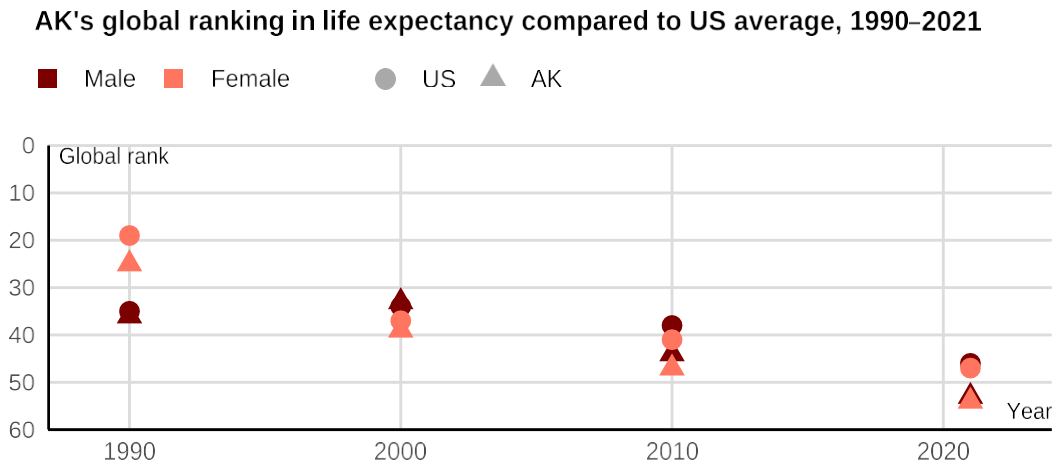
AK is falling behind in life expectancy globally

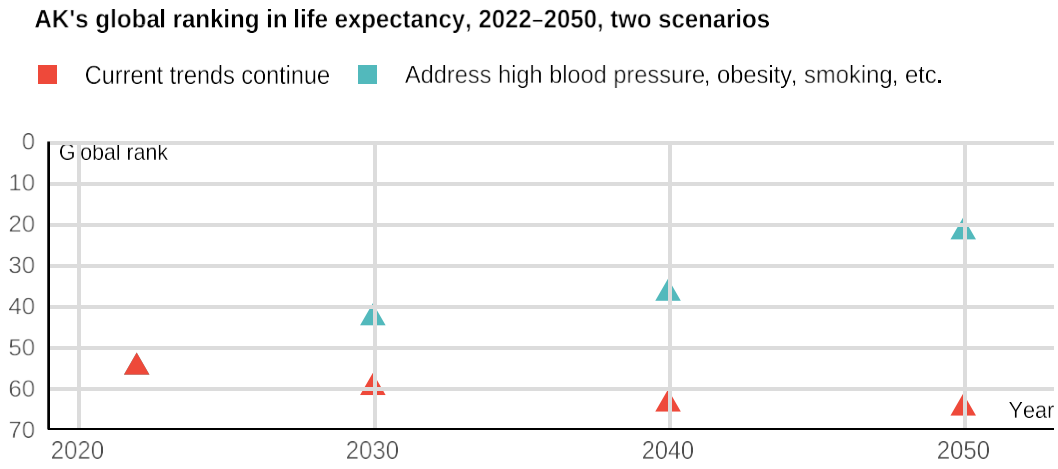
Between 1990 and 2021, the life expectancy ranking of AK dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Austria, Chile, and Croatia** had a higher life expectancy than AK.

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

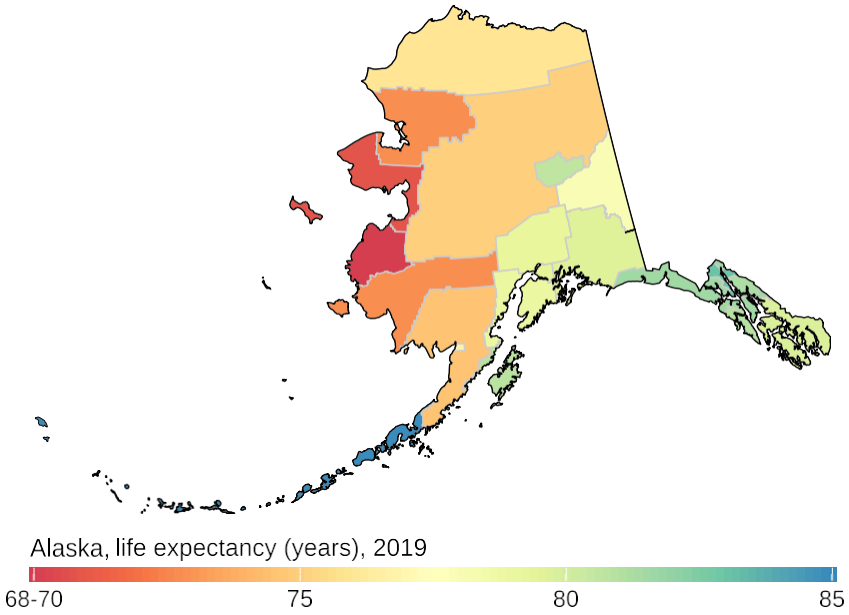
If AK intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 22nd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on AK 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

There are stark differences in life expectancy among AK counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in AK.[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 AK.[4]

Leading risk factors 2021 ranking

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

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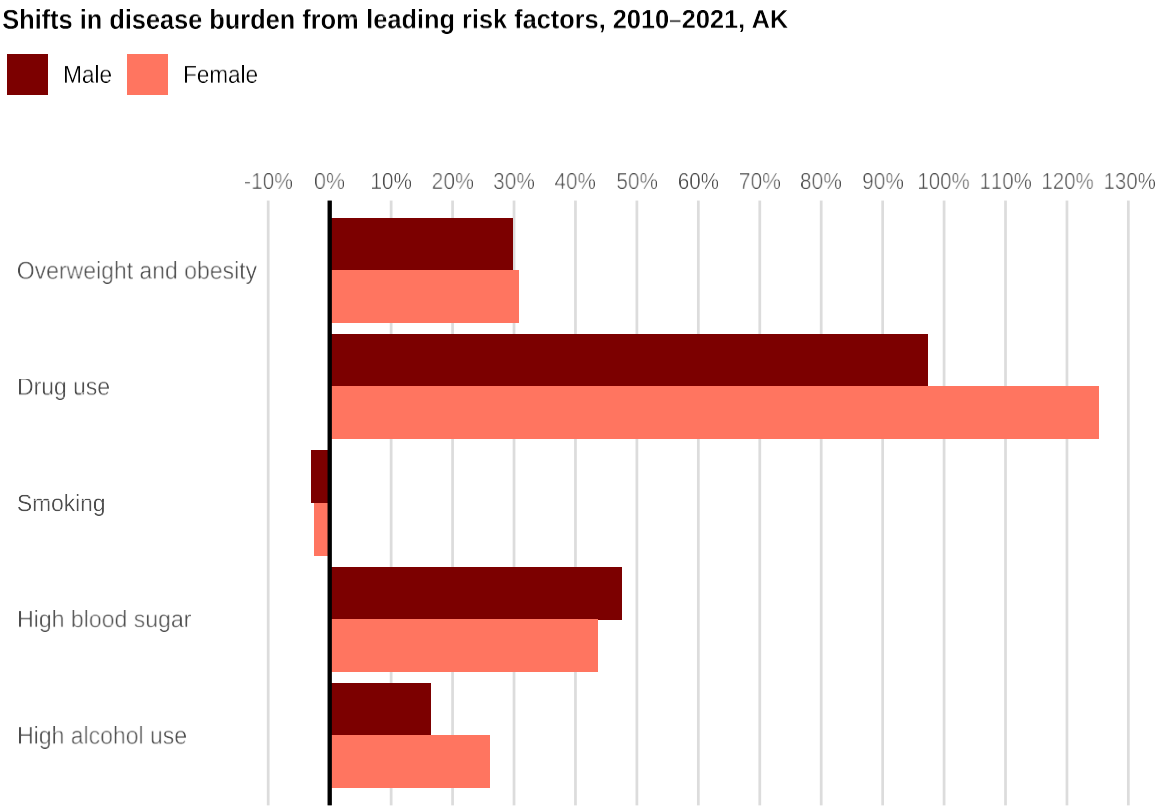
[5]Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

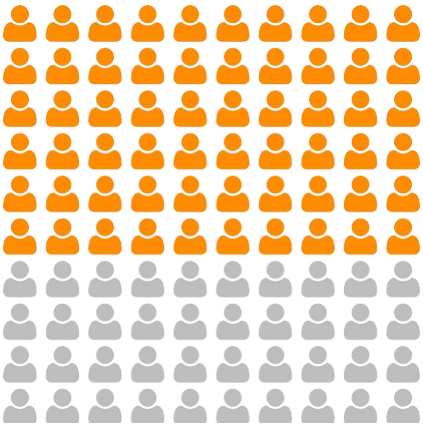
Most of the major risk factors are increasing in AK[6]

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.



[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 AK, especially for youth.



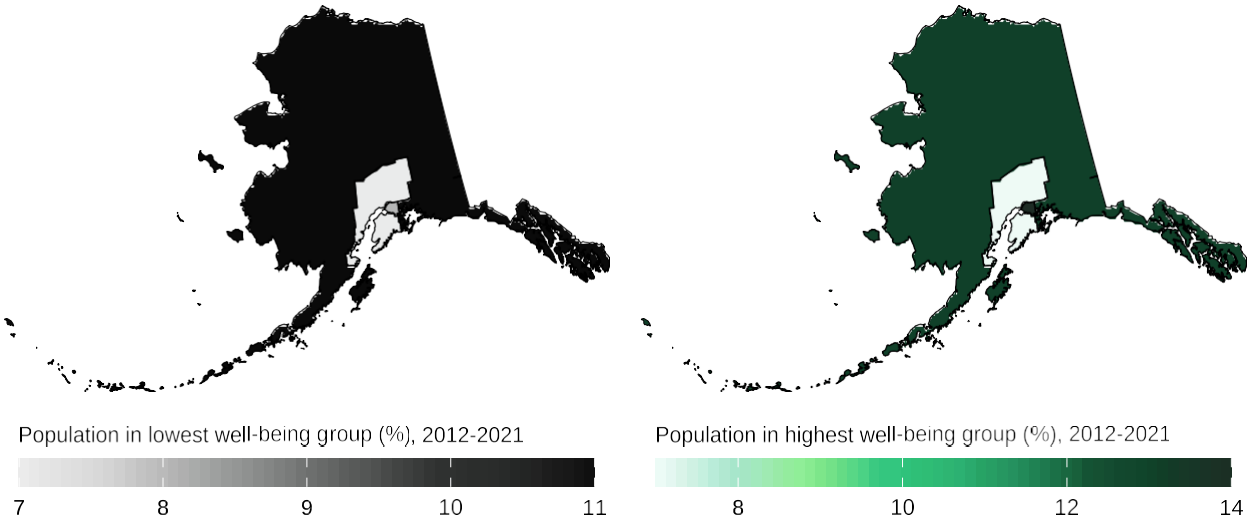
By 2050, IHME projects that **60%** of young people ages 15 to 24 will be overweight or obese in Alaska.

For adults, IHME projects that **79%** will be living with overweight and obesity by 2050 in Alaska.

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

Well-being in AK

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 Alaska, 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, Alaska

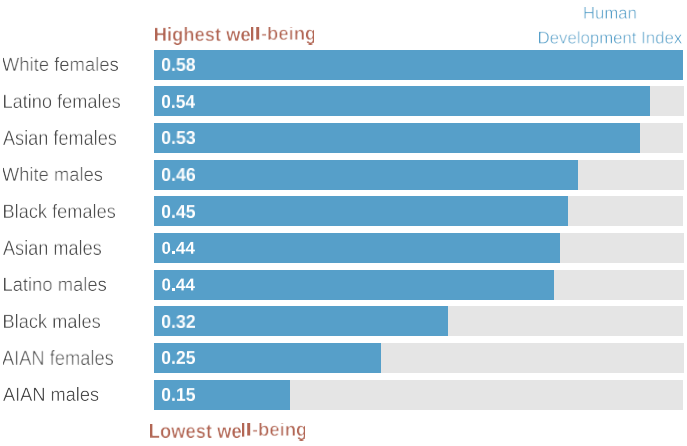
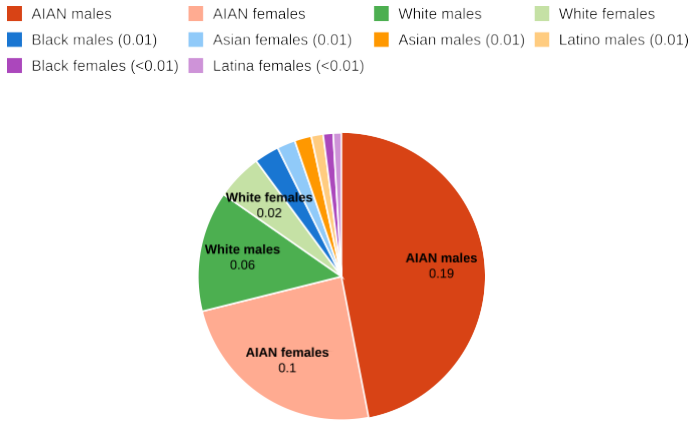


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in American Samoa

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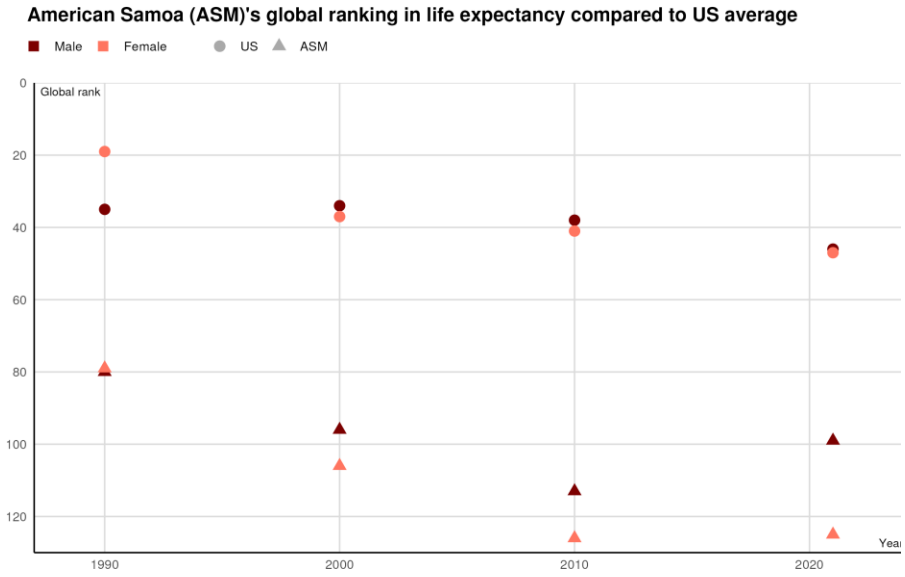
American Samoa is falling behind in life expectancy globally.

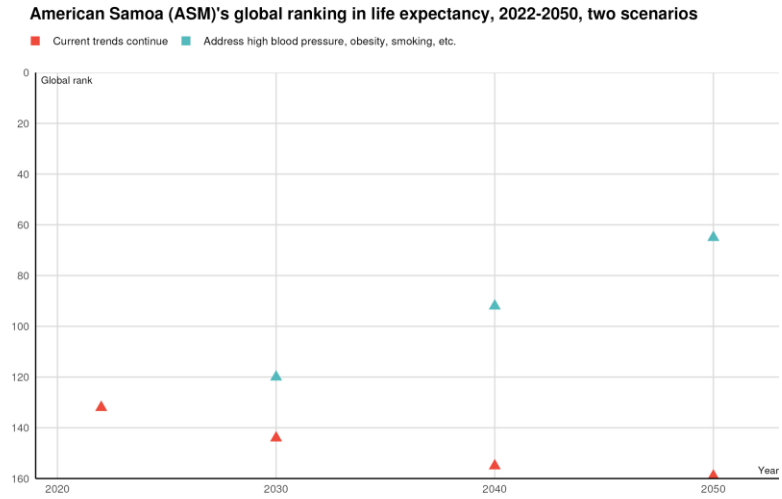
Between 1990 and 2021, the life expectancy ranking of American Samoa dropped relative to other countries, like trends in the US overall.



In 2021, countries including **Vietnam, Serbia, and Peru** had a higher life expectancy than American Samoa.

Tackling high blood pressure and obesity could boost American Samoa's life expectancy ranking.

If American Samoa intervenes on key risk factors such as high blood pressure and obesity, its global ranking for life expectancy could rise to 65th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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: https://bit.ly/health-US

Leading causes of poor health and early death: Diabetes, ischemic heart disease, and stroke dominate.[1]

Leading causes 2021 ranking	
1	Diabetes
2	Ischemic heart disease
3	Stroke
4	Chronic kidney disease
5	COPD[2]
6	Lower respiratory infections
7	Neonatal disorders
8	Low back pain
9	Endocrine, metabolic, blood, and immune disorders
10	Lung cancer

Main risk factors: High blood sugar is the top risk factor for poor health and early death in American Samoa.[3]

Leading risk factors 2021 ranking	
1	High blood sugar
2	Obesity and overweight[4]
3	High blood pressure
4	Smoking
5	Kidney dysfunction

[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.

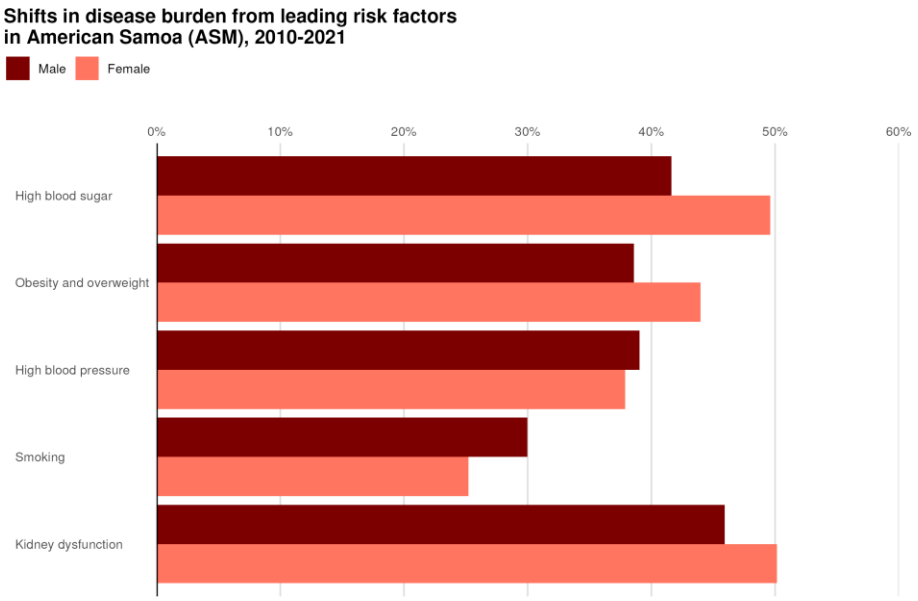
[2]Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

[3]Based on risk-attributabledisability-adjusted life years in 2021 for all ages, all sexes combined, Level 3 of the GBD hierarchy.

[4]Body 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 American Samoa.[5]

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



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The State of Health in Arizona

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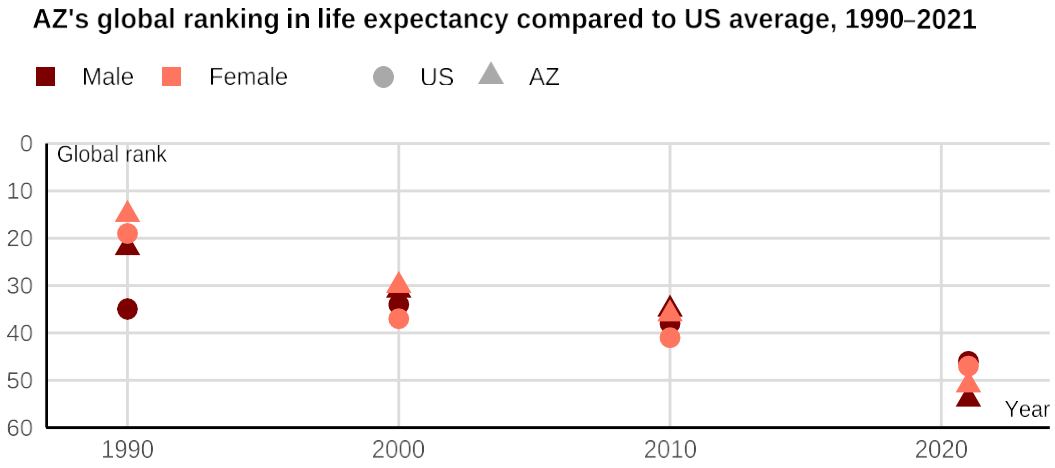
AZ is falling behind in life expectancy globally

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

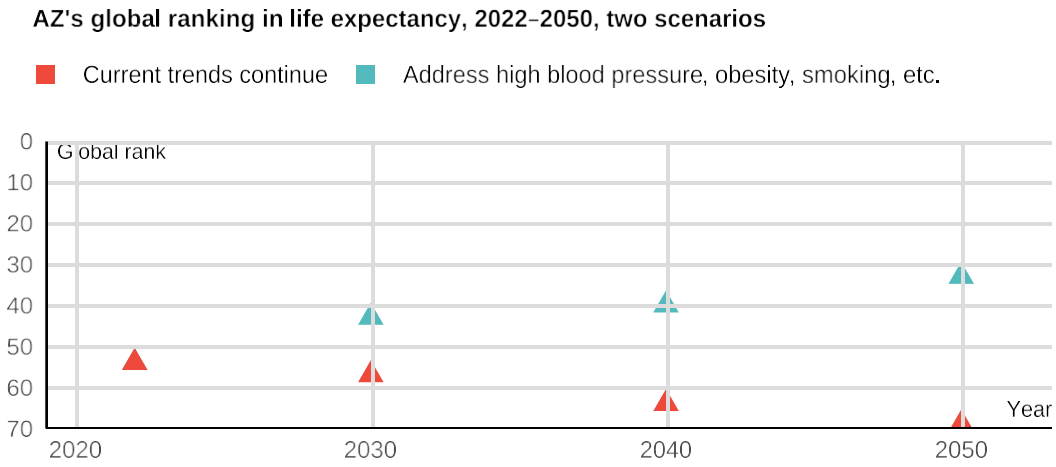


In AZ, men's life expectancy ranking slipped more than it did for women.

In 2021, countries including **Chile, Costa Rica, and Argentina** had a higher life expectancy than AZ.

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

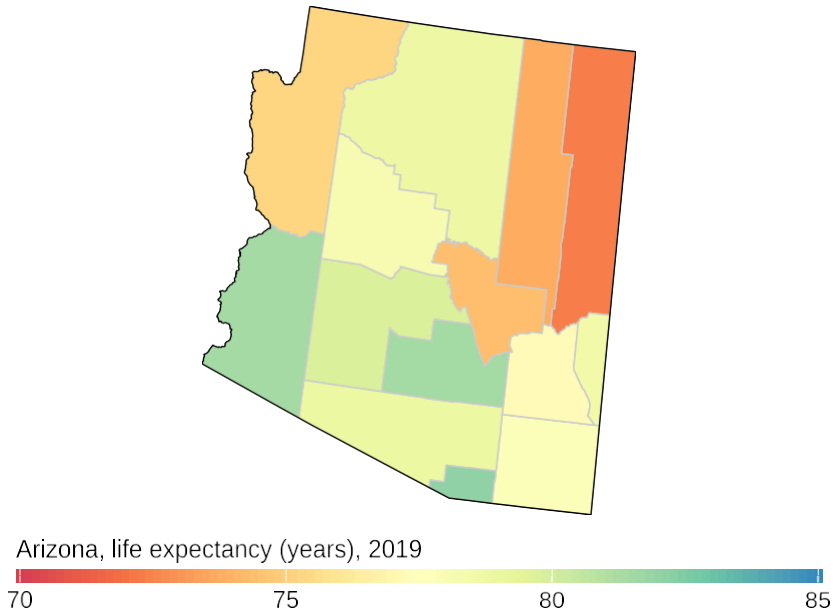
If AZ intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 33rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on AZ 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

There are noticeable differences in life expectancy among AZ counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in AZ.[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 AZ.[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.
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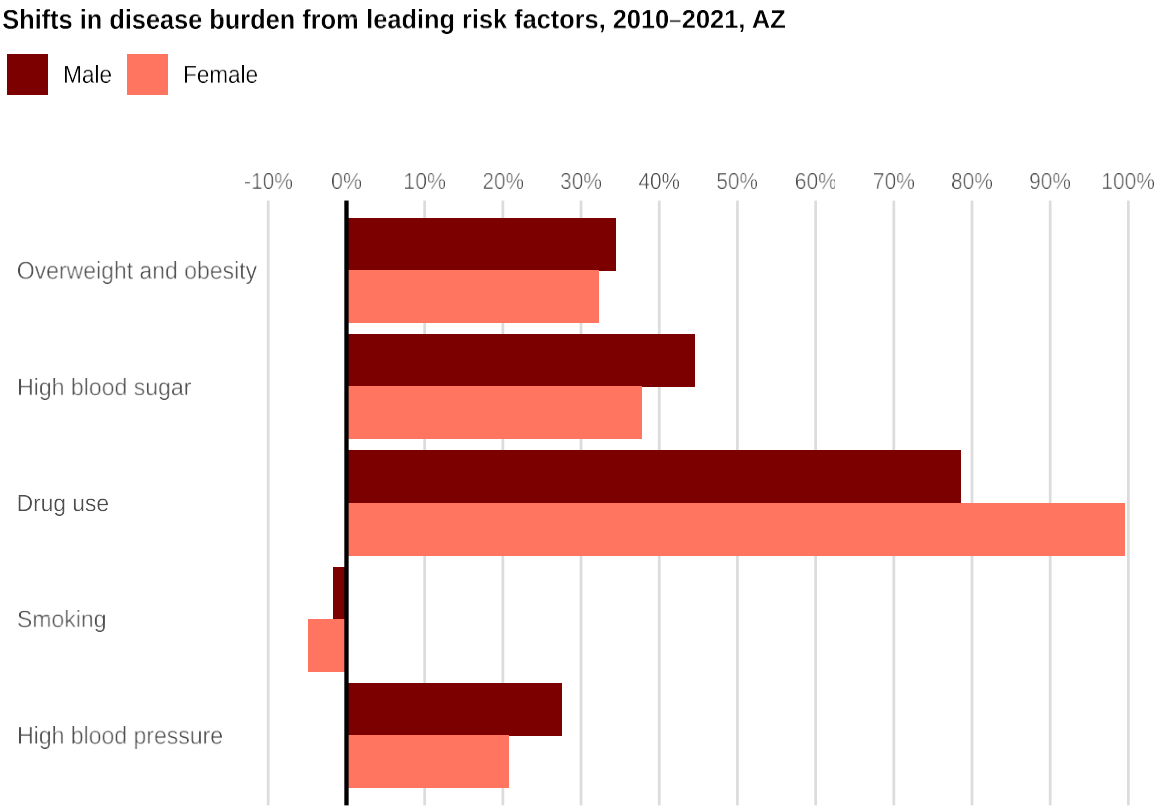
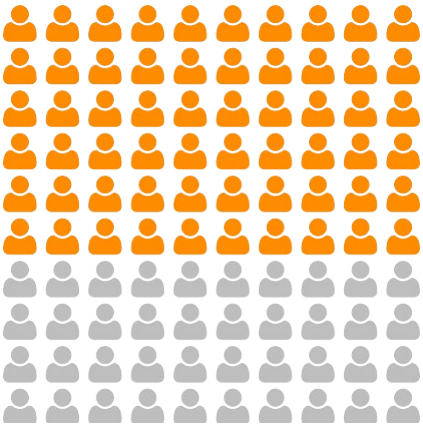
Most of the major risk factors are increasing in AZ[6]

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.



[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 AZ, especially for youth.



By 2050, IHME projects that **60%** of young people ages 15 to 24 will be overweight or obese in Arizona.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Arizona.

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

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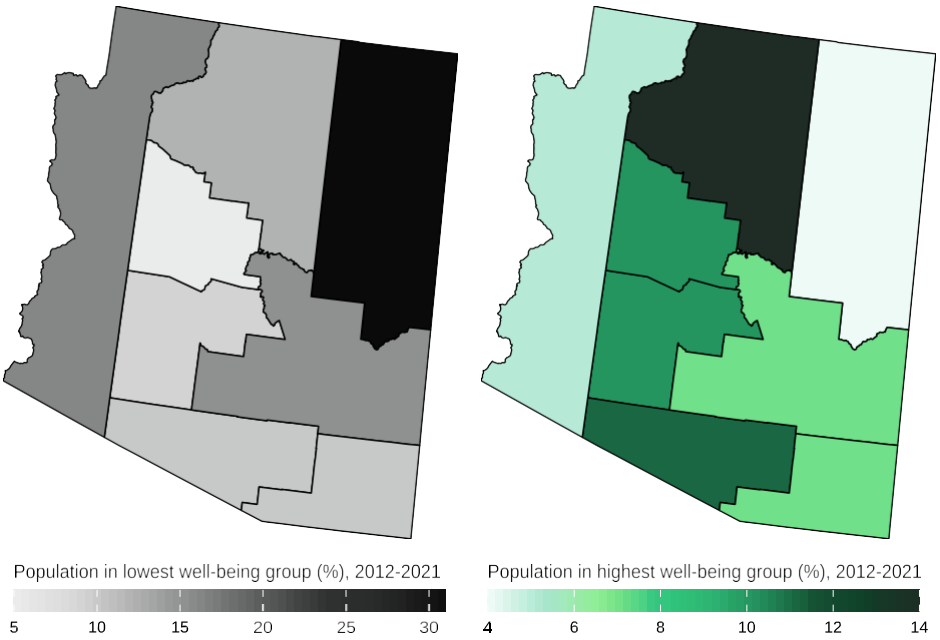


Map reflects geographic subdivisions called Public Use Microdata Areas. These areas are designed to capture a minimum of 100,000 people.

On average, in Arizona, AIAN males, Black males, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Arizona

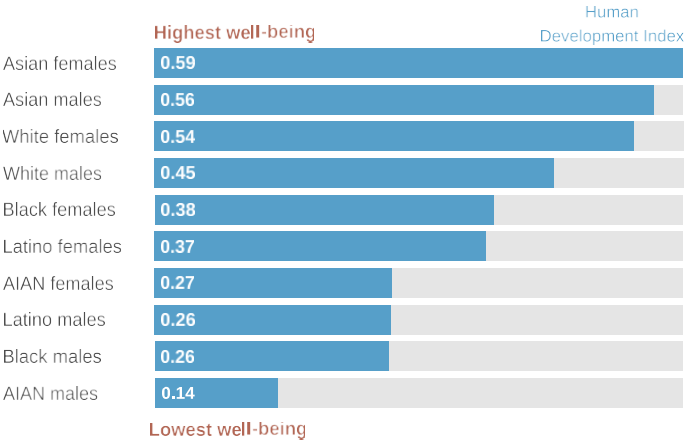
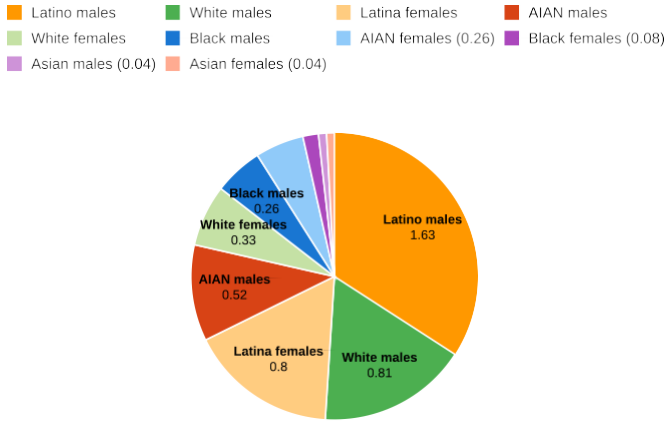


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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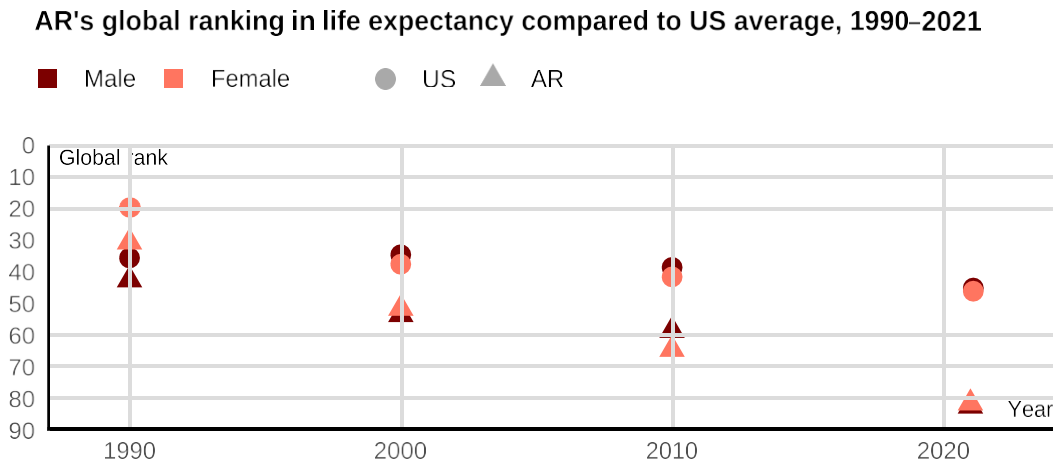
AR is falling behind in life expectancy globally

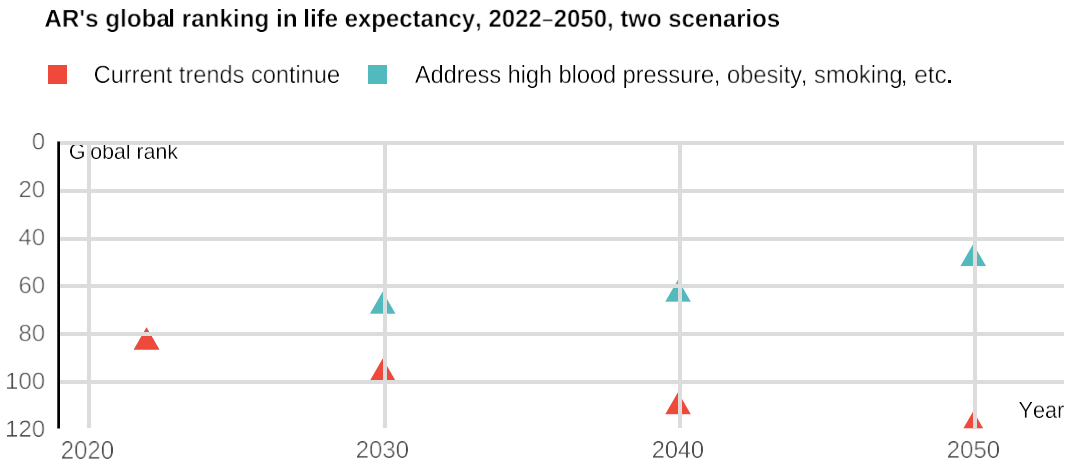
Between 1990 and 2021, the life expectancy ranking of AR dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Belgium, Greece, and Qatar** had a higher life expectancy than AR.

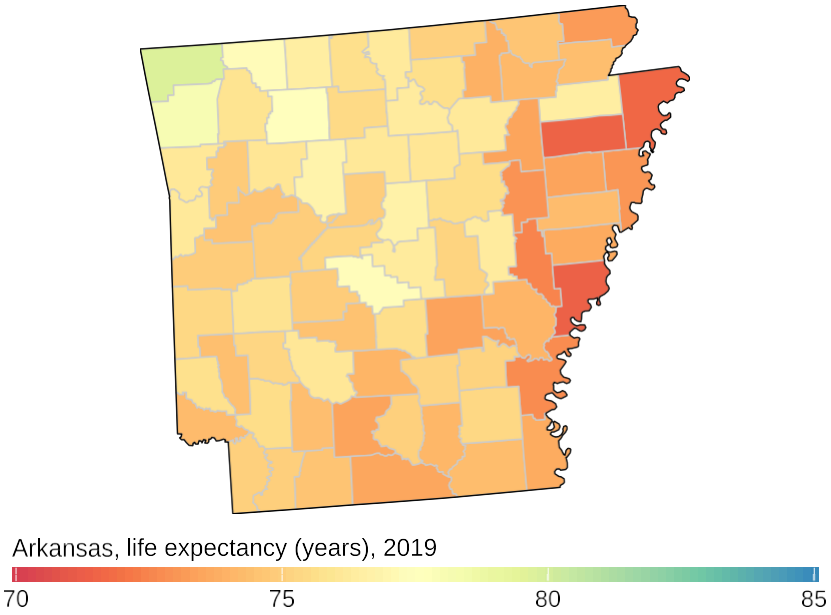
Tackling high blood pressure and obesity could improve AR's life expectancy ranking

If AR intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 49th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on AR 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 AR counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in AR.[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: Smoking is the top risk factor for poor health and early death in AR.[4]

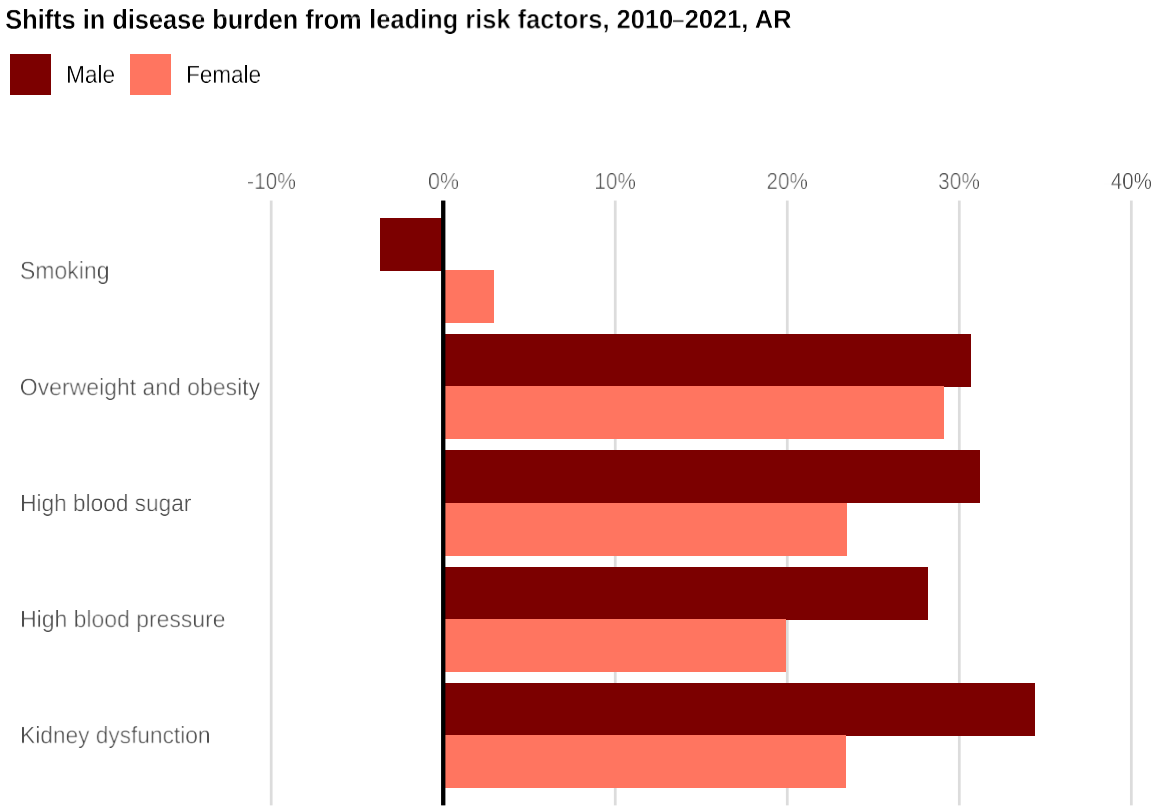
Leading risk factors 2021 ranking

1	Smoking
2	Overweight and obesity[5]
3	High blood sugar
4	High blood pressure
5	Kidney dysfunction

[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).

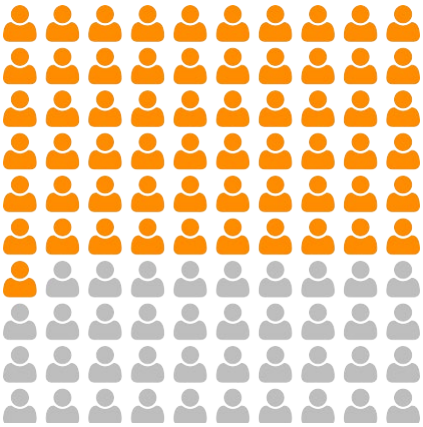
Most of the major risk factors are increasing in AR[6]

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



[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 AR, especially for youth.



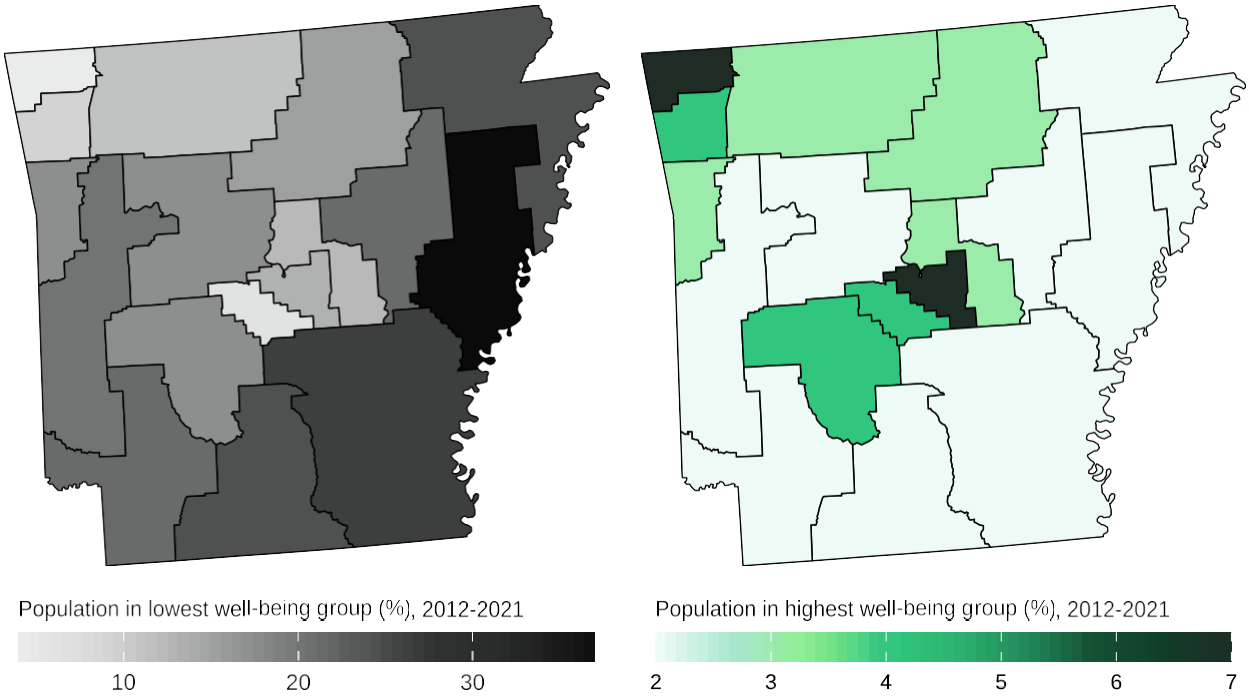
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in Arkansas.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in Arkansas.

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

Well-being in AR

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 Arkansas, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Arkansas

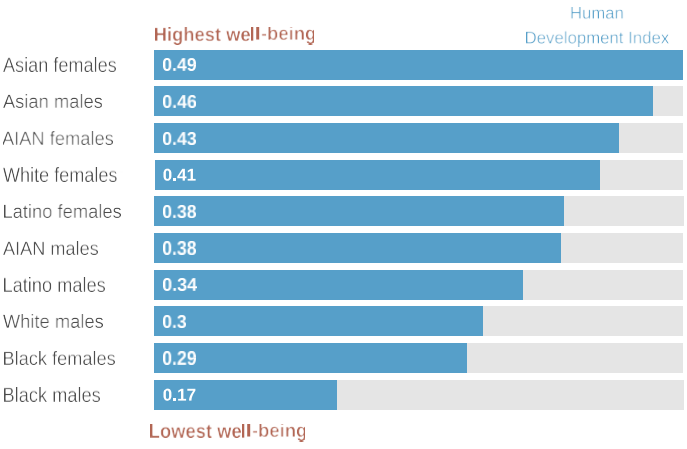
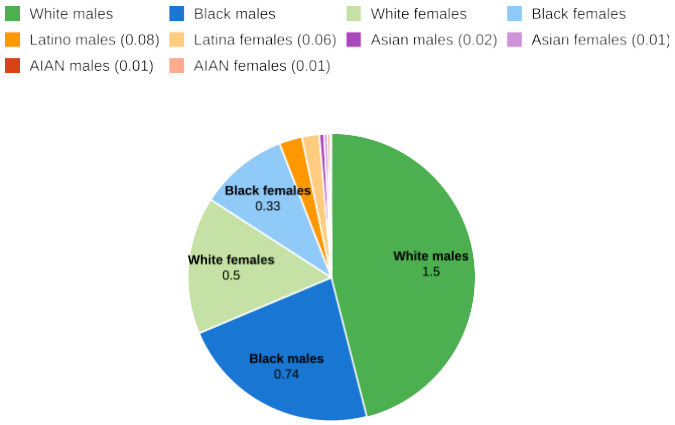


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

About IHME

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IHME

The State of Health in California

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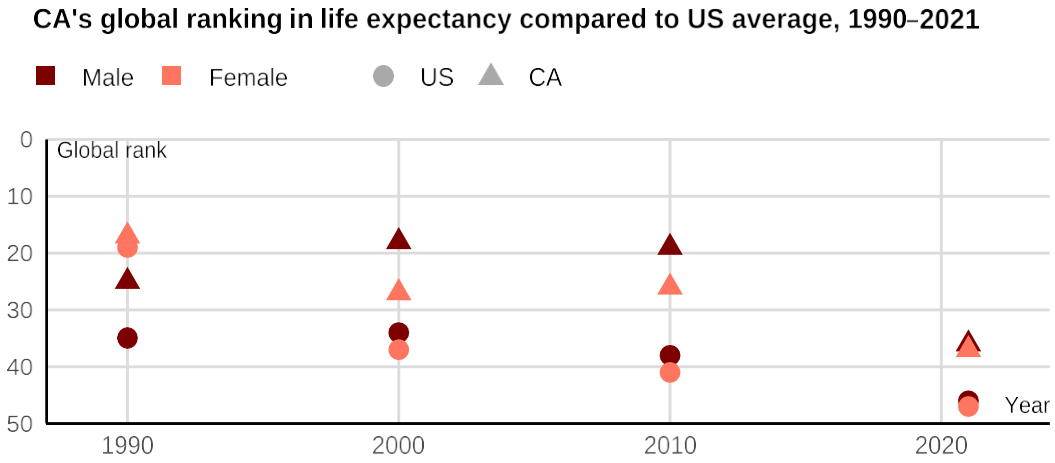
CA is falling behind in life expectancy globally

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

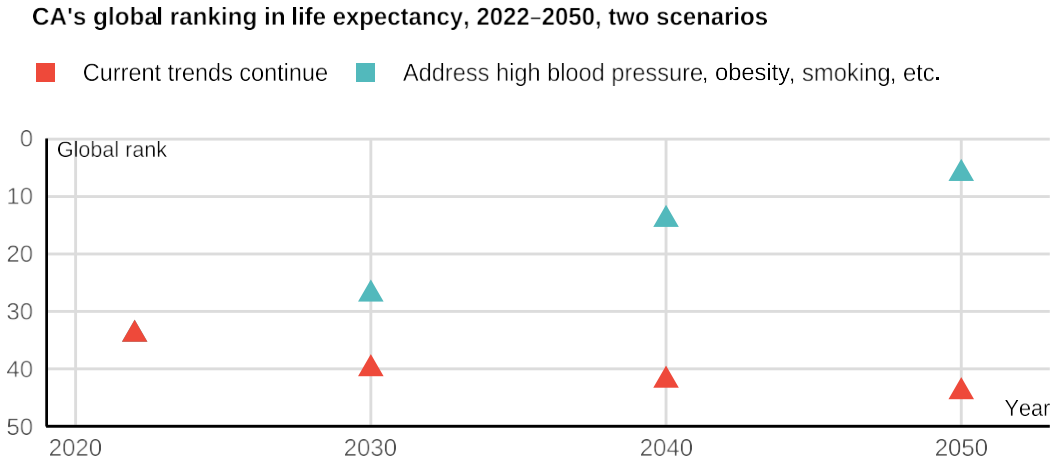


In CA, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **San Marino, Spain, and Slovenia** had a higher life expectancy than CA.

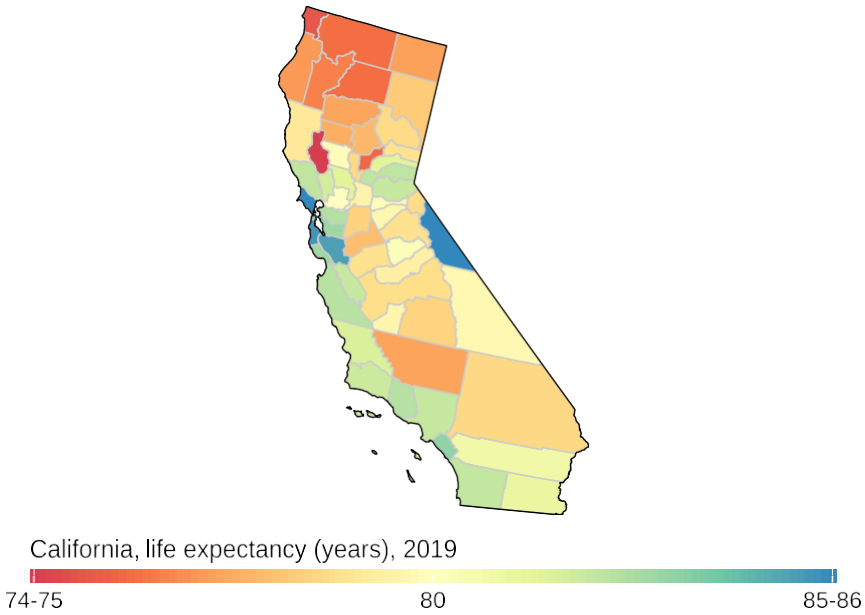
Tackling high blood pressure and obesity could improve CA's life expectancy ranking

If CA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 6th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on CA 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 stark differences in life expectancy among CA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in CA.[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 CA.[4]

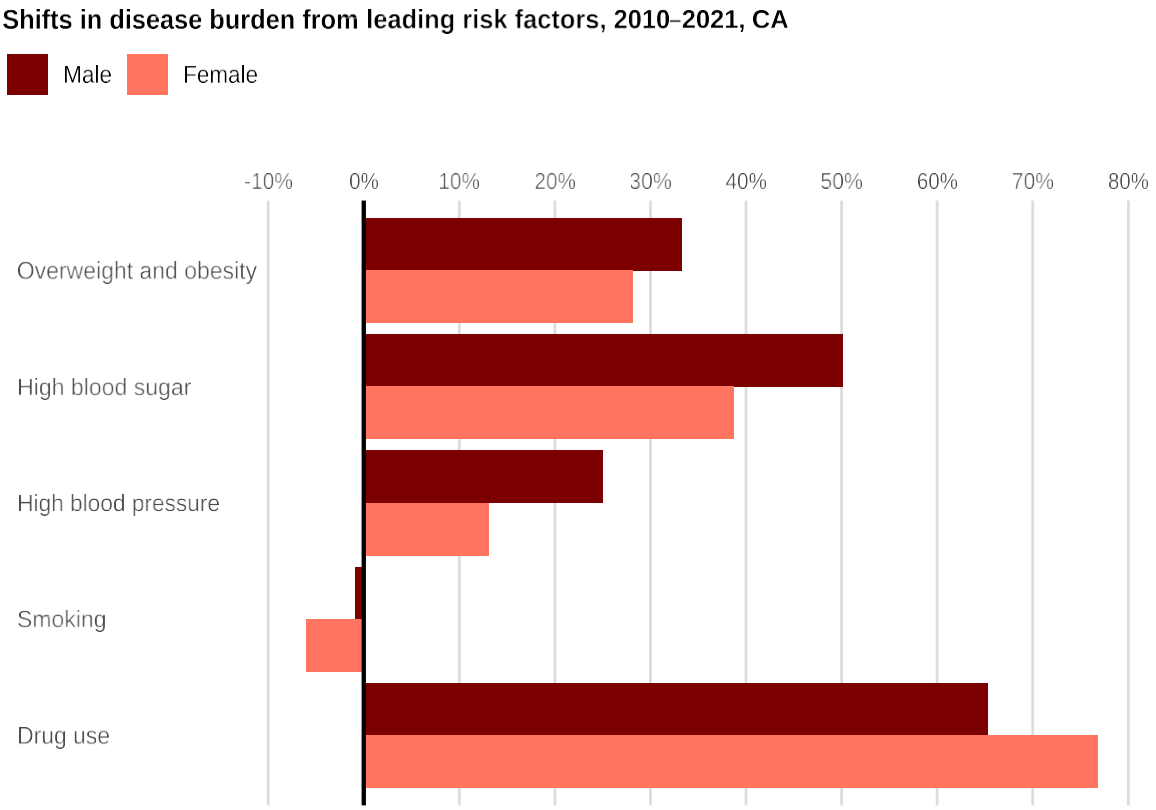
Leading risk factors 2021 ranking

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

[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).

Most of the major risk factors are increasing in CA[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.



[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 CA, especially for youth.

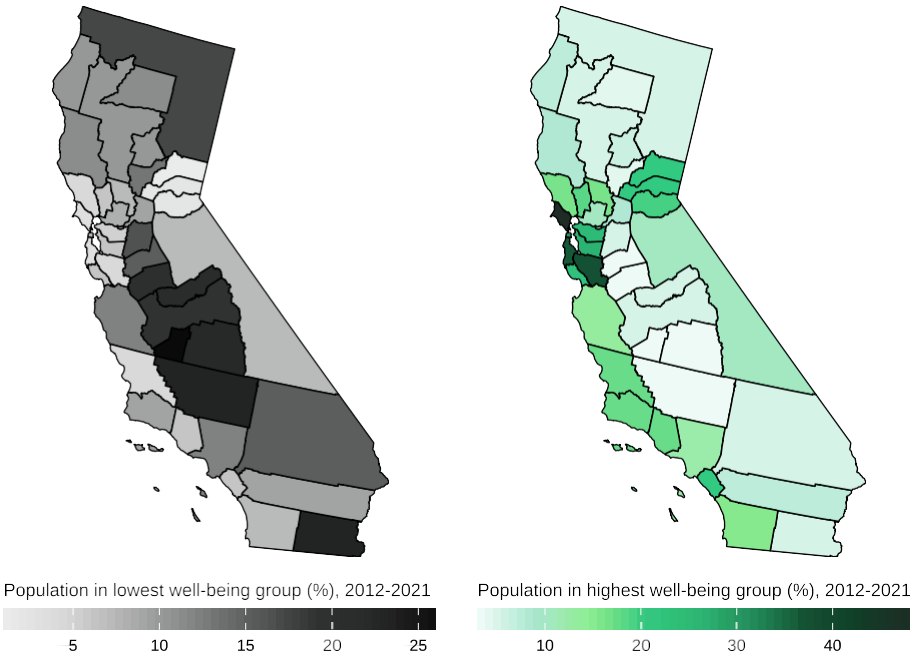
By 2050, IHME projects that **51%** of young people ages 15 to 24 will be overweight or obese in California.

For adults, IHME projects that **78%** will be living with overweight and obesity by 2050 in California.

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

Well-being in CA

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

Human Development Index by race and ethnicity and sex, California

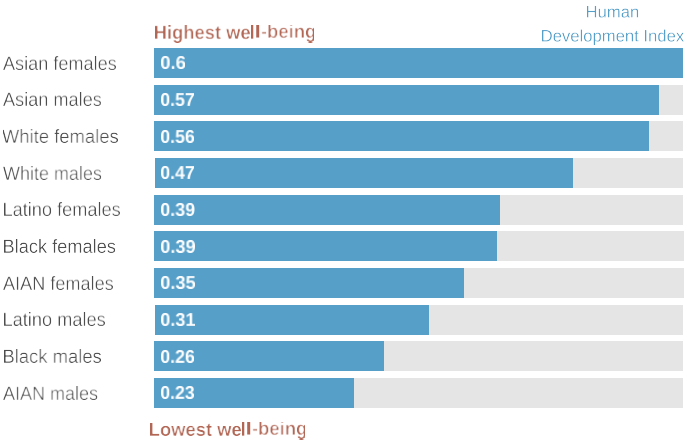
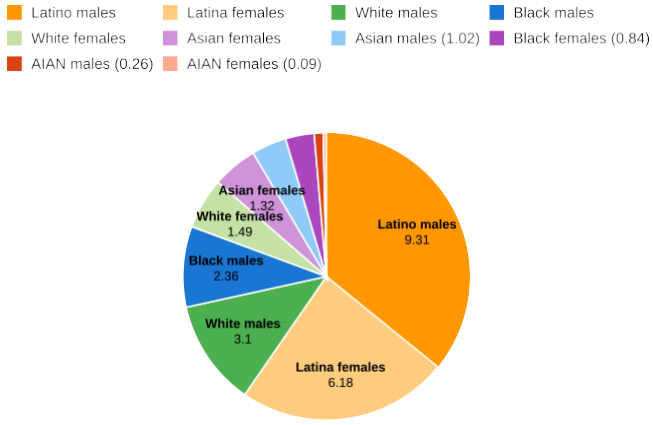


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Colorado

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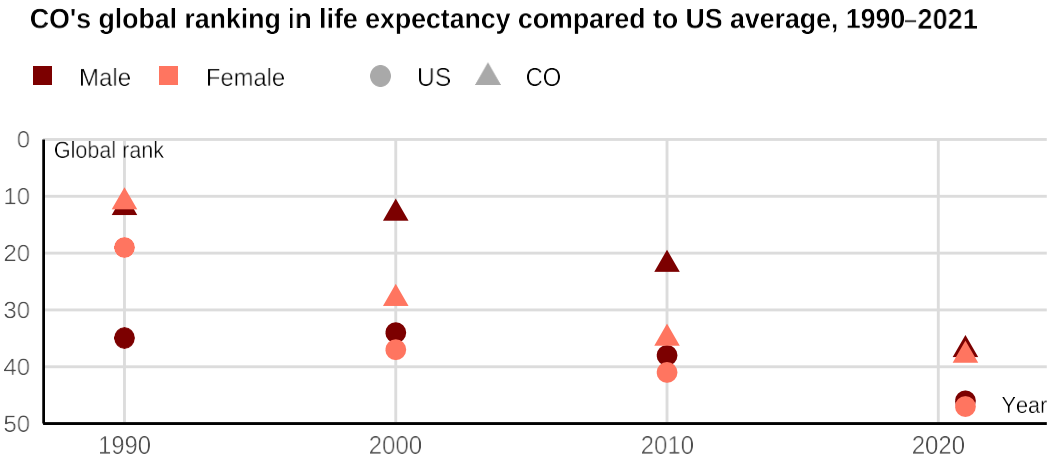
CO is falling behind in life expectancy globally

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

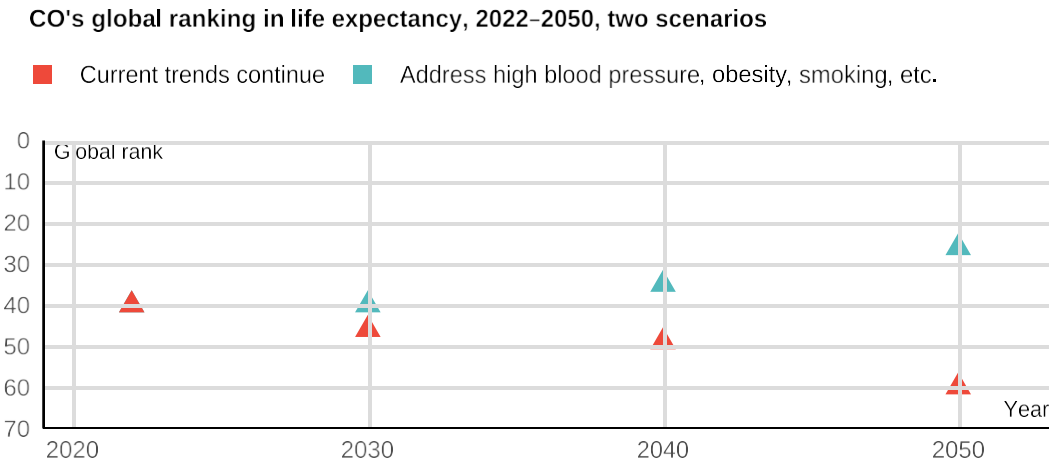


In CO, women's life expectancy ranking slipped even more than it did for men.

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

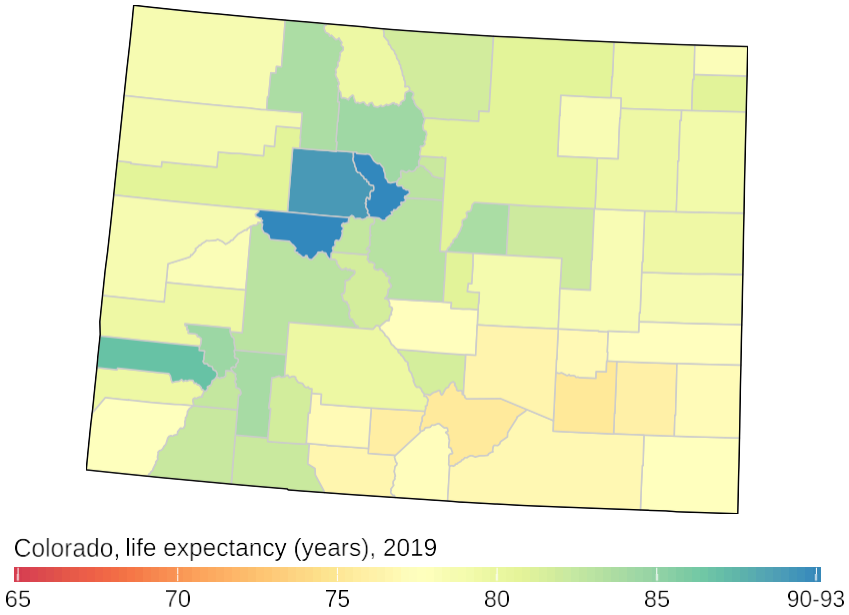
Tackling high blood pressure and obesity could improve CO's life expectancy ranking

If CO intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 26th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on CO 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 stark differences in life expectancy among CO counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in CO.[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 CO.[4]

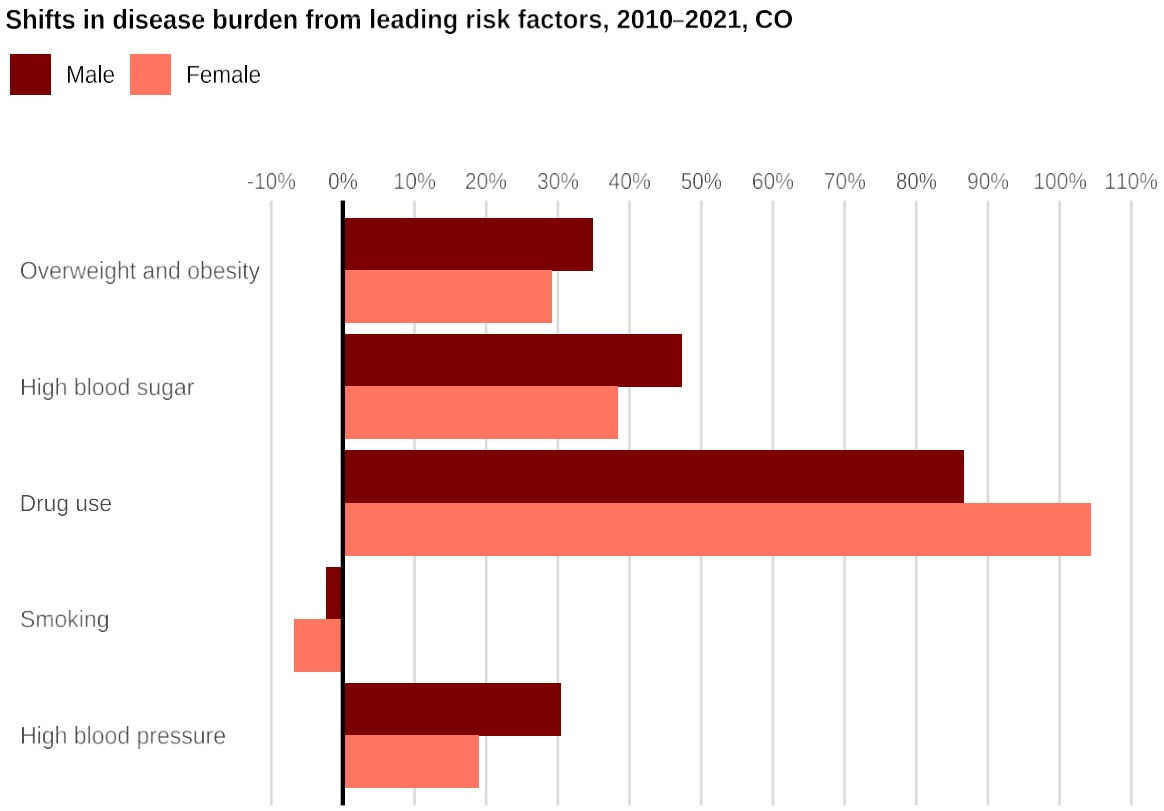
Leading risk factors 2021 ranking

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).

Most of the major risk factors are increasing in CO[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.



[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 CO, especially for youth.

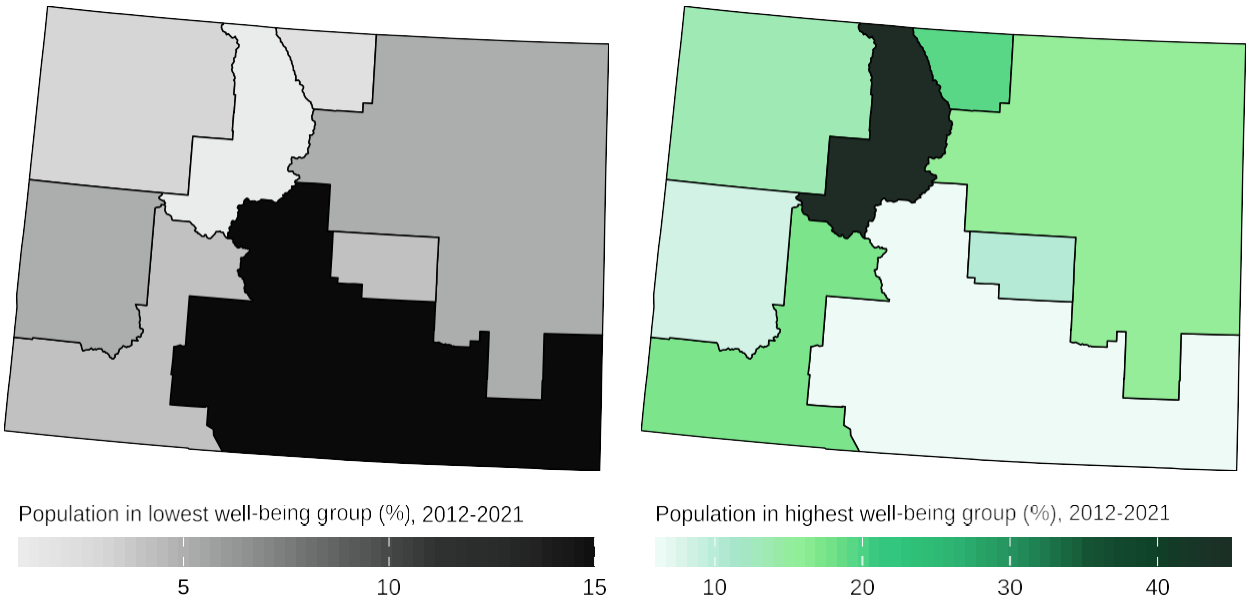
By 2050, IHME projects that **48%** of young people ages 15 to 24 will be overweight or obese in Colorado.

For adults, IHME projects that **76%** will be living with overweight and obesity by 2050 in Colorado.

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

Well-being in CO

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 Colorado, American Indian and Alaska Native individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Colorado

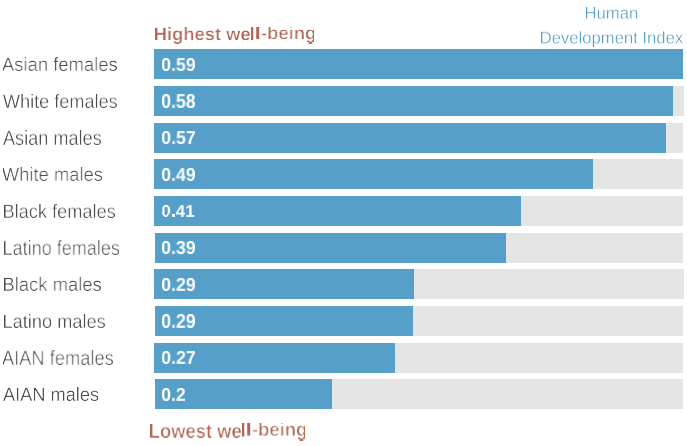
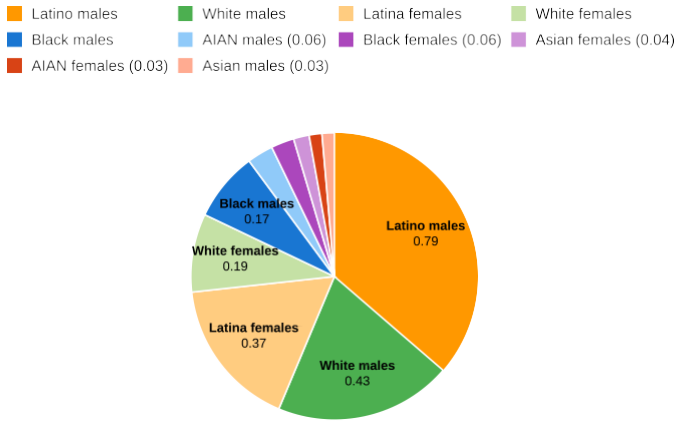


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Connecticut

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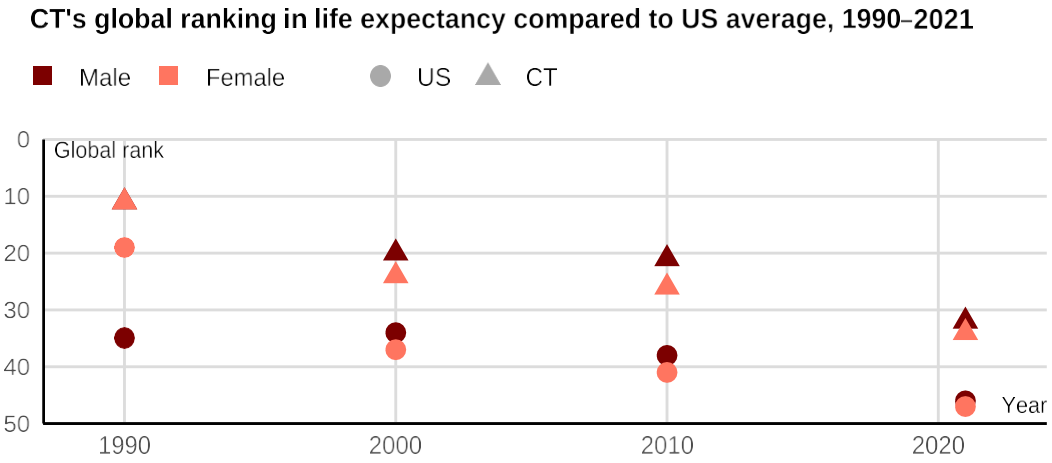
CT is falling behind in life expectancy globally

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

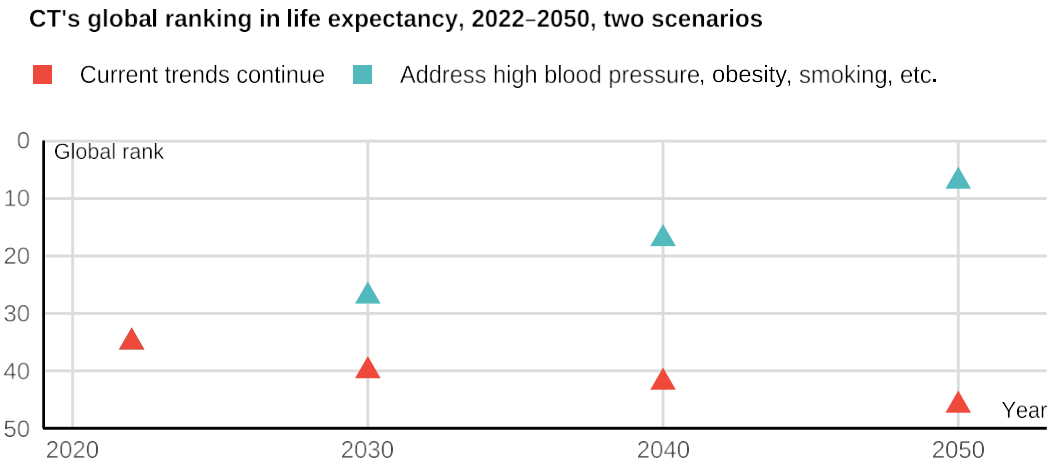


In CT, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **San Marino, Canada, and Belgium** had a higher life expectancy than CT.

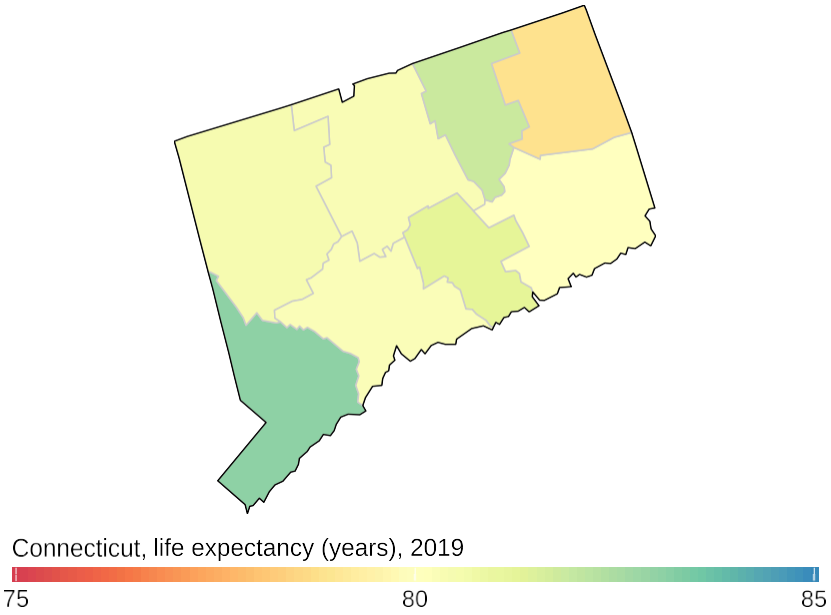
Tackling high blood pressure and obesity could improve CT's life expectancy ranking

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



The scenario "address high blood pressure, obesity, smoking, etc." is based on CT 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 CT counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in CT.[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 CT.[4]

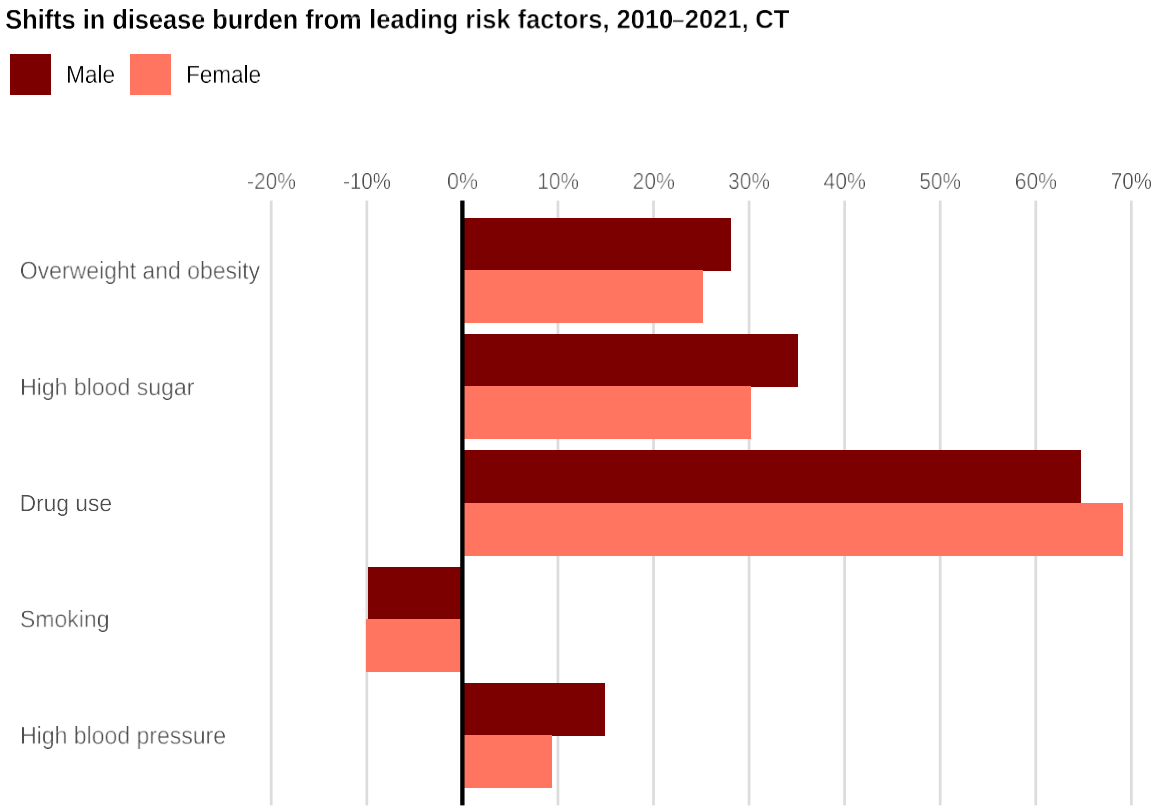
Leading risk factors 2021 ranking

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).

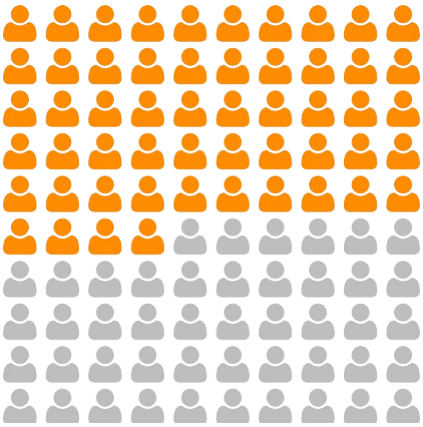
Most of the major risk factors are increasing in CT[6]

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.



[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 CT, especially for youth.



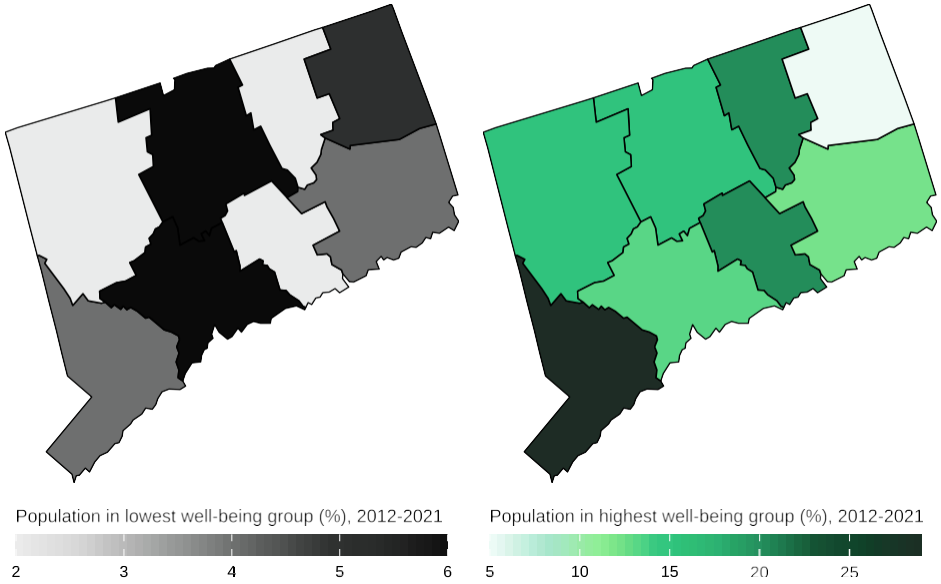
By 2050, IHME projects that **54%** of young people ages 15 to 24 will be overweight or obese in Connecticut.

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

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

Well-being in CT

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

Human Development Index by race and ethnicity and sex, Connecticut

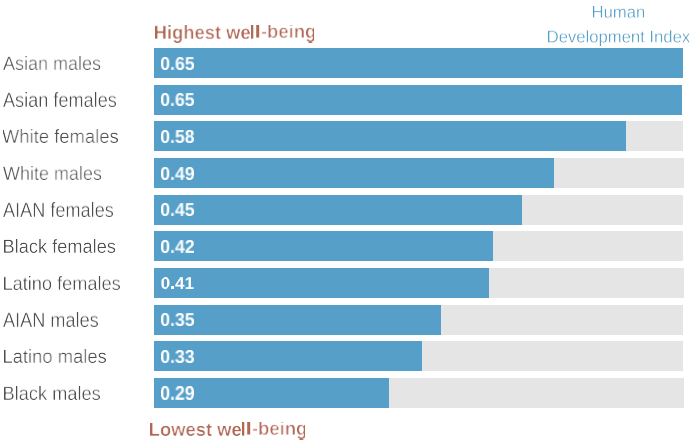
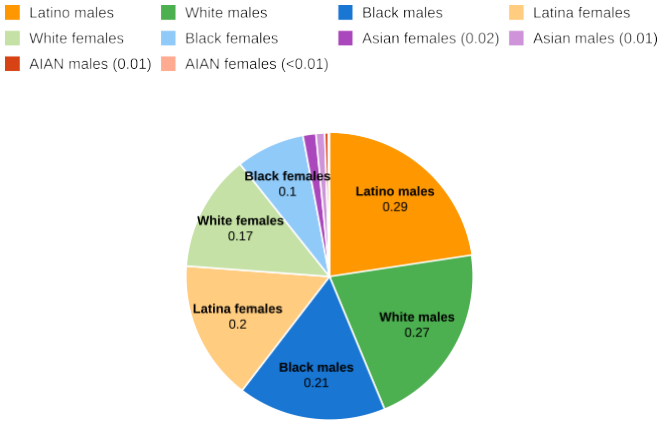


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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IHME Director
cjlm@uw.edu

IHME

The State of Health in Delaware

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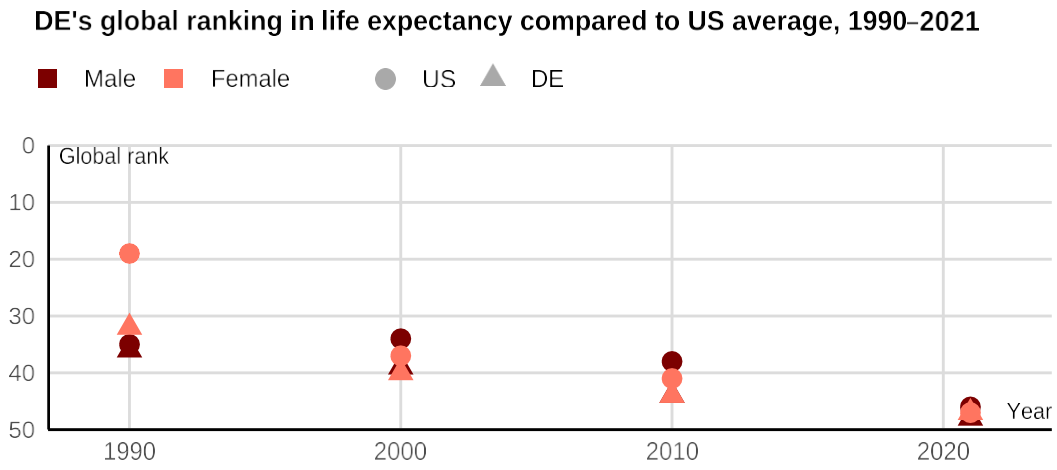
DE is falling behind in life expectancy globally

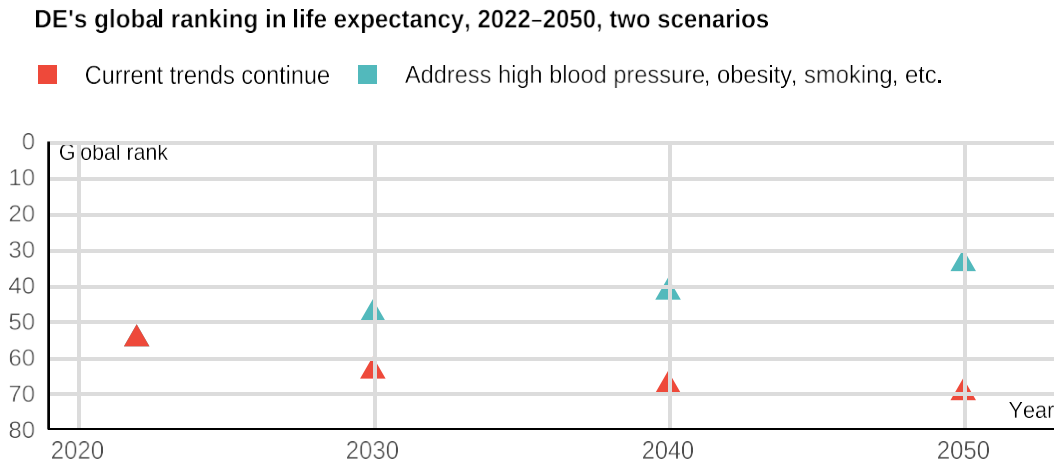
Between 1990 and 2021, the life expectancy ranking of DE dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Luxembourg, Finland, and Slovenia** had a higher life expectancy than DE.

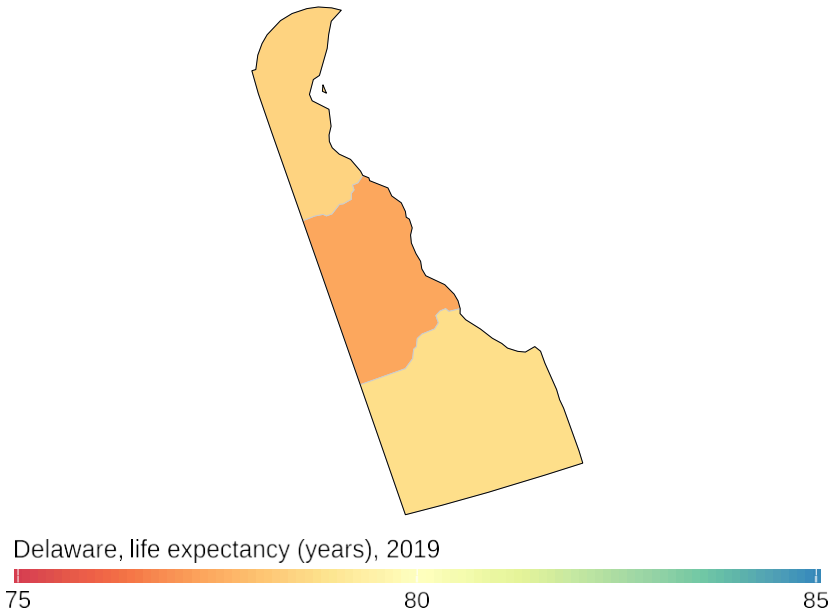
Tackling high blood pressure and obesity could improve DE's life expectancy ranking

If DE intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 34th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on DE 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 DE counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in DE.[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 DE.[4]

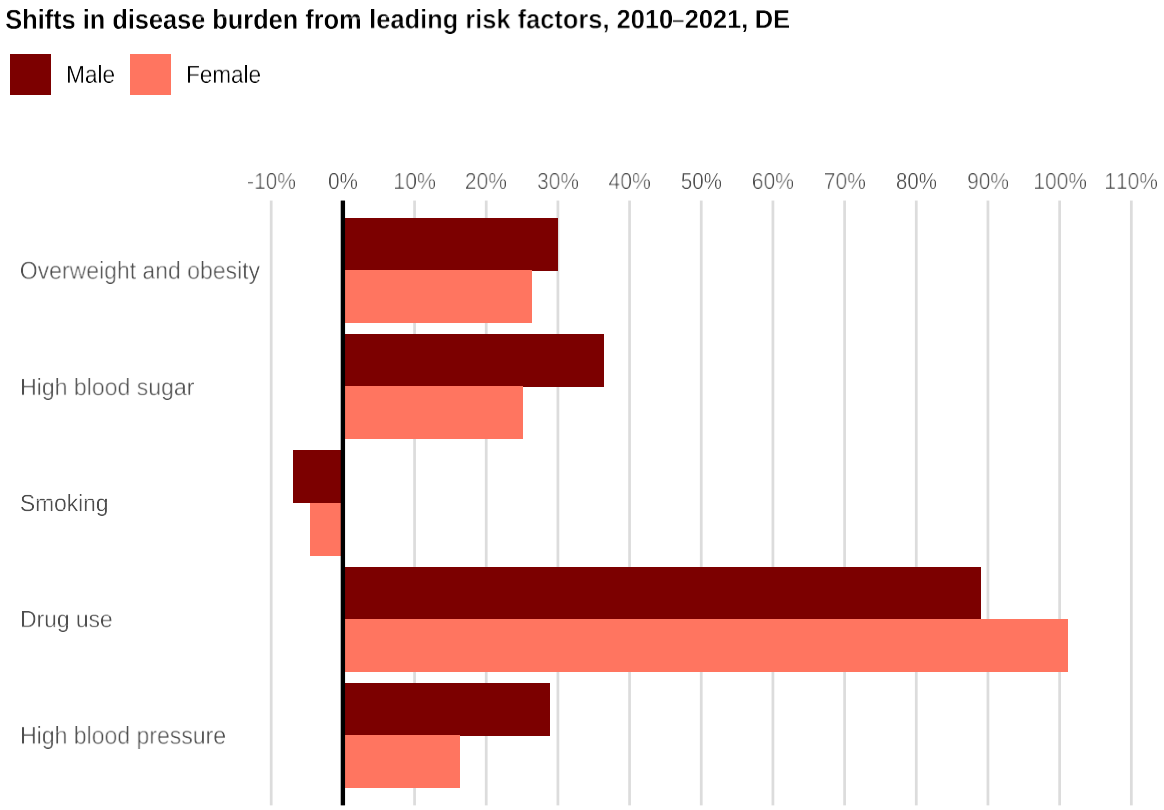
Leading risk factors 2021 ranking

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

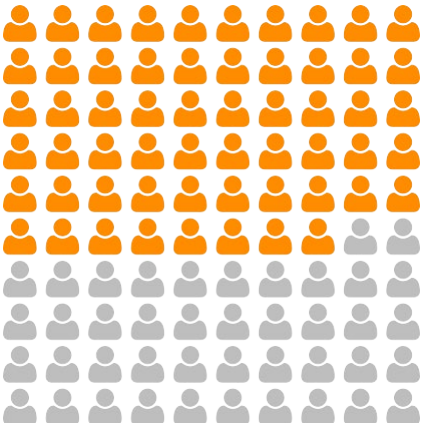
Most of the major risk factors are increasing in DE[6]

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.



[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 DE, especially for youth.



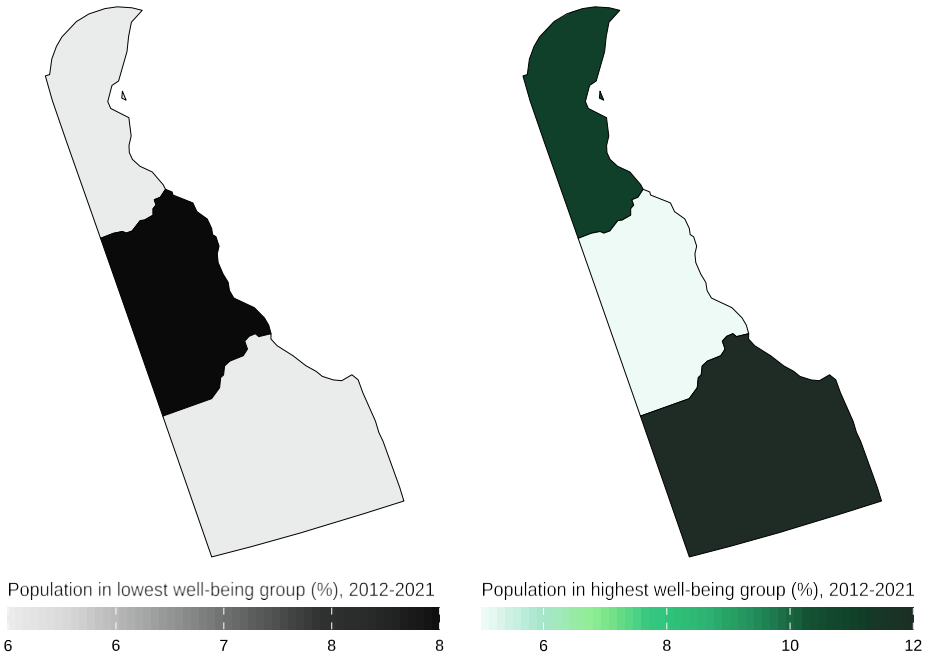
By 2050, IHME projects that **58%** of young people ages 15 to 24 will be overweight or obese in Delaware.

For adults, IHME projects that **82%** will be living with overweight and obesity by 2050 in Delaware.

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

Well-being in DE

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

Human Development Index by race and ethnicity and sex, Delaware

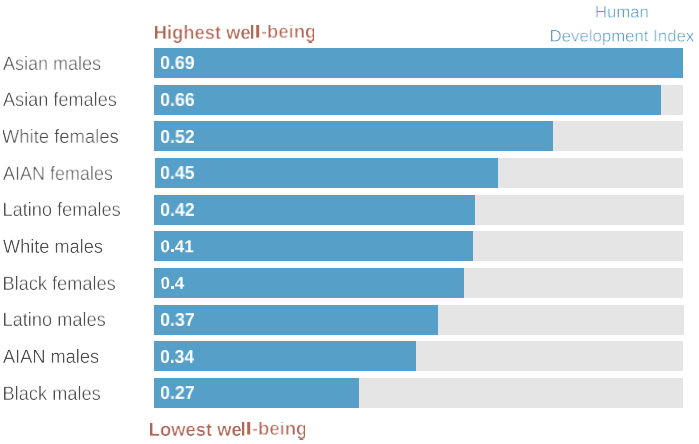
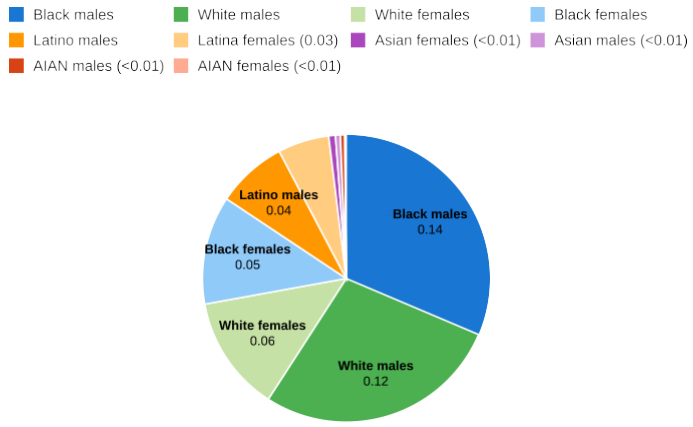


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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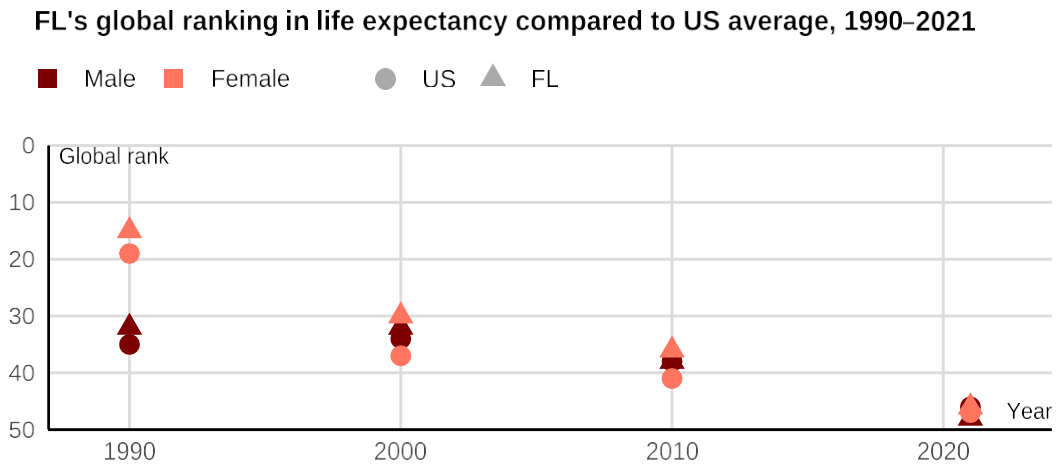
FL is falling behind in life expectancy globally

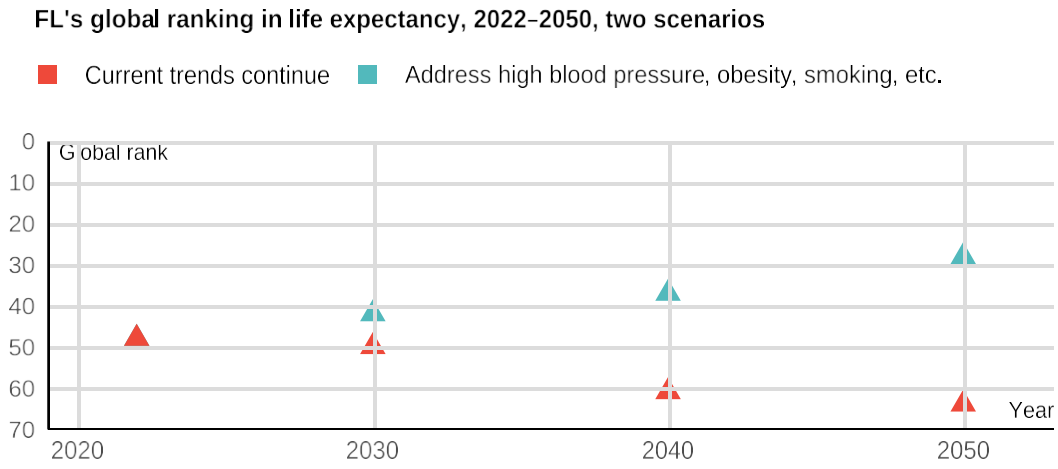
Between 1990 and 2021, the life expectancy ranking of FL dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Belgium, Panama, and Croatia** had a higher life expectancy than FL.

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

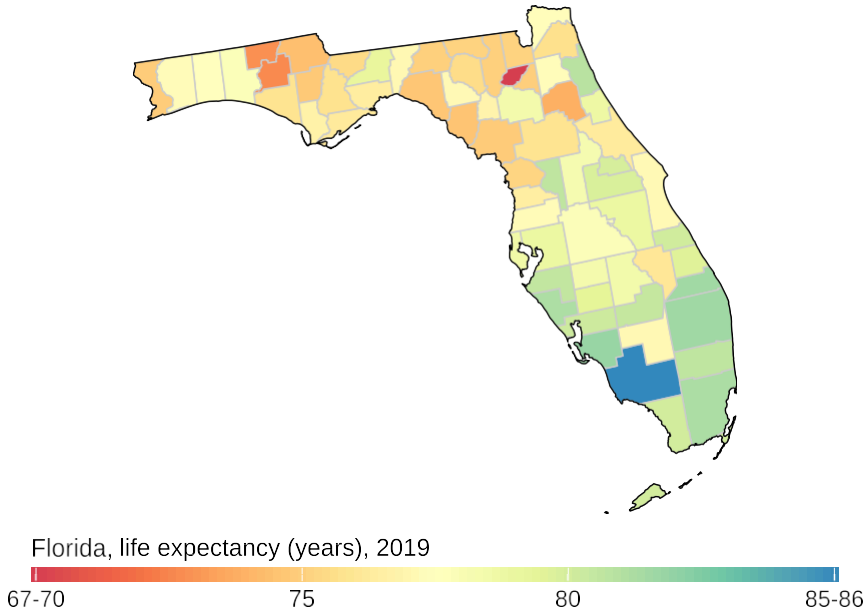
If FL intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 28th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on FL 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

There are stark differences in life expectancy among FL counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in FL.[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 FL.[4]

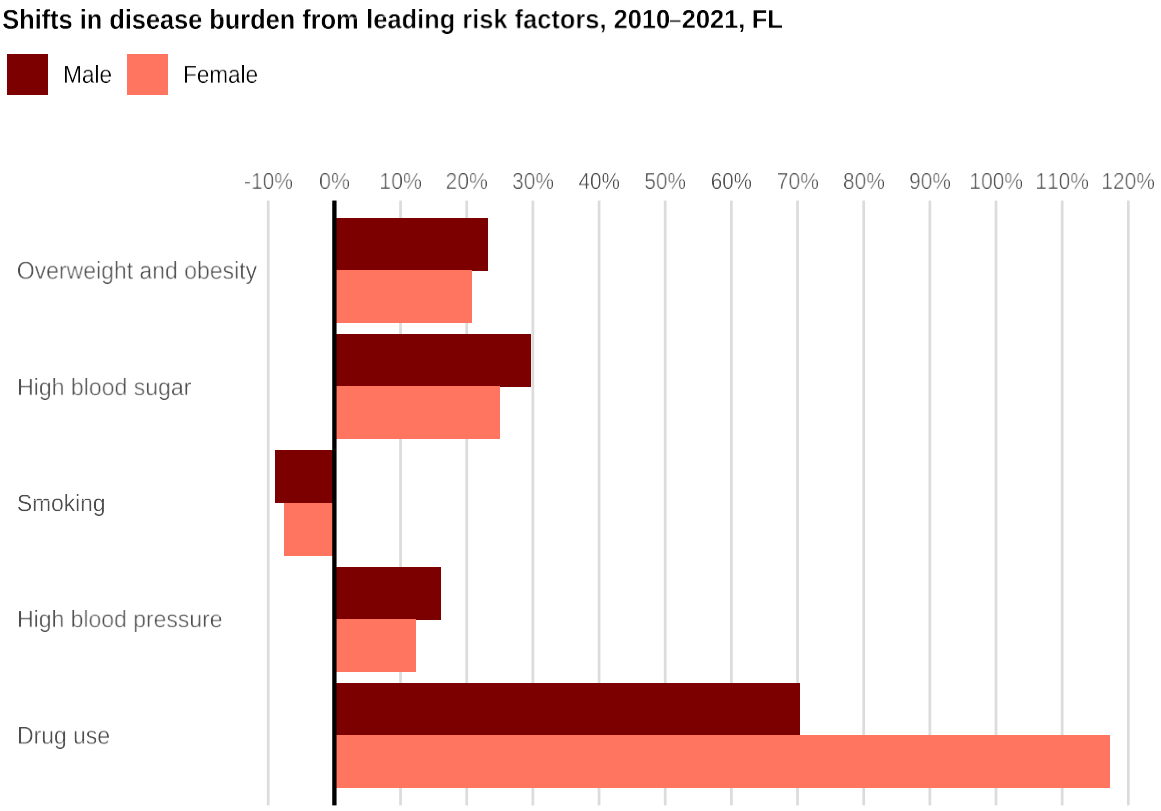
Leading risk factors 2021 ranking

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

[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).

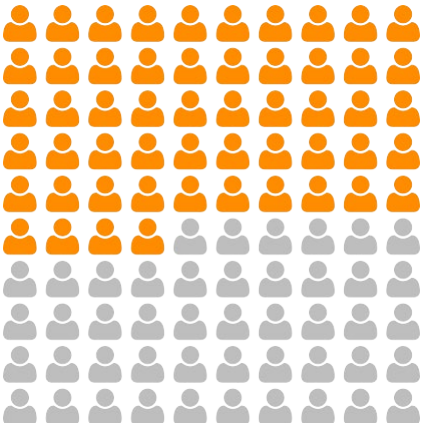
Most of the major risk factors are increasing in FL[6]

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.



[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 FL, especially for youth.



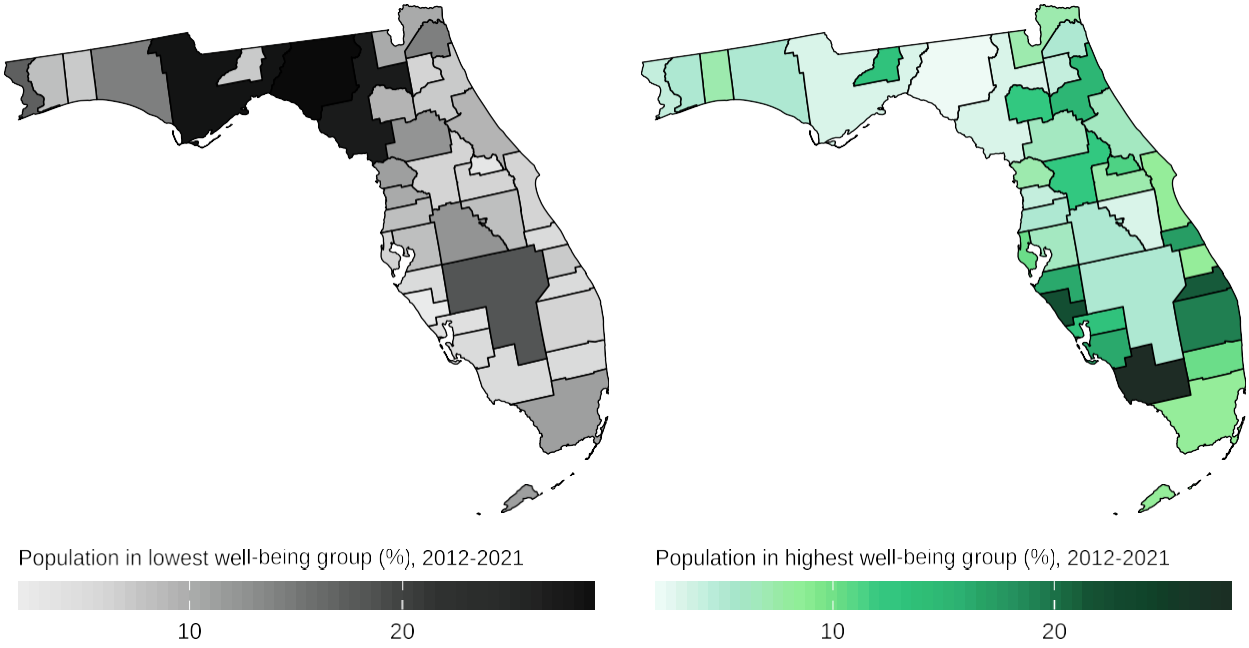
By 2050, IHME projects that **54%** of young people ages 15 to 24 will be overweight or obese in Florida.

For adults, IHME projects that **78%** will be living with overweight and obesity by 2050 in Florida.

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

Well-being in FL

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 Florida, Black individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Florida

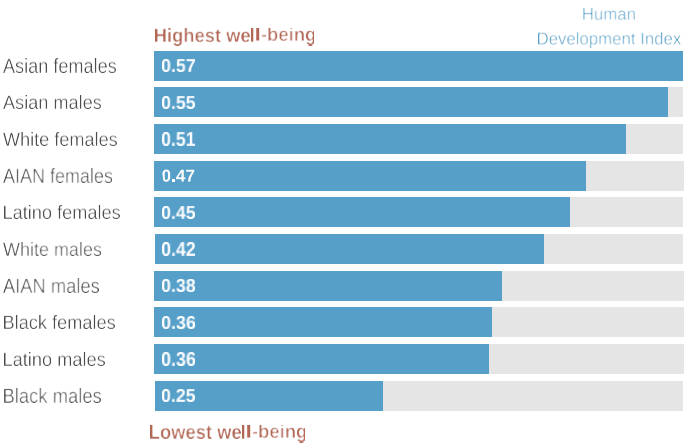
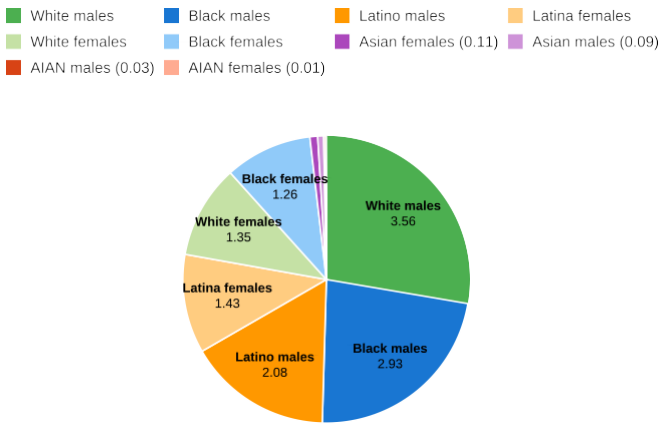


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Georgia

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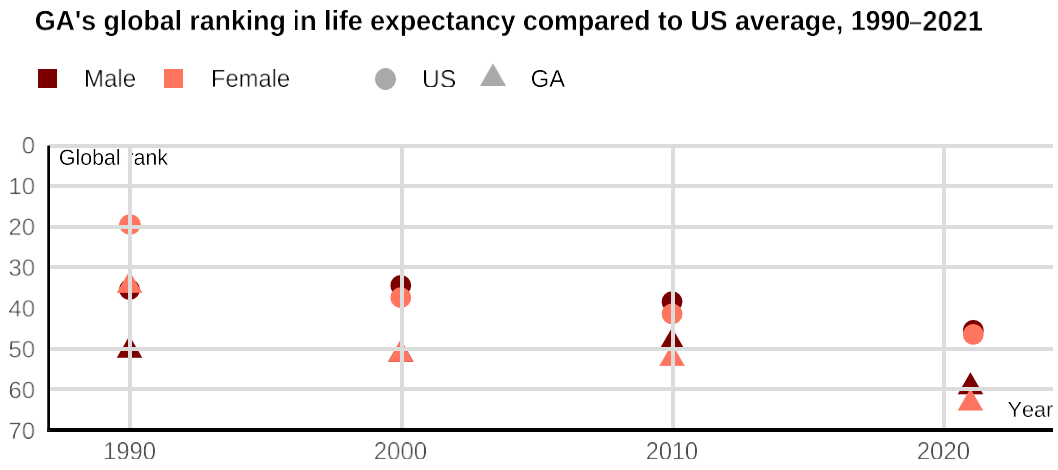
GA is falling behind in life expectancy globally

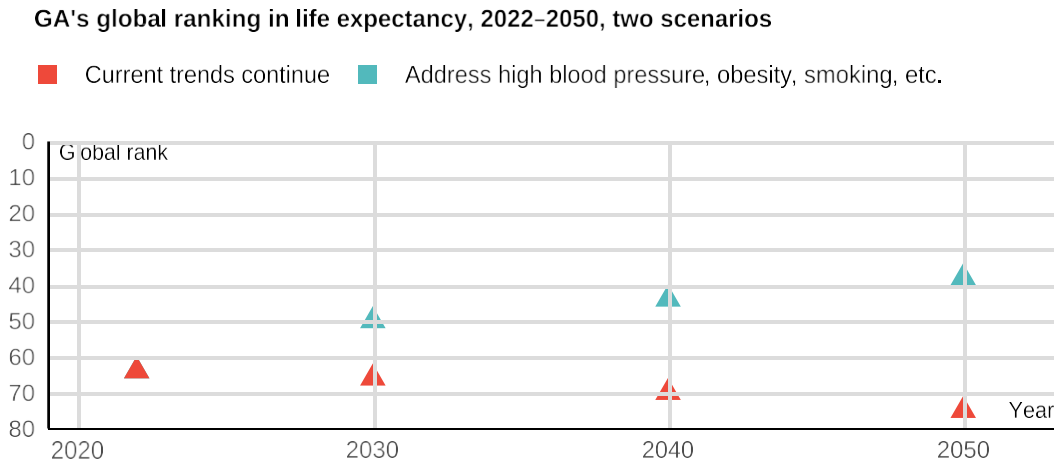
Between 1990 and 2021, the life expectancy ranking of GA dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Switzerland, Panama, and Croatia** had a higher life expectancy than GA.

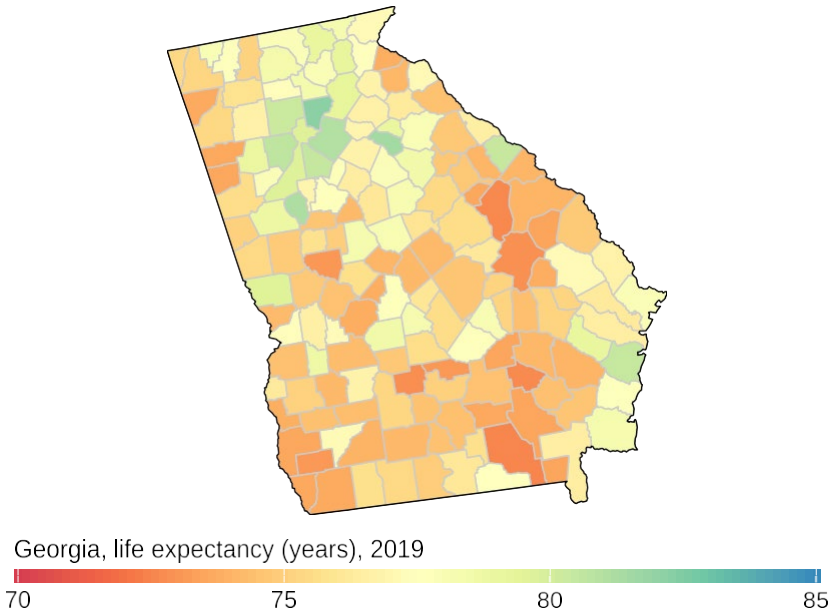
Tackling high blood pressure and obesity could improve GA's life expectancy ranking

If GA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 38th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on GA 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 GA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in GA.[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 GA.[4]

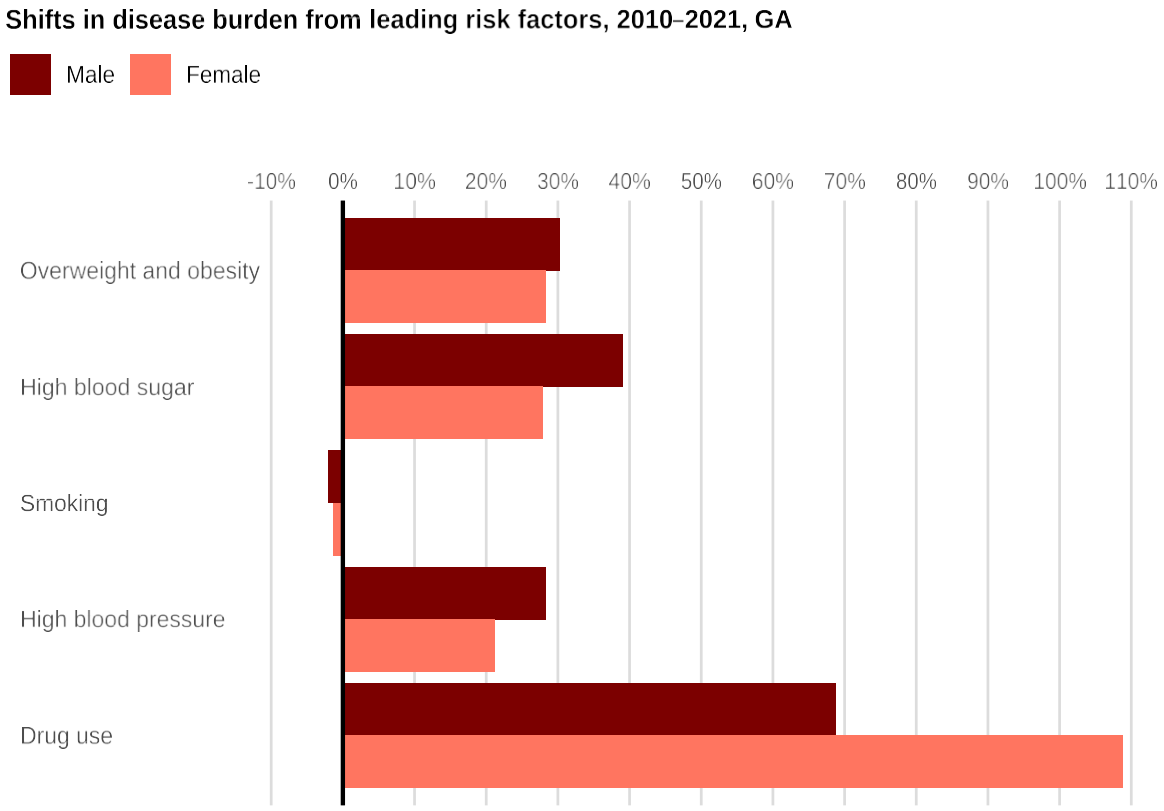
Leading risk factors 2021 ranking

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

[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).

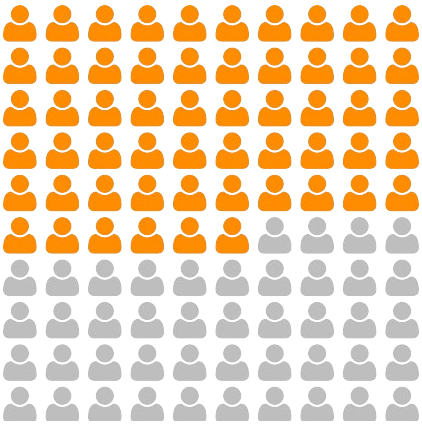
Most of the major risk factors are increasing in GA[6]

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.



[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 GA, especially for youth.



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

For adults, IHME projects that **82%** will be living with overweight and obesity by 2050 in Georgia.

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

Well-being in GA

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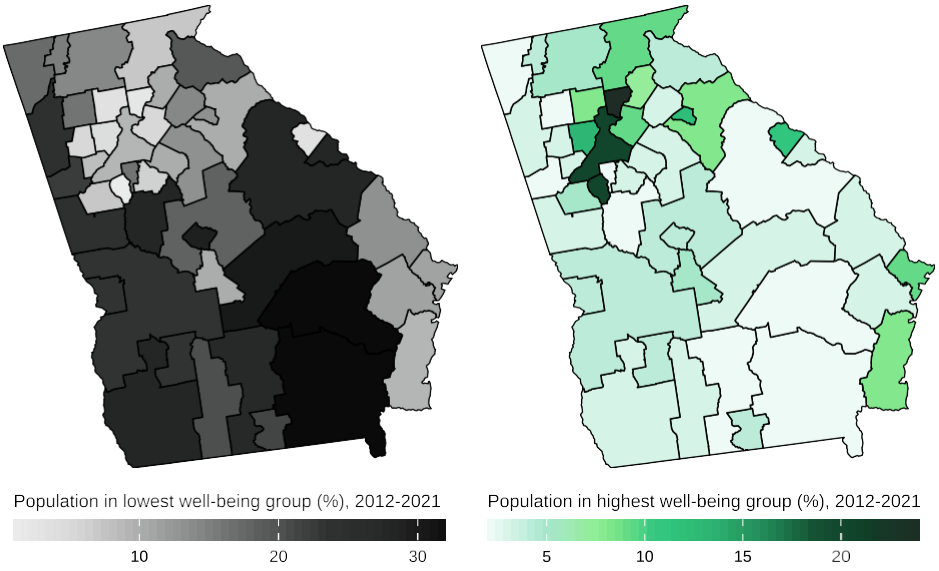


Map reflects geographic subdivisions called Public Use Microdata Areas. These areas are designed to capture a minimum of 100,000 people.

On average, in Georgia, Black individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Georgia

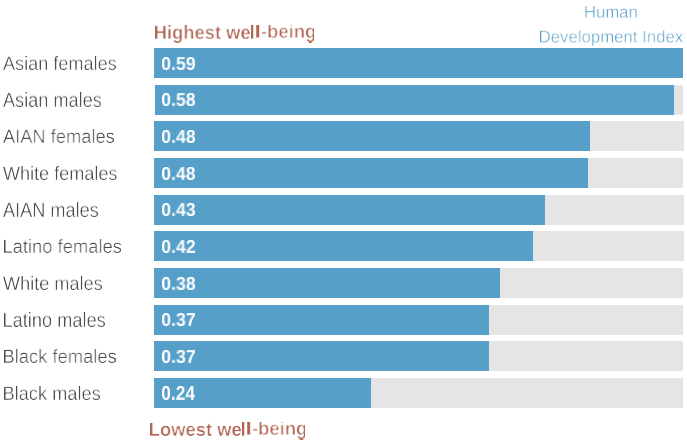
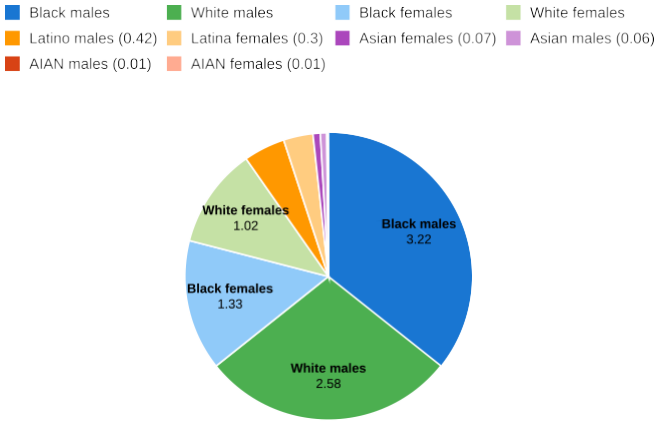


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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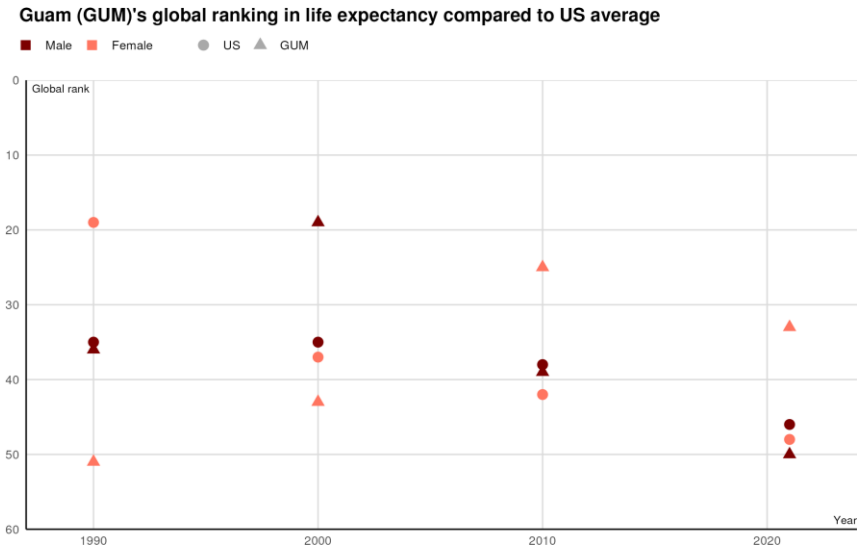
Guam's global life expectancy rankings rose, then fell.

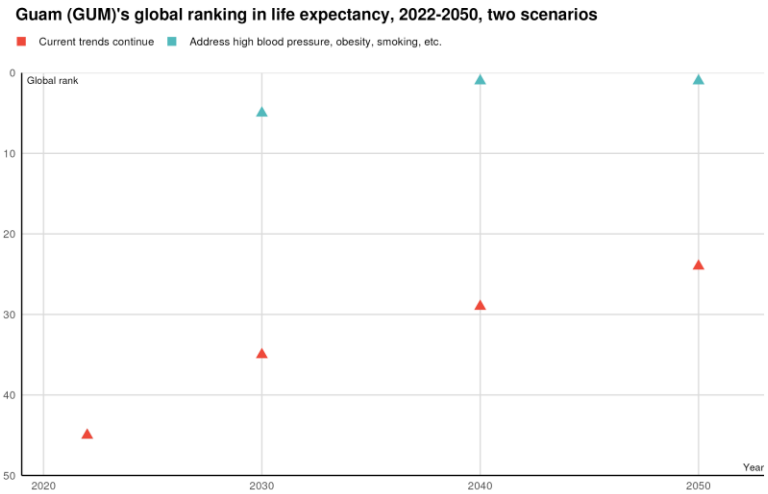
Between 1990 and 2021 in Guam, male and female life expectancy rankings rose relative to other countries, then fell. Still, females' global life expectancy rankings in 2021 were higher than in 1990, but males' rankings were lower. These patterns differ from the US, whose global life expectancy rankings have steadily declined.



In 2021, countries including **Greece, Monaco, and Chile** had a higher life expectancy than Guam.

Tackling high blood pressure and obesity could boost Guam's life expectancy ranking.

If Guam intervenes on key risk factors such as high blood pressure and obesity, its global ranking for life expectancy could rise to 1st by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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.

Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and stroke dominate.[1]

Leading causes 2021 ranking	
1	Ischemic heart disease
2	COVID-19
3	Stroke
4	Diabetes
5	Neonatal disorders
6	Chronic kidney disease
7	Suicide and self-harm
8	Lung cancer
9	Low back pain
10	Other COVID outcomes

Main risk factors: High blood pressure is the top risk factor for poor health and early death in Guam.[2]

Leading risk factors 2021 ranking	
1	High blood pressure
2	High blood sugar
3	Obesity and overweight[3]
4	Smoking
5	Drug use

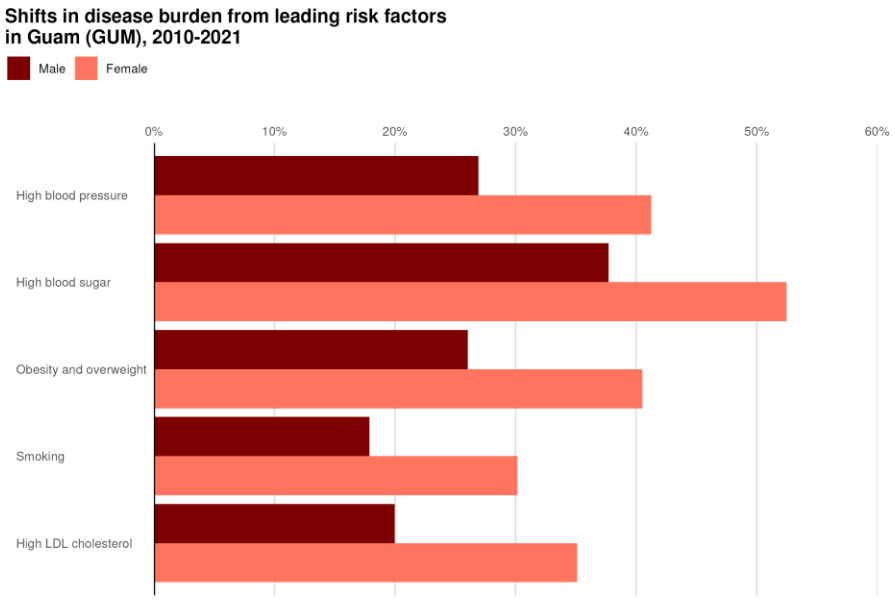
[1]Based on disability-adjusted life years per 100,000 people, all ages, all sexes combined, Level 3 of the Global Burden of Disease (GBD) hierarchy.

[2]Based on risk-attributabledisability-adjusted life years in 2021 for all ages, all sexes combined, Level 3 of the GBD hierarchy.

[3]Body 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 Guam.[4]

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



[4]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes. Risk factors are ordered based onranking for risk-attributable disability-adjusted life years in 2021 for all sexes, Level 3.

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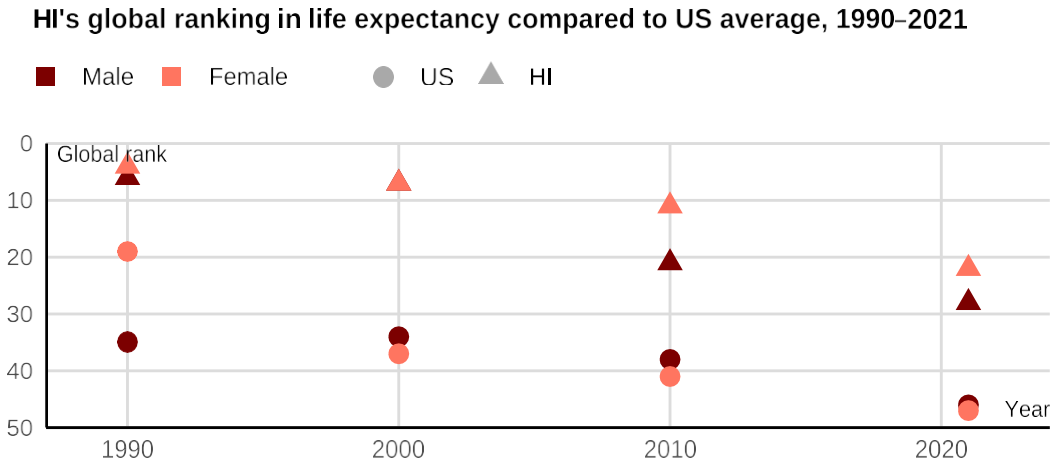
IHME

The State of Health in Hawaii

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).

HI is falling behind in life expectancy globally

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

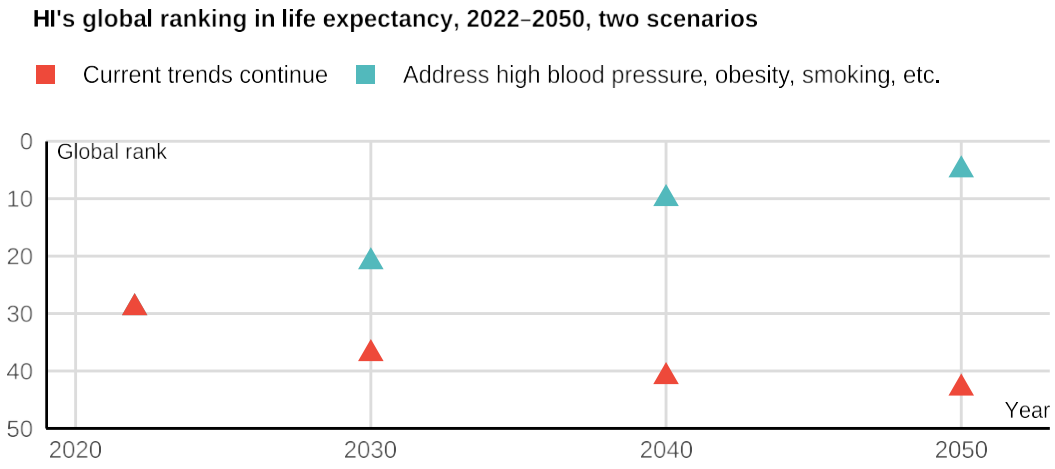


In HI, men's life expectancy ranking slipped more than it did for women.

In 2021, countries including **Ireland, Canada, and Denmark** had a higher life expectancy than HI.

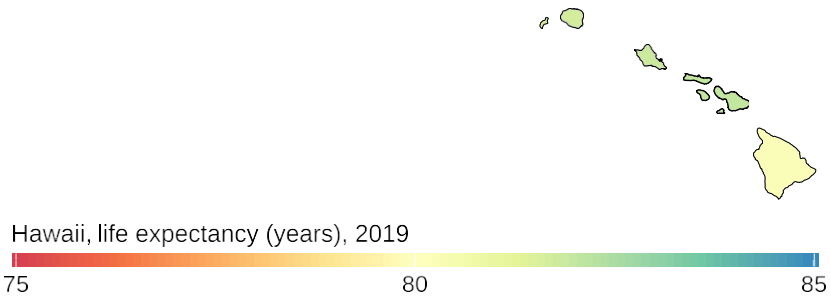
Tackling high blood pressure and obesity could improve HI's life expectancy ranking

If HI intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 5th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on HI 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 HI counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in HI.[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: High blood sugar is the top risk factor for poor health and early death in HI.[4]

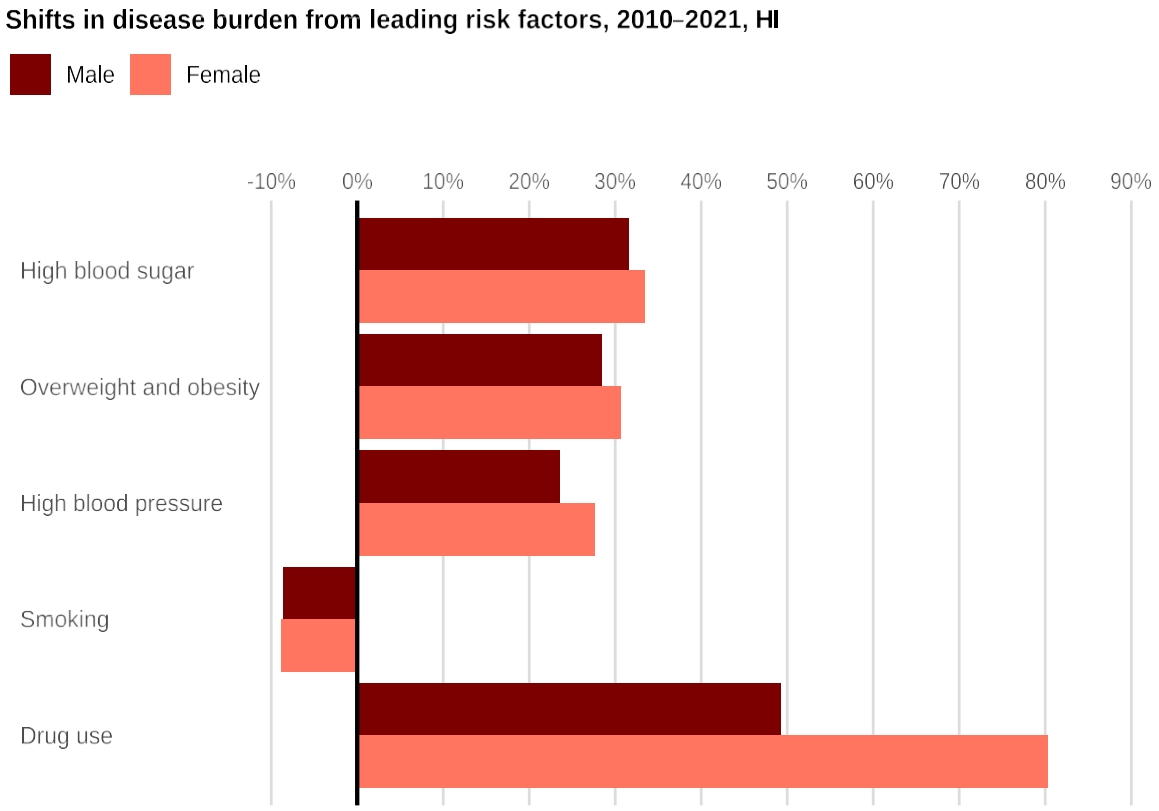
Leading risk factors 2021 ranking

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

[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).

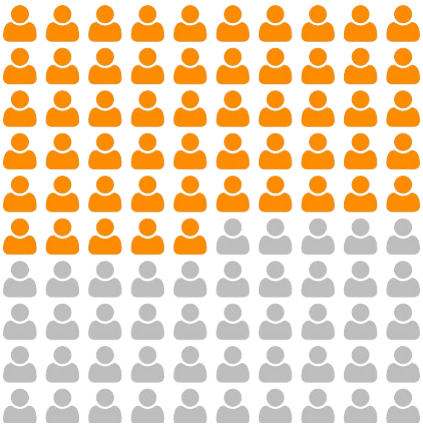
Most of the major risk factors are increasing in HI[6]

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.



[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 HI, especially for youth.



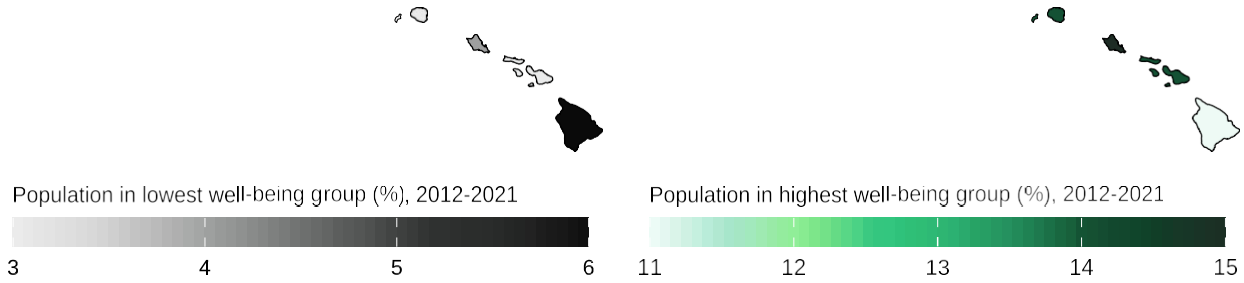
By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in Hawaii.

For adults, IHME projects that **76%** will be living with overweight and obesity by 2050 in Hawaii.

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

Well-being in HI

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 Hawaii, American Indian and Alaska Native males, and Latino individuals, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Hawaii

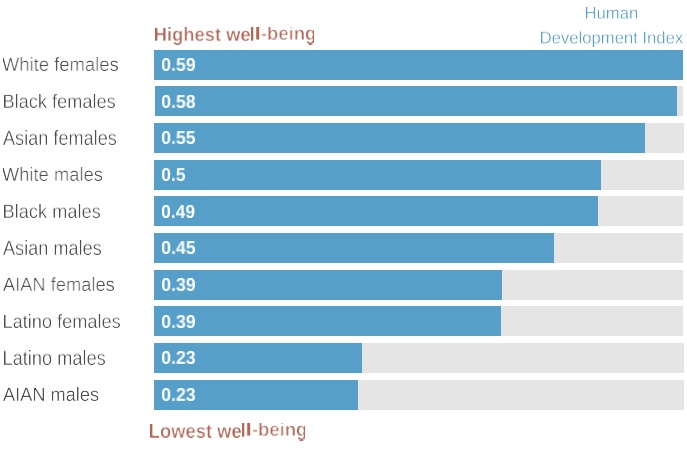
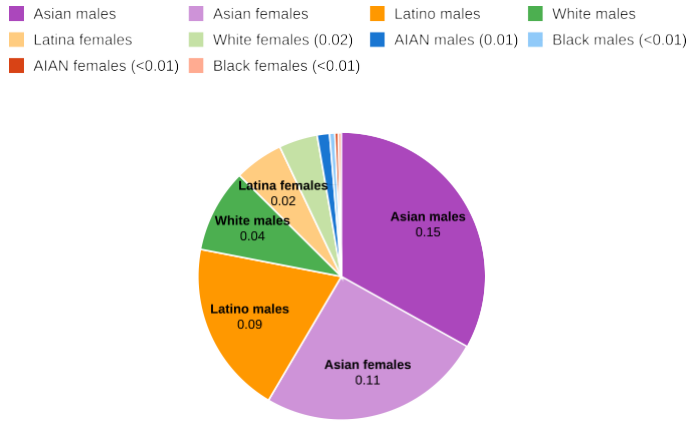


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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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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The State of Health in Idaho

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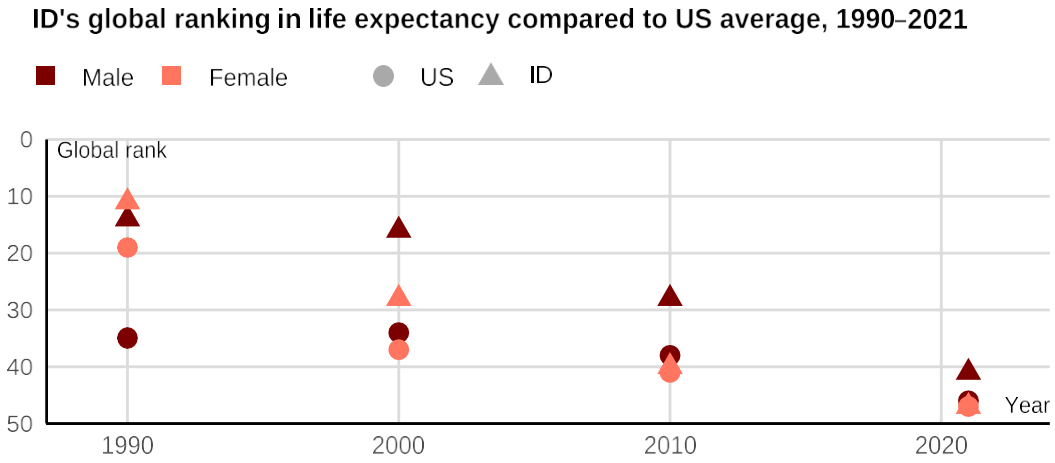
ID is falling behind in life expectancy globally

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

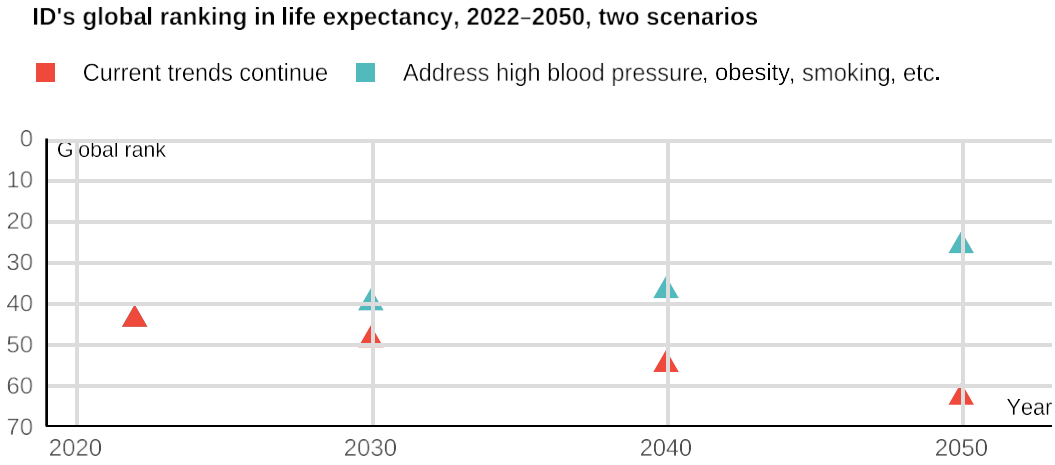


In ID, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Austria, Slovenia, and Chile** had a higher life expectancy than ID.

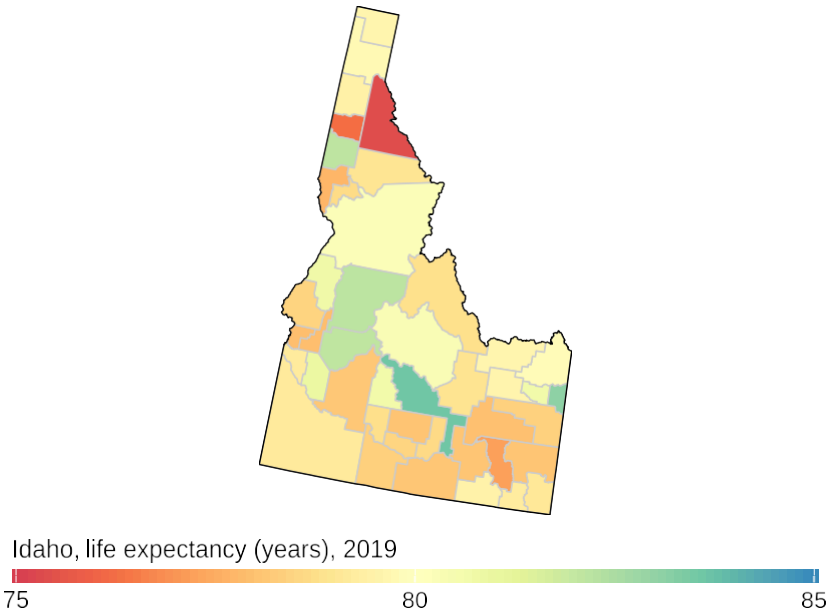
Tackling high blood pressure and obesity could improve ID's life expectancy ranking

If ID intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 26th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on ID 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 ID counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in ID.[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 ID.[4]

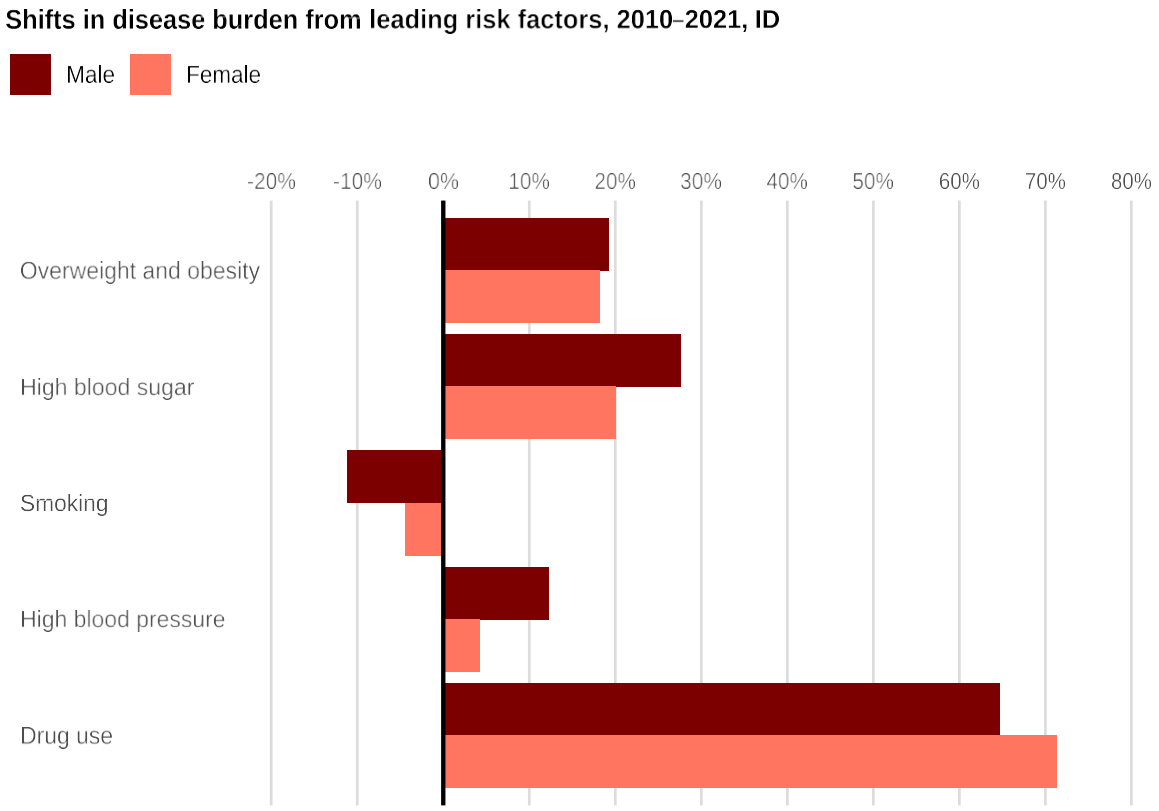
Leading risk factors 2021 ranking

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

[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).

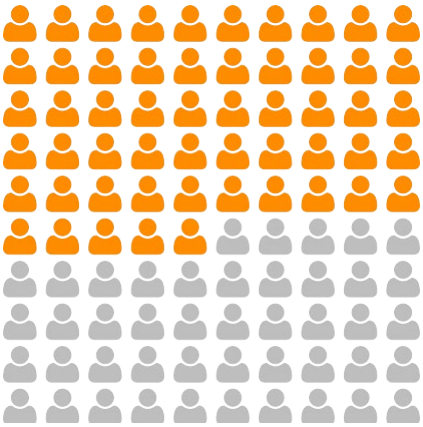
Most of the major risk factors are increasing in ID[6]

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.



[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 ID, especially for youth.



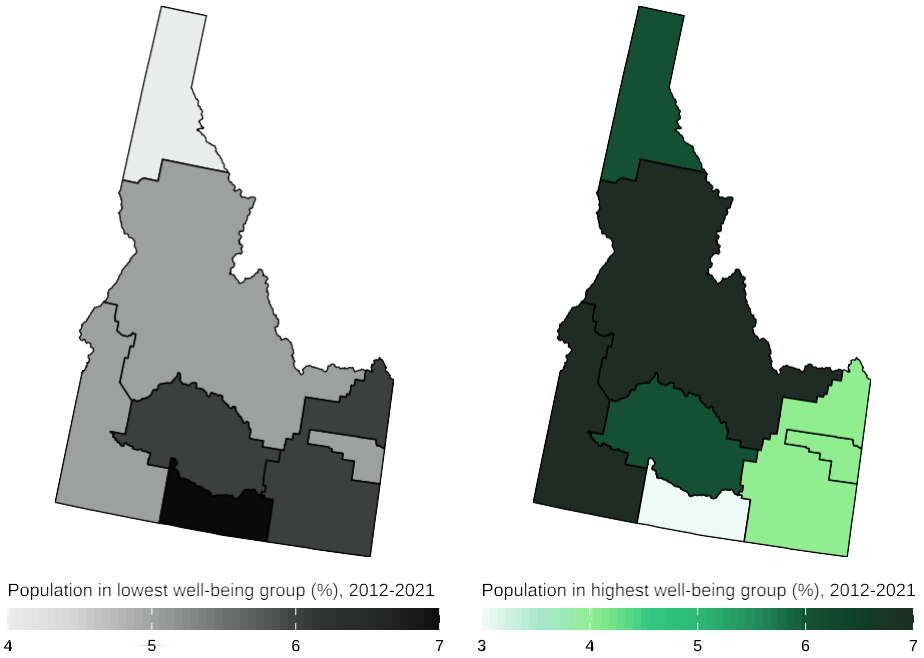
By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in Idaho.

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

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

Well-being in ID

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 Idaho, American Indian and Alaska Native individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Idaho

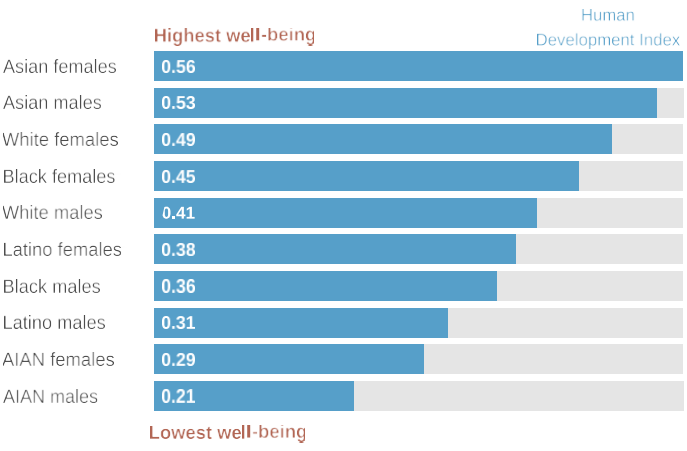
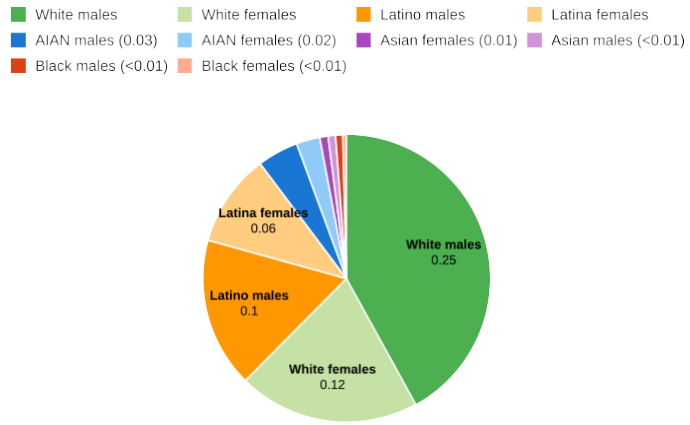


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Illinois

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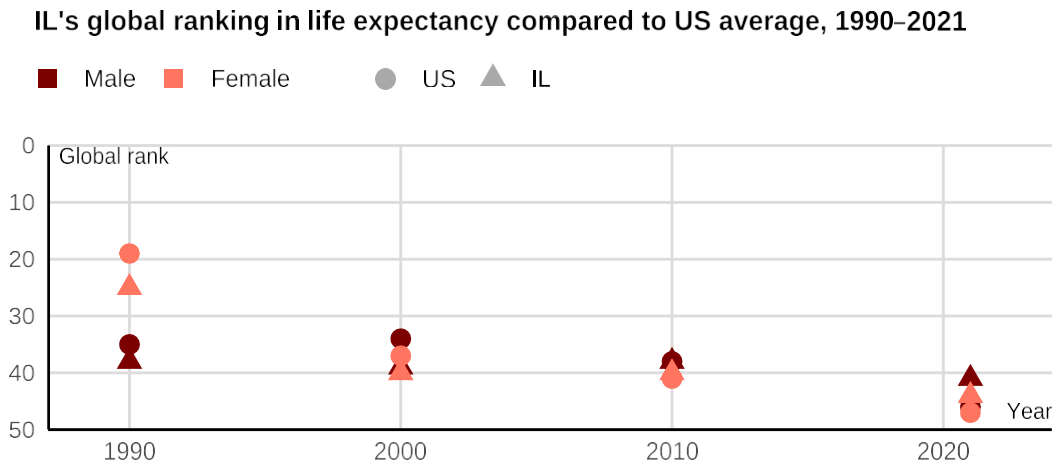
IL is falling behind in life expectancy globally

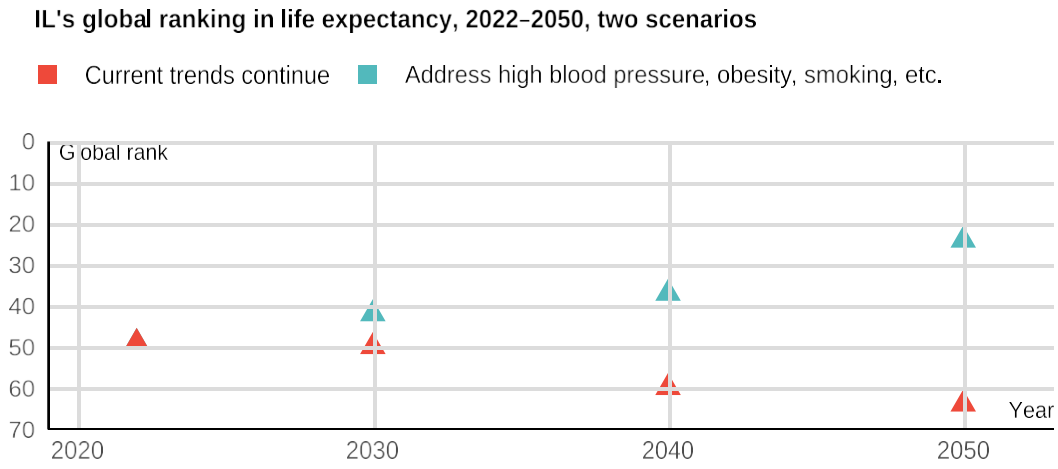
Between 1990 and 2021, the life expectancy ranking of IL dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Switzerland, Chile, and Panama** had a higher life expectancy than IL.

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

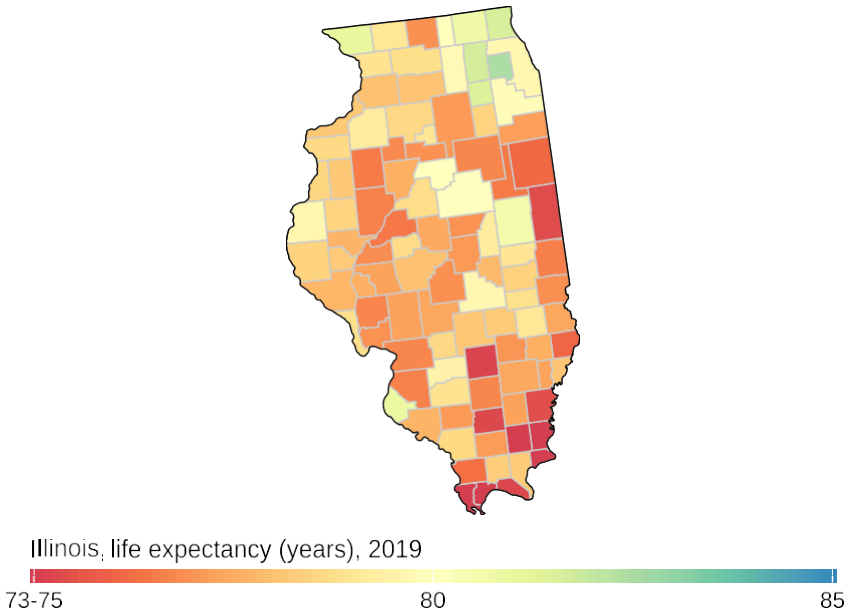
If IL intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 24th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on IL 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

There are noticeable differences in life expectancy among IL counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in IL.[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 IL.[4]

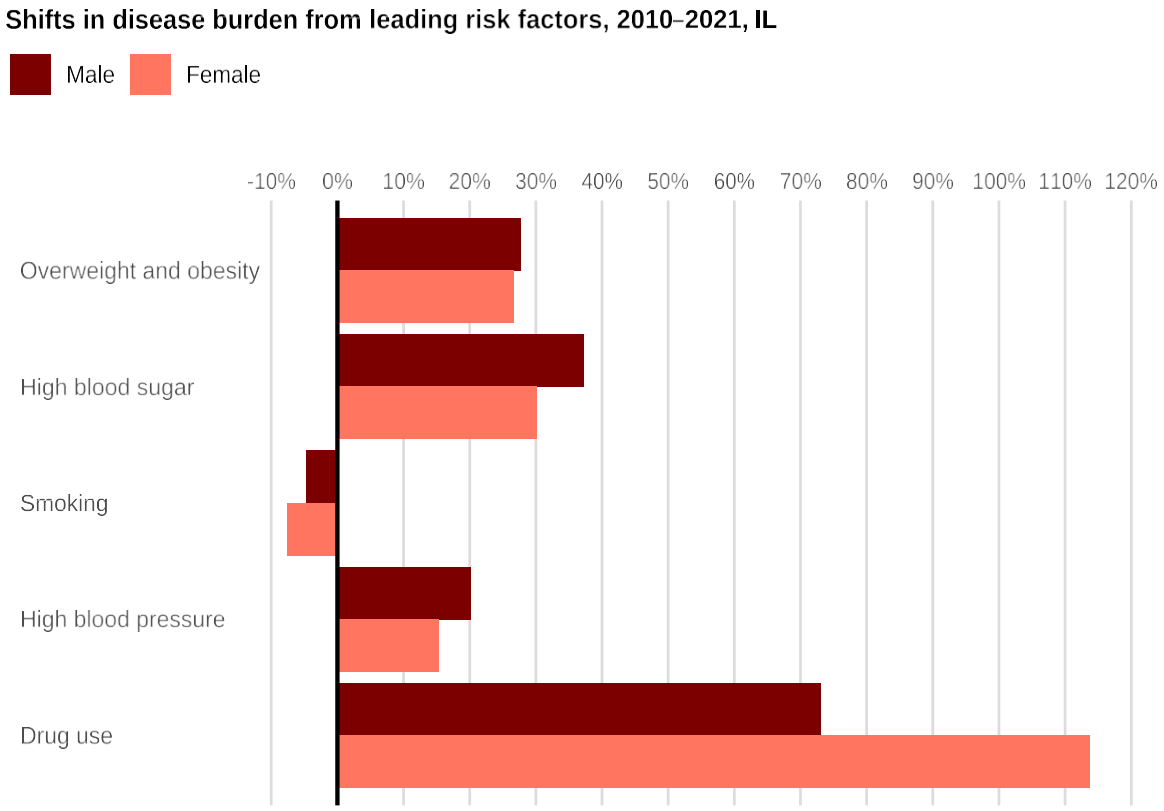
Leading risk factors 2021 ranking

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

[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).

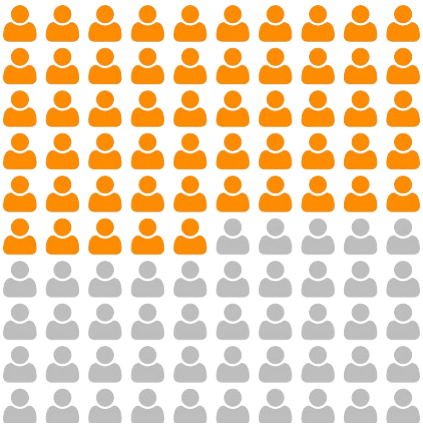
Most of the major risk factors are increasing in IL[6]

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.



[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 IL, especially for youth.



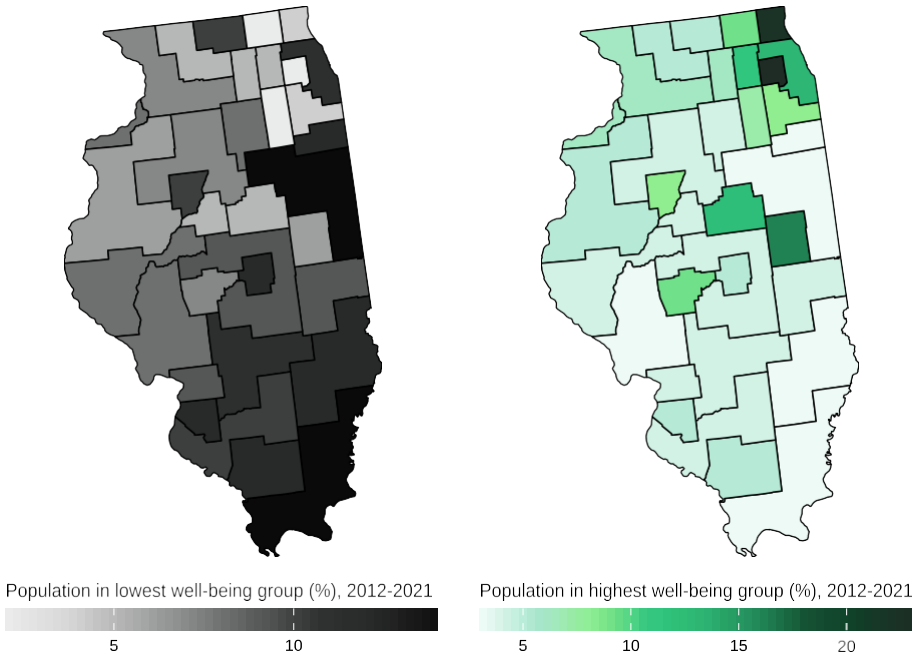
By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in Illinois.

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

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

Well-being in IL

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 Illinois, Black individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Illinois

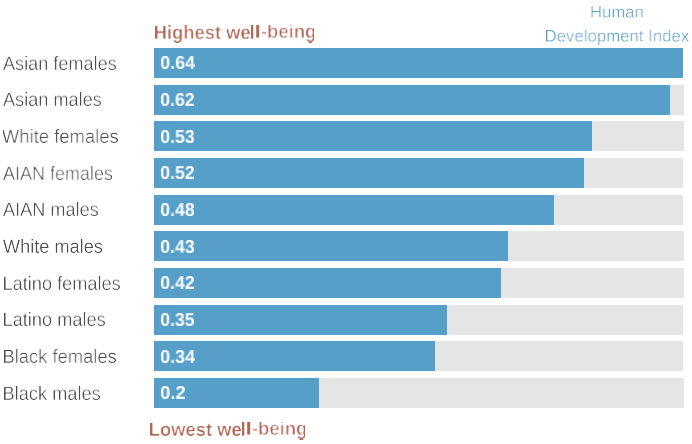
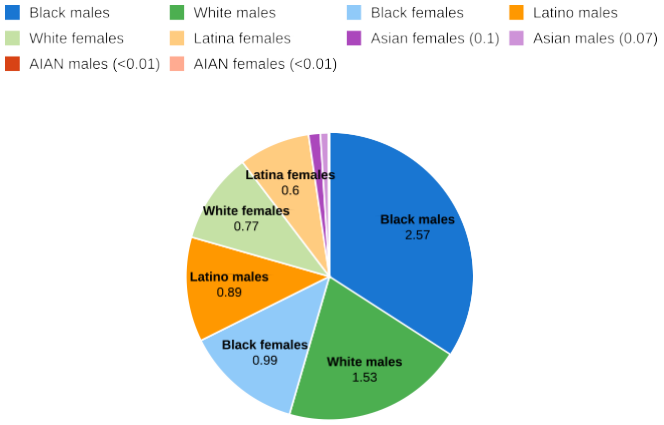


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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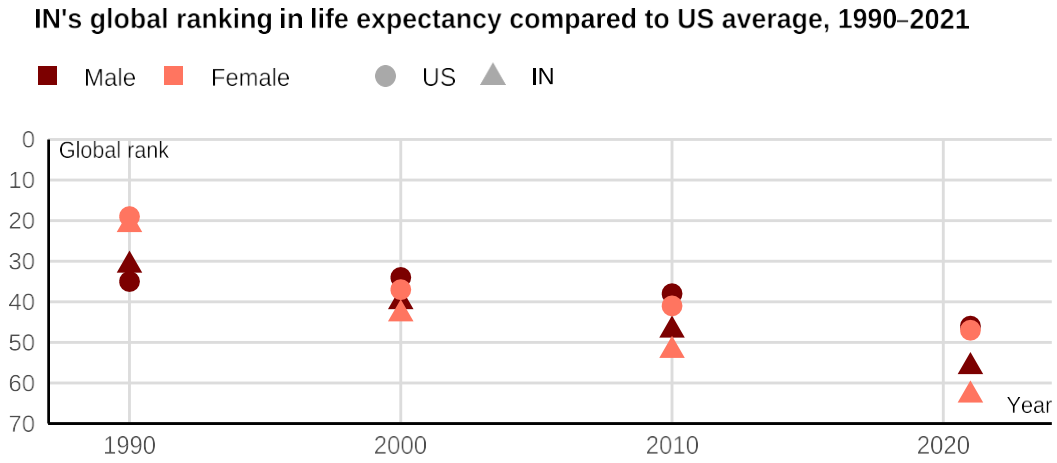
IN is falling behind in life expectancy globally

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

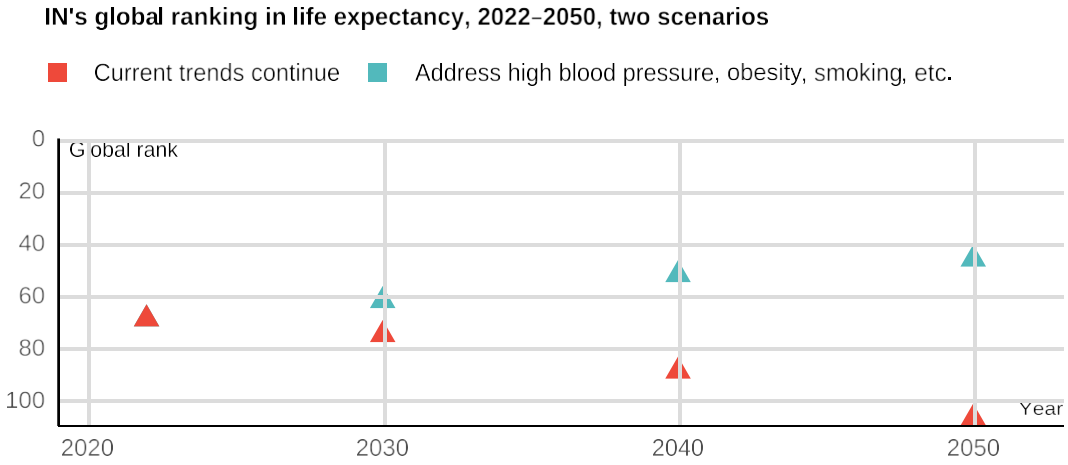


In IN, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Portugal, Qatar, and Bosnia and Herzegovina** had a higher life expectancy than IN.

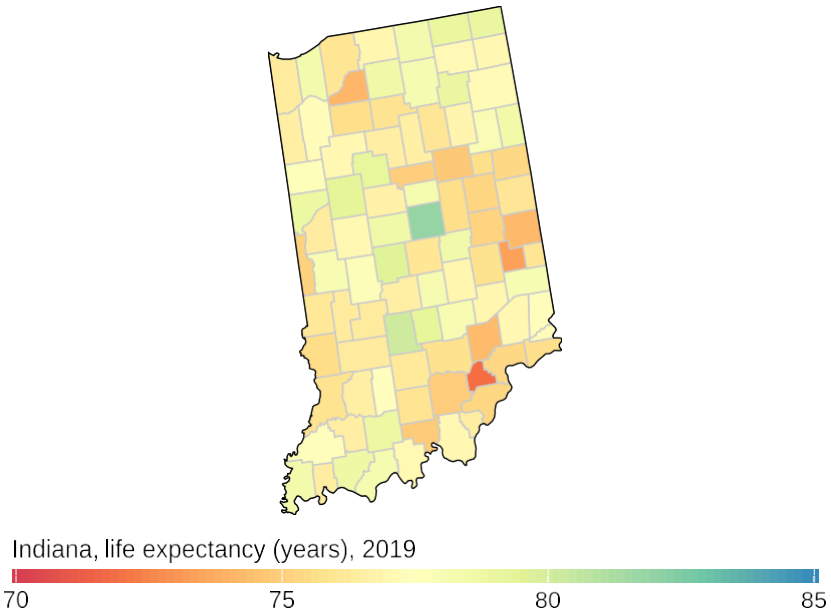
Tackling high blood pressure and obesity could improve IN's life expectancy ranking

If IN intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 46th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on IN 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 IN counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in IN.[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 IN.[4]

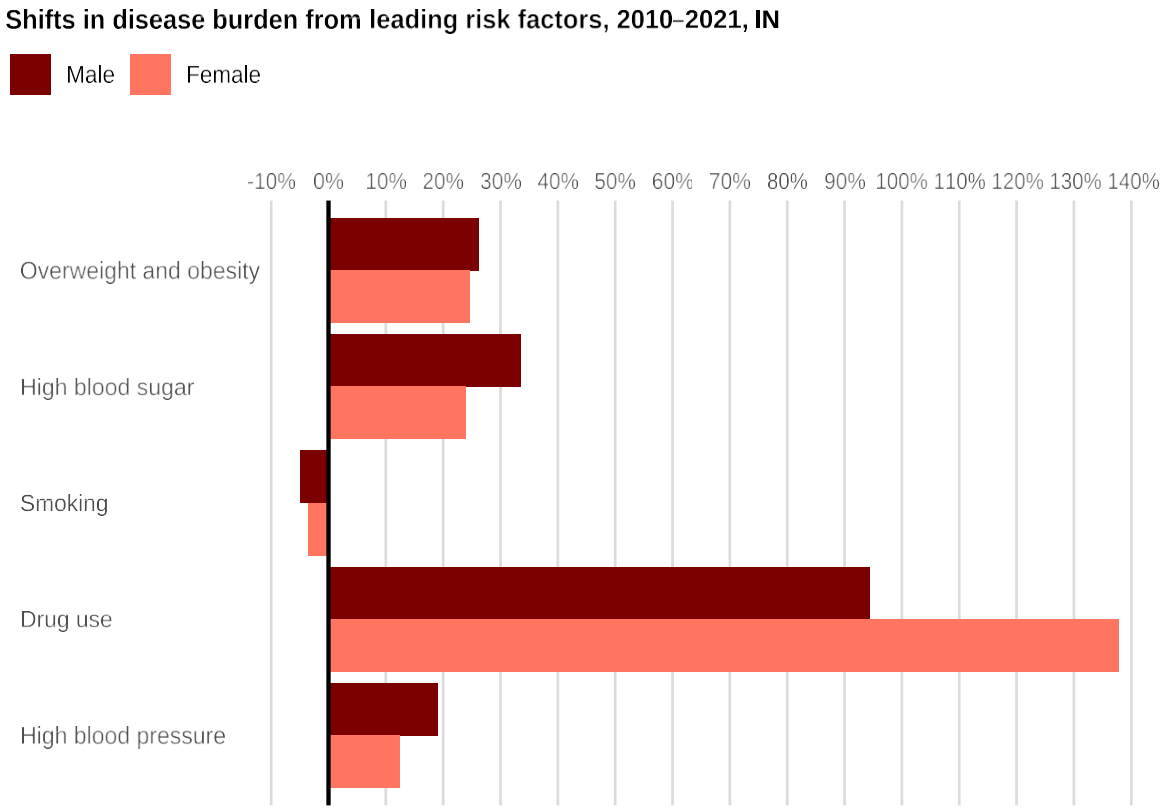
Leading risk factors 2021 ranking

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

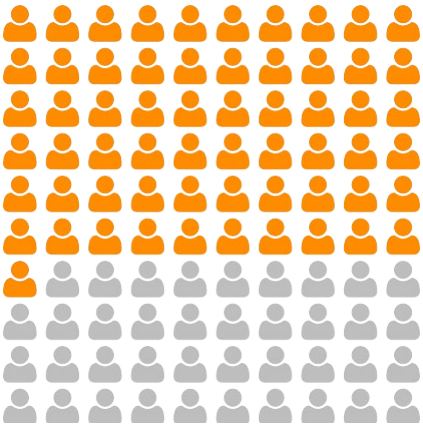
Most of the major risk factors are increasing in IN[6]

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.



[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 IN, especially for youth.



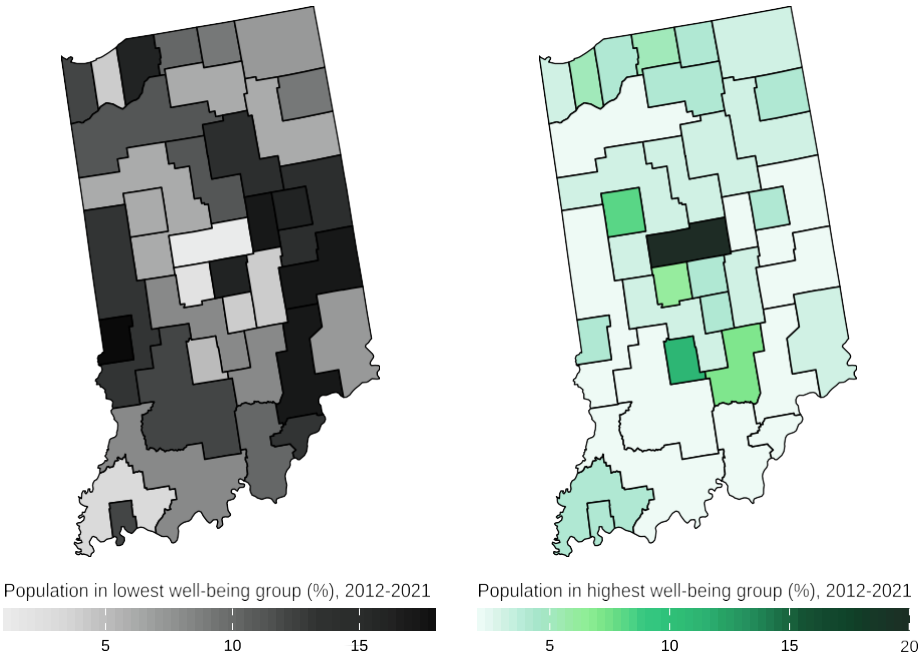
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in Indiana.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Indiana.

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

Well-being in IN

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 Indiana, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Indiana

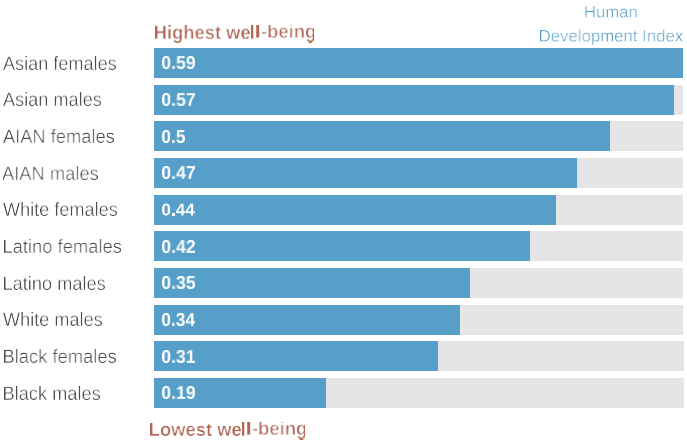
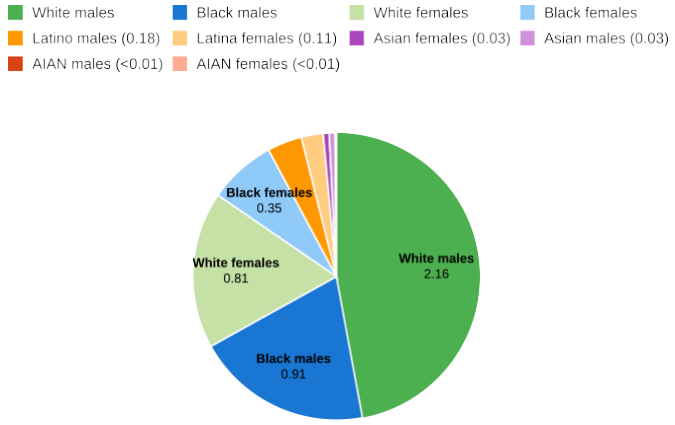


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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For more information, contact:

Dr. Christopher Murray
IHME Director
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IHME

The State of Health in Iowa

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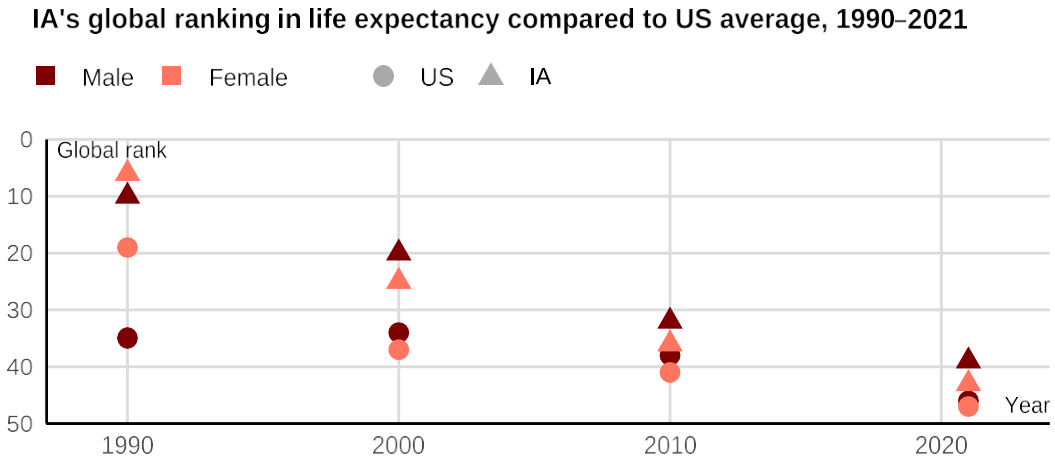
IA is falling behind in life expectancy globally

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

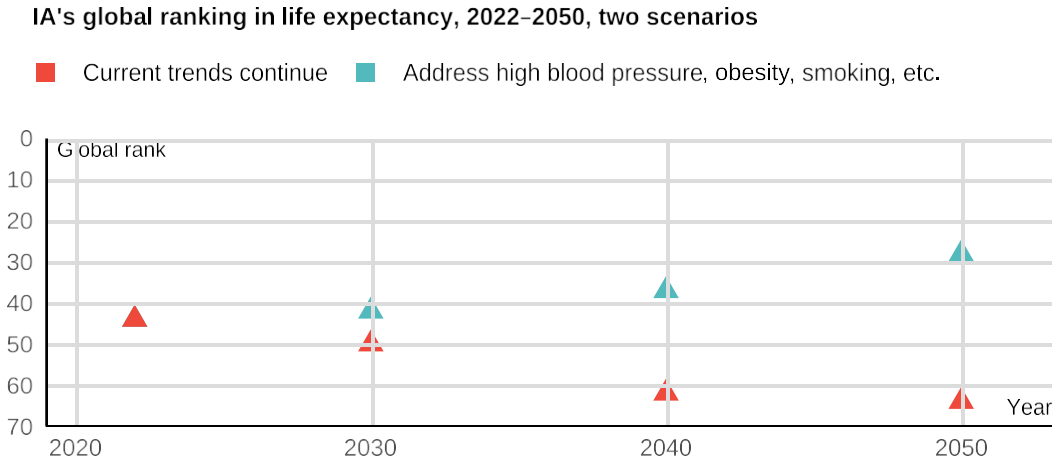


In IA, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Singapore, Luxembourg, and Belgium** had a higher life expectancy than IA.

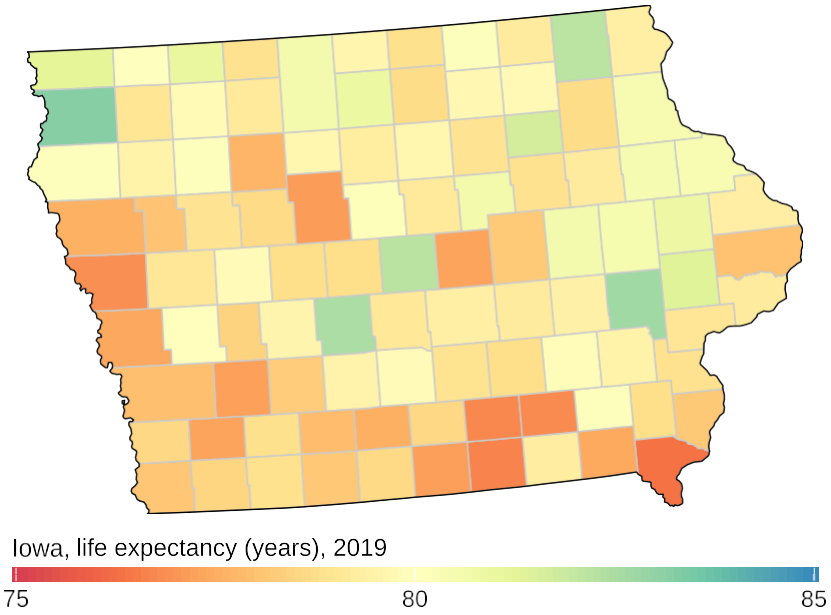
Tackling high blood pressure and obesity could improve IA's life expectancy ranking

If IA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 28th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on IA 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 IA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in IA.[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 IA.[4]

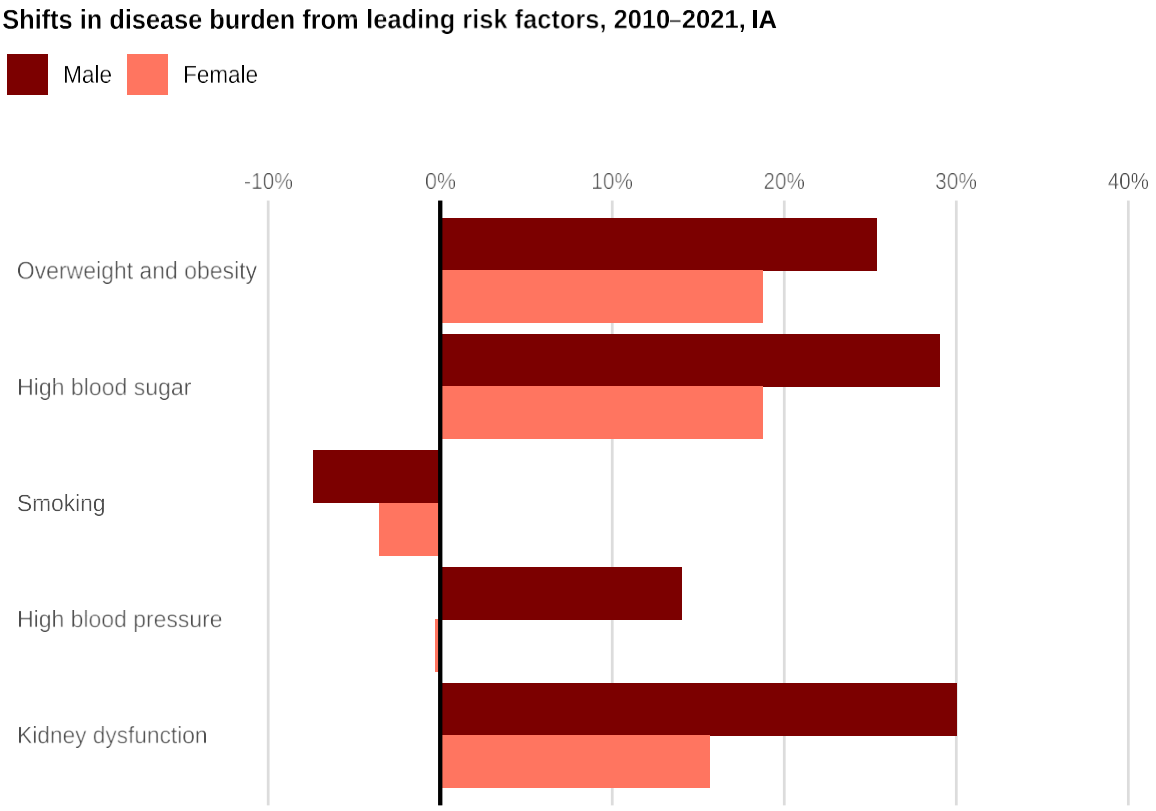
Leading risk factors 2021 ranking

1	Overweight and obesity[5]
2	High blood sugar
3	Smoking
4	High blood pressure
5	Kidney dysfunction

[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).

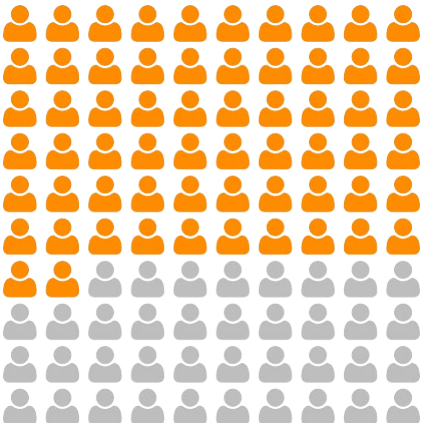
Most of the major risk factors are increasing in IA[6]

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



[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 IA, especially for youth.



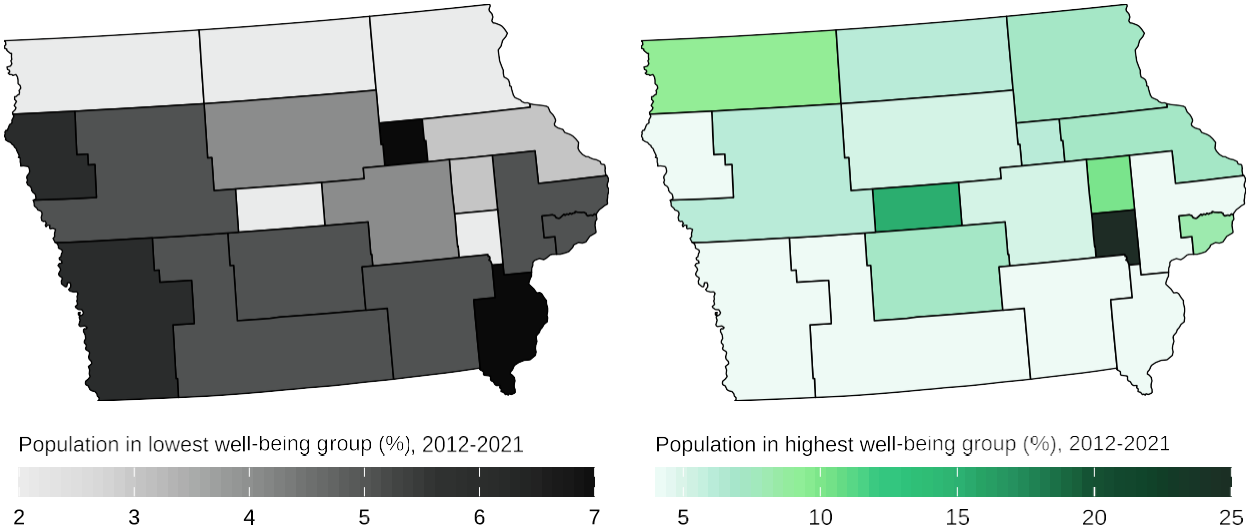
By 2050, IHME projects that **62%** of young people ages 15 to 24 will be overweight or obese in Iowa.

For adults, IHME projects that **86%** will be living with overweight and obesity by 2050 in Iowa.

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

Well-being in IA

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 Iowa, American Indian and Alaska Native males, and Black individuals, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Iowa

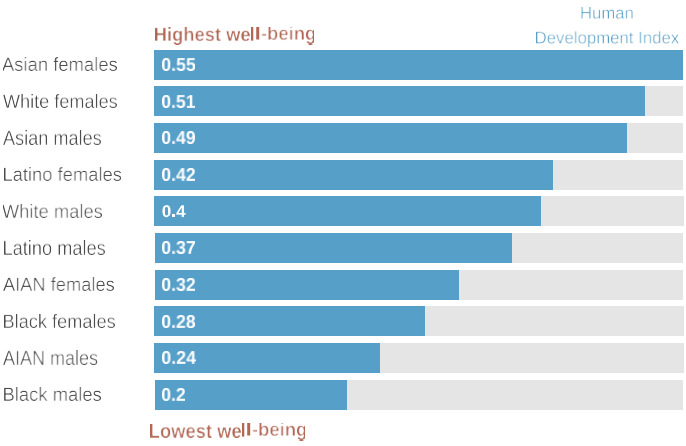
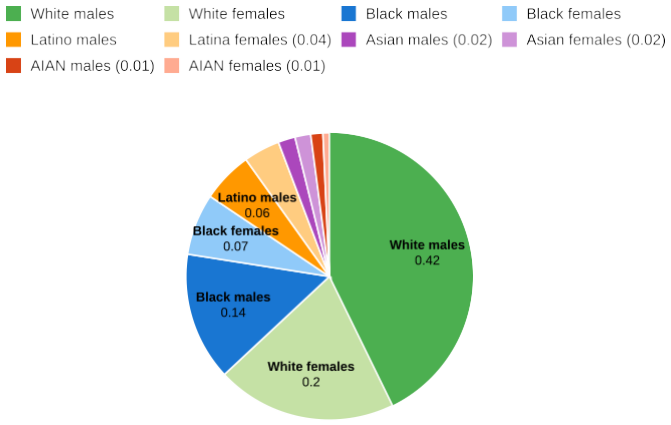


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Kansas

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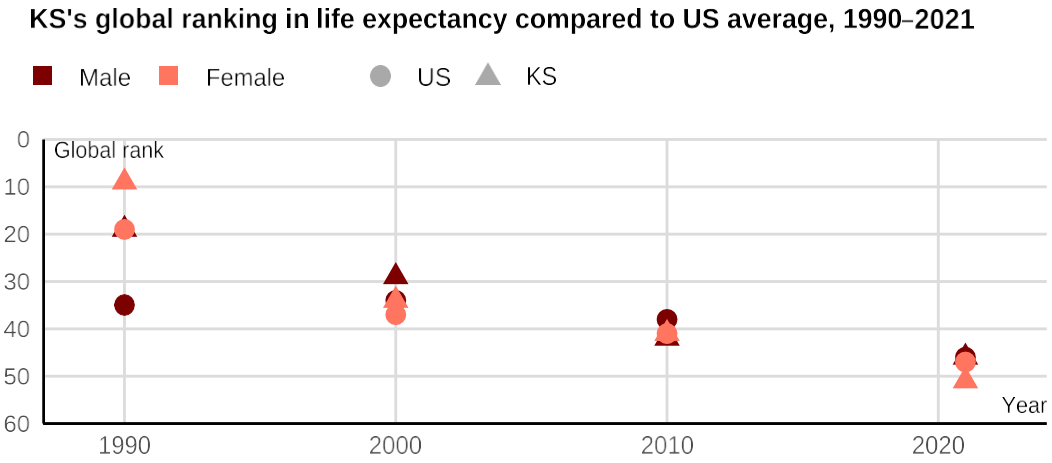
KS is falling behind in life expectancy globally

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

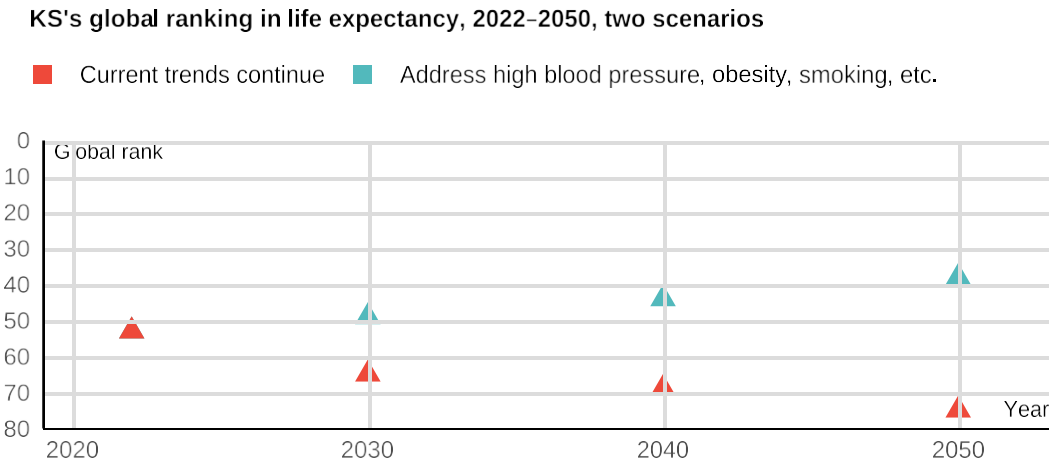


In KS, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Singapore, Israel, and Netherlands** had a higher life expectancy than KS.

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

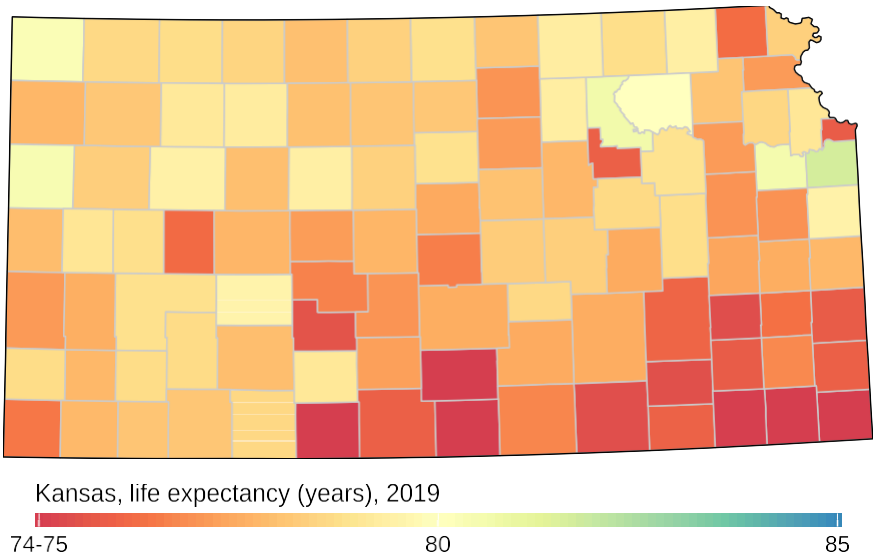
If KS intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 38th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on KS 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

There are noticeable differences in life expectancy among KS counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in KS.[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 KS.[4]

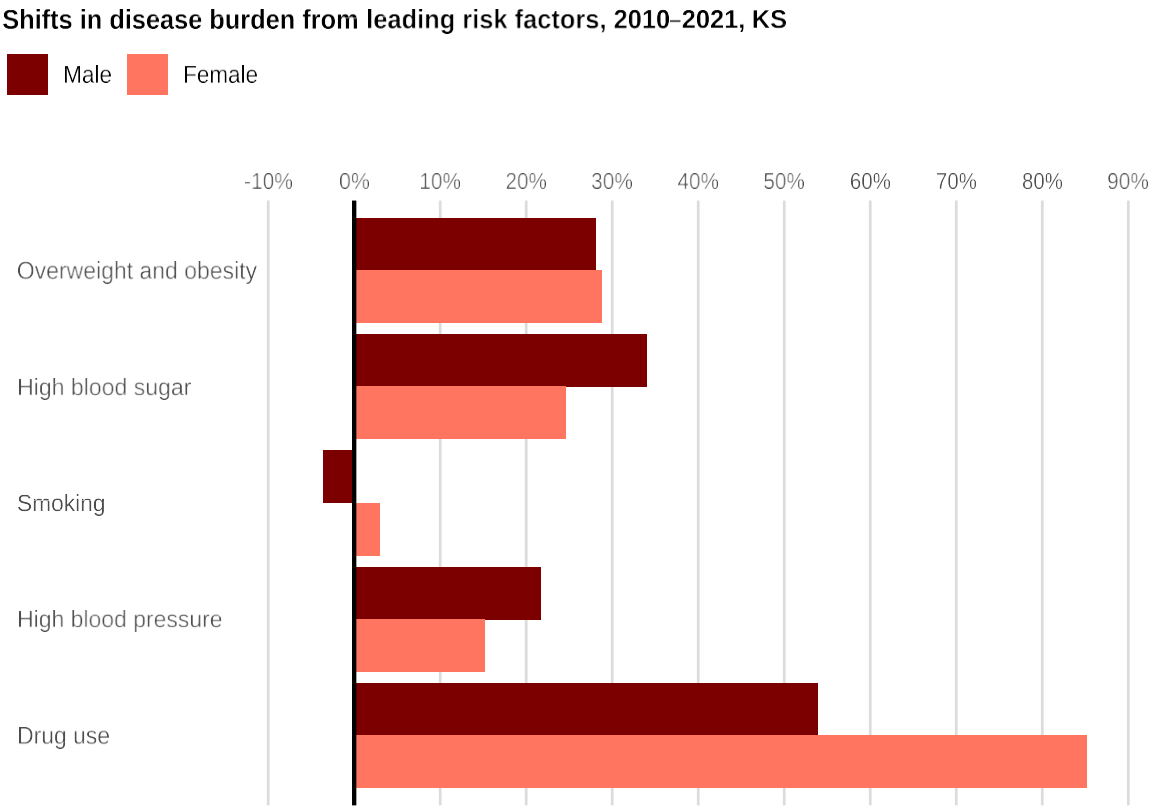
Leading risk factors 2021 ranking

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

[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).

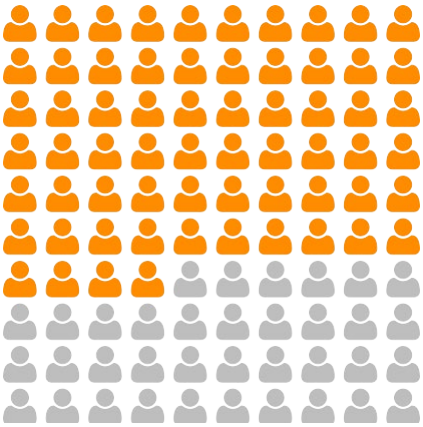
Most of the major risk factors are increasing in KS[6]

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.



[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 KS, especially for youth.



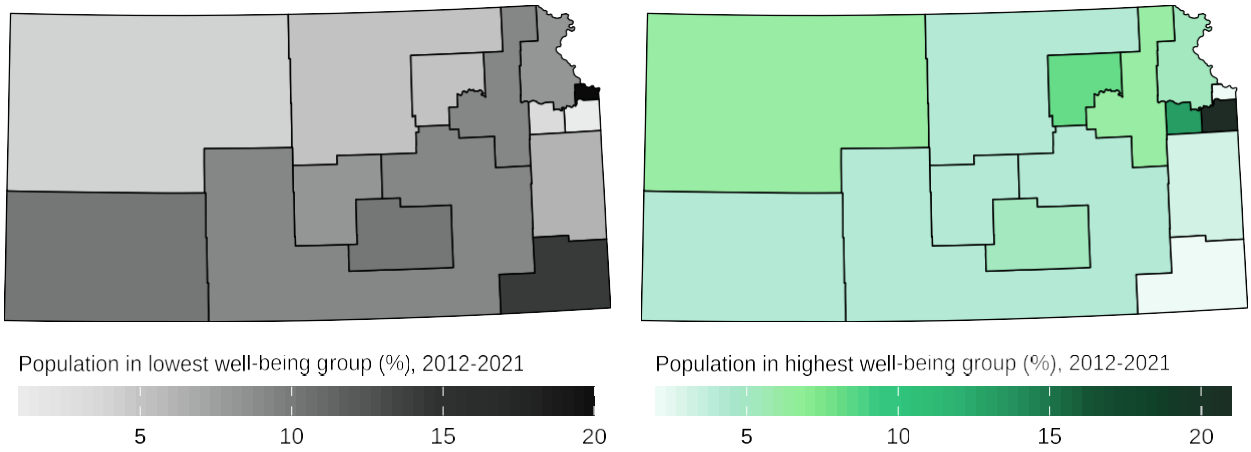
By 2050, IHME projects that **64%** of young people ages 15 to 24 will be overweight or obese in Kansas.

For adults, IHME projects that **85%** will be living with overweight and obesity by 2050 in Kansas.

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

Well-being in KS

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 Kansas, 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, Kansas

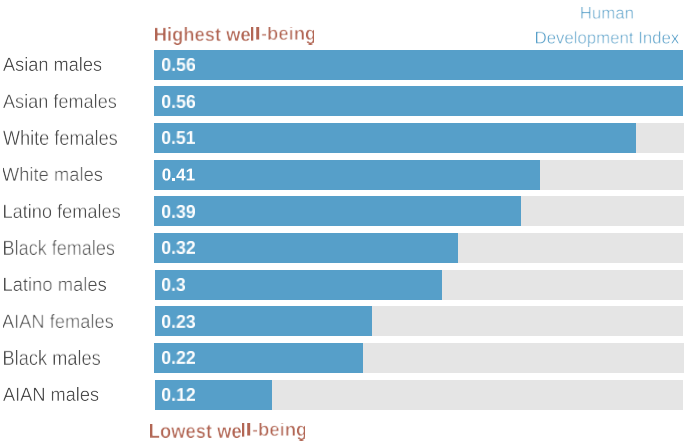
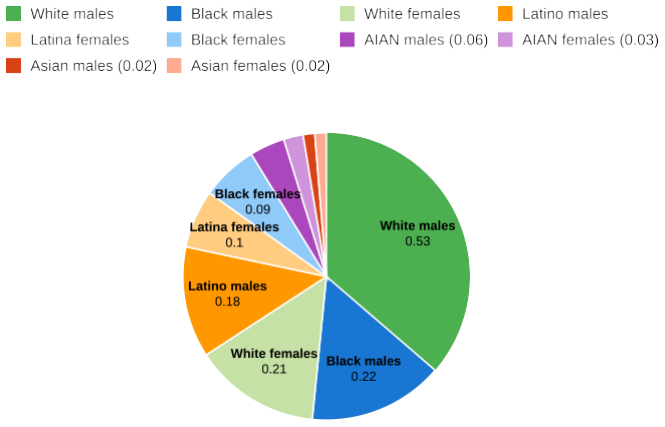


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Kentucky

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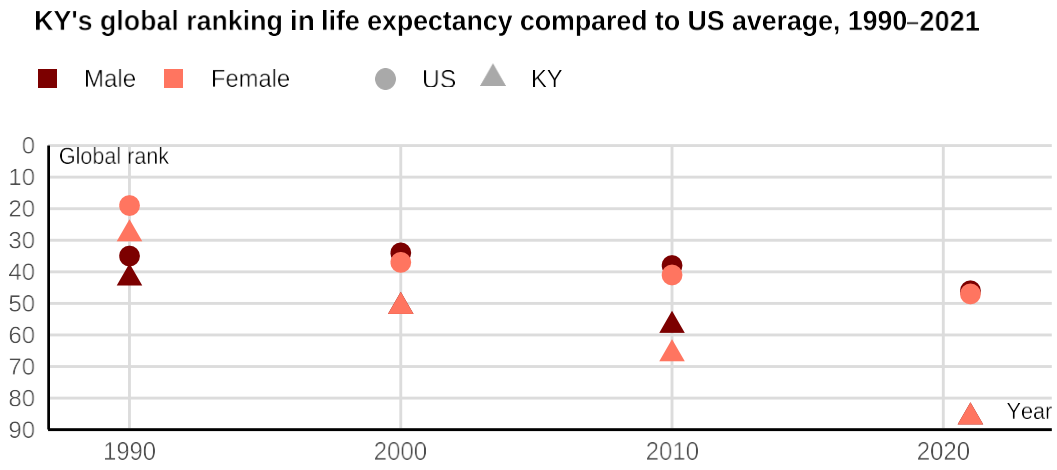
KY is falling behind in life expectancy globally

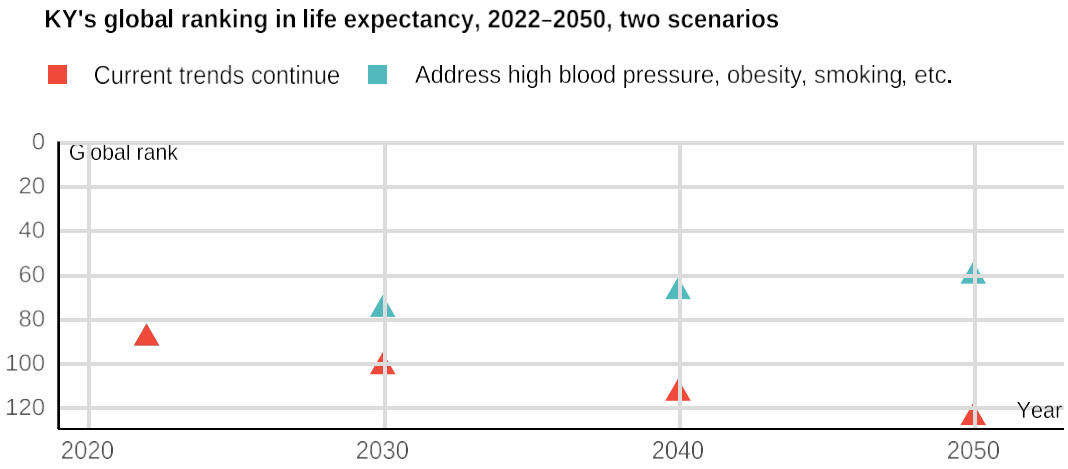
Between 1990 and 2021, the life expectancy ranking of KY dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **France, Kuwait, and Jordan** had a higher life expectancy than KY.

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

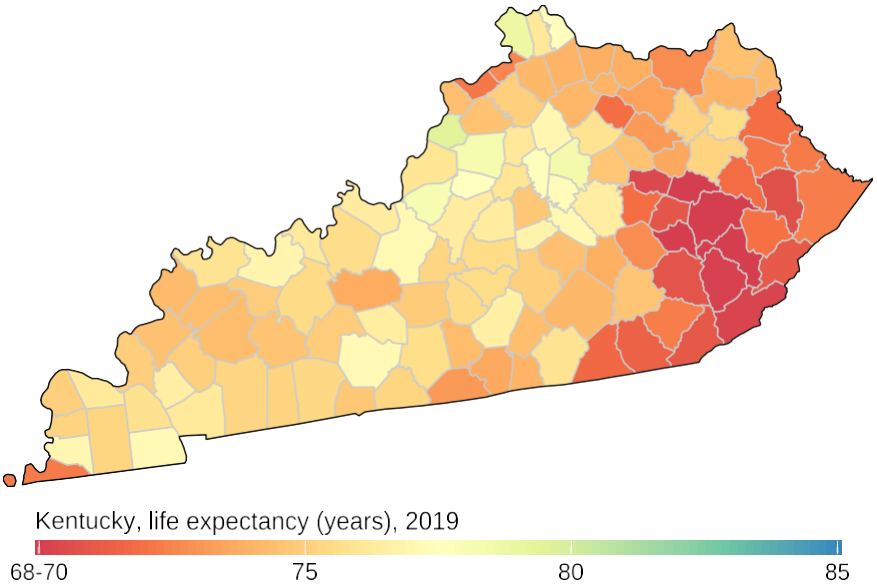
If KY intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 61st by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on KY 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

There are stark differences in life expectancy among KY counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in KY.[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: Smoking is the top risk factor for poor health and early death in KY.[4]

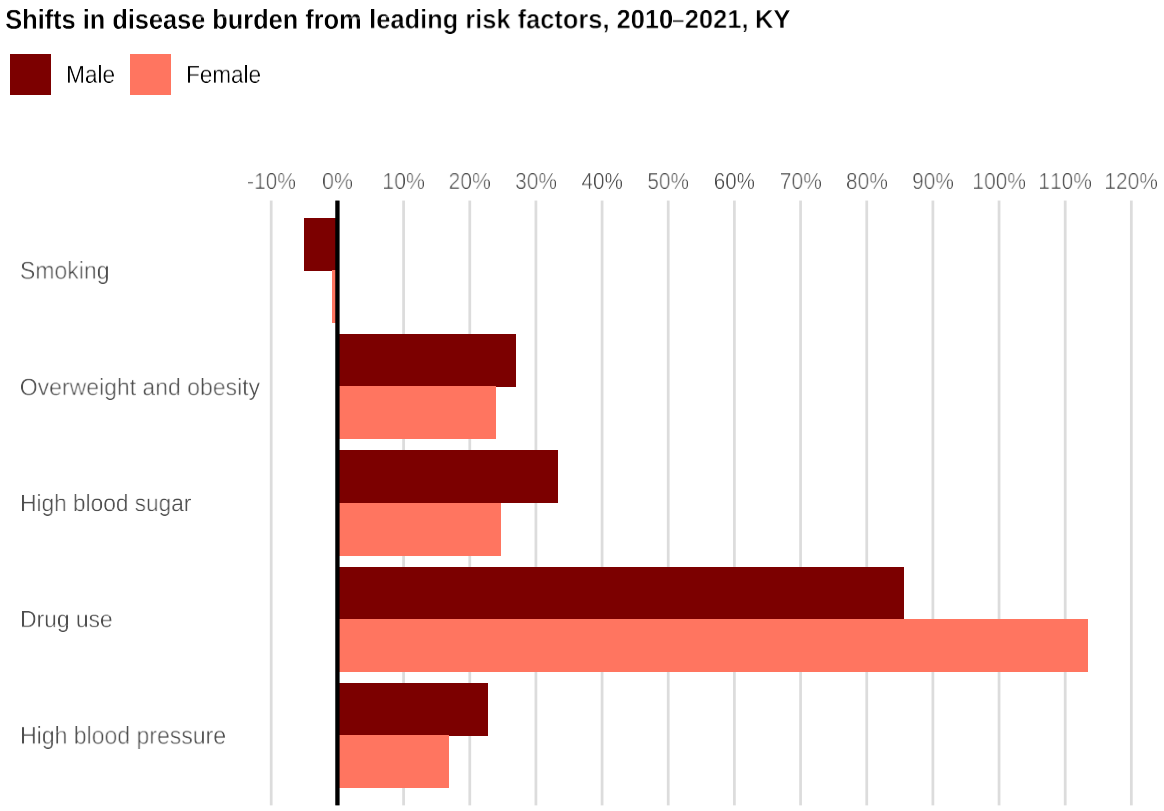
Leading risk factors 2021 ranking

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

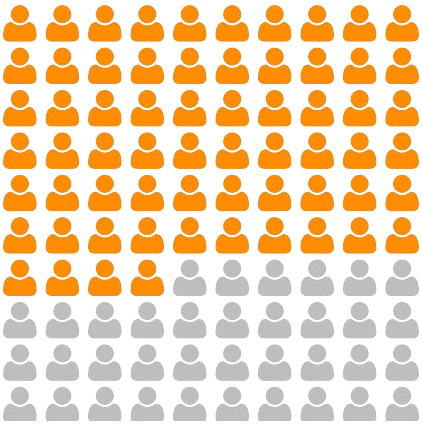
Most of the major risk factors are increasing in KY[6]

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.



[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 KY, especially for youth.



By 2050, IHME projects that **64%** of young people ages 15 to 24 will be overweight or obese in Kentucky.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in Kentucky.

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

Well-being in KY

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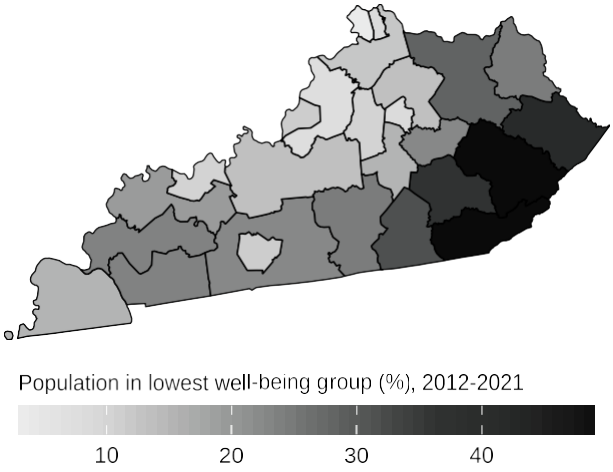
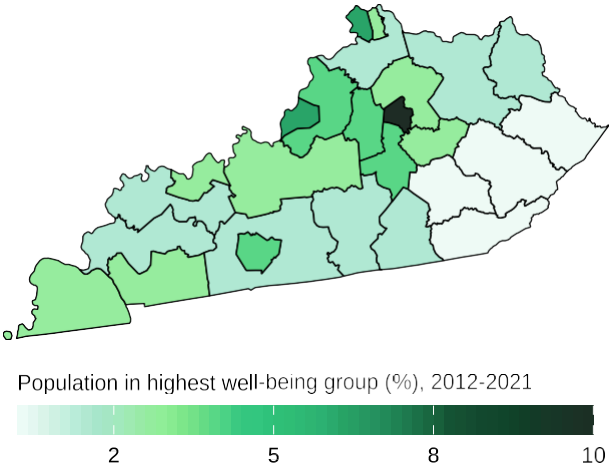




Map reflects geographic subdivisions called Public Use Microdata Areas. These areas are designed to capture a minimum of 100,000 people.

On average, in Kentucky, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Kentucky

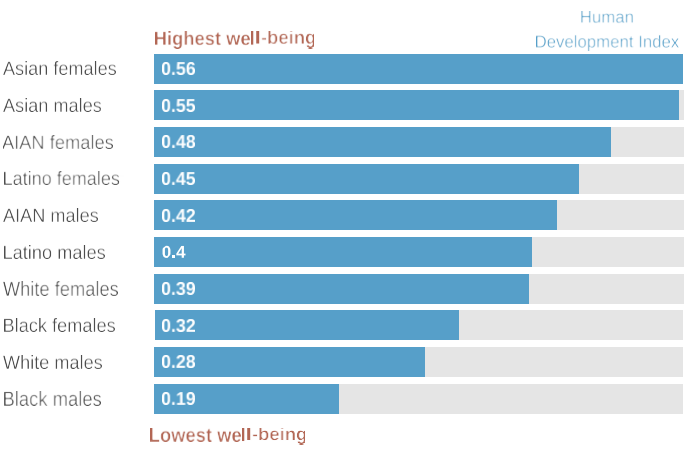
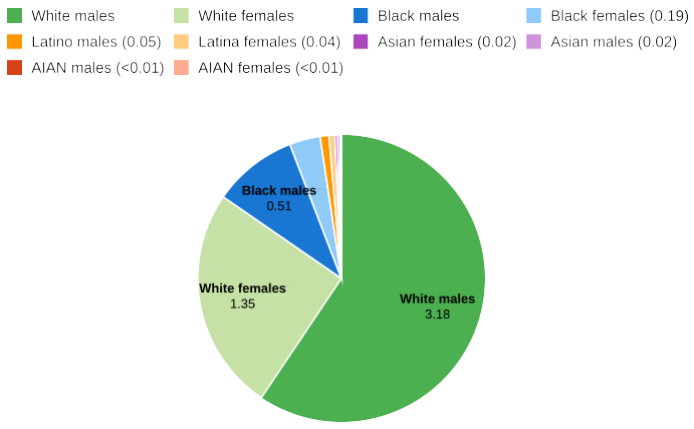


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Louisiana

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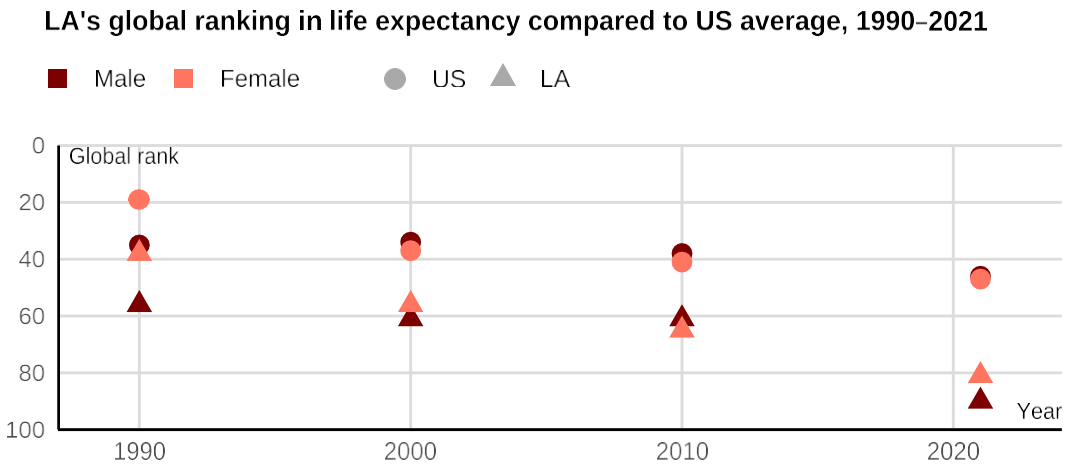
LA is falling behind in life expectancy globally

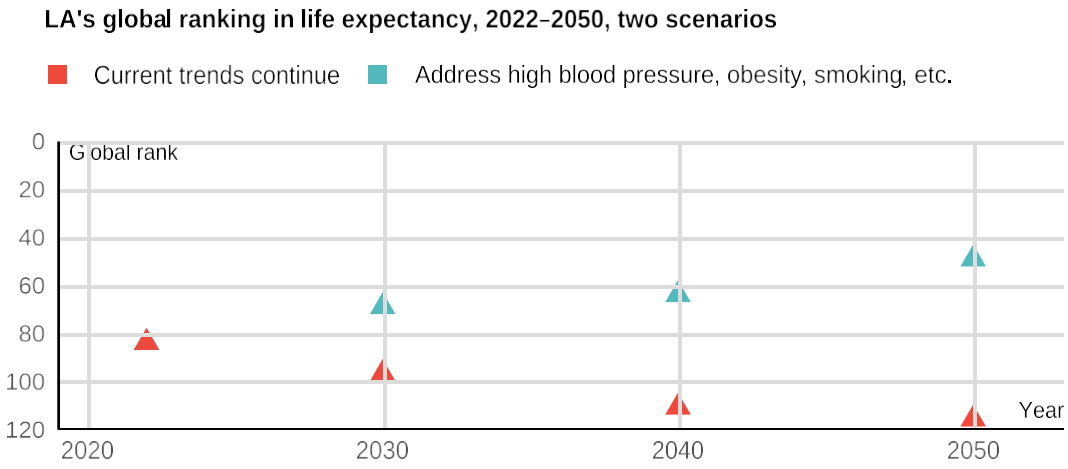
Between 1990 and 2021, the life expectancy ranking of LA dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **San Marino, Germany, and Chile** had a higher life expectancy than LA.

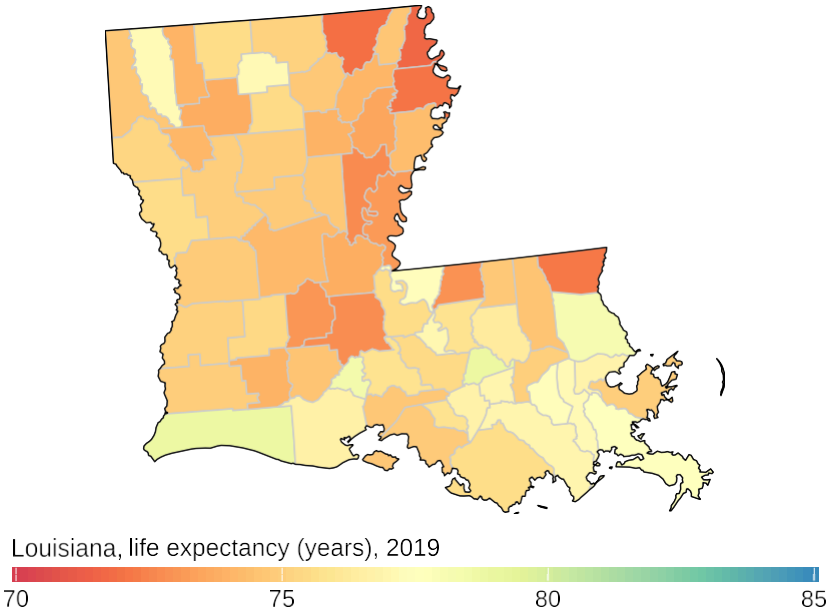
Tackling high blood pressure and obesity could improve LA's life expectancy ranking

If LA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 49th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on LA 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 LA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in LA.[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 LA.[4]

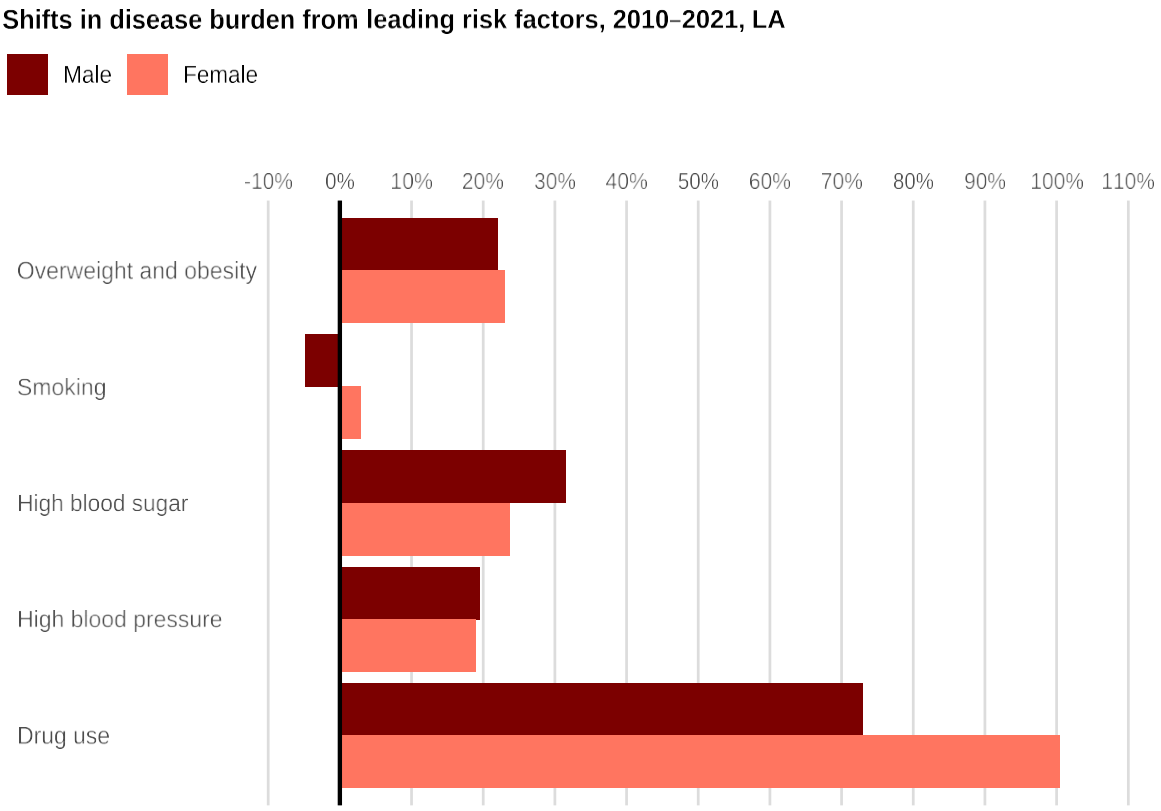
Leading risk factors 2021 ranking

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

[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).

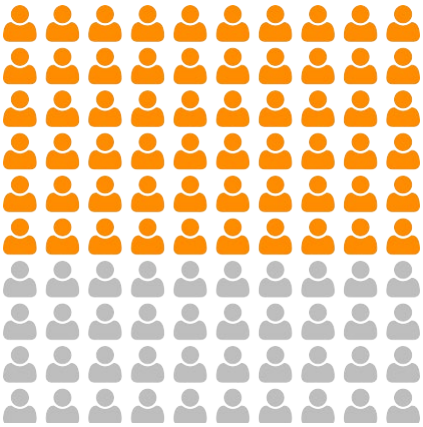
Most of the major risk factors are increasing in LA[6]

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.



[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 LA, especially for youth.



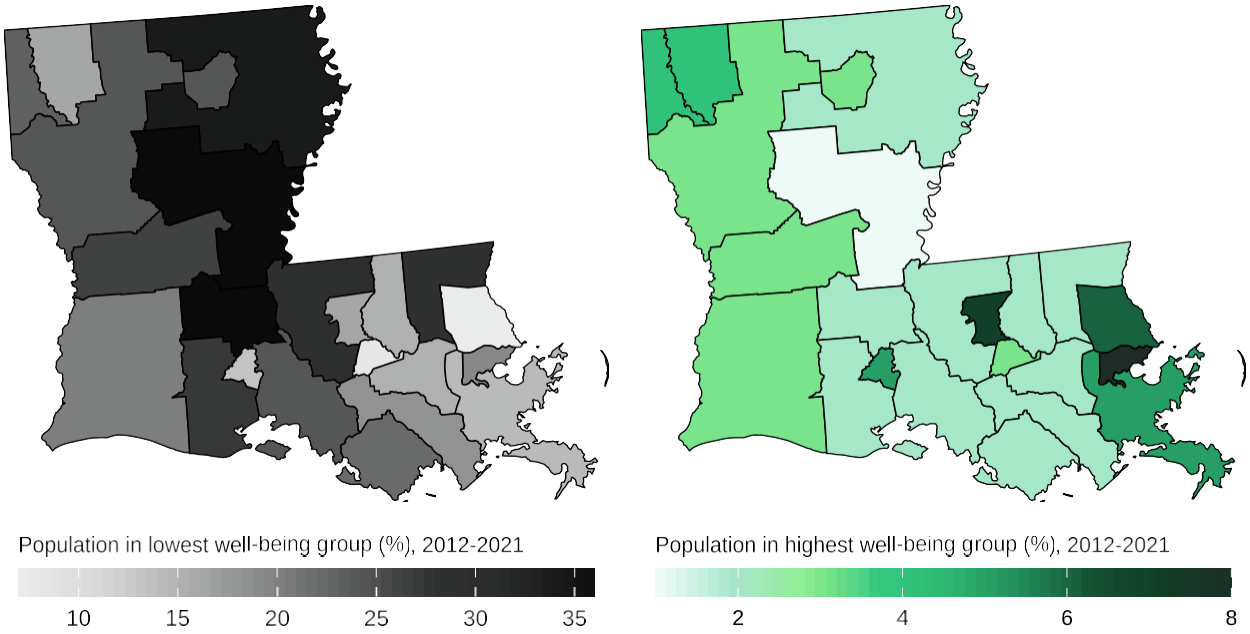
By 2050, IHME projects that **60%** of young people ages 15 to 24 will be overweight or obese in Louisiana.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in Louisiana.

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

Well-being in LA

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 Louisiana, American Indian and Alaska Native males, and Black individuals, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Louisiana

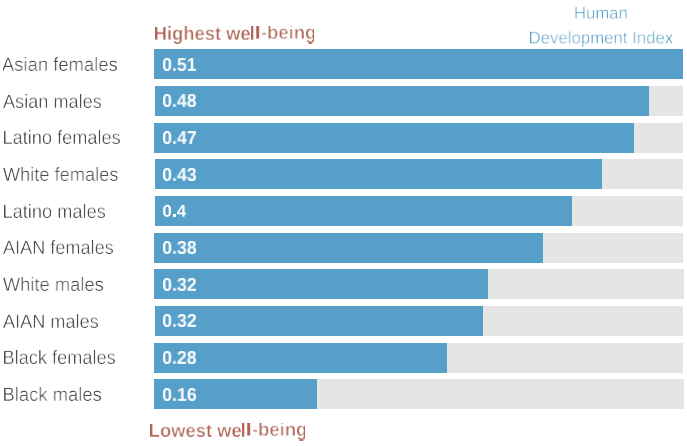
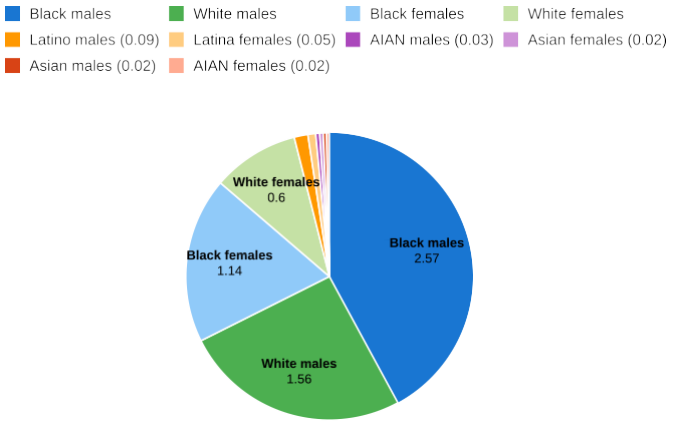


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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The State of Health in Maine

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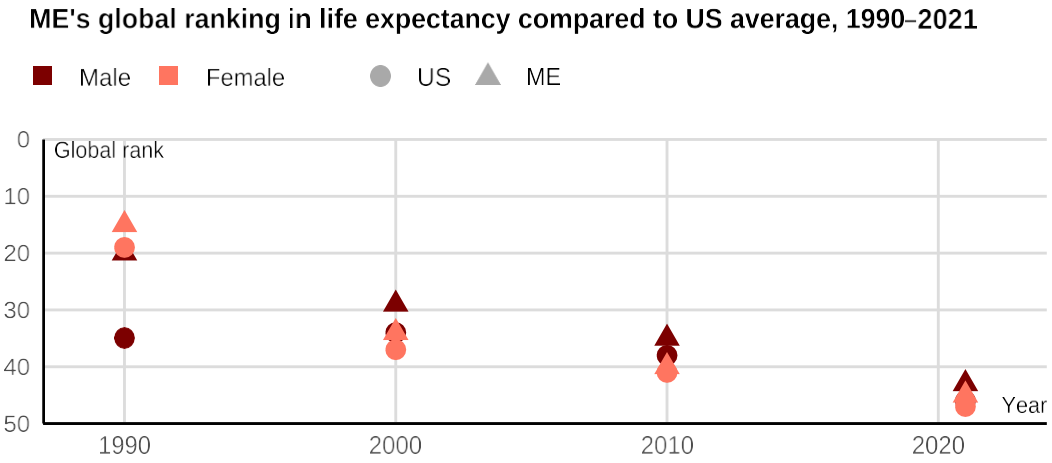
ME is falling behind in life expectancy globally

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

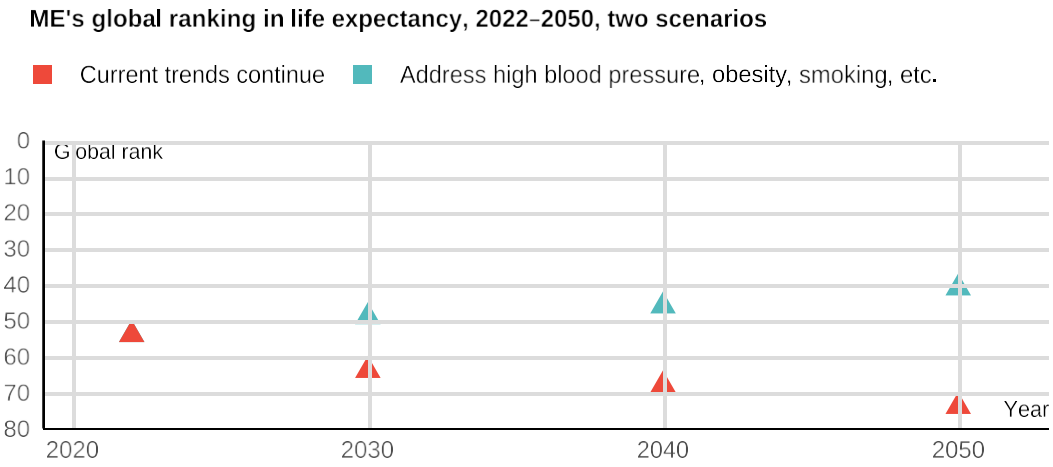


In ME, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Republic of Korea, Israel, and Belgium** had a higher life expectancy than ME.

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

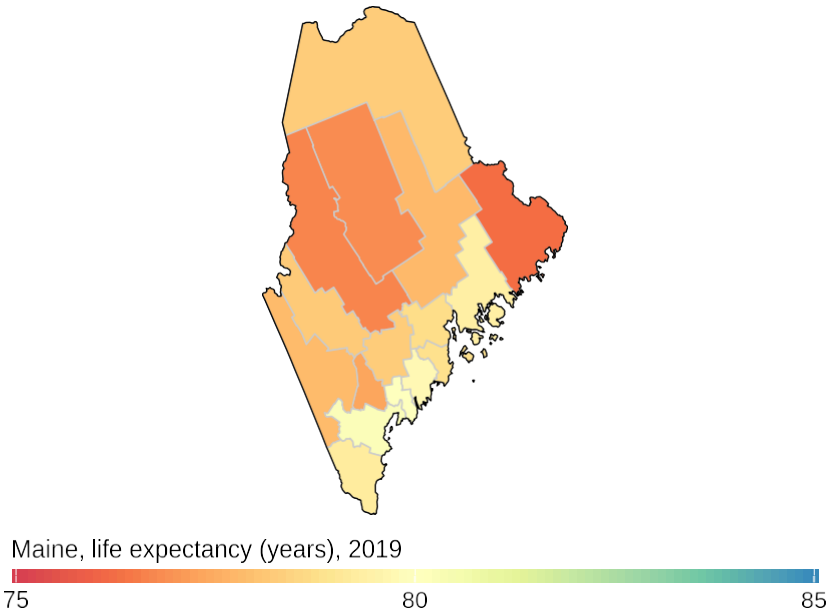
If ME intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 41st by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on ME 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

There are noticeable differences in life expectancy among ME counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in ME.[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: High blood sugar is the top risk factor for poor health and early death in ME.[4]

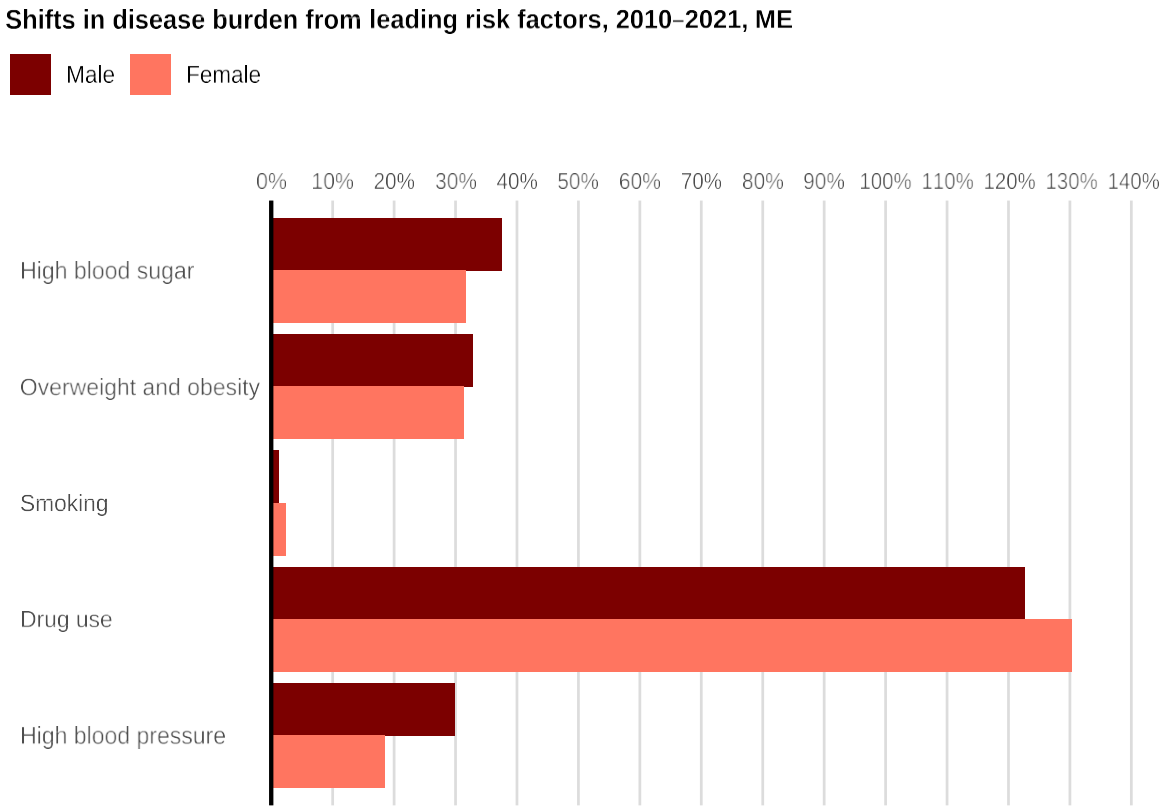
Leading risk factors 2021 ranking

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

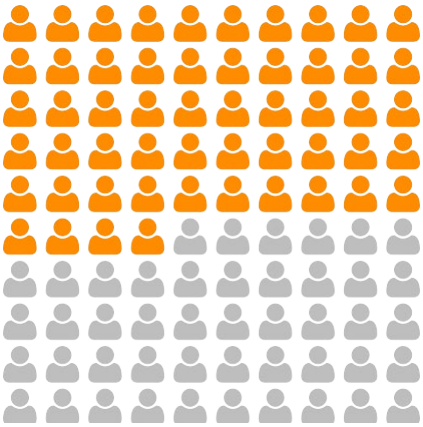
Major risk factors are increasing in ME[6]

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.



[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 ME, especially for youth.



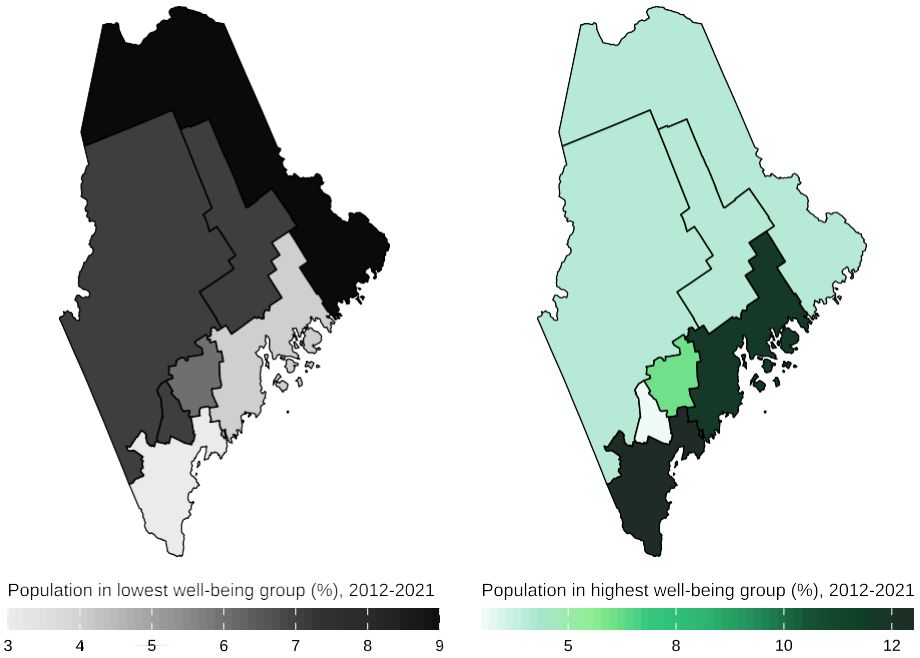
By 2050, IHME projects that **54%** of young people ages 15 to 24 will be overweight or obese in Maine.

For adults, IHME projects that **80%** will be living with overweight and obesity by 2050 in Maine.

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

Well-being in ME

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 Maine, 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, Maine

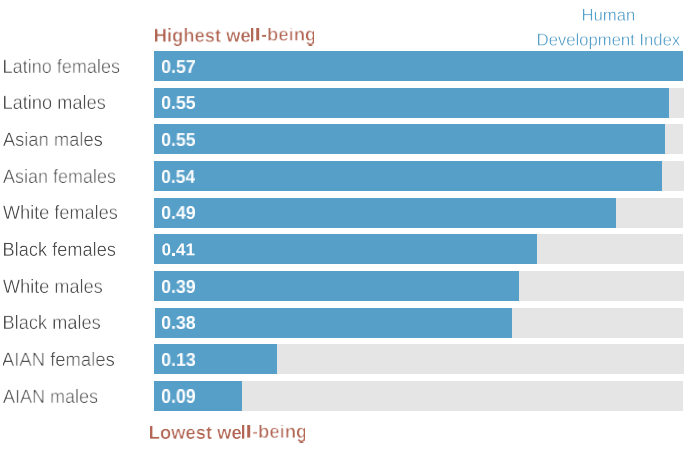
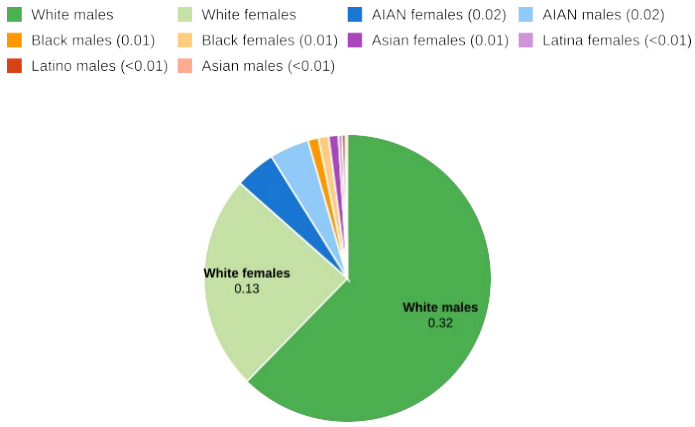


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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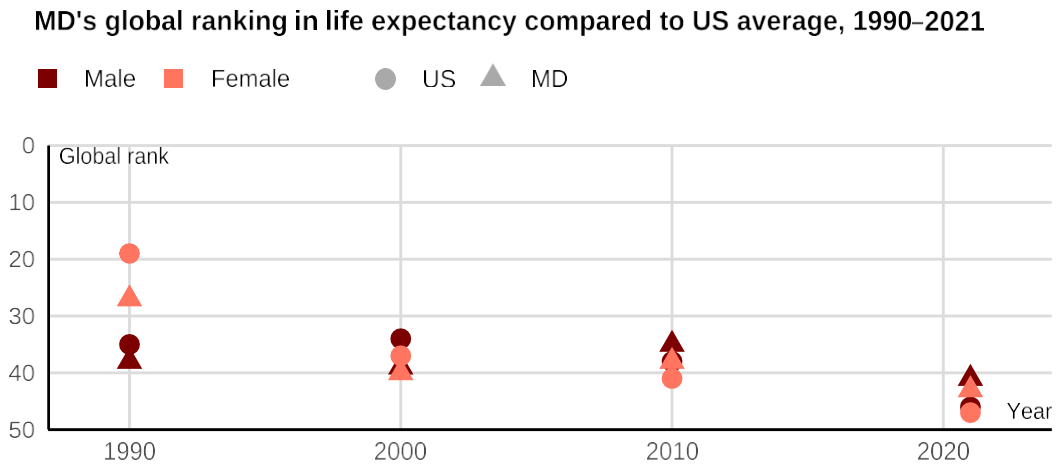
MD is falling behind in life expectancy globally

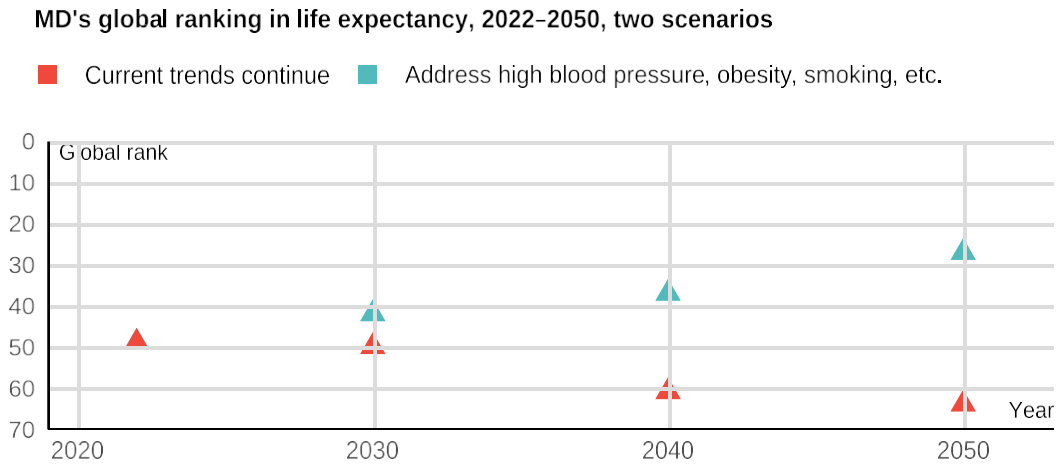
Between 1990 and 2021, the life expectancy ranking of MD dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Republic of Korea, Belgium, and Cyprus** had a higher life expectancy than MD.

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

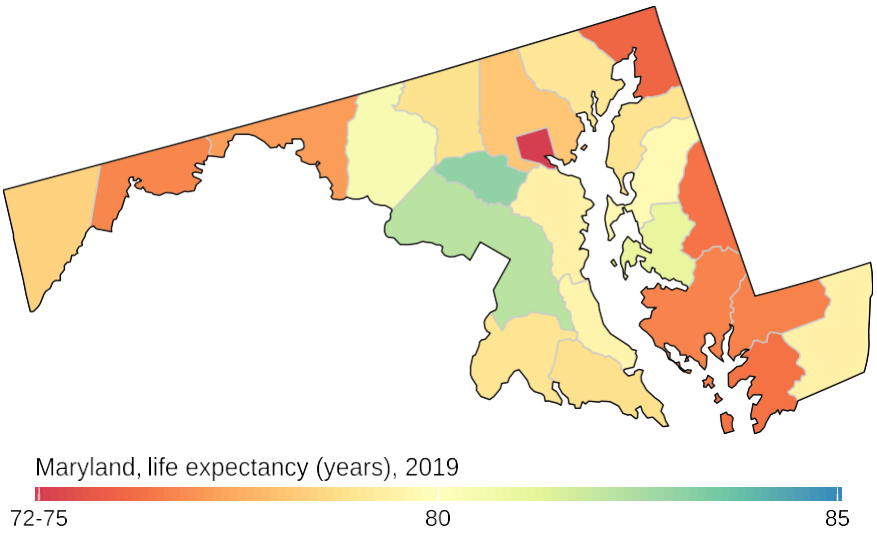
If MD intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 27th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MD 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

There are stark differences in life expectancy among MD counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MD.[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 MD.[4]

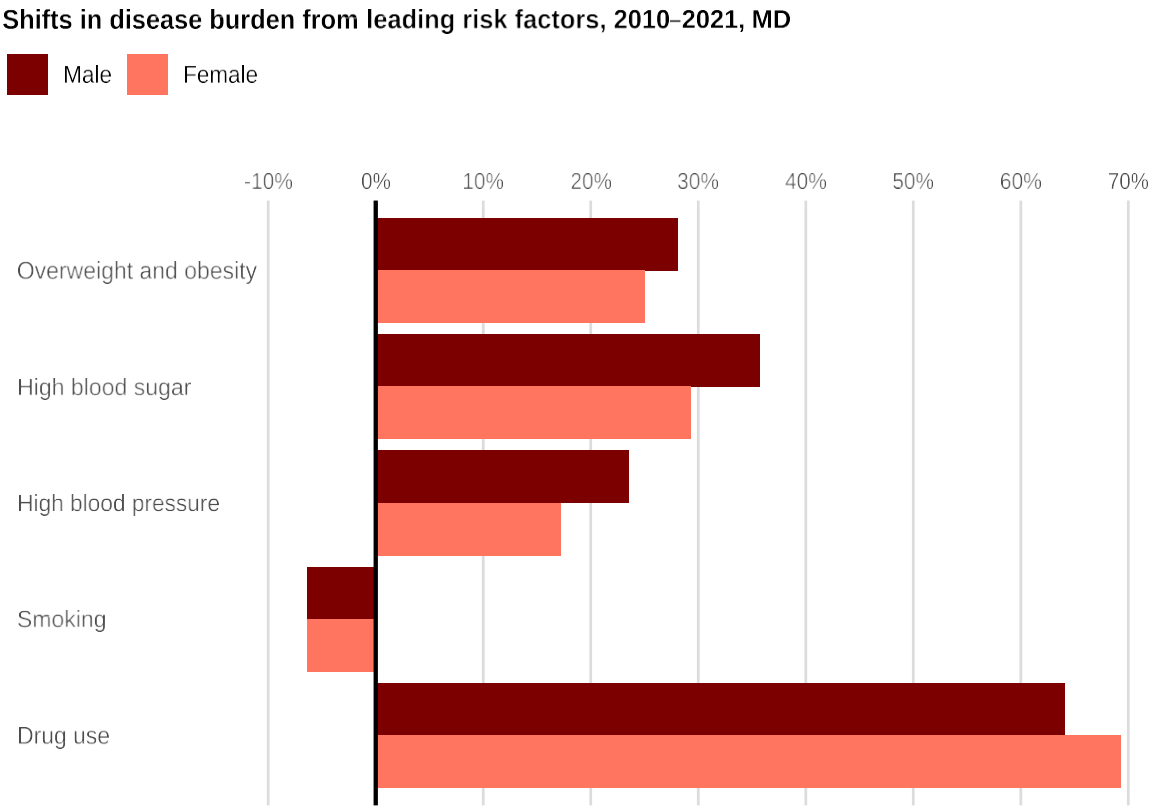
Leading risk factors 2021 ranking

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

[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).

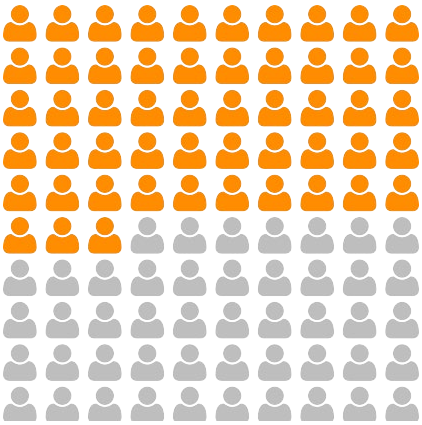
Most of the major risk factors are increasing in MD[6]

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.

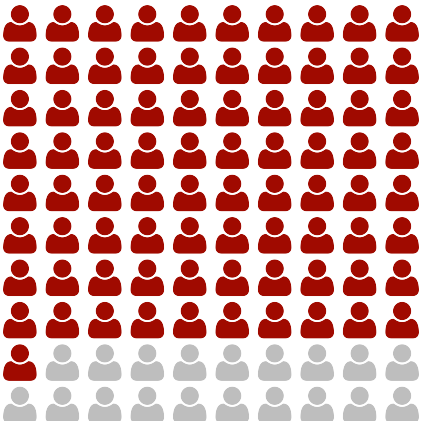


[6]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes combined. Risk factors are ordered based on ranking for risk-attributable disability-adjusted life years in 2021 for all sexes combined, level 3.

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



By 2050, IHME projects that **53%** of young people ages 15 to 24 will be overweight or obese in Maryland.

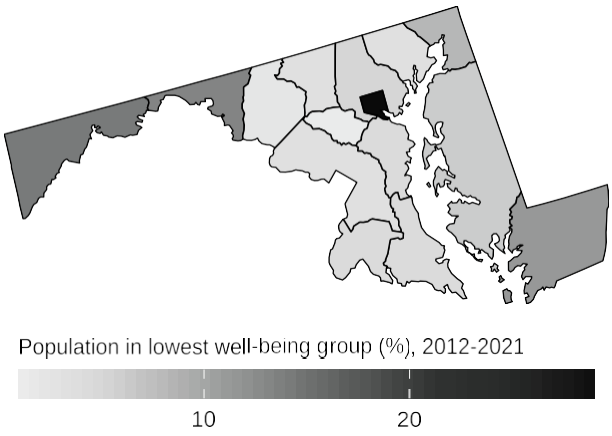


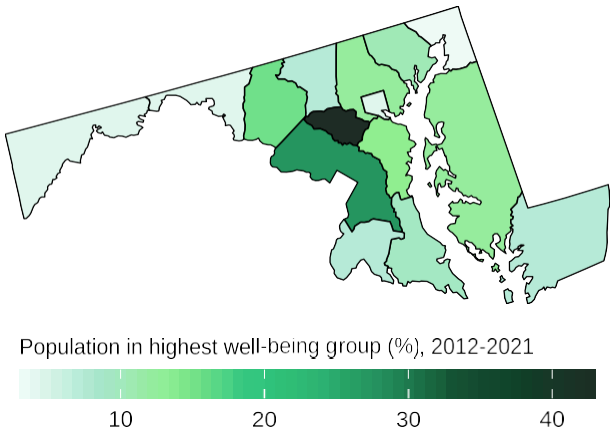
For adults, IHME projects that **81%** will be living with overweight and obesity by 2050 in Maryland.

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

Well-being in MD

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

Human Development Index by race and ethnicity and sex, Maryland

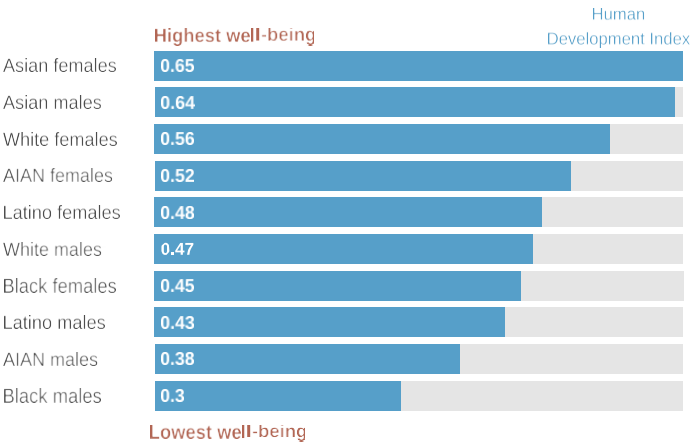
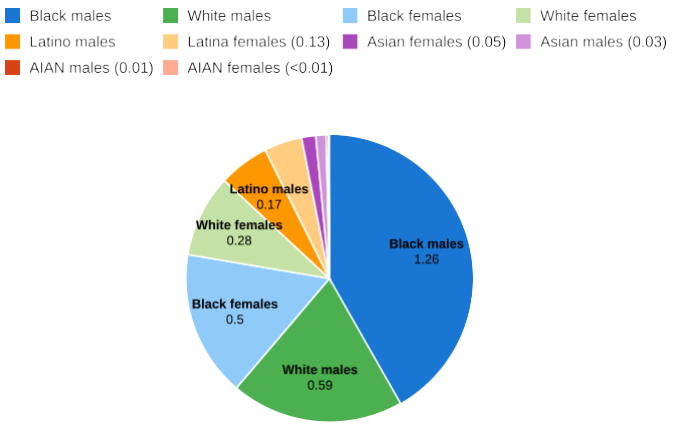


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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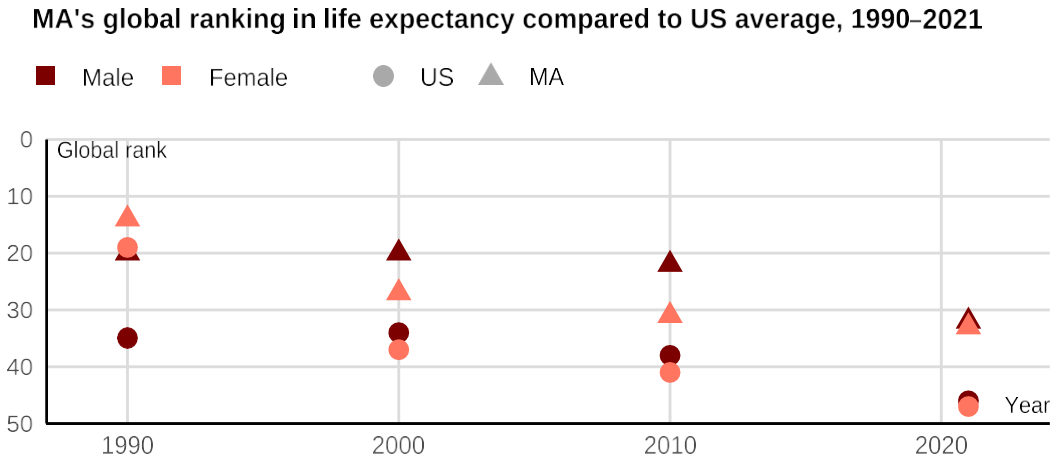
MA is falling behind in life expectancy globally

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

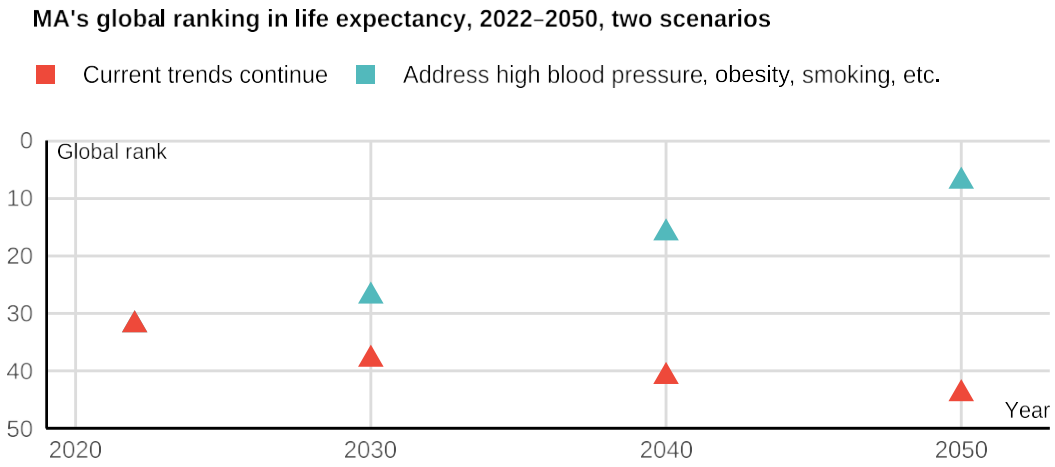


In MA, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Iceland, Australia, and Cyprus** had a higher life expectancy than MA.

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

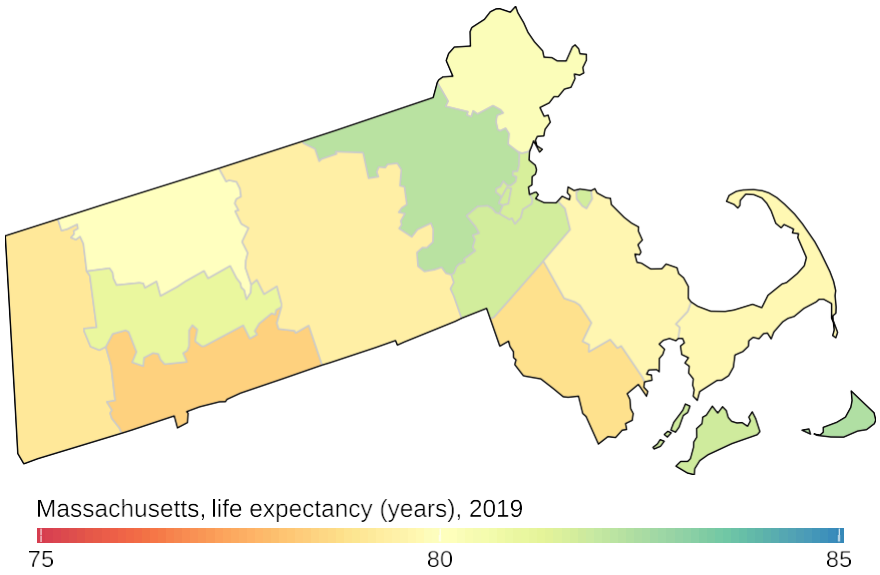
If MA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 7th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MA 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

There are noticeable differences in life expectancy among MA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MA.[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: High blood sugar is the top risk factor for poor health and early death in MA.[4]

Leading risk factors 2021 ranking

1	High blood sugar
2	Overweight and obesity[5]
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.
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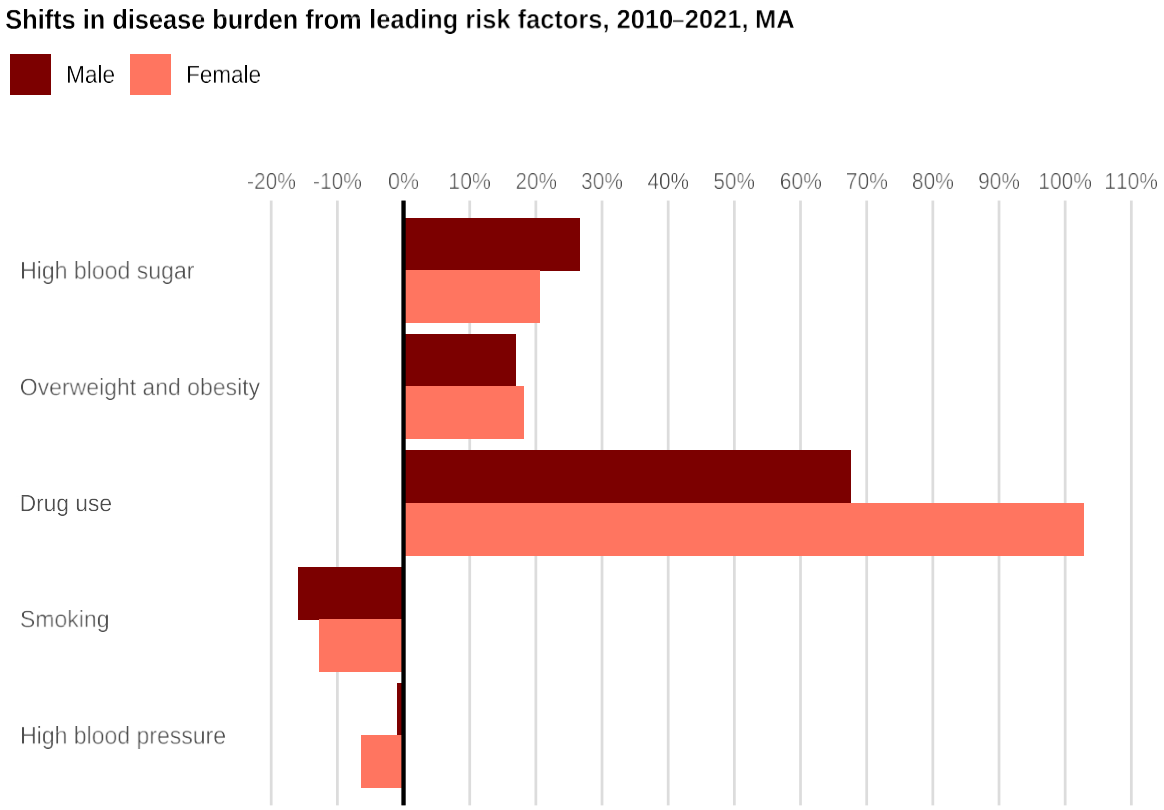
[4]Based on risk-attributable disability-adjusted life years in 2021 for all ages and all sexes combined, Level 3 of the GBD hierarchy.
[5]Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

Major risk factors are increasing in MA[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.



[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 MA, especially for youth.

By 2050, IHME projects that **47%** of young people ages 15 to 24 will be overweight or obese in Massachusetts.

For adults, IHME projects that **76%** will be living with overweight and obesity by 2050 in Massachusetts.

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

Well-being in MA

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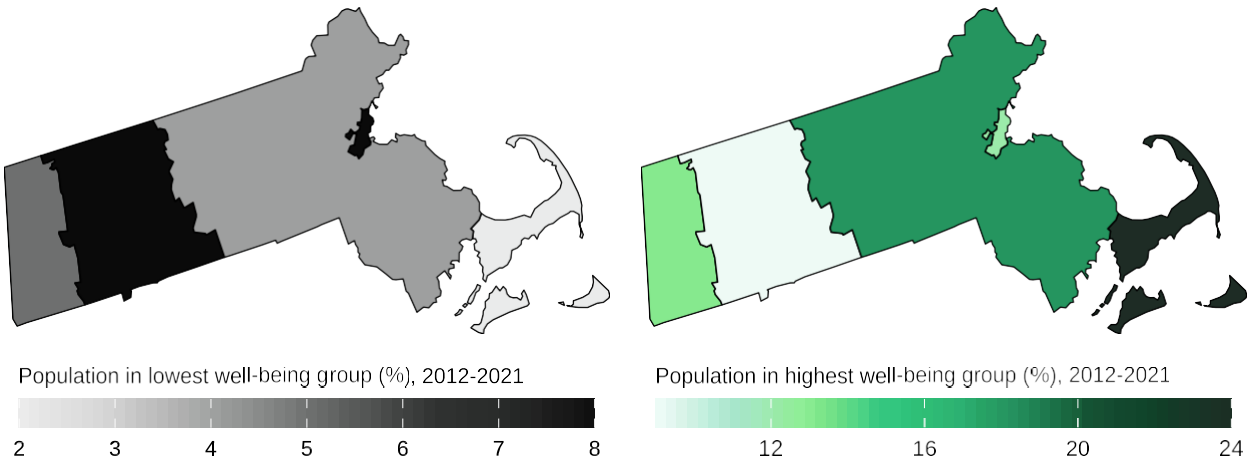

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Human Development Index by race and ethnicity and sex, Massachusetts

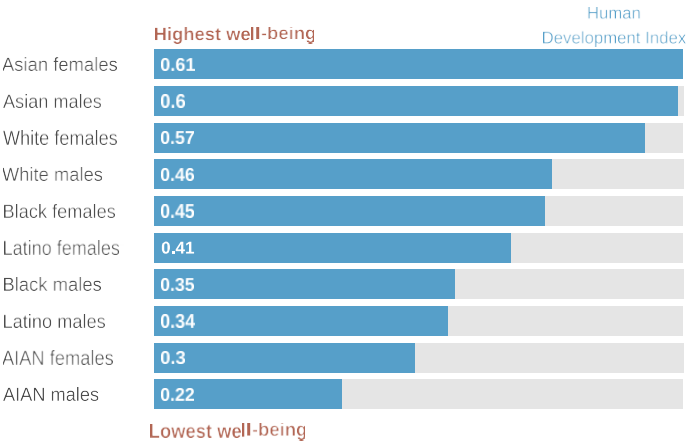
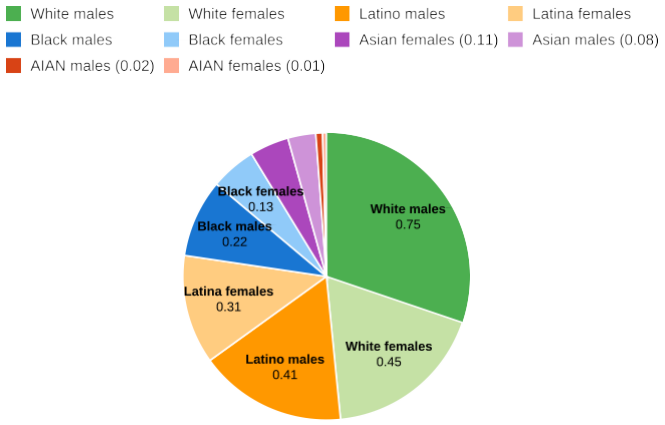


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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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.

For more information, contact:

Dr. Christopher Murray
IHME Director
cjlm@uw.edu

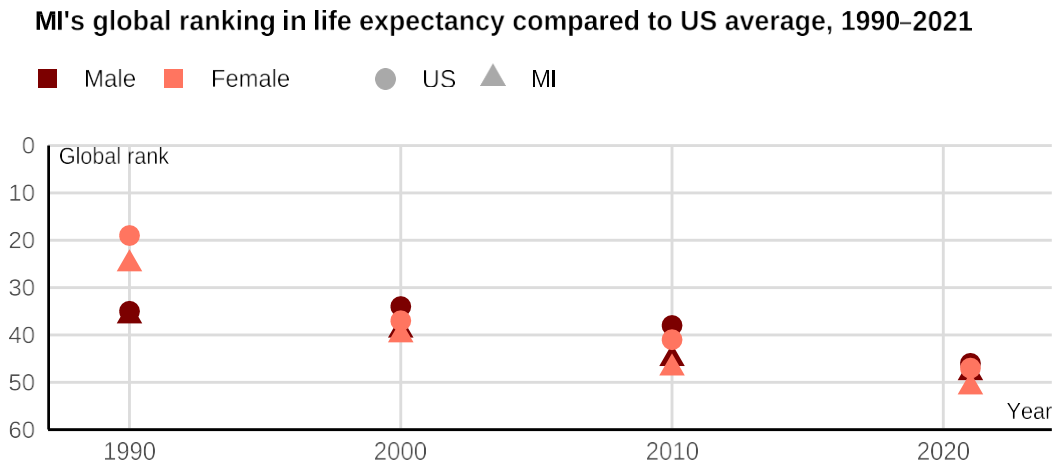
IHME

The State of Health in Michigan

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).

MI is falling behind in life expectancy globally

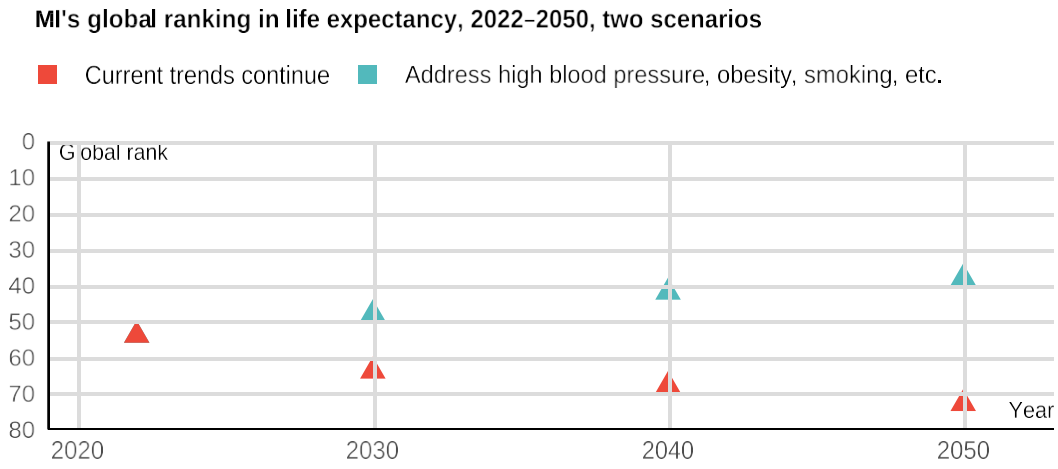
Between 1990 and 2021, the life expectancy ranking of MI dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Austria, Estonia, and Sri Lanka** had a higher life expectancy than MI.

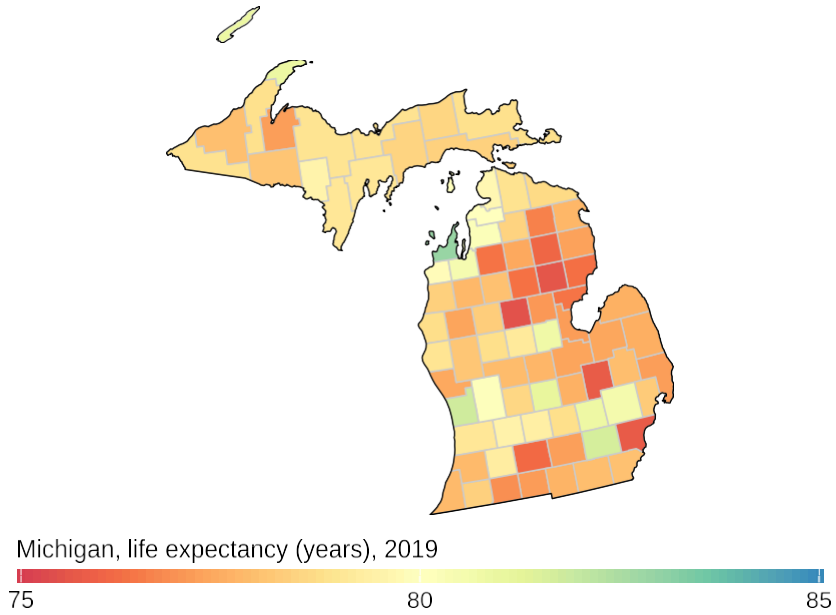
Tackling high blood pressure and obesity could improve MI's life expectancy ranking

If MI intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 38th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MI 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 MI counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MI.[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 MI.[4]

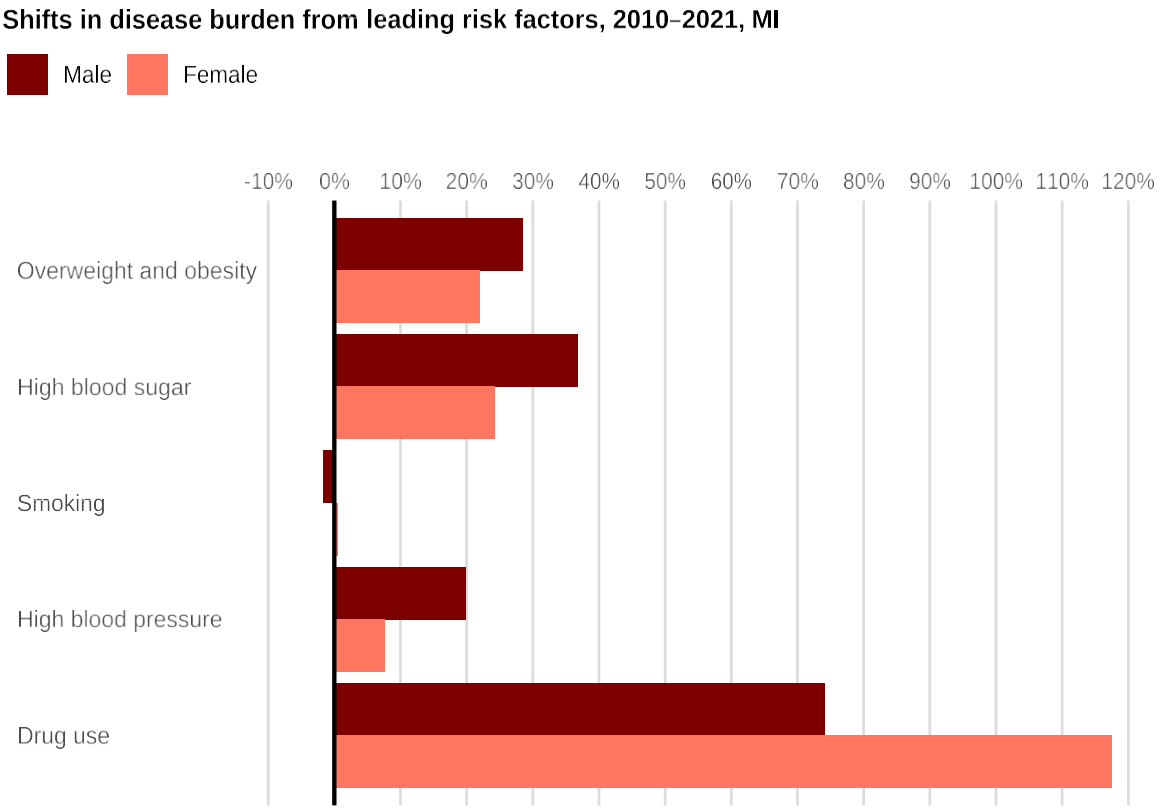
Leading risk factors 2021 ranking

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

[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).

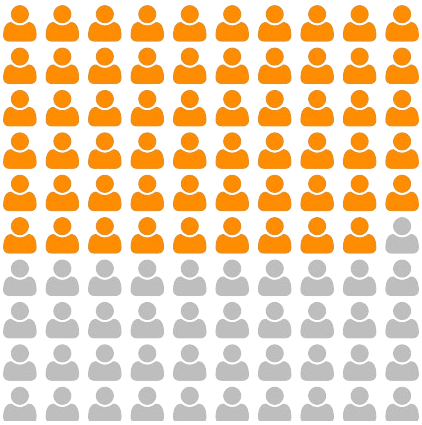
Most of the major risk factors are increasing in MI[6]

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.



[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 MI, especially for youth.



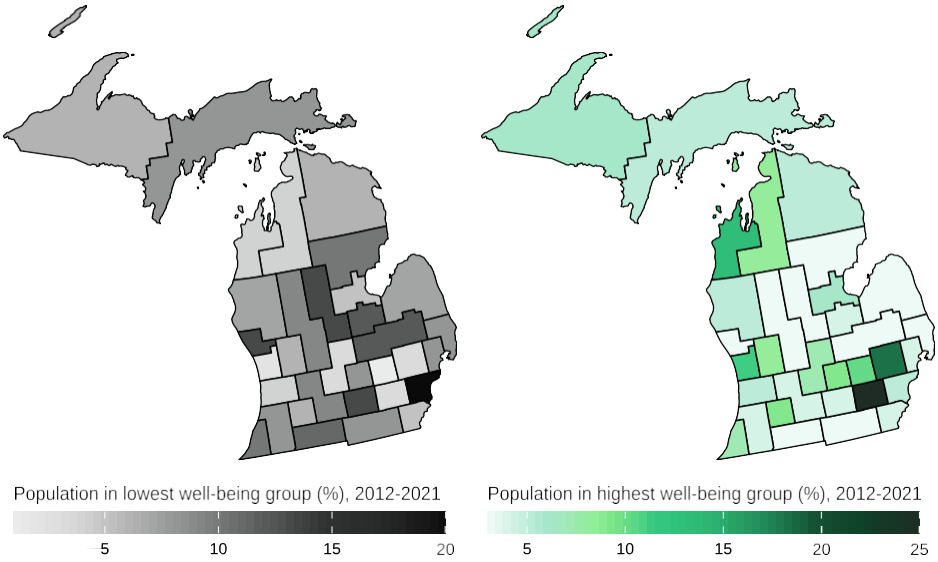
By 2050, IHME projects that **59%** of young people ages 15 to 24 will be overweight or obese in Michigan.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Michigan.

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

Well-being in MI

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

Human Development Index by race and ethnicity and sex, Michigan

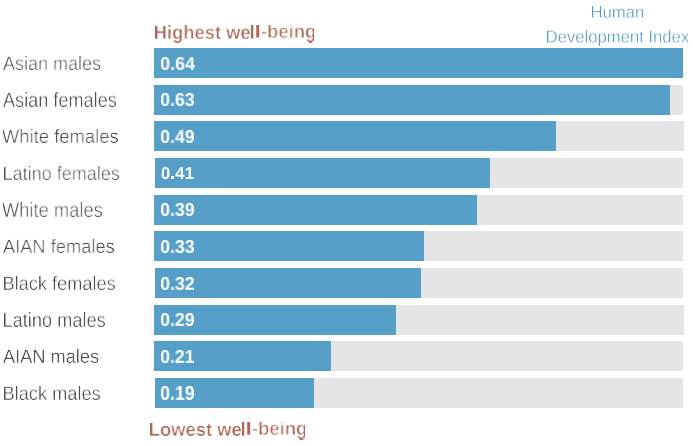
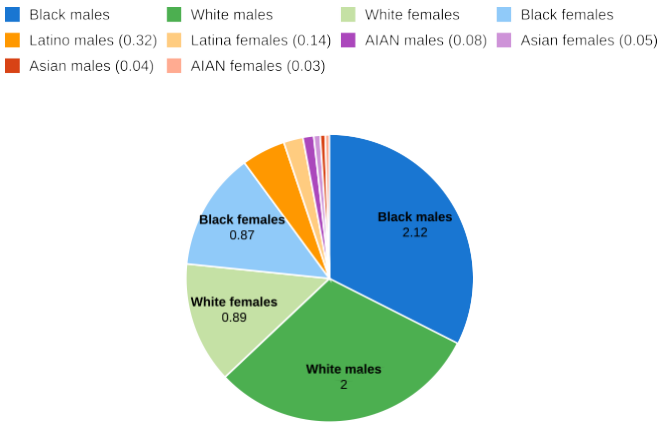


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Minnesota

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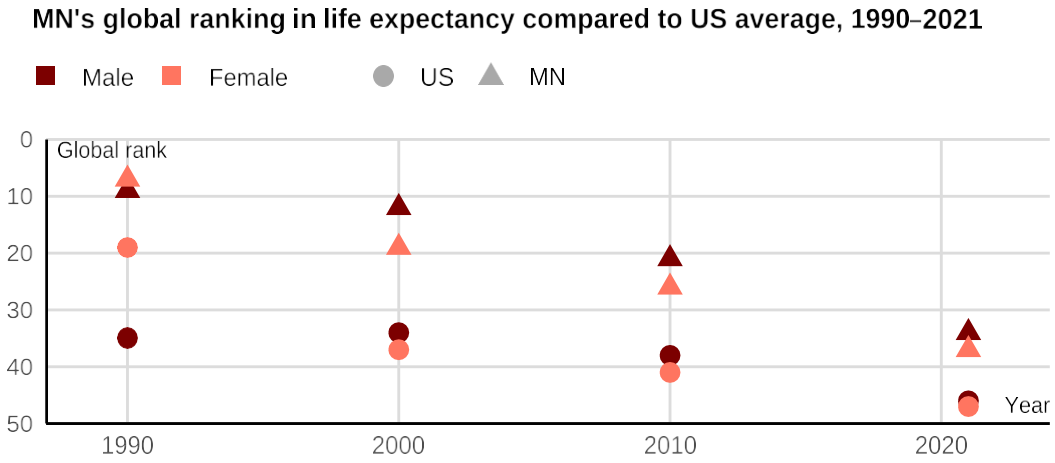
MN is falling behind in life expectancy globally

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

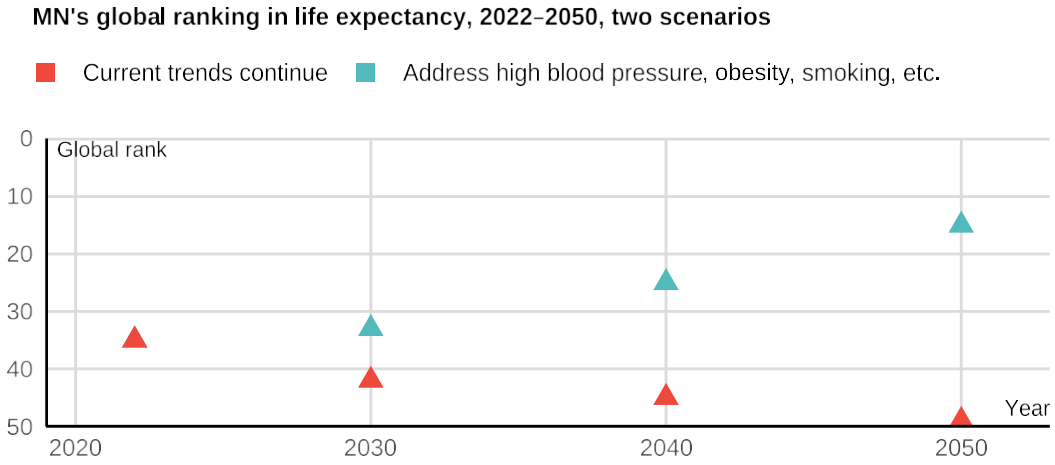


In MN, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Spain, Canada, and Cyprus** had a higher life expectancy than MN.

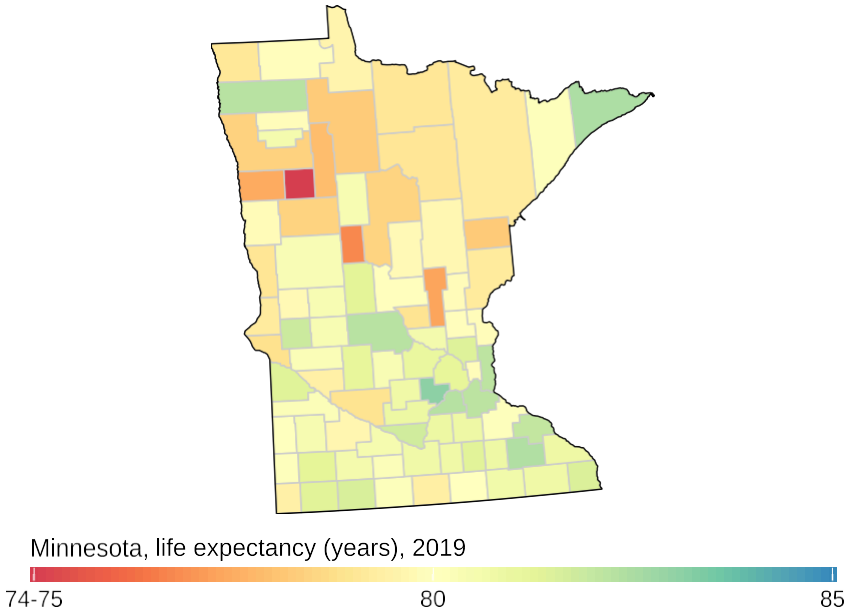
Tackling high blood pressure and obesity could improve MN's life expectancy ranking

If MN intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 15th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MN 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 MN counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MN.[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 MN.[4]

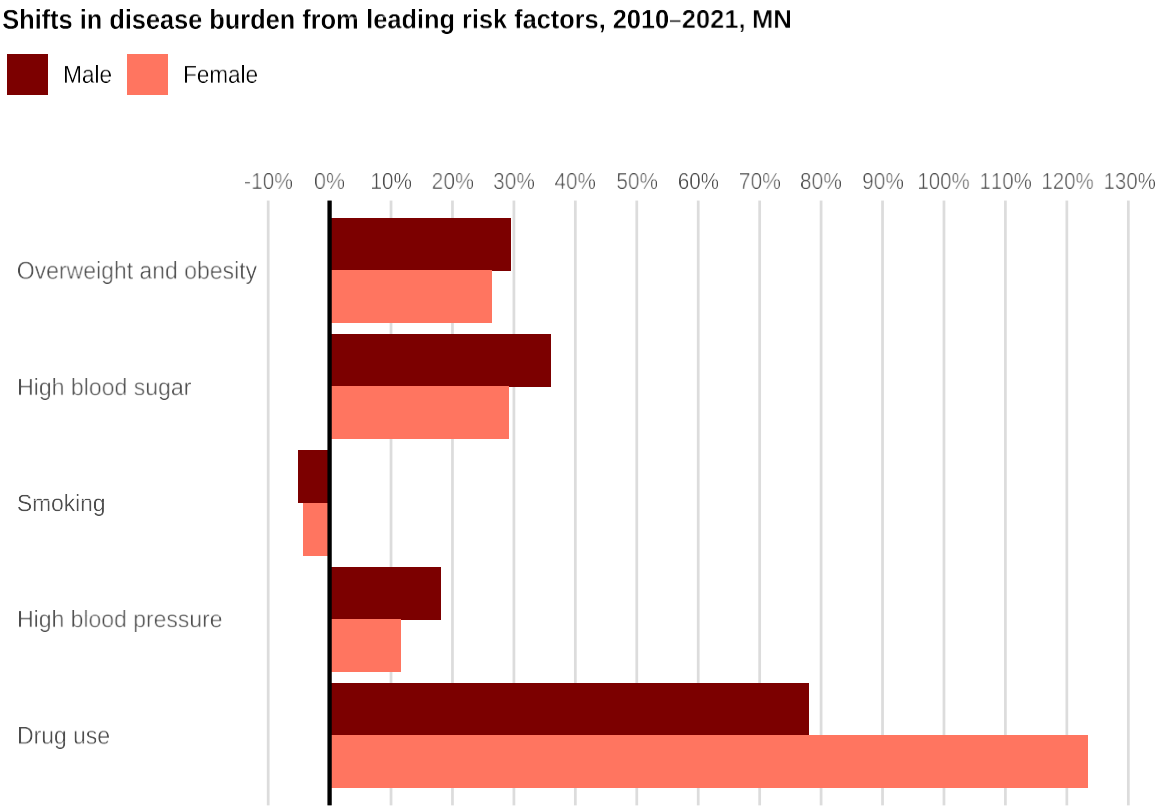
Leading risk factors 2021 ranking

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

[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).

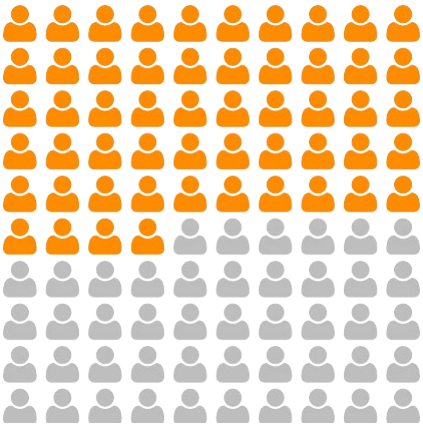
Most of the major risk factors are increasing in MN[6]

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.



[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 MN, especially for youth.



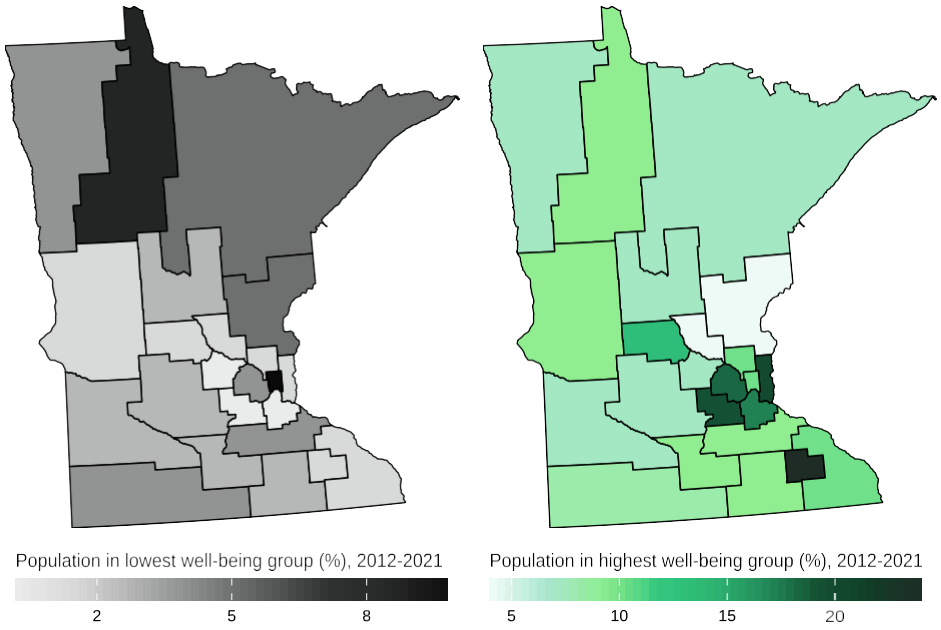
By 2050, IHME projects that **54%** of young people ages 15 to 24 will be overweight or obese in Minnesota.

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

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

Well-being in MN

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 Minnesota, 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, Minnesota

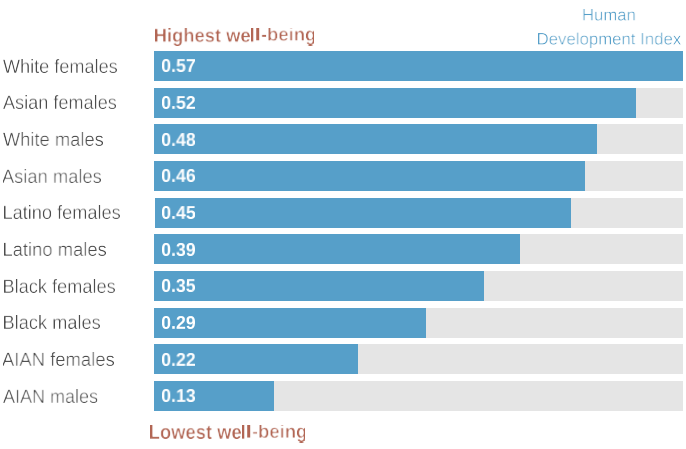
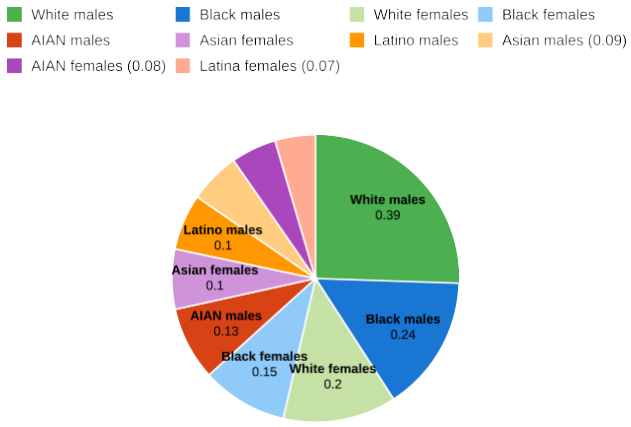


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Mississippi

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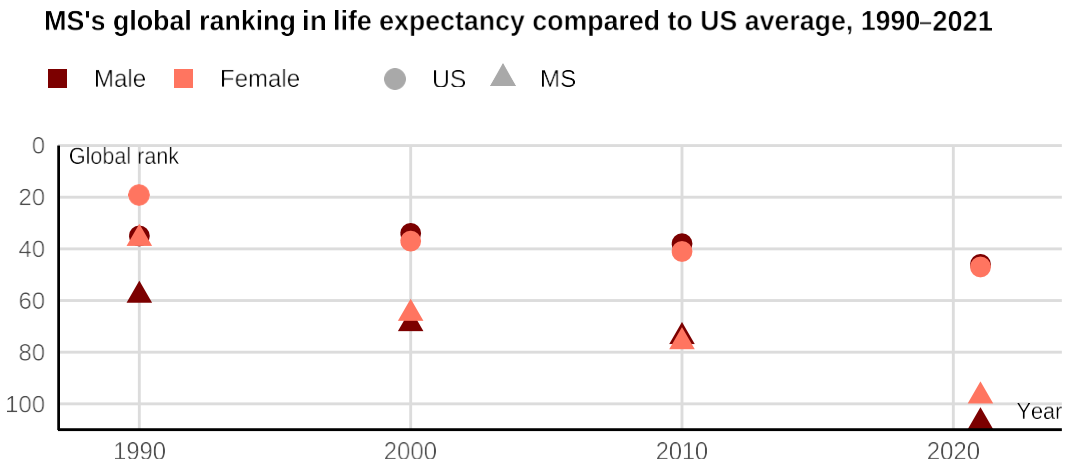
MS is falling behind in life expectancy globally

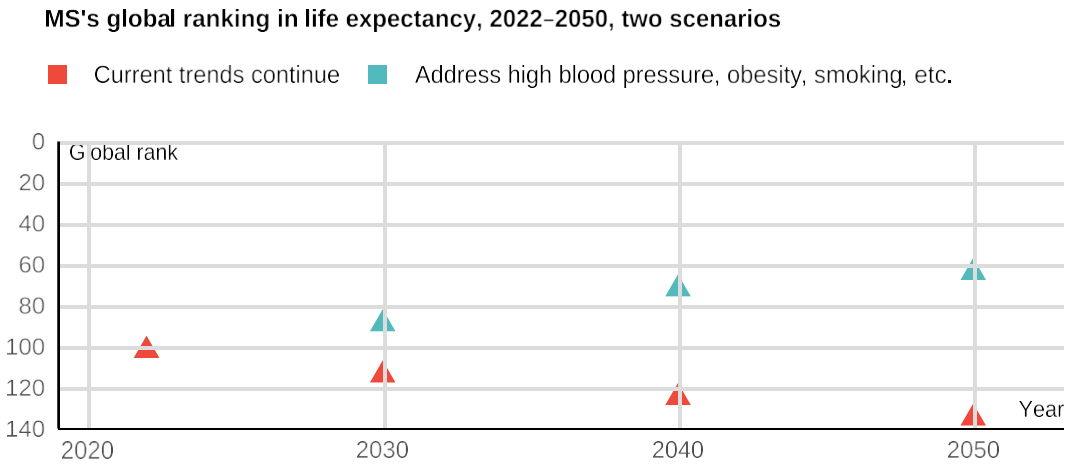
Between 1990 and 2021, the life expectancy ranking of MS dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Portugal, Jamaica, and Tonga** had a higher life expectancy than MS.

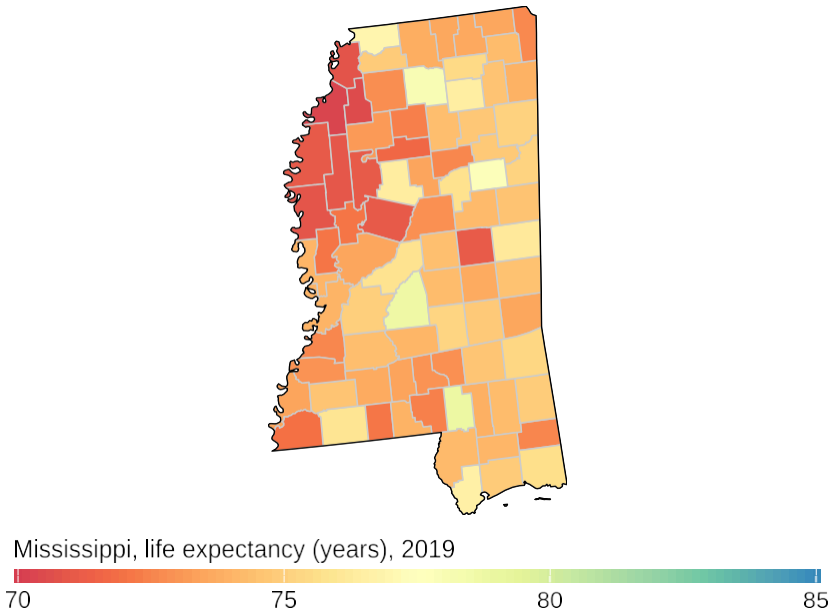
Tackling high blood pressure and obesity could improve MS's life expectancy ranking

If MS intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 64th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MS 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 MS counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MS.[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 MS.[4]

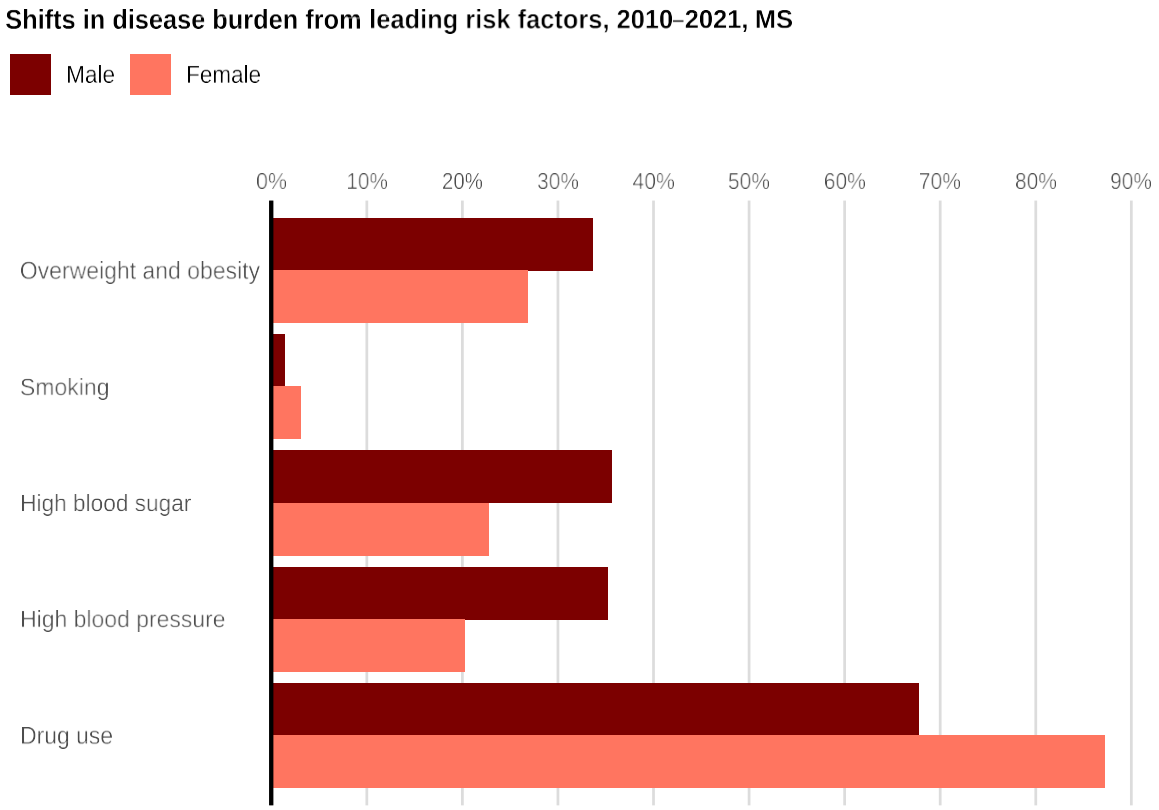
Leading risk factors 2021 ranking

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

[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).

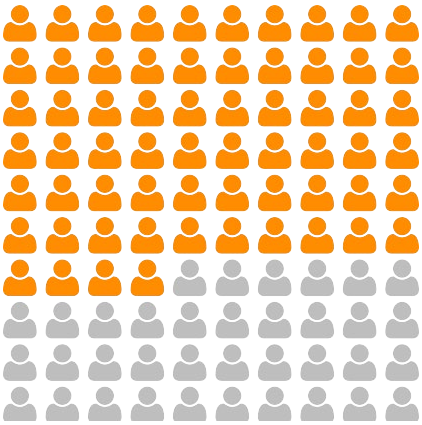
Major risk factors are increasing in MS[6]

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.



[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 MS, especially for youth.



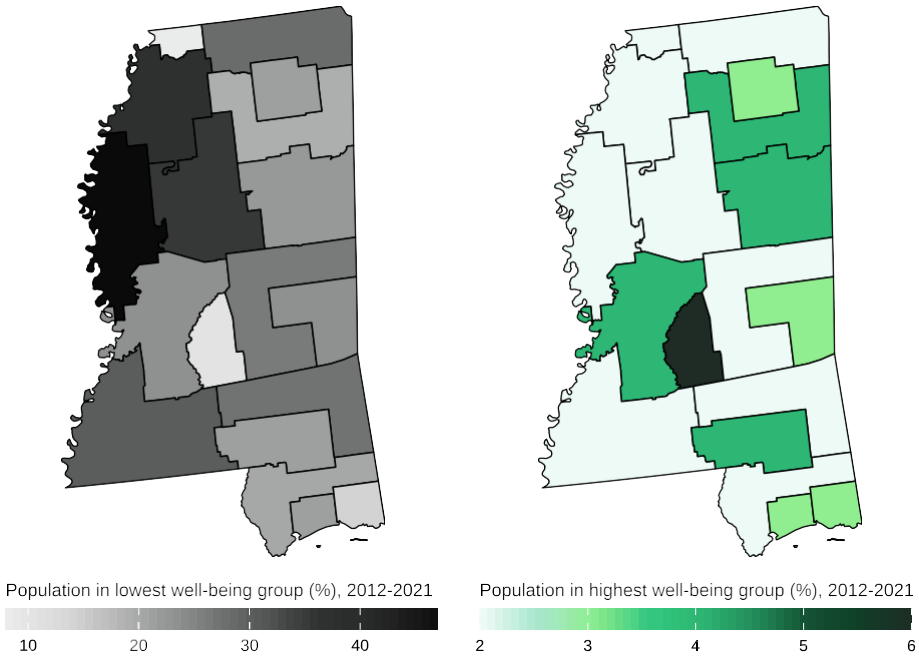
By 2050, IHME projects that **64%** of young people ages 15 to 24 will be overweight or obese in Mississippi.

For adults, IHME projects that **85%** will be living with overweight and obesity by 2050 in Mississippi.

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

Well-being in MS

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 Mississippi, 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, Mississippi

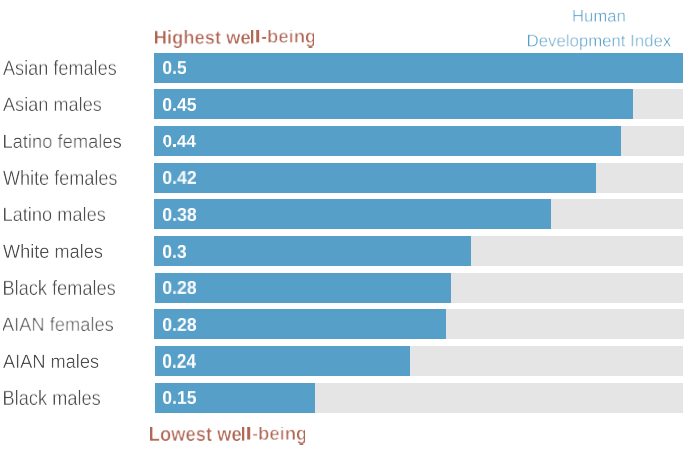
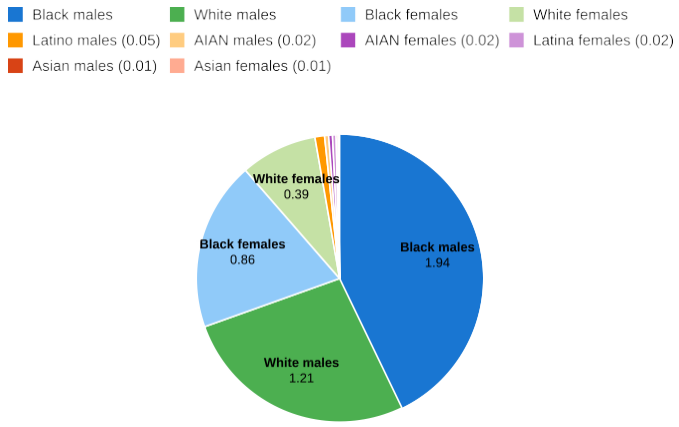


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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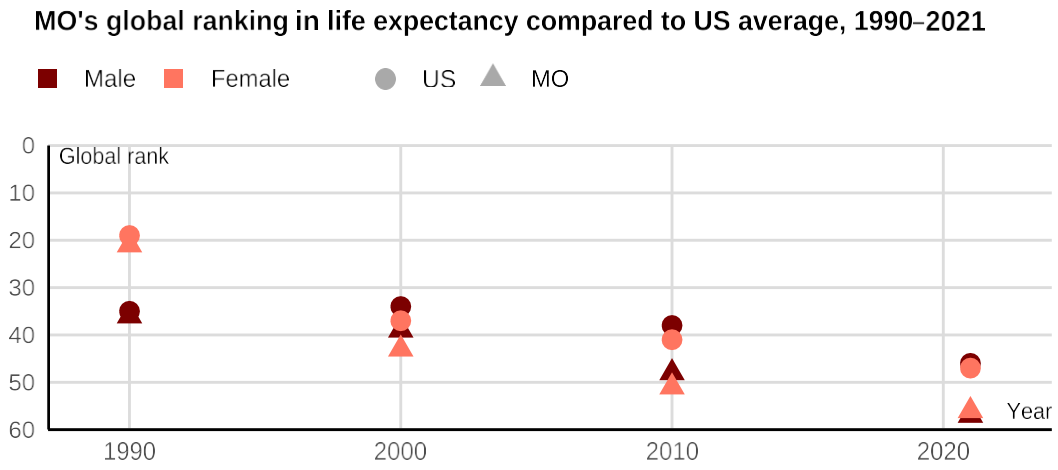
MO is falling behind in life expectancy globally

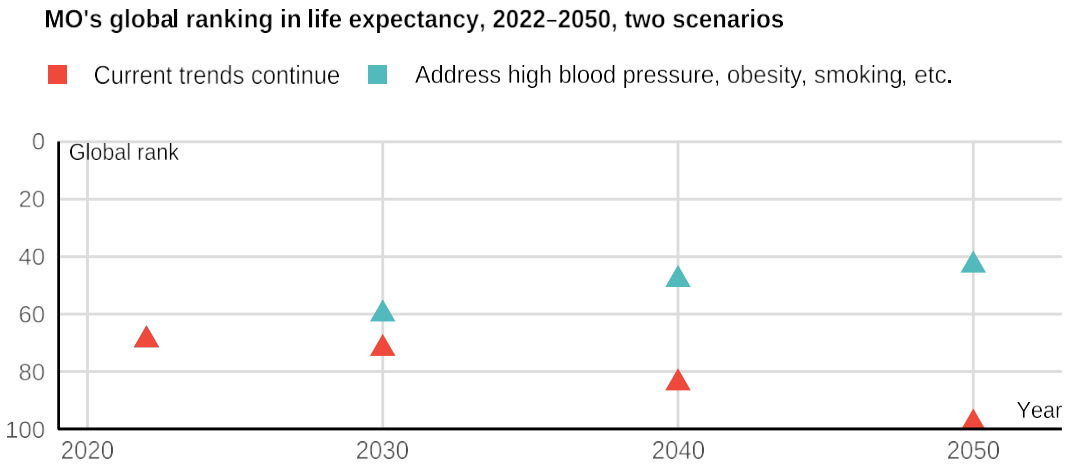
Between 1990 and 2021, the life expectancy ranking of MO dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **France, Maldives, and Panama** had a higher life expectancy than MO.

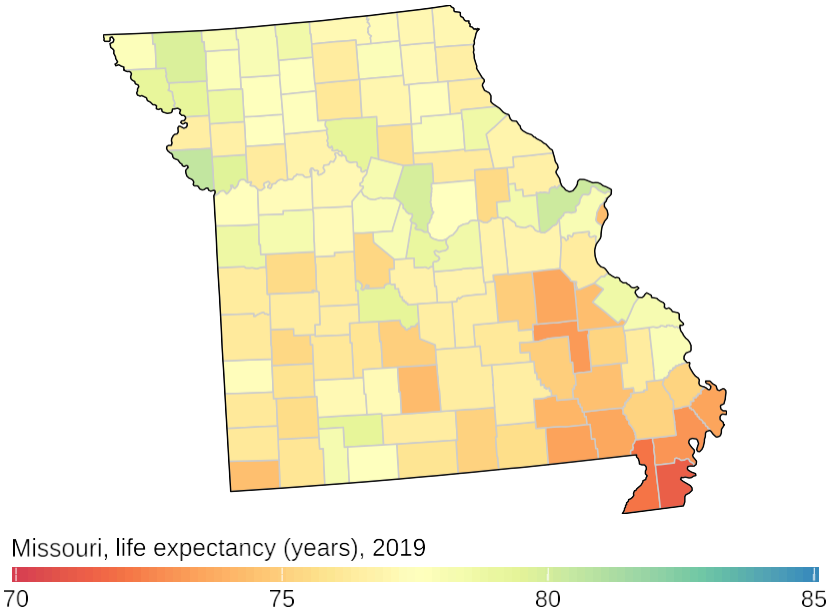
Tackling high blood pressure and obesity could improve MO's life expectancy ranking

If MO intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 43rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MO 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 MO counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MO.[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 MO.[4]

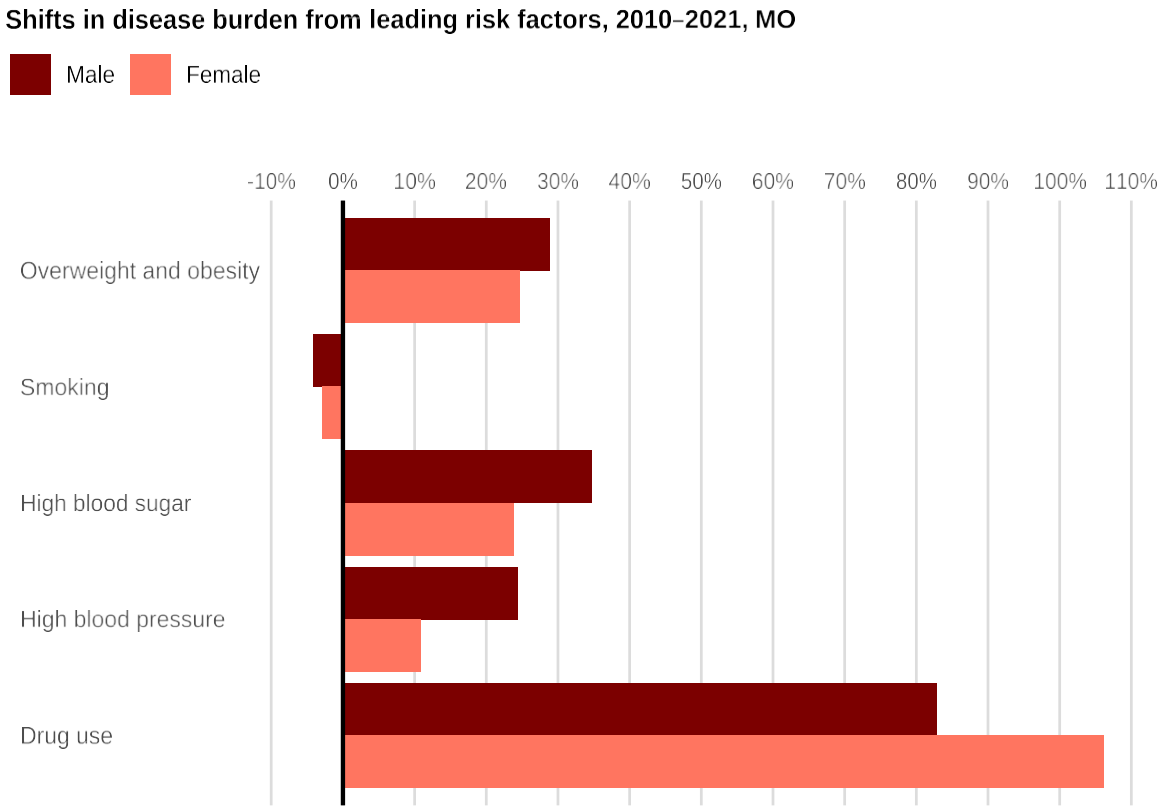
Leading risk factors 2021 ranking

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

[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).

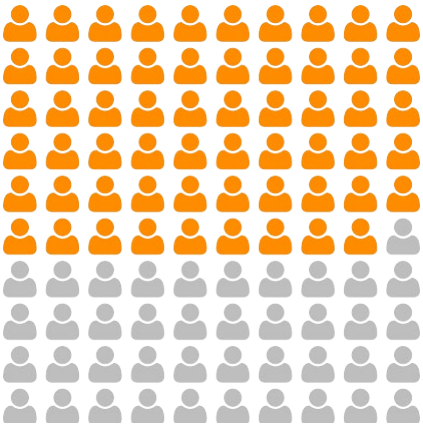
Most of the major risk factors are increasing in MO[6]

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.



[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 MO, especially for youth.



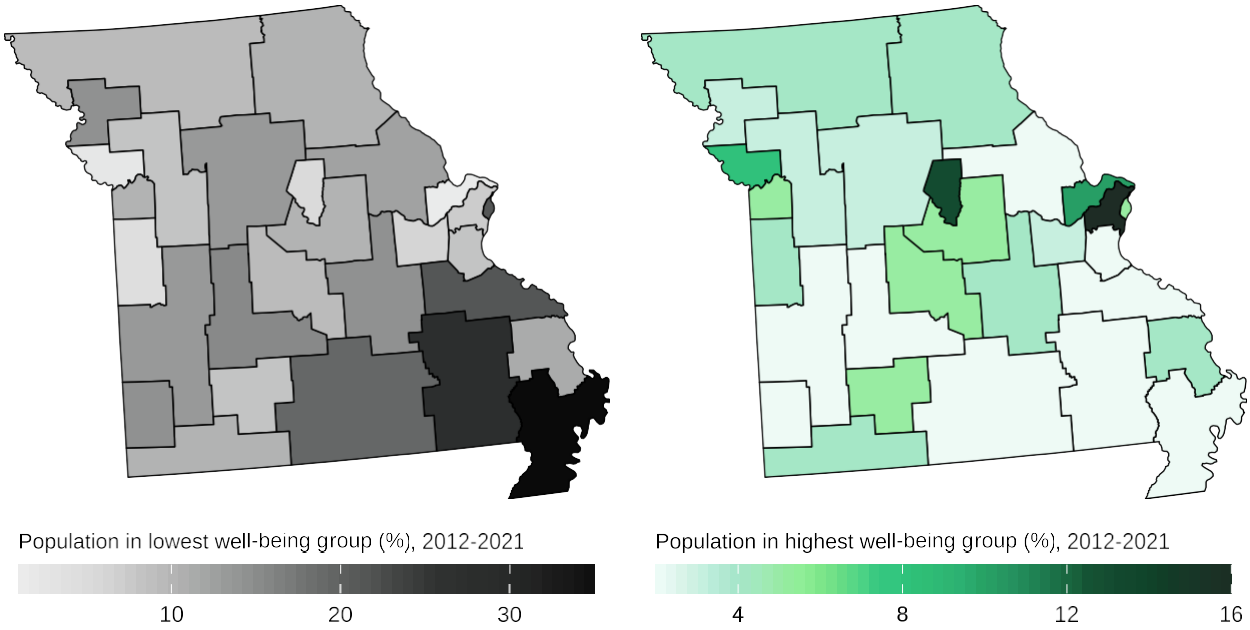
By 2050, IHME projects that **59%** of young people ages 15 to 24 will be overweight or obese in Missouri.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Missouri.

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

Well-being in MO

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 Missouri, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Missouri

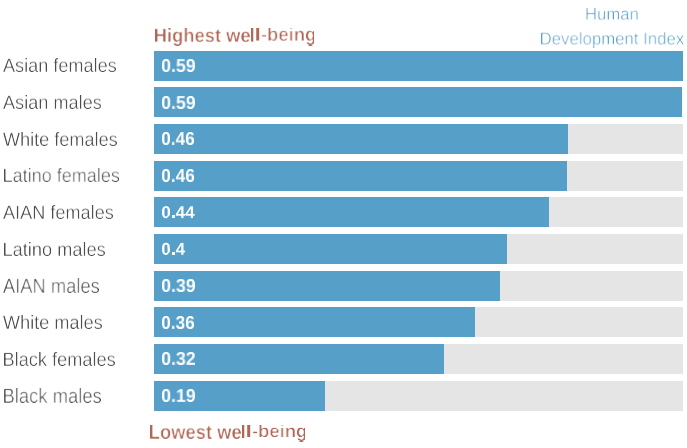
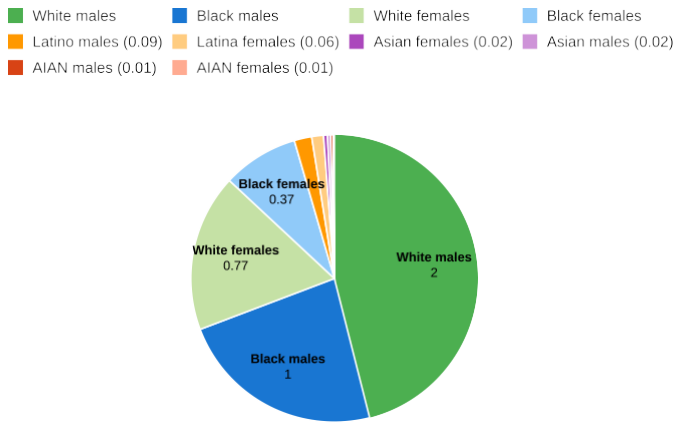


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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For more information, contact:

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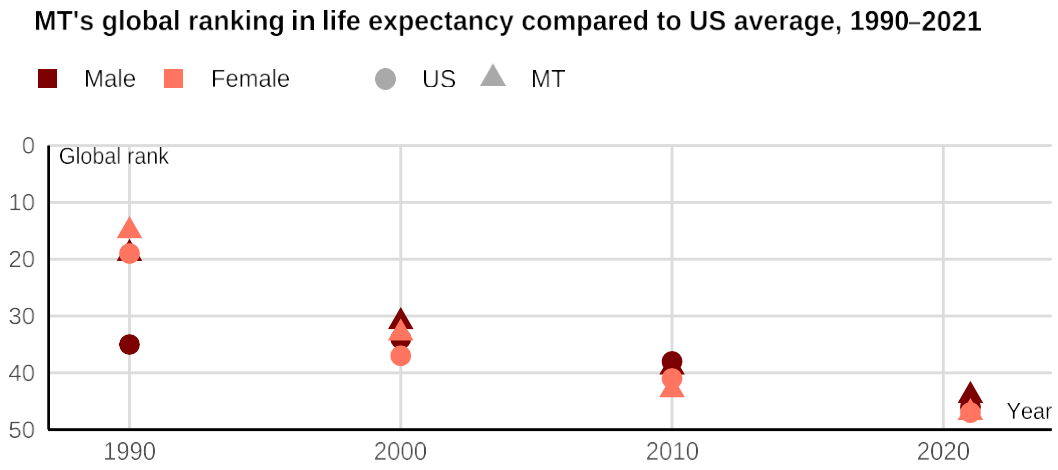
IHME

The State of Health in Montana

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).

MT is falling behind in life expectancy globally

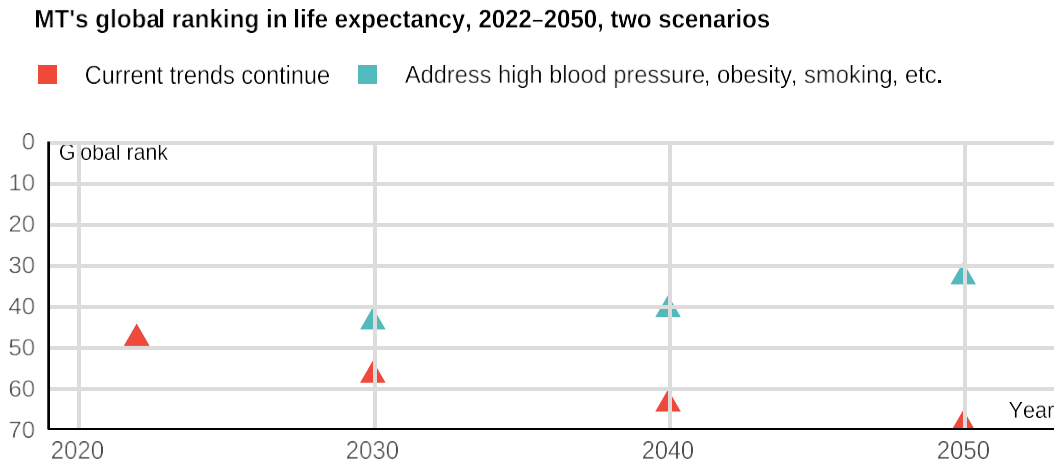
Between 1990 and 2021, the life expectancy ranking of MT dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Republic of Korea, Finland, and Denmark** had a higher life expectancy than MT.

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

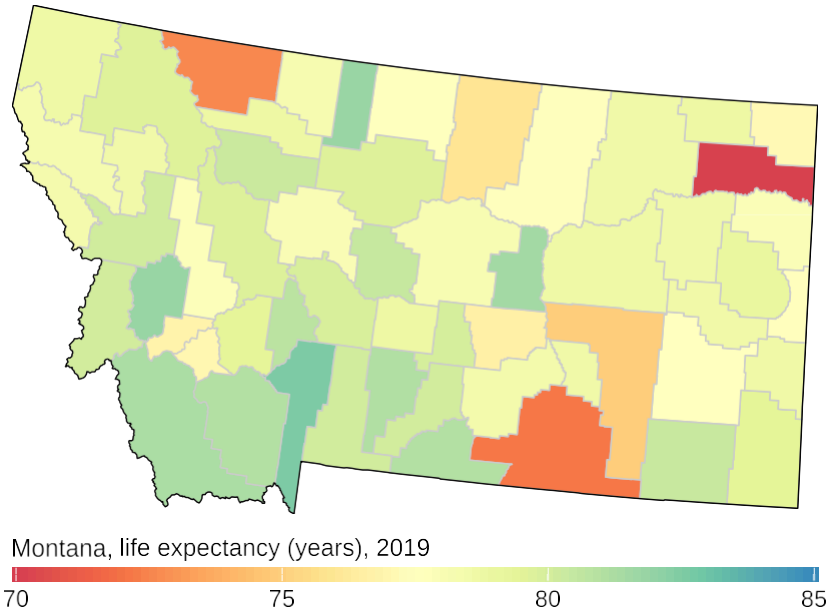
If MT intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 33rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on MT 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

There are stark differences in life expectancy among MT counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in MT.[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 MT.[4]

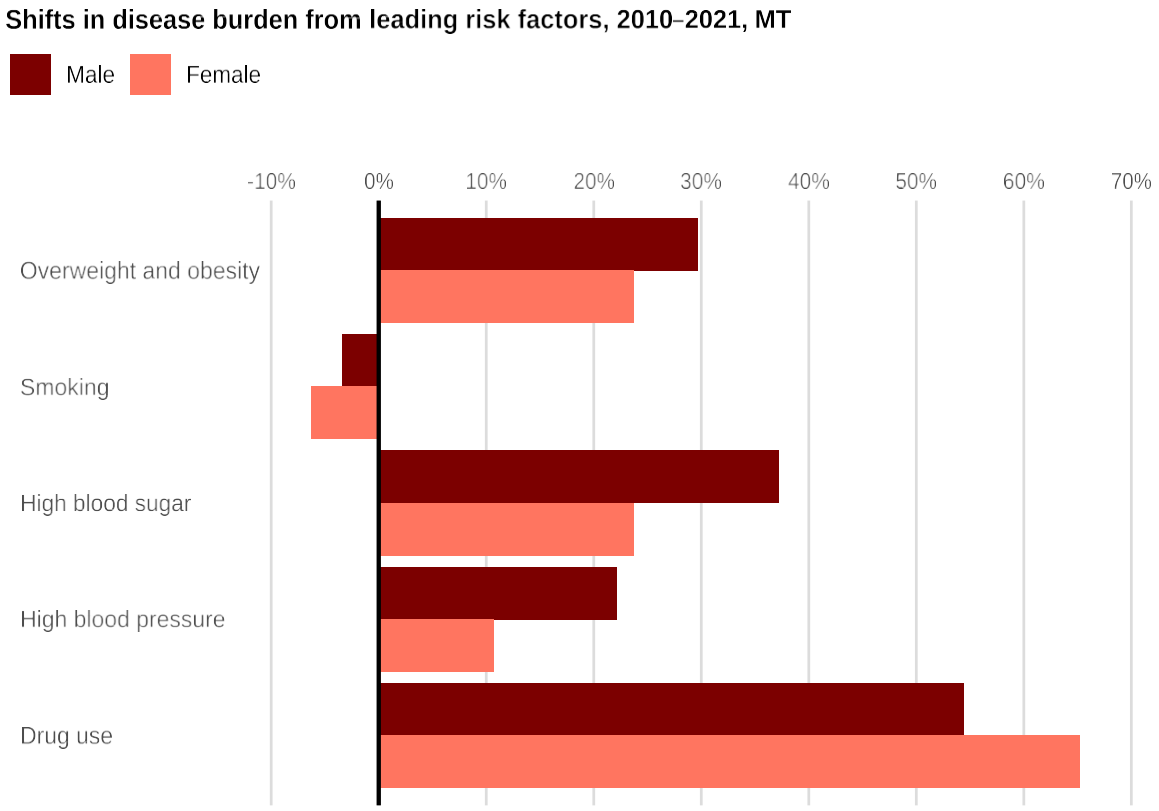
Leading risk factors 2021 ranking

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

[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).

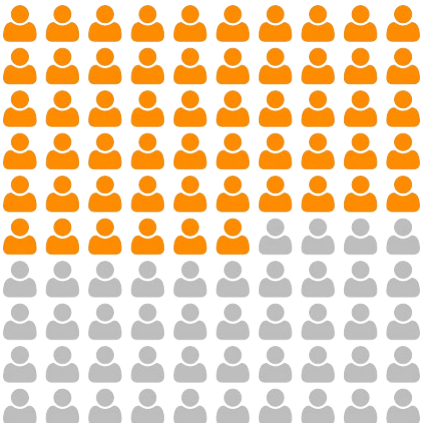
Most of the major risk factors are increasing in MT[6]

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.



[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 MT, especially for youth.



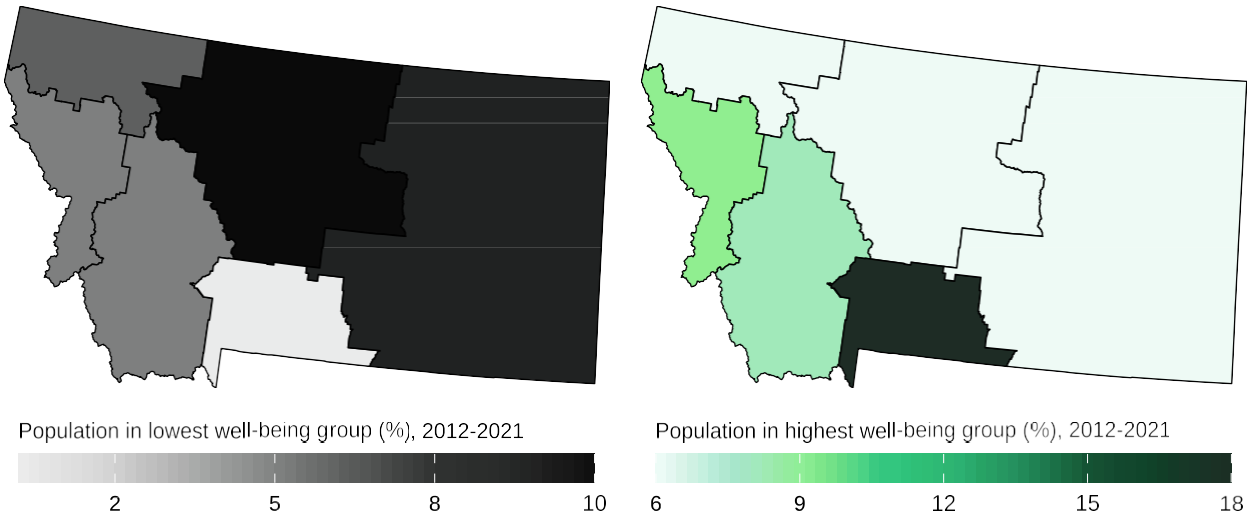
By 2050, IHME projects that **56%** of young people ages 15 to 24 will be overweight or obese in Montana.

For adults, IHME projects that **80%** will be living with overweight and obesity by 2050 in Montana.

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

Well-being in MT

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 Montana, 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, Montana

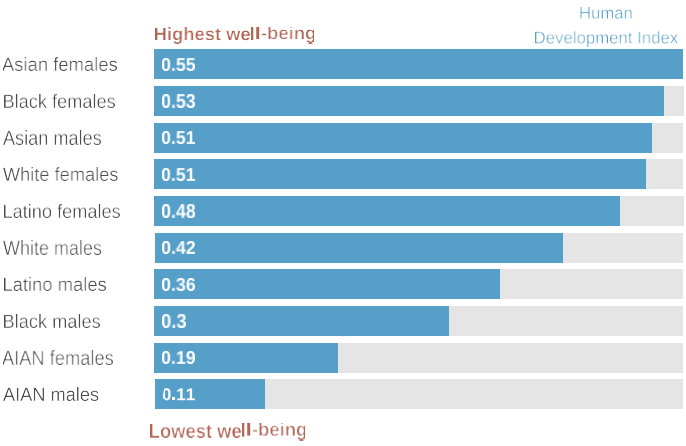
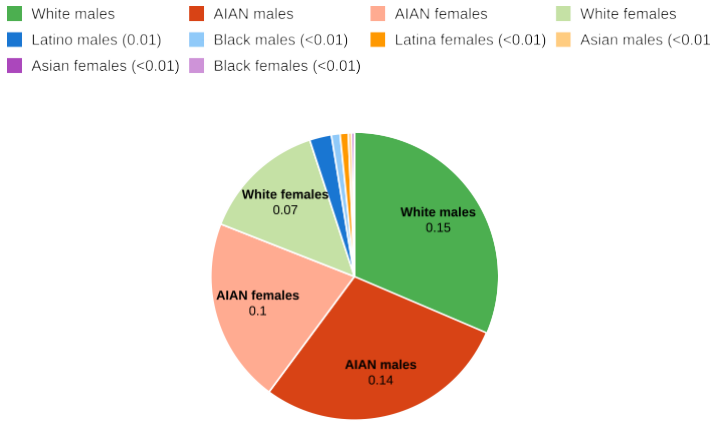


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Nebraska

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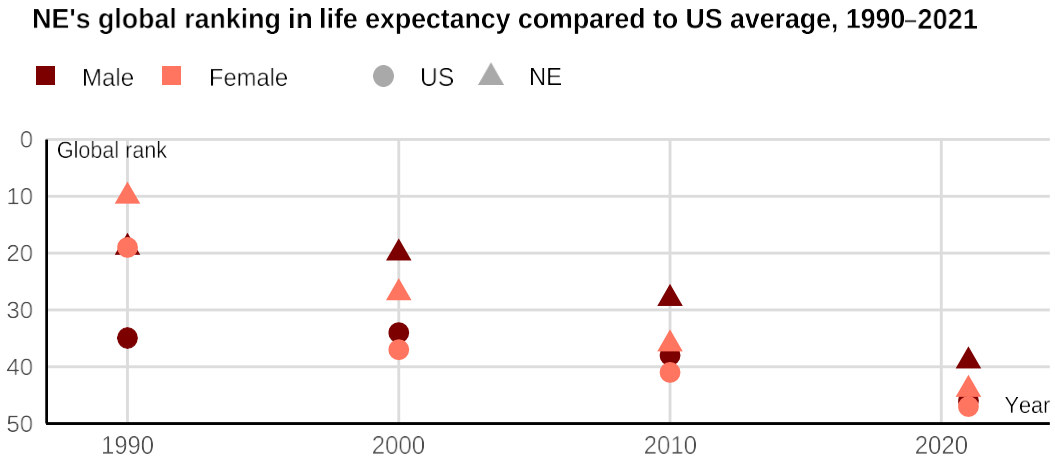
NE is falling behind in life expectancy globally

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

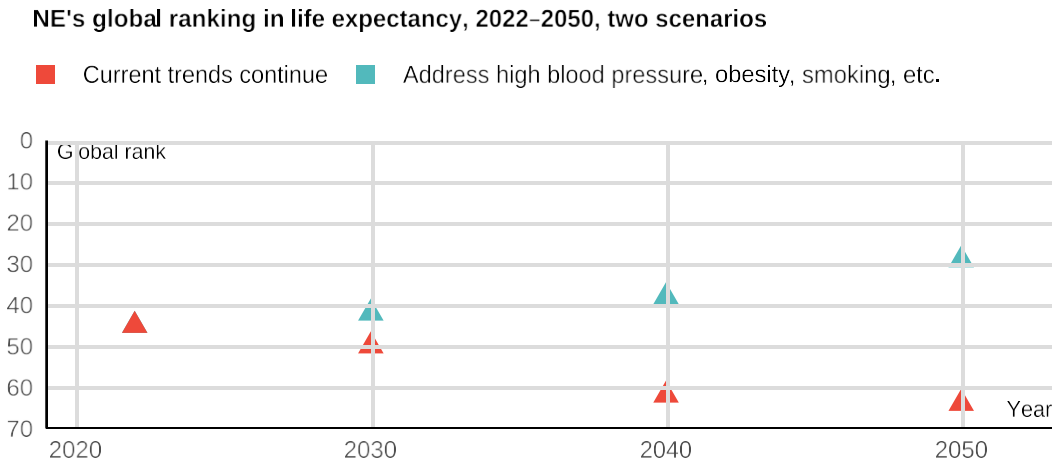


In NE, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Denmark, Cyprus, and Chile** had a higher life expectancy than NE.

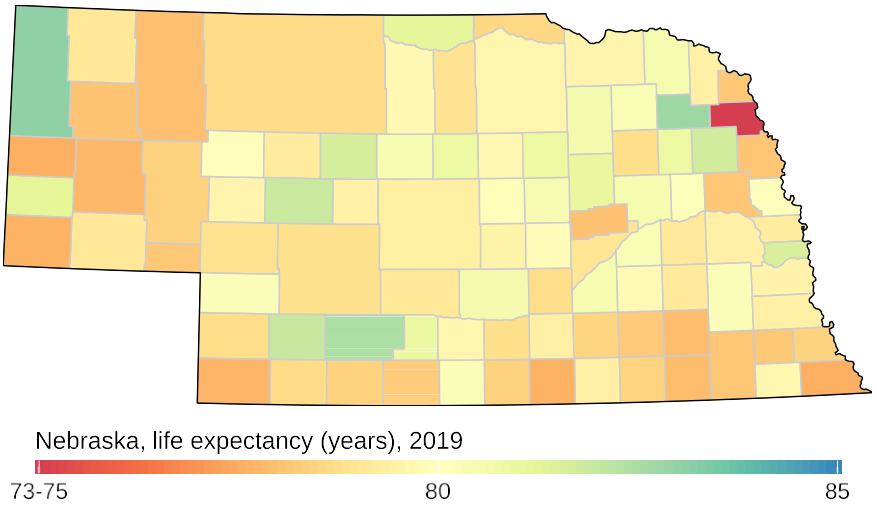
Tackling high blood pressure and obesity could improve NE's life expectancy ranking

If NE intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 29th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on NE 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 NE counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NE.[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 NE.[4]

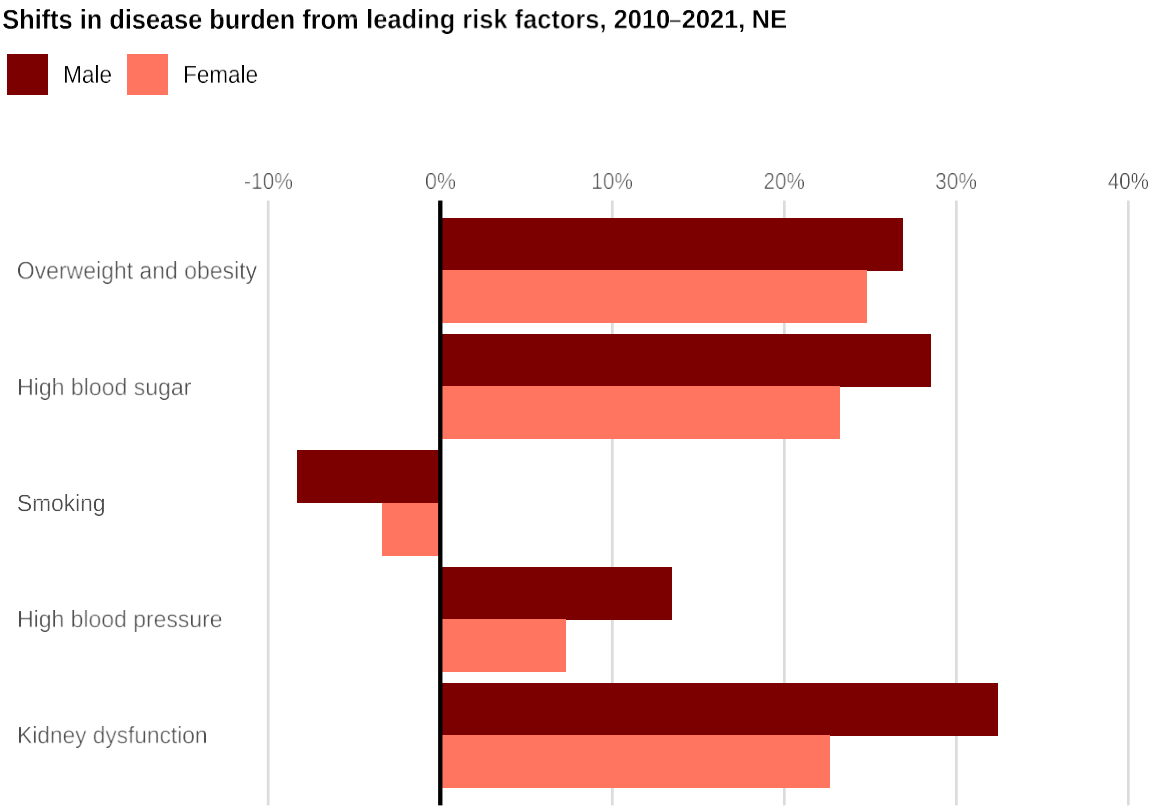
Leading risk factors 2021 ranking

1	Overweight and obesity[5]
2	High blood sugar
3	Smoking
4	High blood pressure
5	Kidney dysfunction

[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).

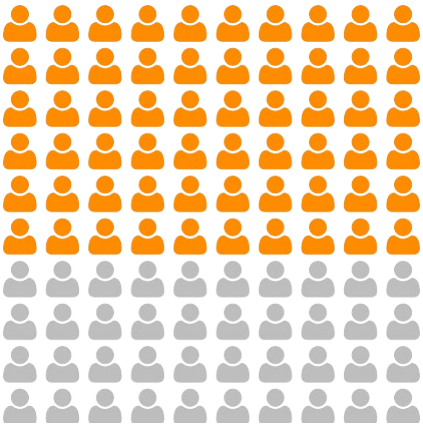
Most of the major risk factors are increasing in NE[6]

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



[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 NE, especially for youth.



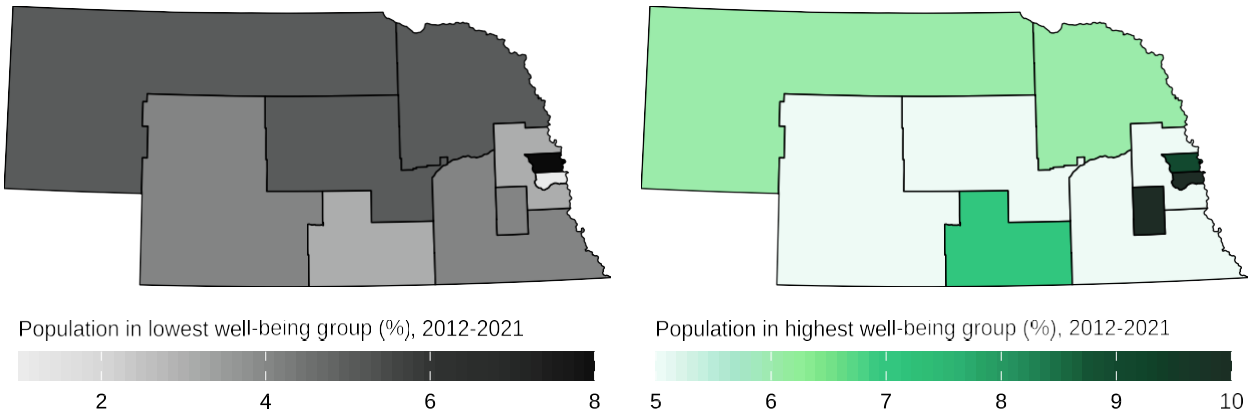
By 2050, IHME projects that **60%** of young people ages 15 to 24 will be overweight or obese in Nebraska.

For adults, IHME projects that **86%** will be living with overweight and obesity by 2050 in Nebraska.

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

Well-being in NE

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 Nebraska, 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, Nebraska

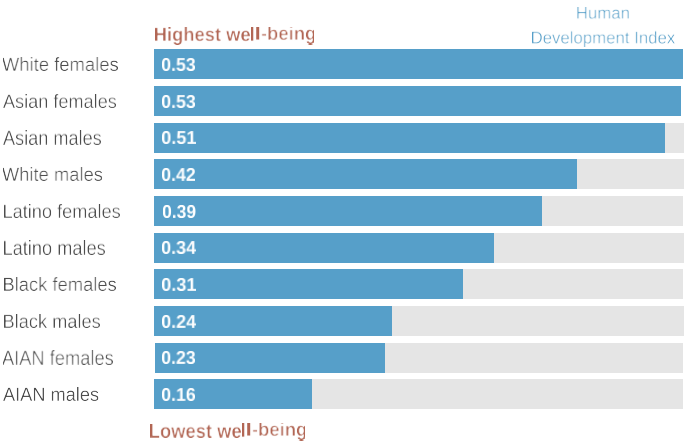
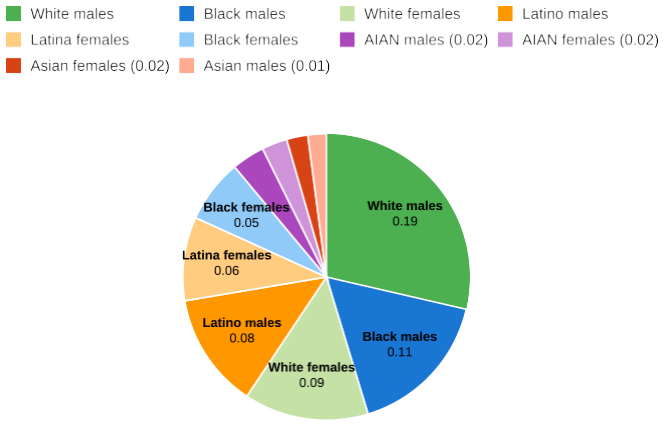


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Nevada

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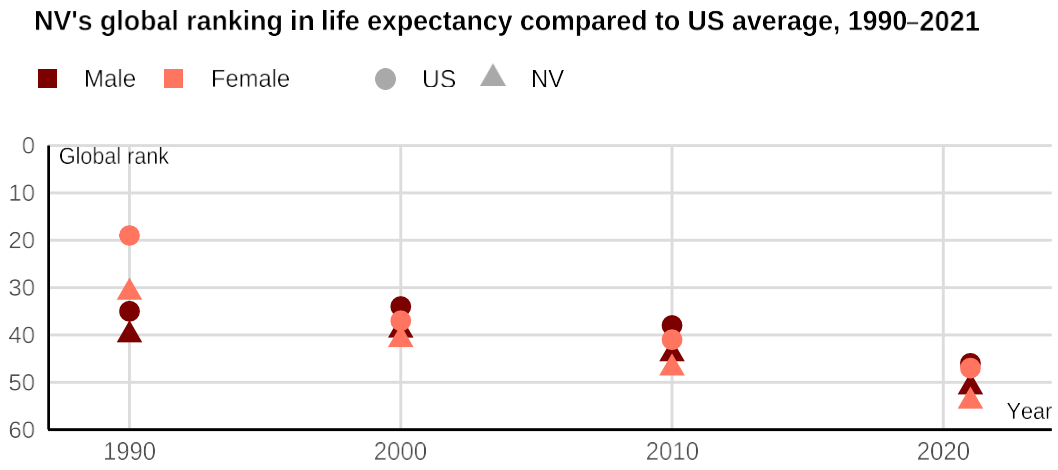
NV is falling behind in life expectancy globally

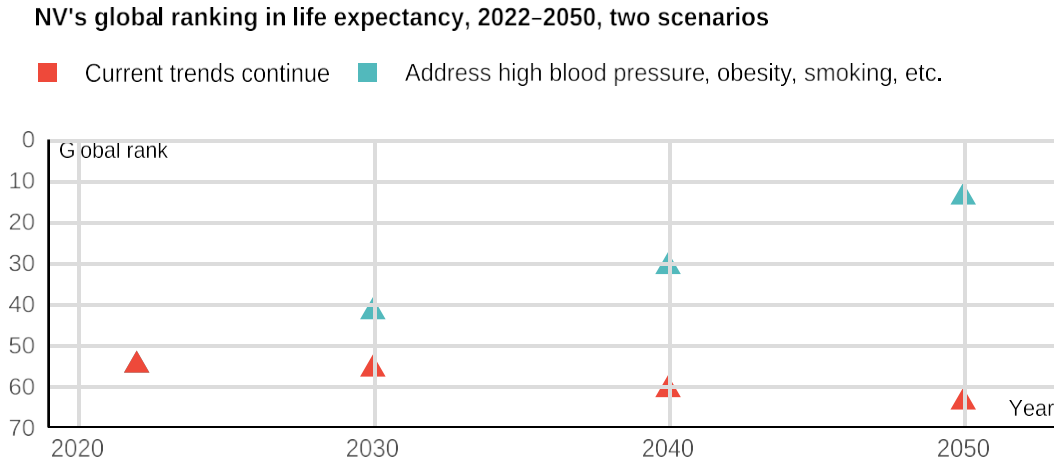
Between 1990 and 2021, the life expectancy ranking of NV dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Netherlands, Germany, and Maldives** had a higher life expectancy than NV.

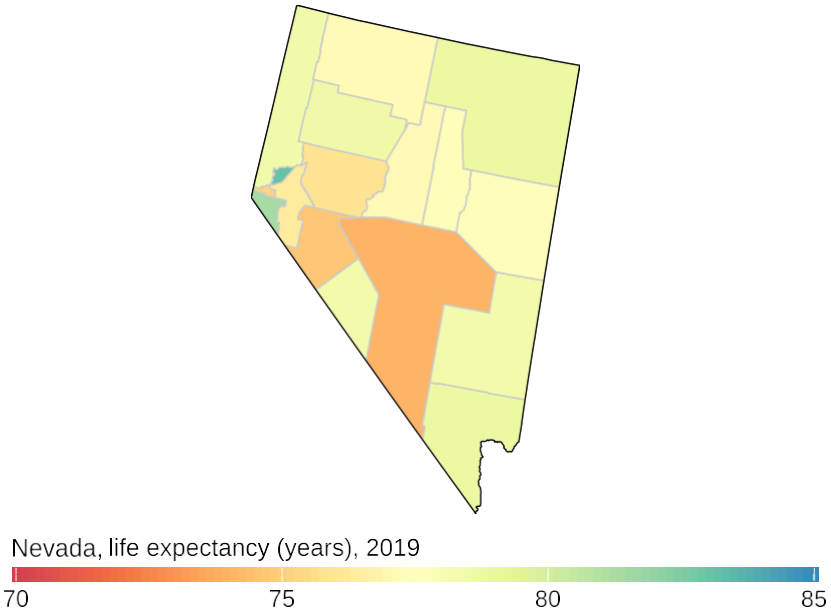
Tackling high blood pressure and obesity could improve NV's life expectancy ranking

If NV intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 14th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on NV 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 NV counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NV.[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 NV.[4]

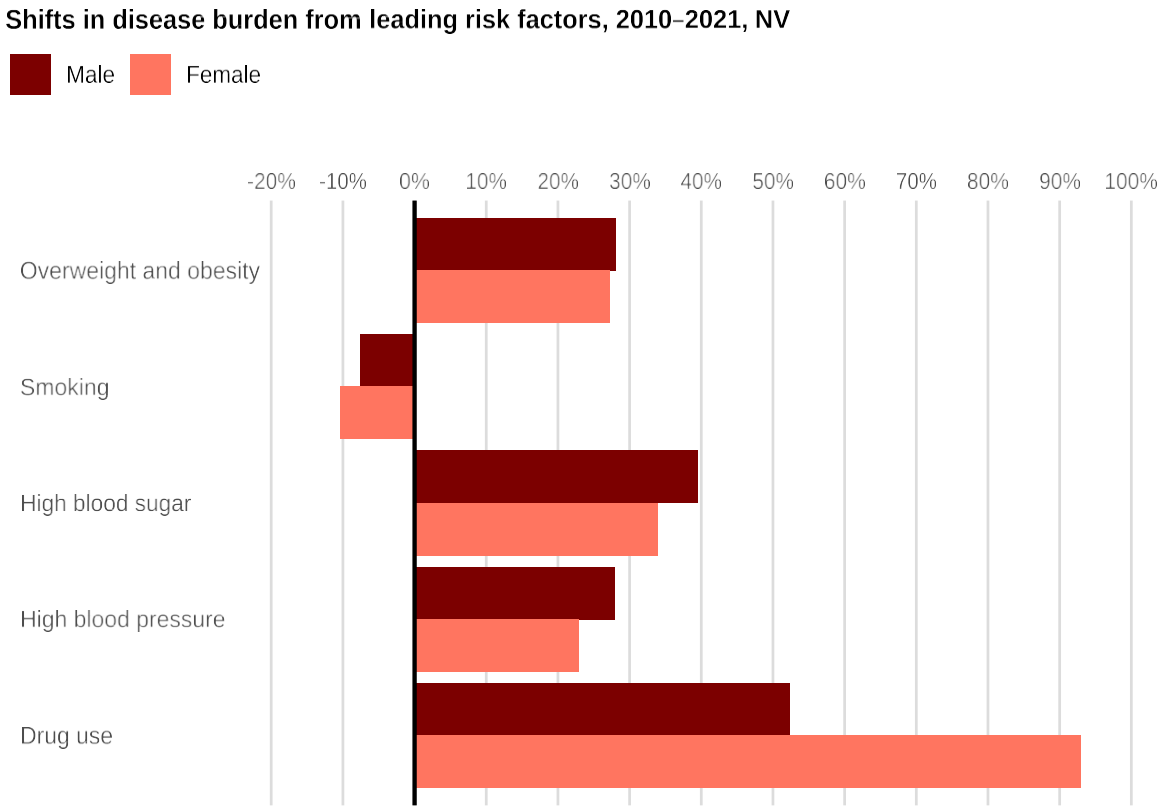
Leading risk factors 2021 ranking

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

[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).

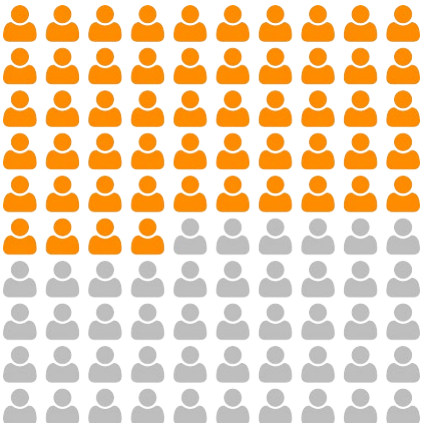
Most of the major risk factors are increasing in NV[6]

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.



[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 NV, especially for youth.



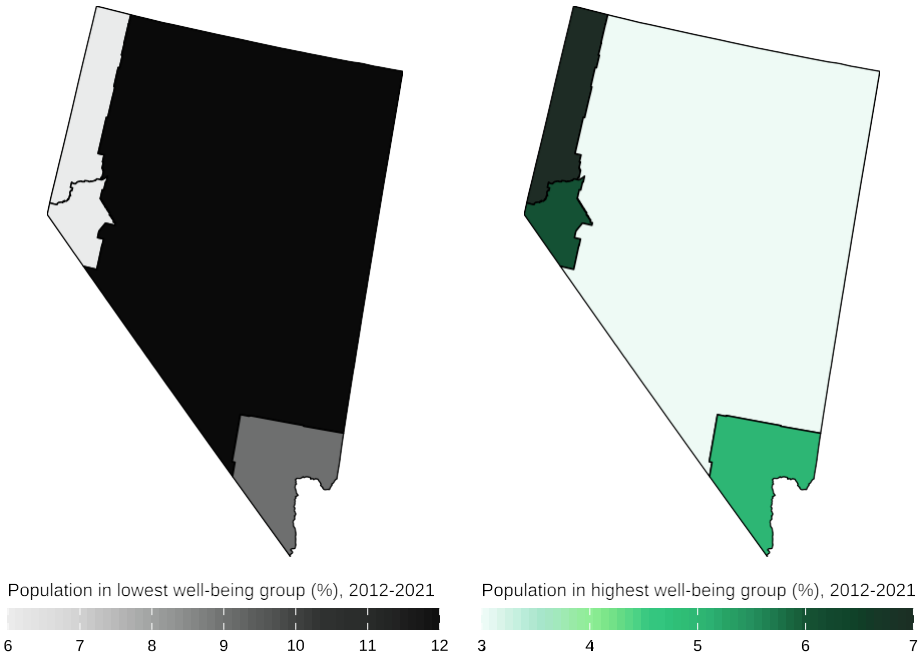
By 2050, IHME projects that **54%** of young people ages 15 to 24 will be overweight or obese in Nevada.

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

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

Well-being in NV

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

Human Development Index by race and ethnicity and sex, Nevada

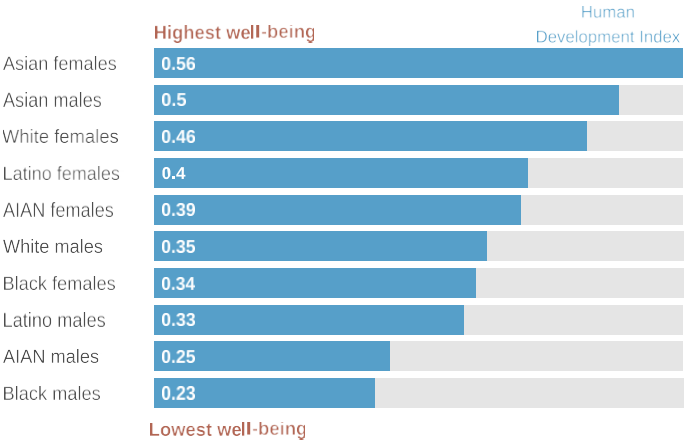
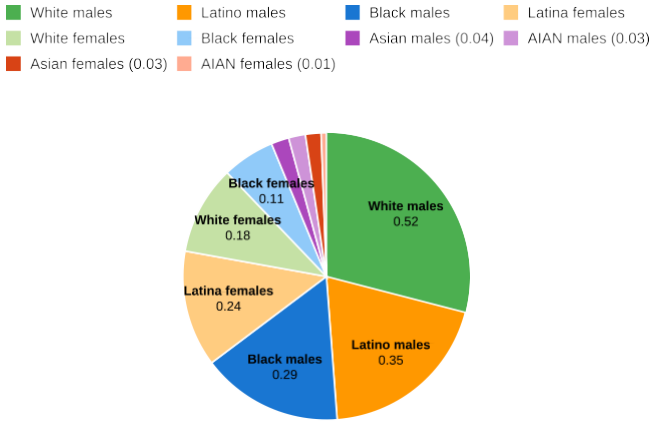


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in New Hampshire

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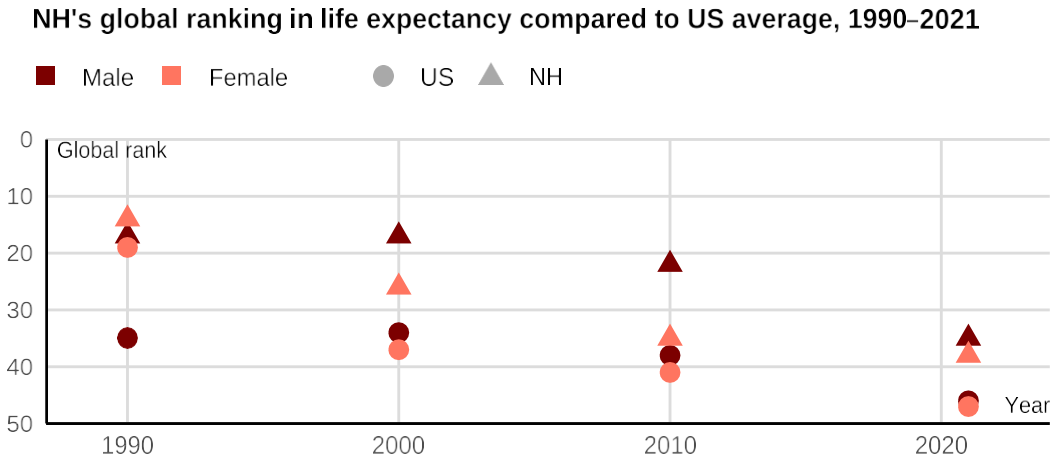
NH is falling behind in life expectancy globally

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

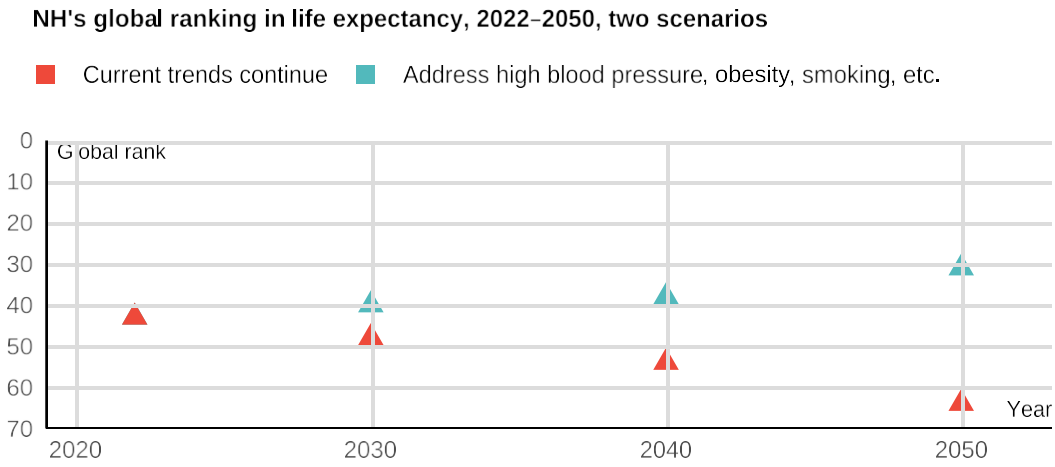


In NH, women's life expectancy ranking slipped even more than it did for men.

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.

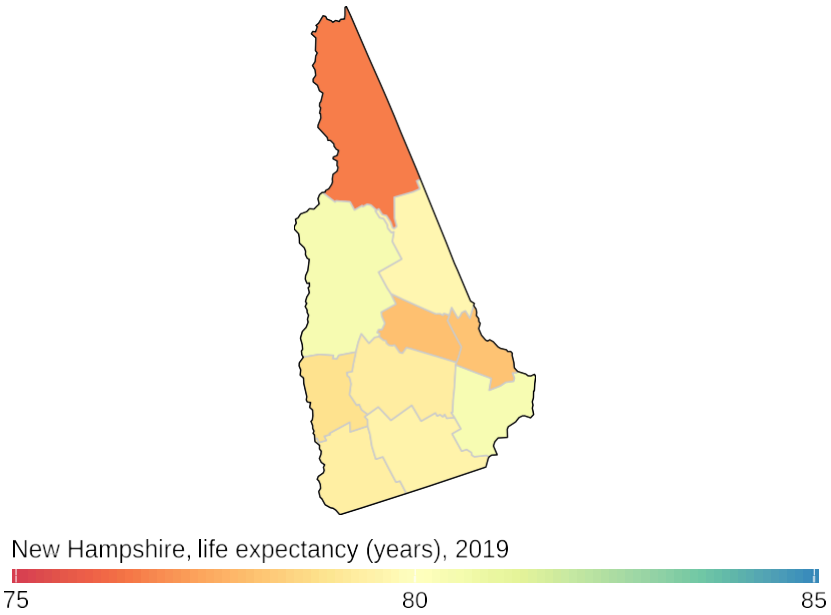


The scenario "address high blood pressure, obesity, smoking, etc." is based on NH eliminating exposure to high body mass index, high blood sugar, high blood pressure, high LDL cholesterol, poor diet, and smoking by 2050. This graphic assumes that every other location globally would continue on their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

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

healthdata.org

There are noticeable differences in life expectancy among NH counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NH.[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 NH.[4]

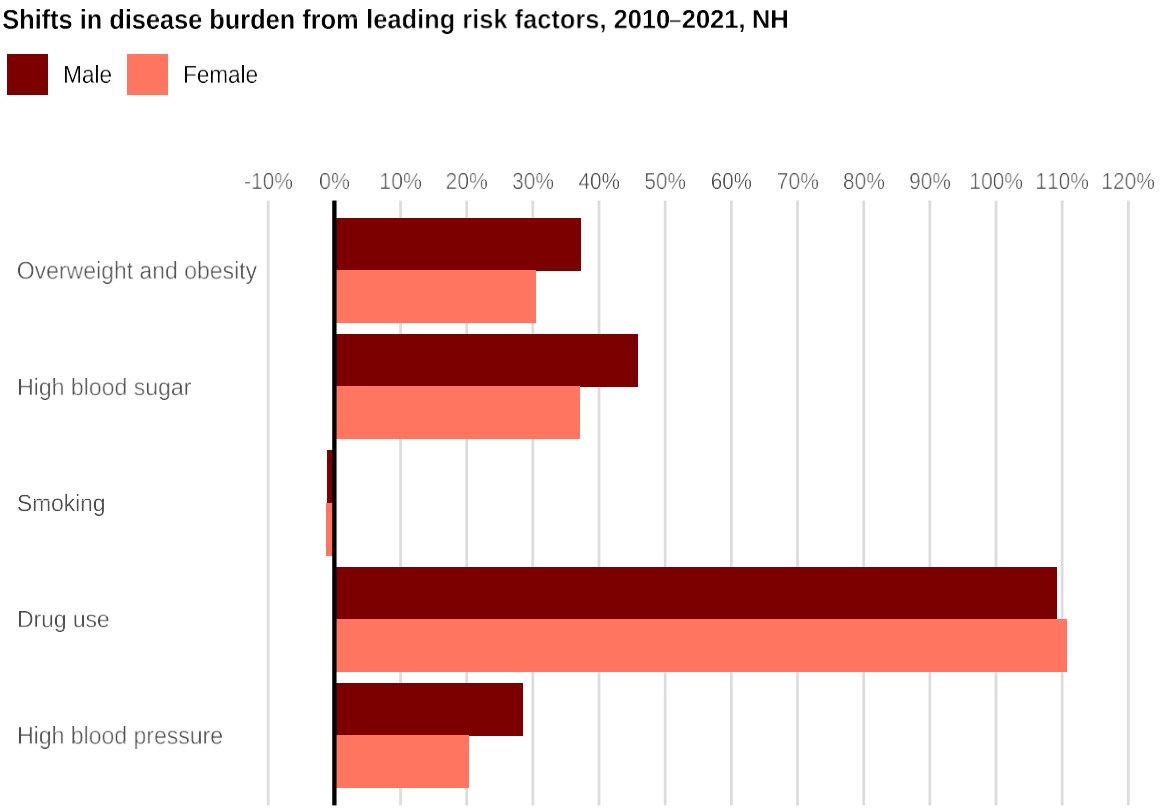
Leading risk factors 2021 ranking

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

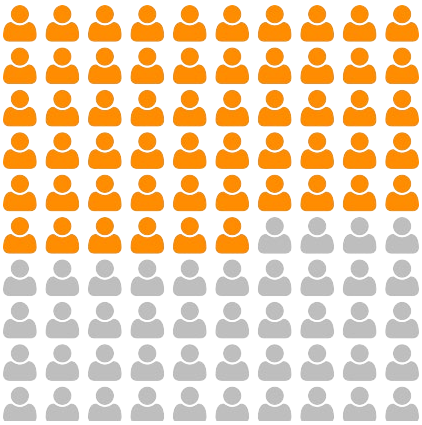
Most of the major risk factors are increasing in NH[6]

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.

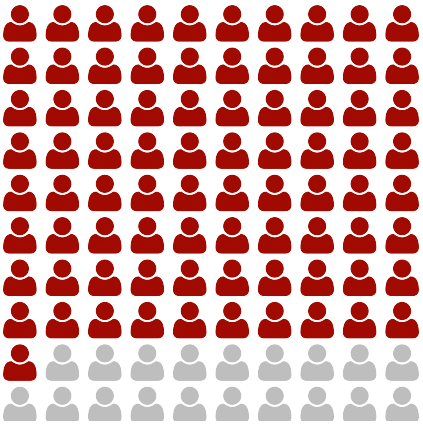


[6]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes combined. Risk factors are ordered based on ranking for risk-attributable disability-adjusted life years in 2021 for all sexes combined, level 3.

Overweight and obesity is a rising threat to health in 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.

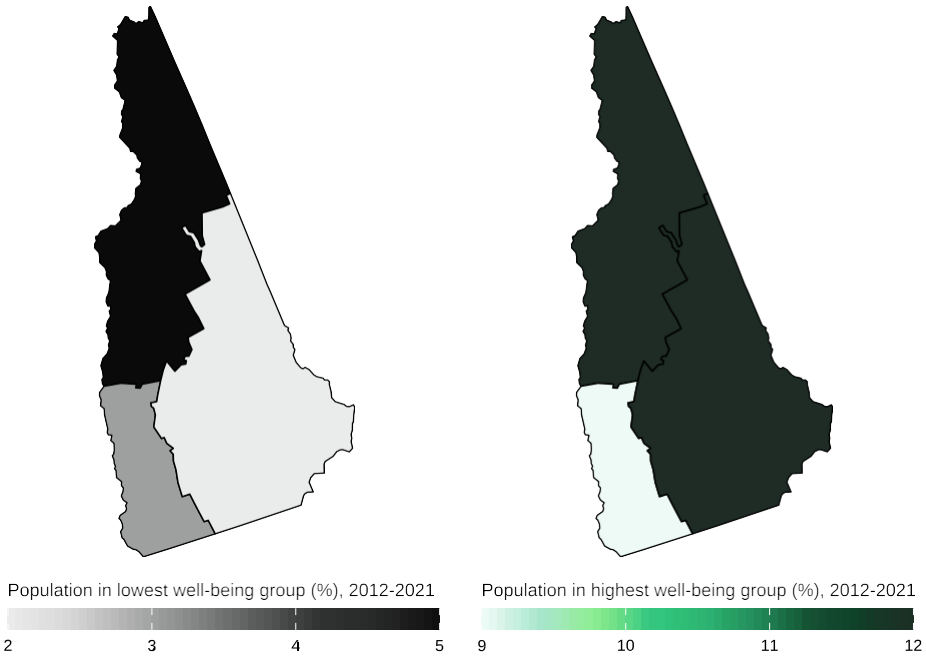


For adults, IHME projects that **81%** will be living with overweight and obesity by 2050 in New Hampshire.

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

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

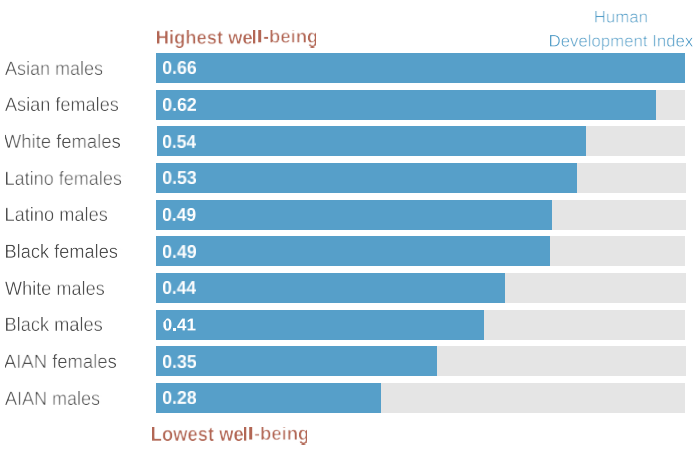
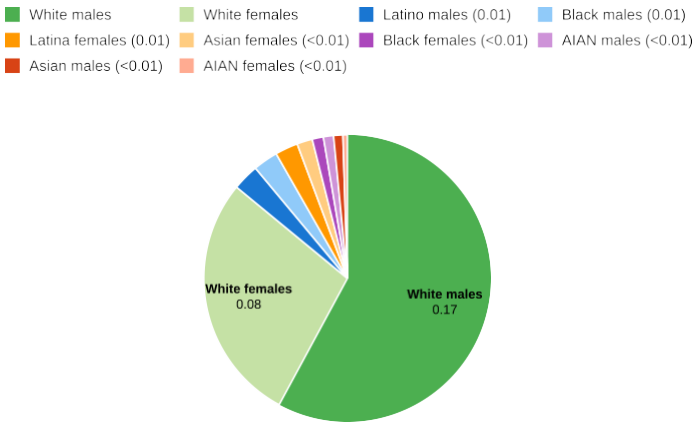


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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)



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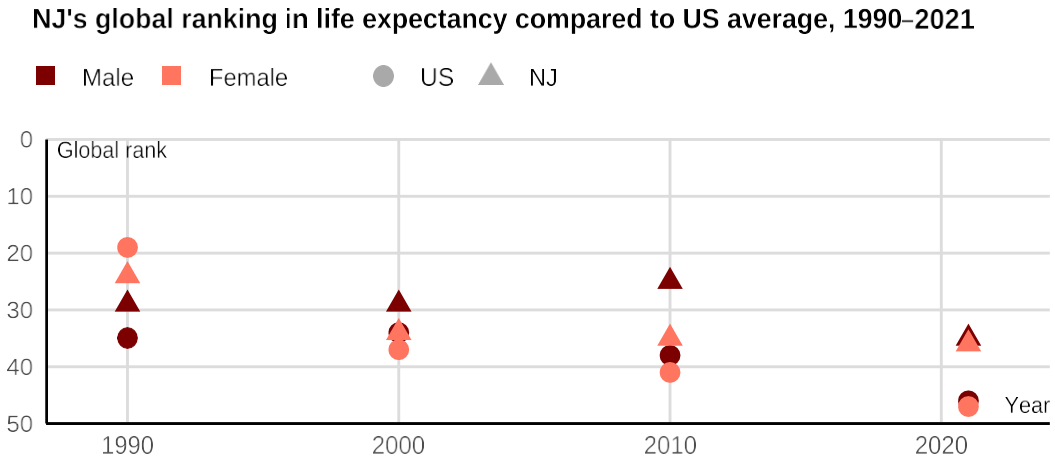
The State of Health in New Jersey

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.

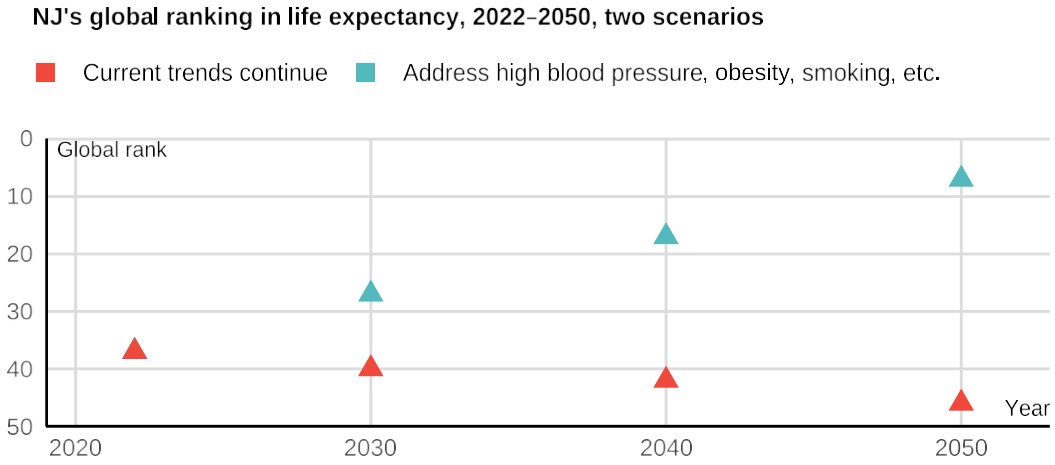


In NJ, women's life expectancy ranking slipped even more than it did for men.

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

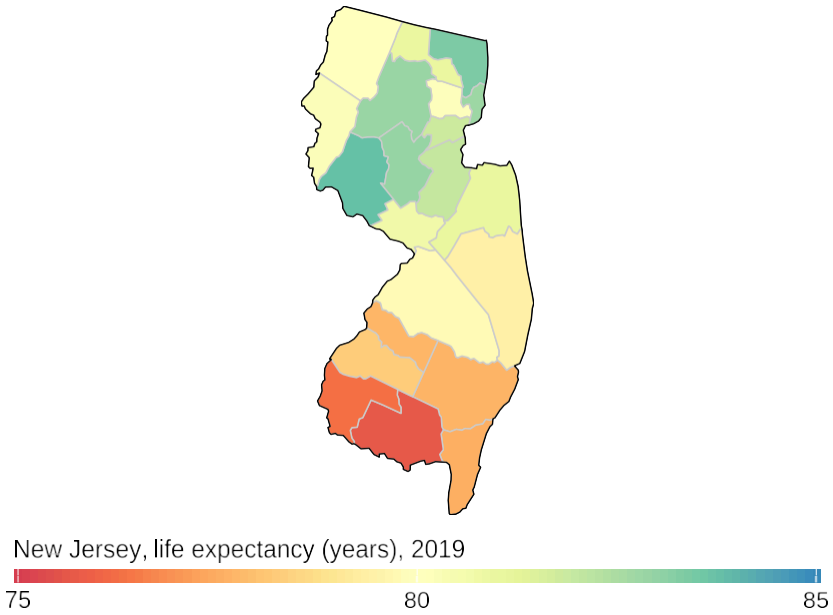
Tackling high blood pressure and obesity could improve NJ's life expectancy ranking

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



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.

There are noticeable differences in life expectancy among NJ counties.



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]

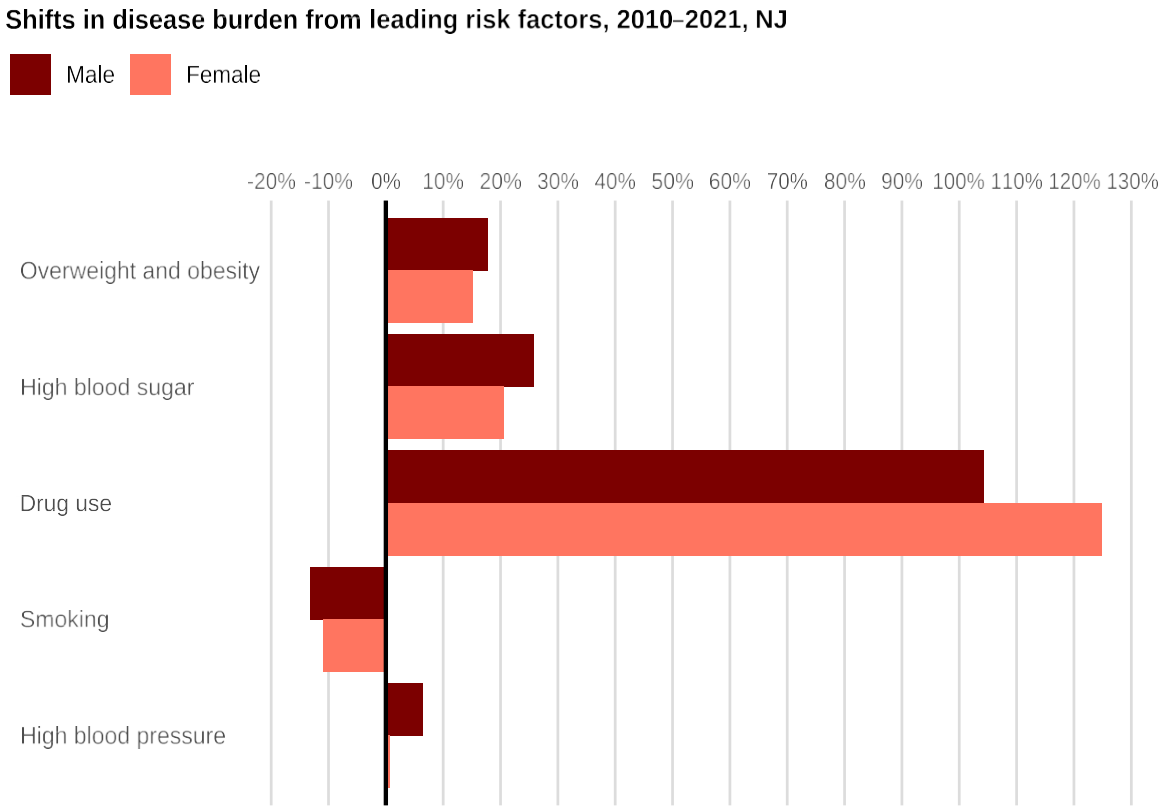
Leading risk factors 2021 ranking

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).

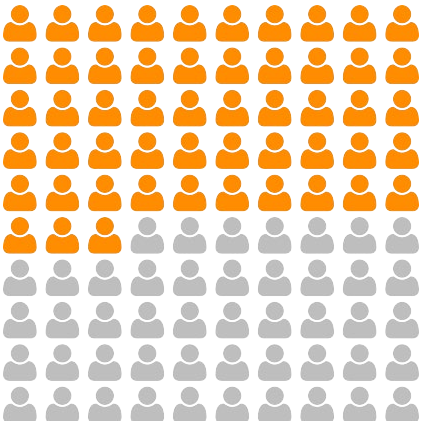
Many major risk factors are increasing in NJ[6]

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.



[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.



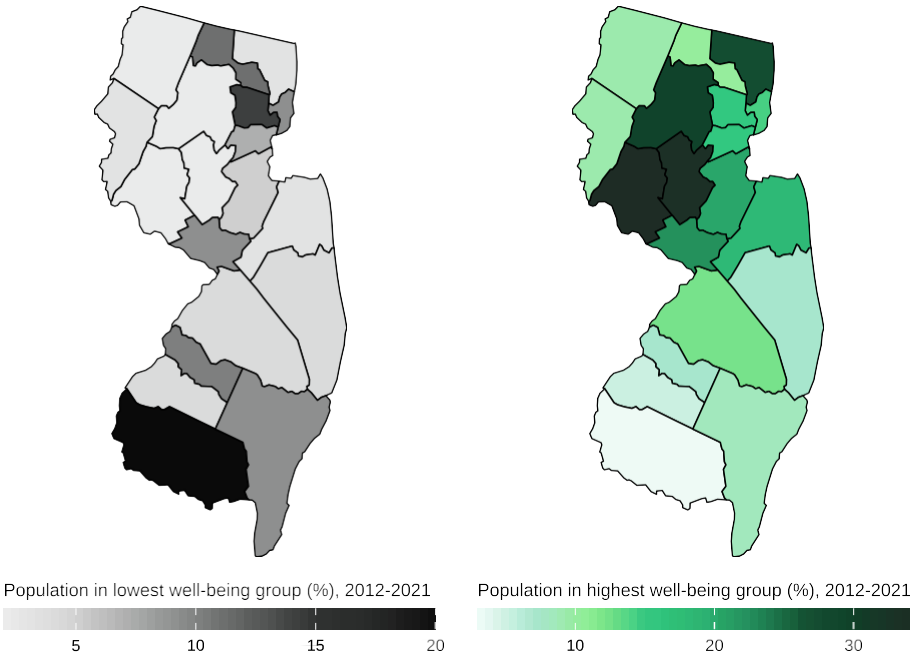
By 2050, IHME projects that **53%** of young people ages 15 to 24 will be overweight or obese in New Jersey.

For adults, IHME projects that **79%** will be living with overweight and obesity by 2050 in New Jersey.

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

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.



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

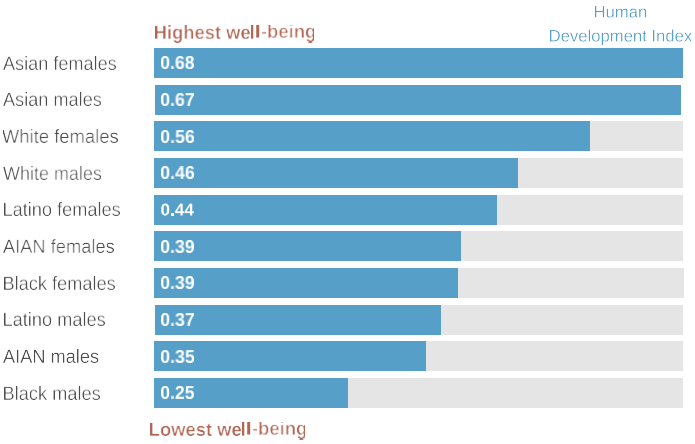
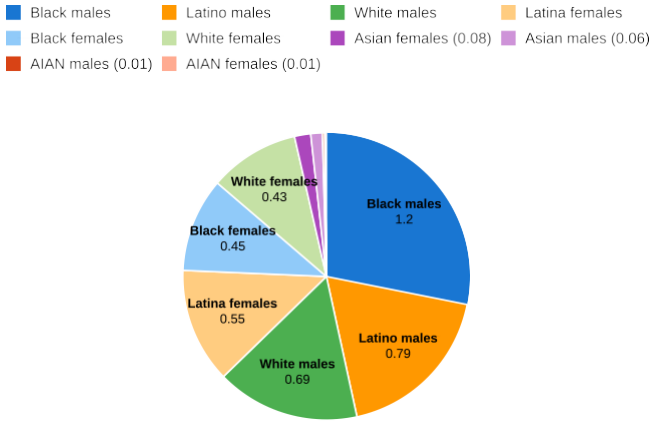


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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)



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The State of Health in New Mexico

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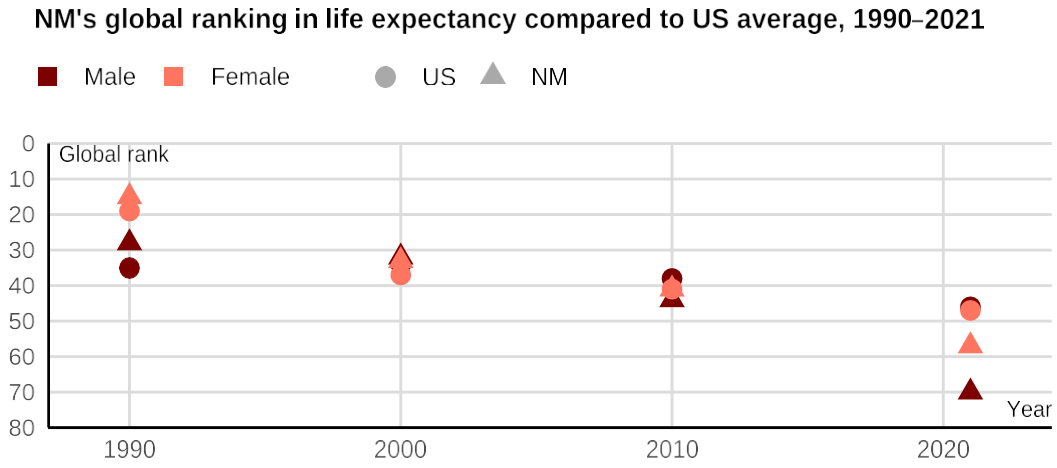
NM is falling behind in life expectancy globally

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

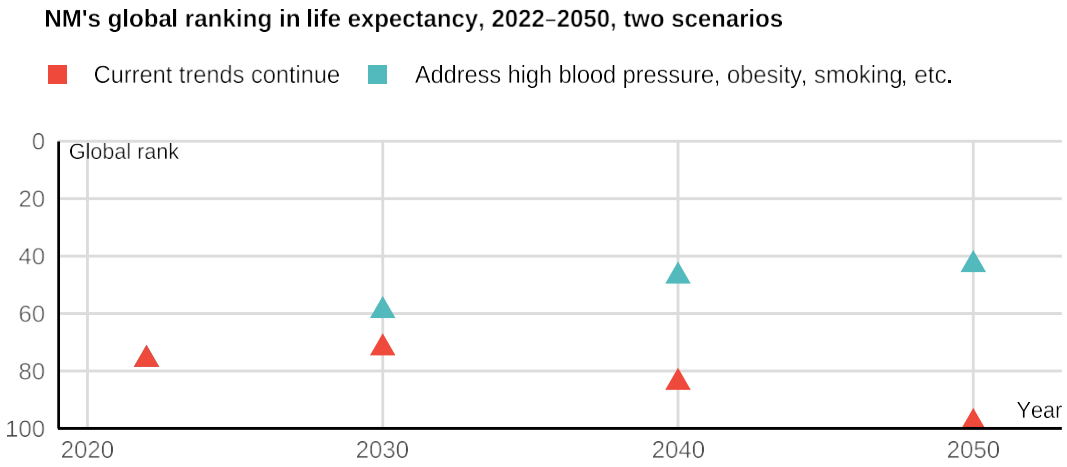


In NM, men's life expectancy ranking slipped more than it did for women.

In 2021, countries including **Cyprus, Croatia, and Jordan** had a higher life expectancy than NM.

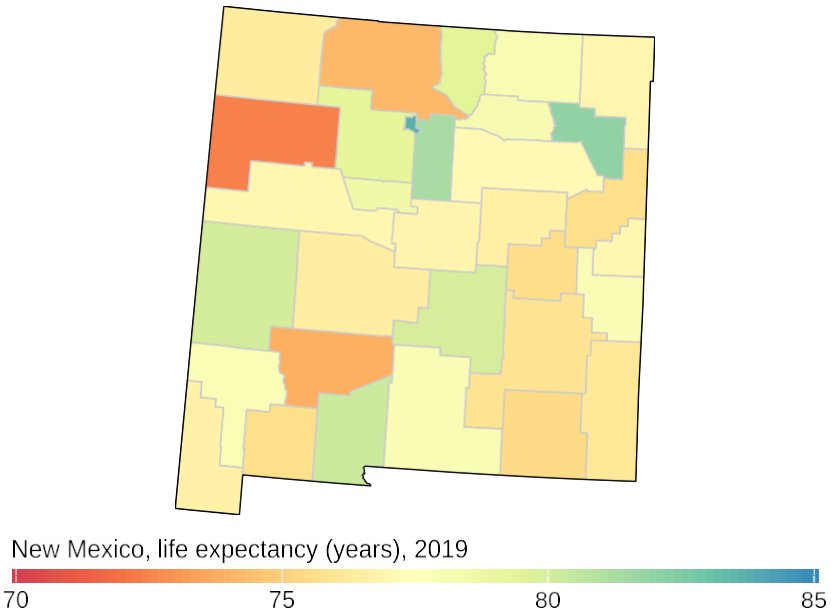
Tackling high blood pressure and obesity could improve NM's life expectancy ranking

If NM intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 43rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on NM 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 stark differences in life expectancy among NM counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NM.[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: High blood sugar is the top risk factor for poor health and early death in NM.[4]

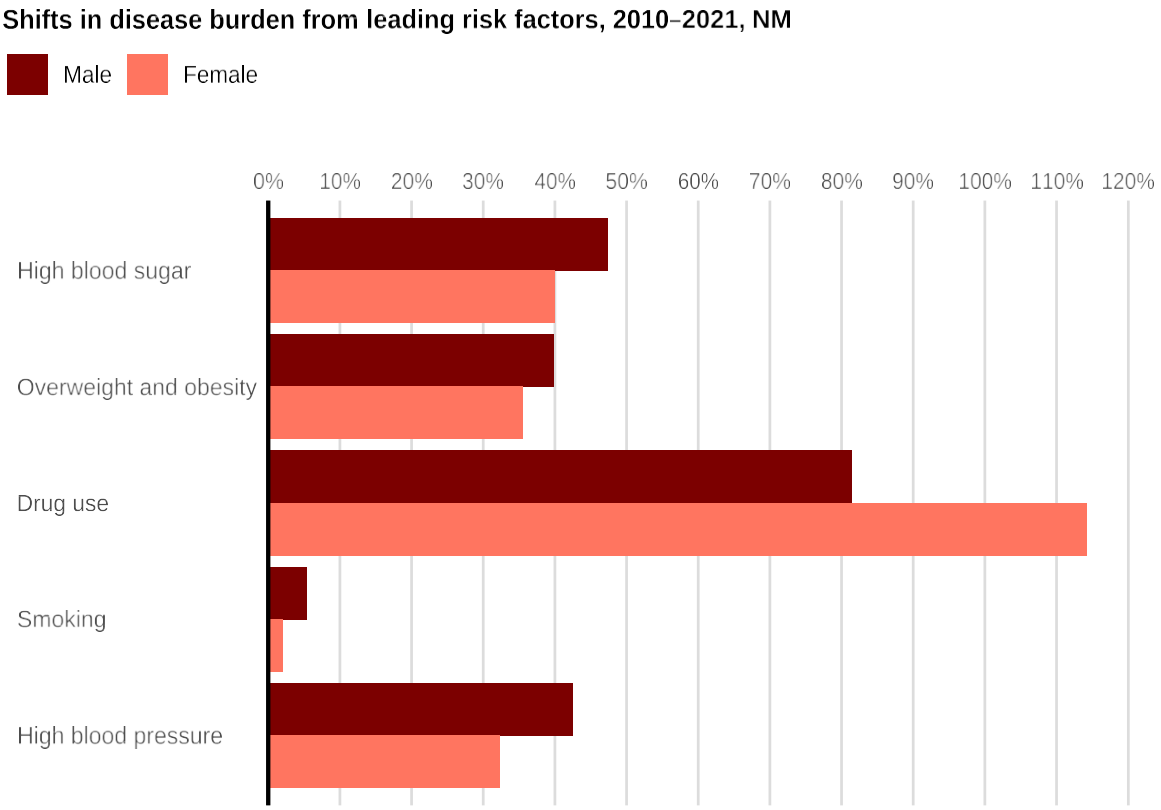
Leading risk factors 2021 ranking

1	High blood sugar
2	Overweight and obesity[5]
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).

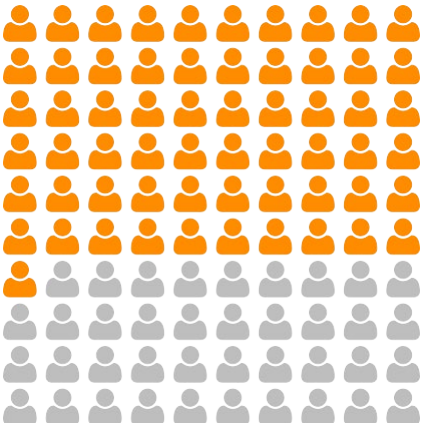
Major risk factors are increasing in NM[6]

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.



[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 NM, especially for youth.



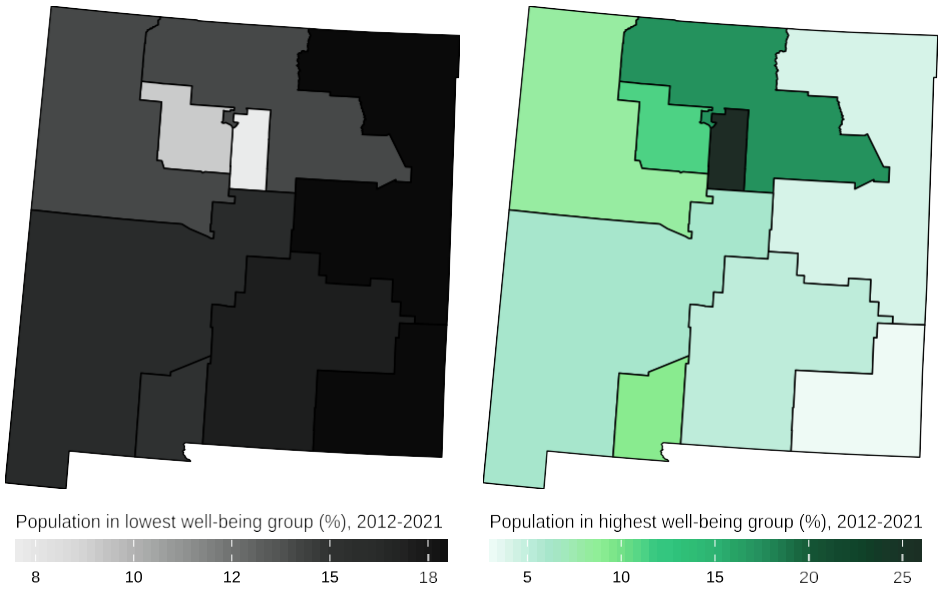
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in New Mexico.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in New Mexico.

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

Well-being in NM

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 Mexico, 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 Mexico

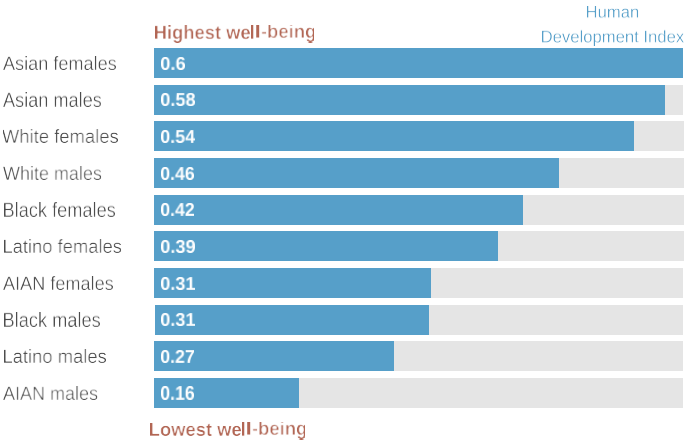
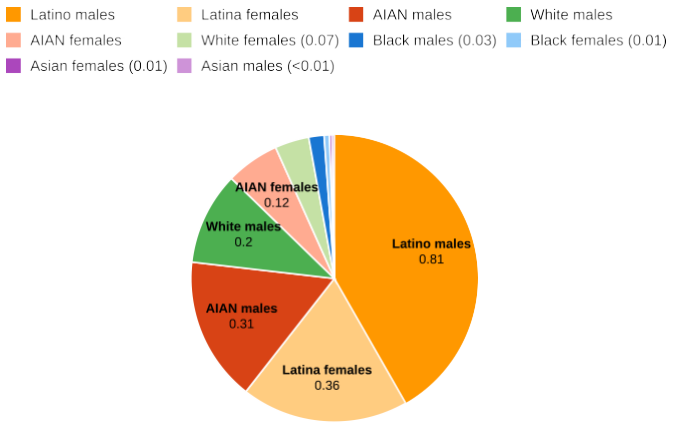


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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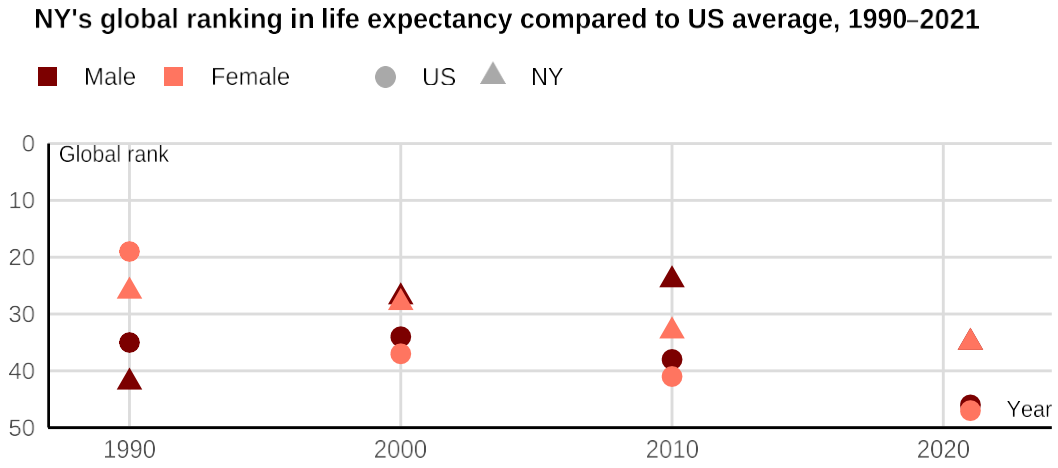
NY is falling behind in life expectancy globally

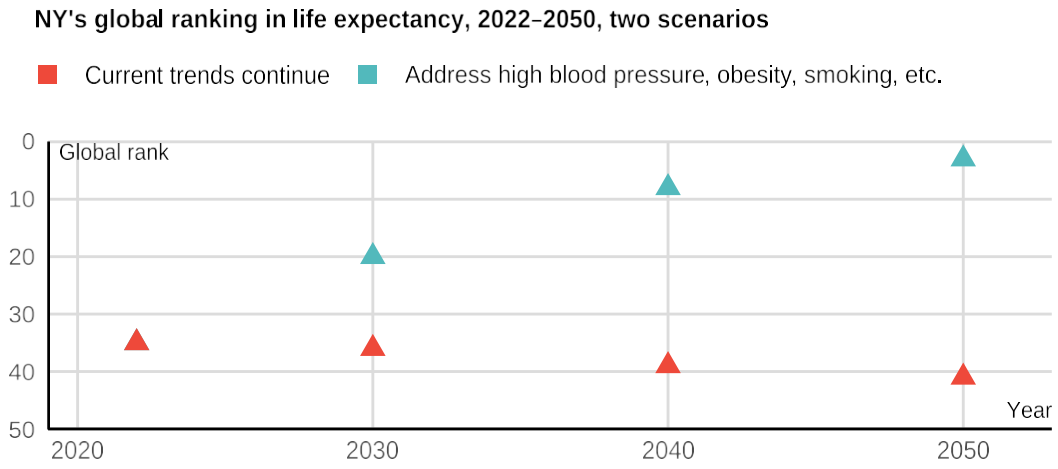
Between 1990 and 2021, NY's males life expectancy ranking improved relative to other countries, unlike trends in the US overall, but it declined for females.



In 2021, countries including **Spain, Taiwan (Province of China), and Slovenia** had a higher life expectancy than NY.

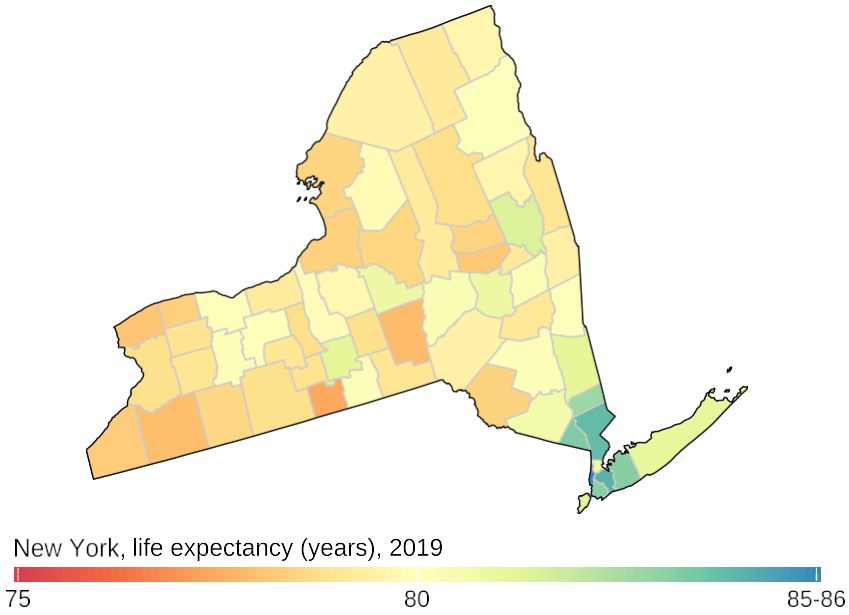
Tackling high blood pressure and obesity could improve NY's life expectancy ranking

If NY intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 3rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on NY 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 NY counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NY.[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 NY.[4]

Leading risk factors 2021 ranking

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

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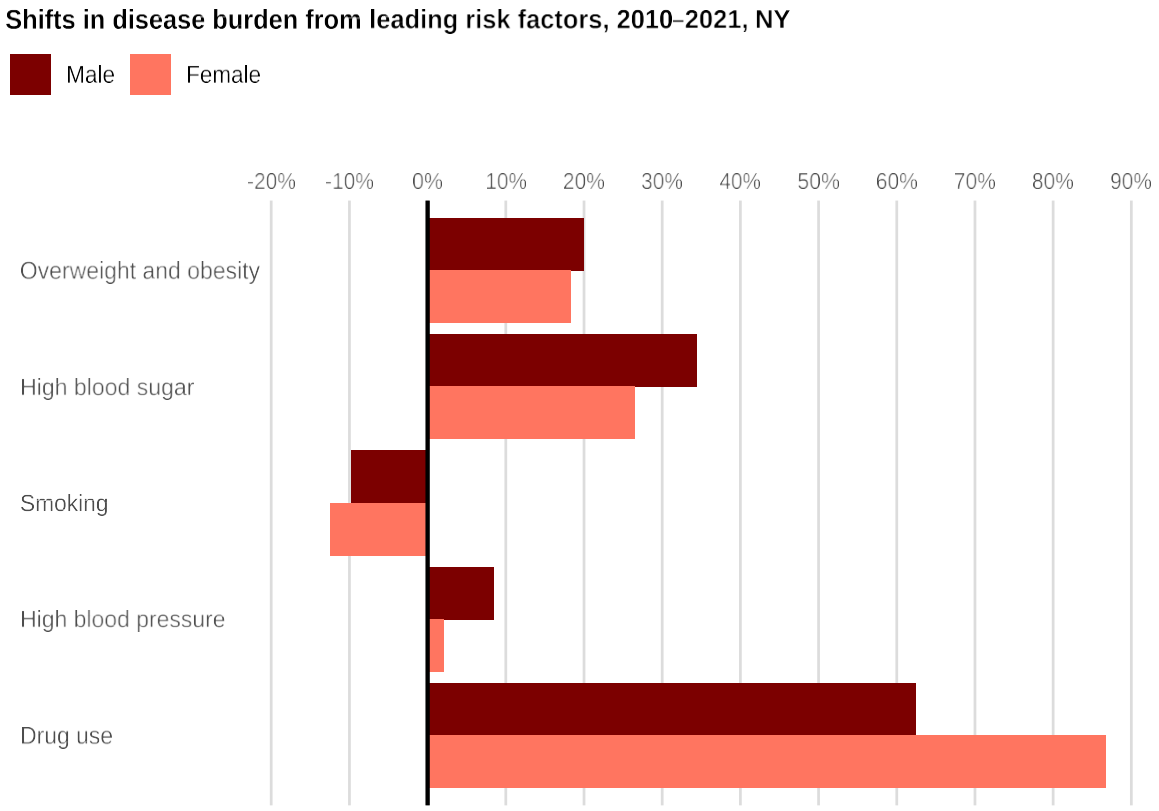
[5]Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

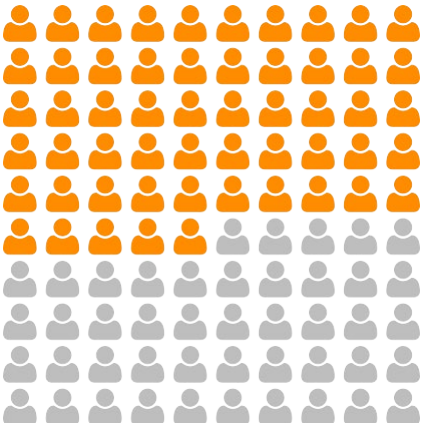
Most of the major risk factors are increasing in NY[6]

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.



[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 NY, especially for youth.



By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in New York.

For adults, IHME projects that **77%** will be living with overweight and obesity by 2050 in New York.

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

Well-being in NY

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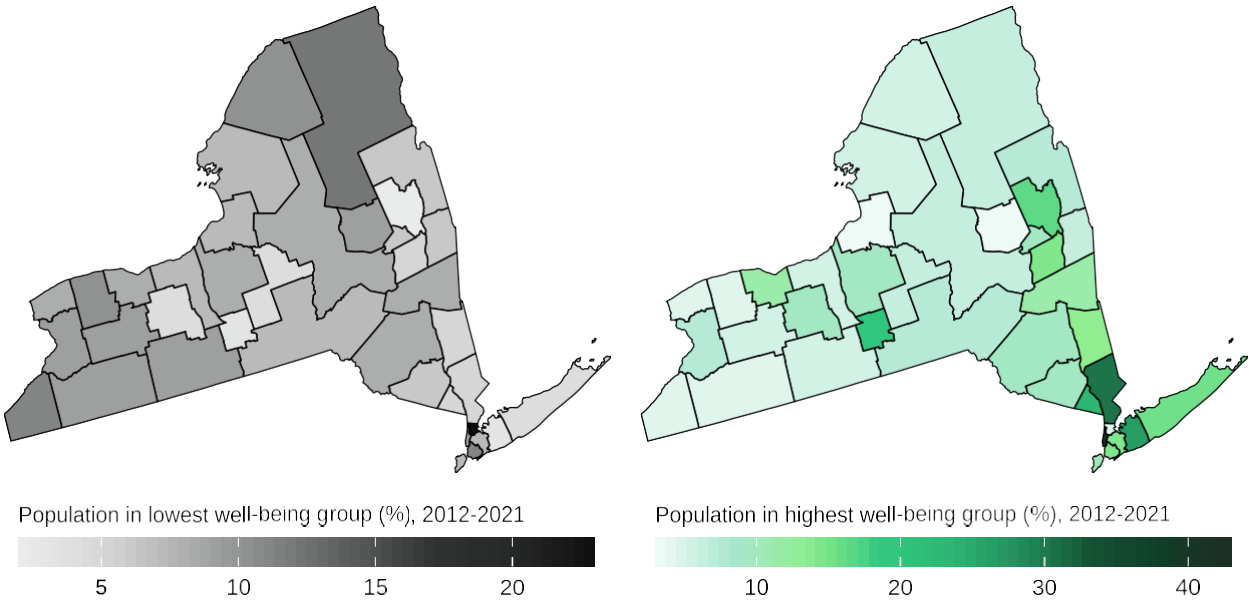


Map reflects geographic subdivisions called Public Use Microdata Areas. These areas are designed to capture a minimum of 100,000 people.

On average, in New York, 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 York

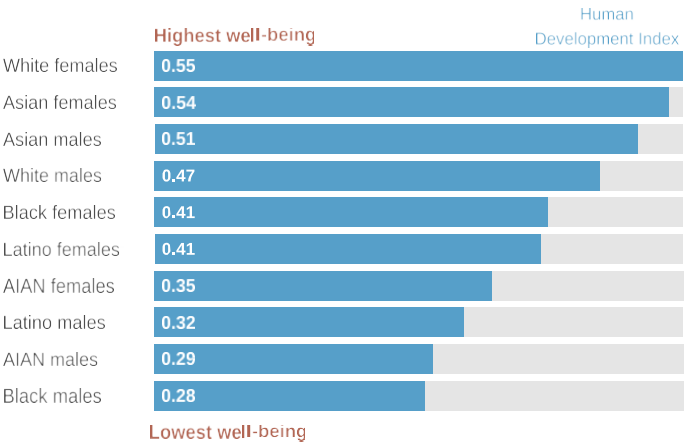
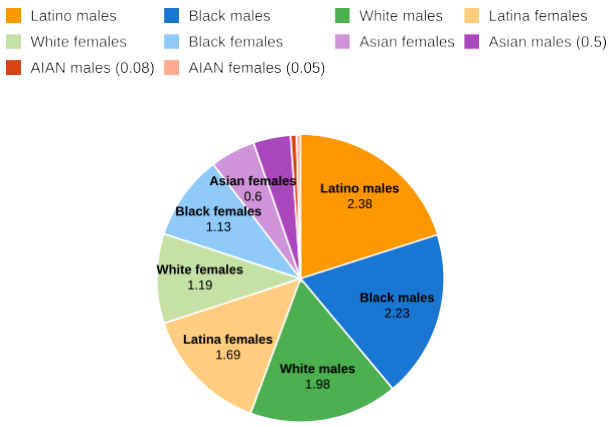


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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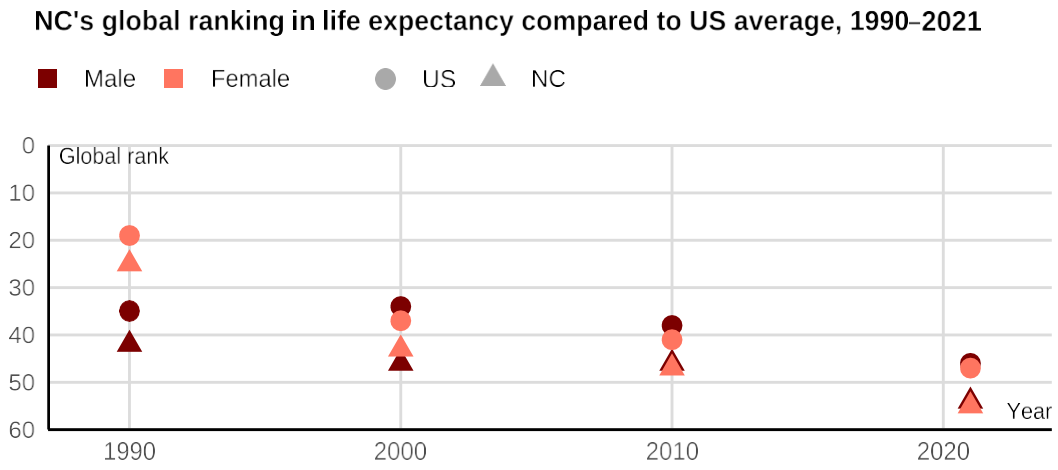
IHME

The State of Health in North Carolina

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).

NC is falling behind in life expectancy globally

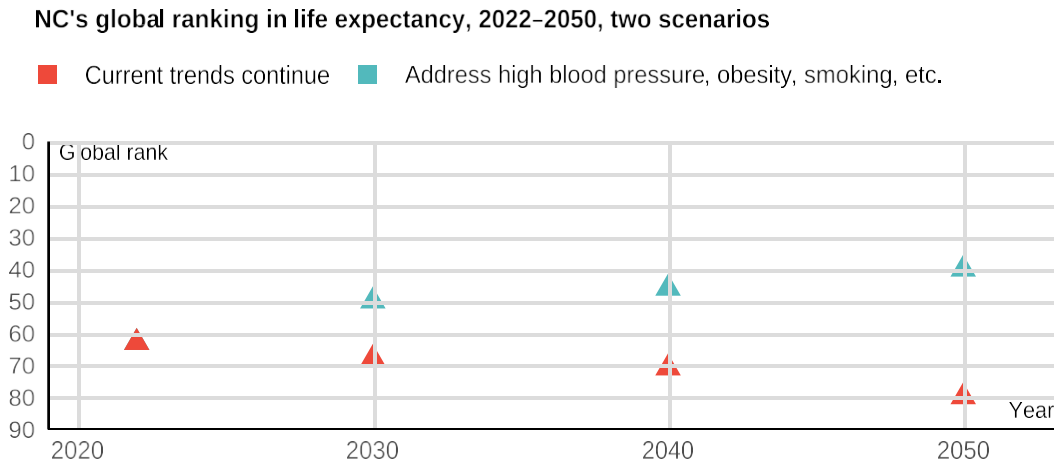
Between 1990 and 2021, the life expectancy ranking of NC dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Republic of Korea, Israel, and Monaco** had a higher life expectancy than NC.

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

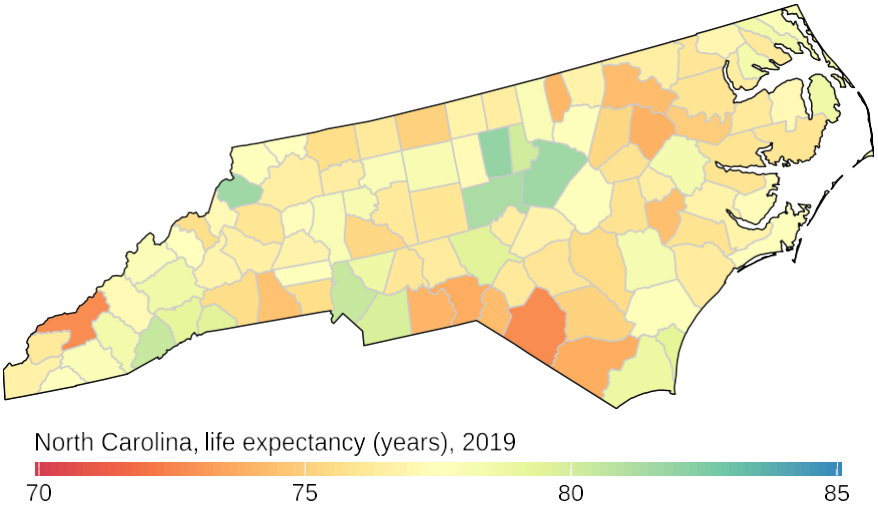
If NC intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 40th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on NC 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

There are noticeable differences in life expectancy among NC counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in NC.[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 NC.[4]

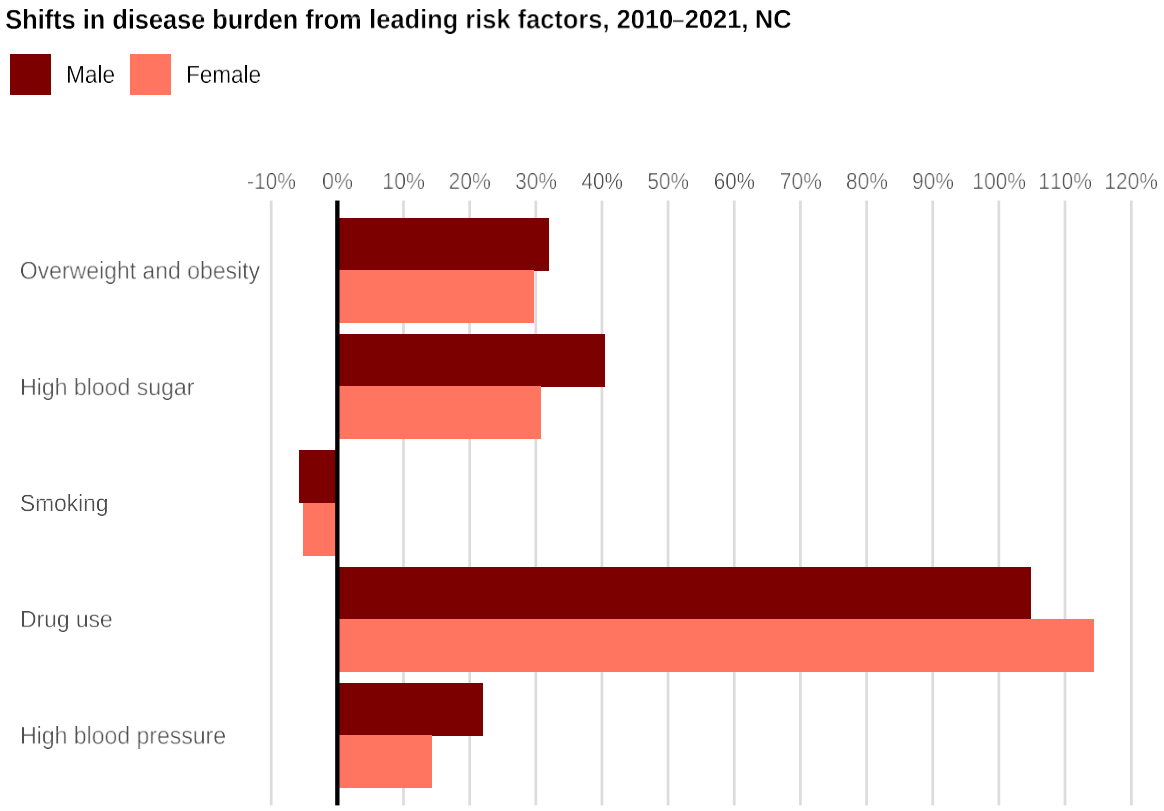
Leading risk factors 2021 ranking

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

Most of the major risk factors are increasing in NC[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.



[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 NC, especially for youth.

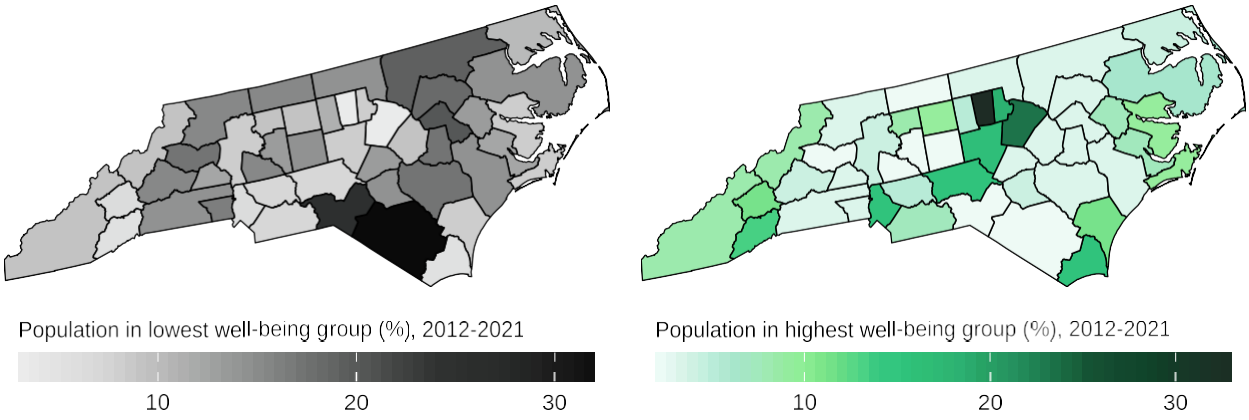
By 2050, IHME projects that **56%** of young people ages 15 to 24 will be overweight or obese in North Carolina.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in North Carolina.

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

Well-being in NC

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 North Carolina, 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, North Carolina

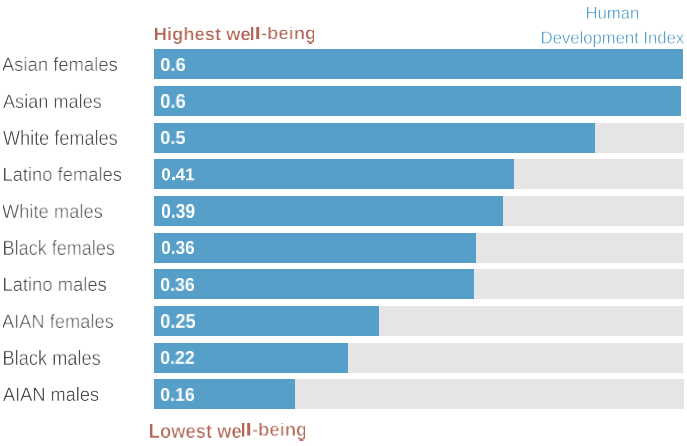
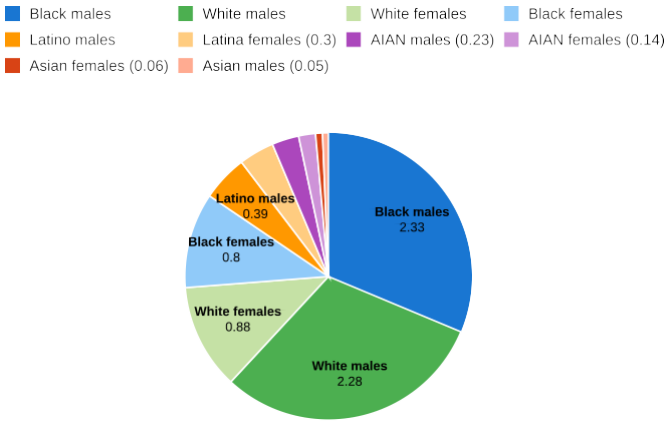


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

Makeup of lowest well-being group in North Carolina (hundred thousands of people)



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

About IHME

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The State of Health in North Dakota

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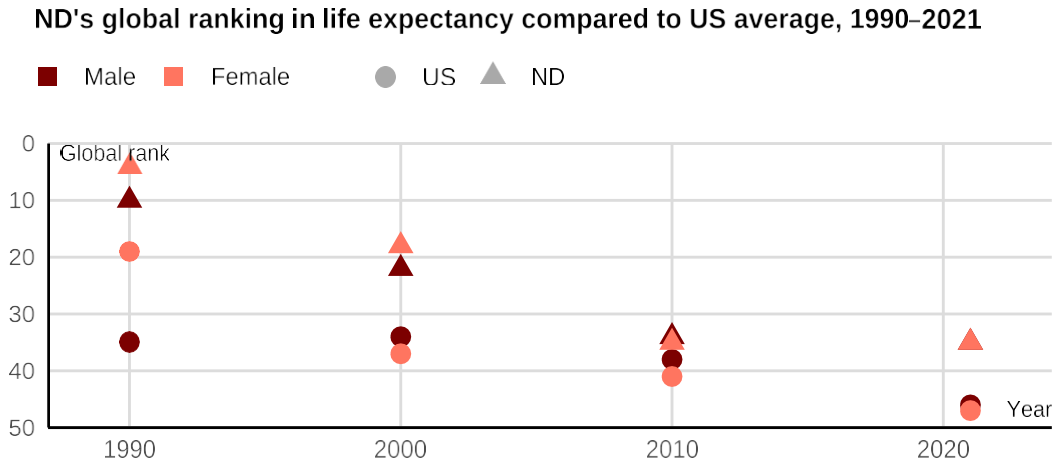
ND is falling behind in life expectancy globally

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

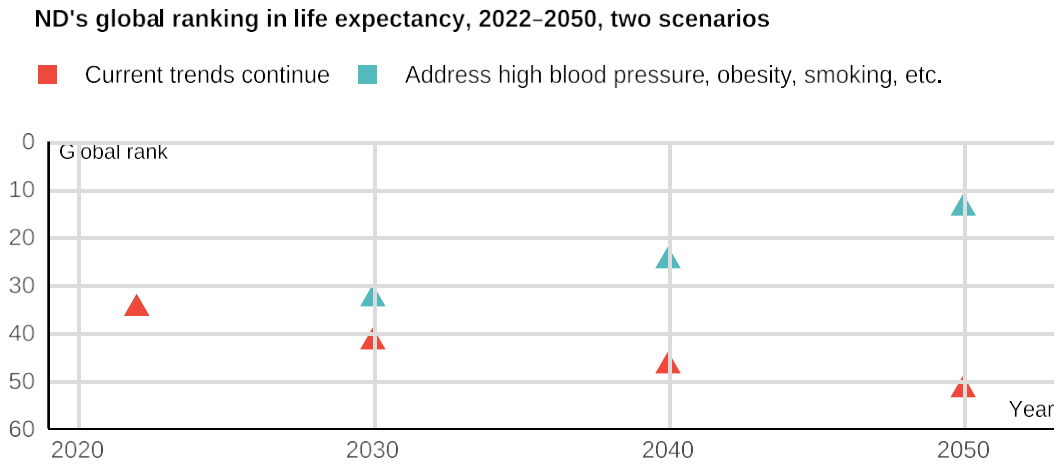


In ND, men's life expectancy ranking slipped more than it did for women.

In 2021, countries including **San Marino, Netherlands, and Greece** had a higher life expectancy than ND.

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

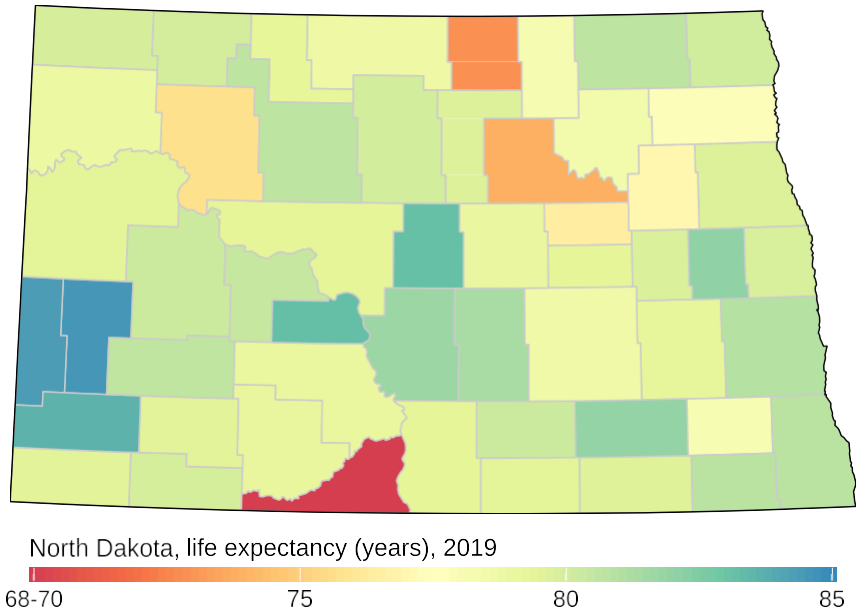
If ND intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 14th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on ND 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

There are stark differences in life expectancy among ND counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in ND.[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 ND.[4]

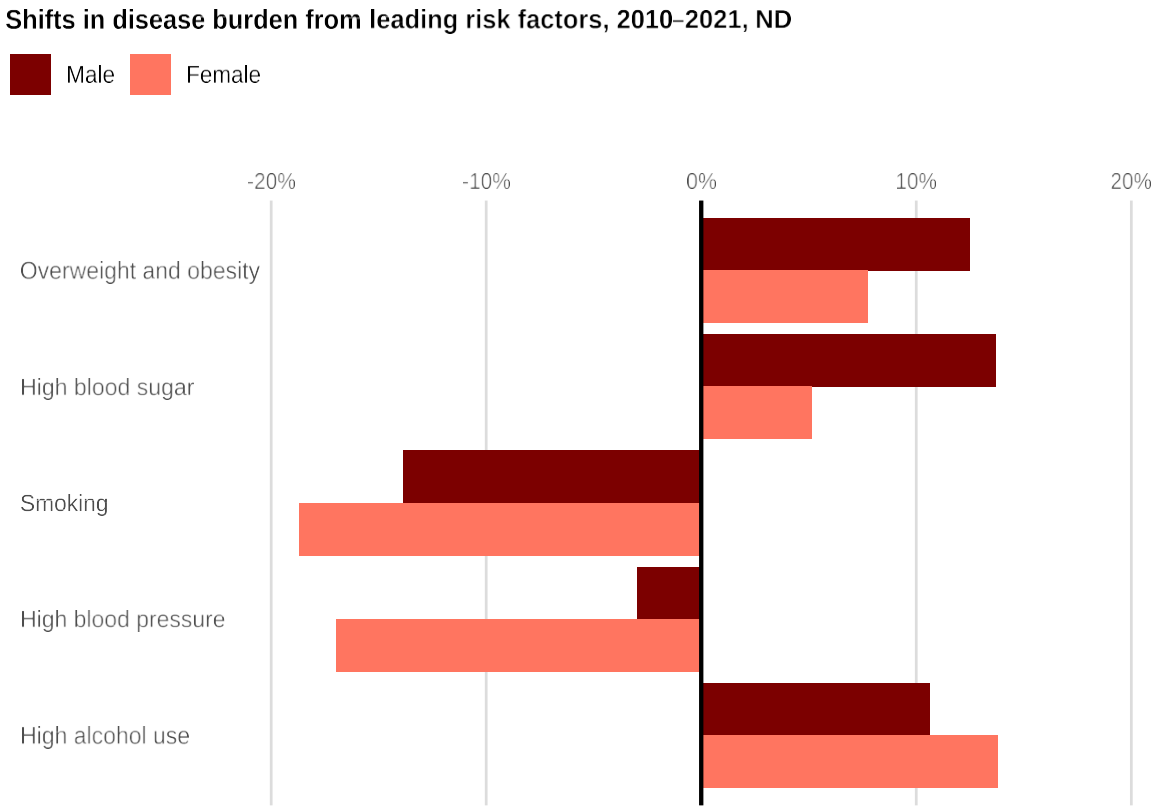
Leading risk factors 2021 ranking

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

[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).

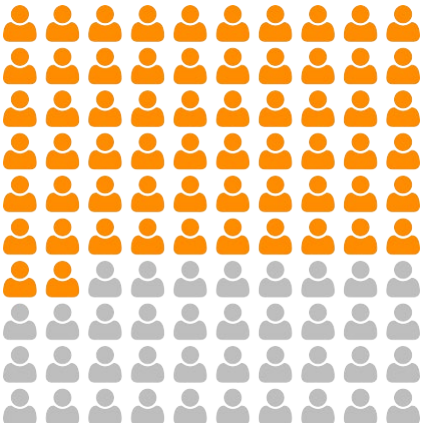
Most of the major risk factors are increasing in ND[6]

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



[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 ND, especially for youth.



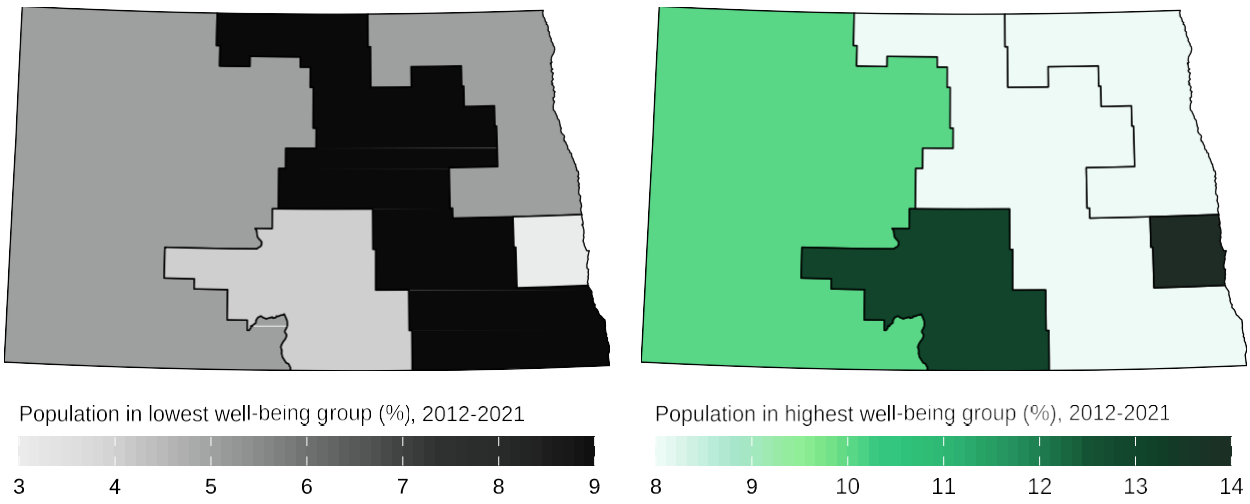
By 2050, IHME projects that **62%** of young people ages 15 to 24 will be overweight or obese in North Dakota.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in North Dakota.

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

Well-being in ND

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 North Dakota, American Indian and Alaska Native individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, North Dakota

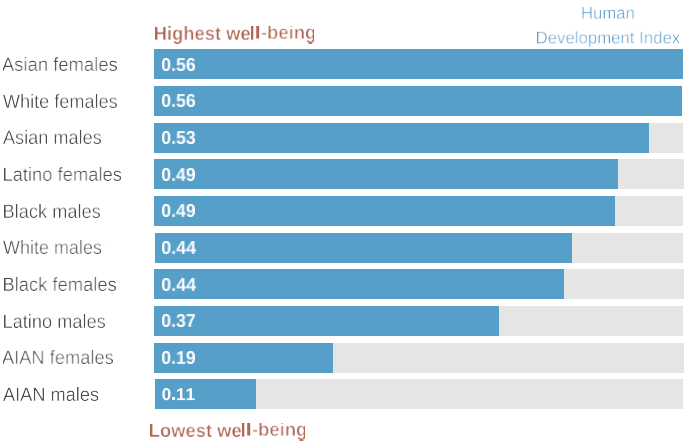
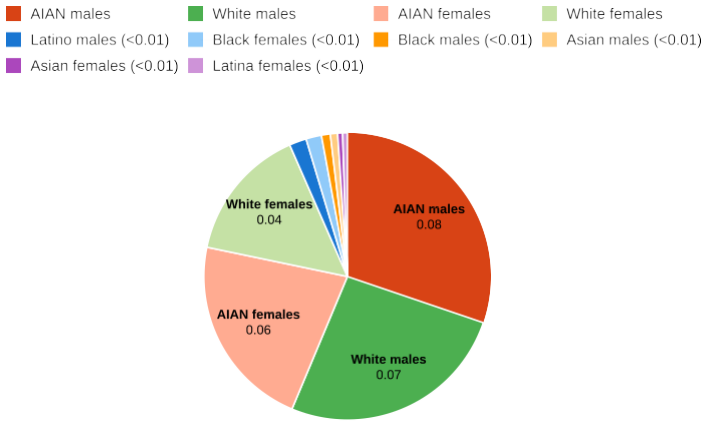


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

Makeup of lowest well-being group in North Dakota (hundred thousands of people)



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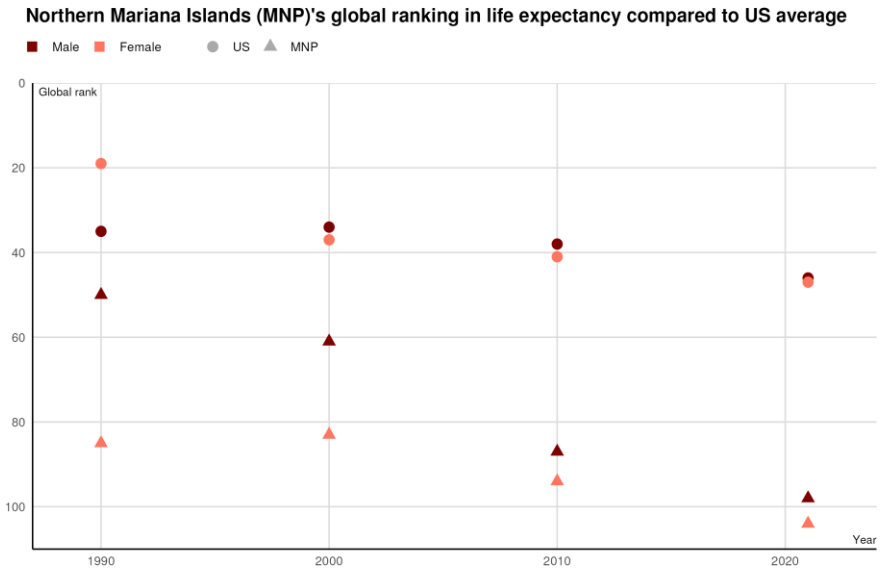
The State of Health in Northern Mariana Islands

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 National Institute on Minority Health and Health Disparities (NIMHD).

The Northern Mariana Islands are falling behind in life expectancy globally.

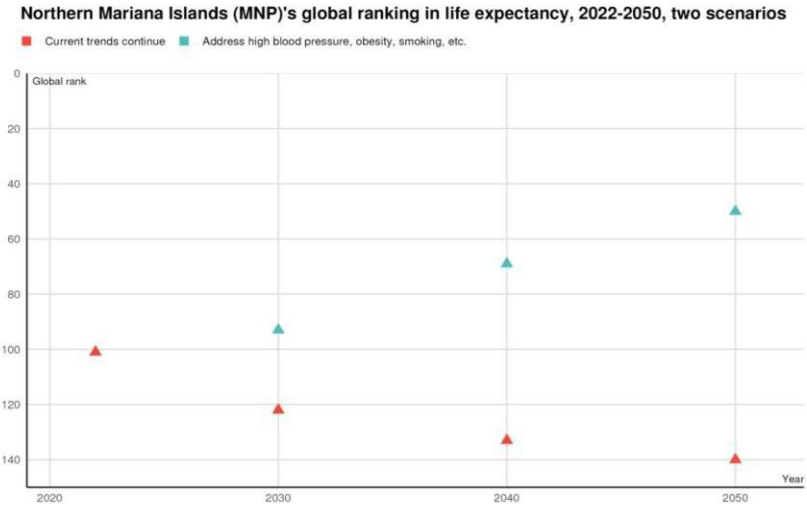
Between 1990 and 2021, the life expectancy ranking of the Northern Mariana Islands dropped relative to other countries, like trends in the US overall.



In 2021, countries including **Lithuania, Ecuador, and Bangladesh** had a higher life expectancy than Northern Mariana Islands.

Tackling high blood pressure and obesity could boost the Northern Mariana Islands' life expectancy ranking.

If the Northern Mariana Islands intervene on key risk factors such as high blood pressure and obesity, their global ranking for life expectancy could rise to 50th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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: https://bit.ly/health-US

Leading causes of poor health and early death: Ischemic heart disease, diabetes mellitus, and stroke dominate.[1]

Leading causes 2021 ranking	
1	Ischemic heart disease
2	Diabetes
3	Stroke
4	COVID-19
5	Chronic kidney disease
6	Other COVID outcomes
7	Lung cancer
8	COPD[2]
9	Cirrhosis and other chronic liver diseases
10	Low back pain

Main risk factors: High blood sugar is the top risk factor for poor health and early death in Northern Mariana Islands.[3]

Leading risk factors 2021 ranking	
1	High blood sugar
2	Obesity and overweight[4]
3	High blood pressure
4	Smoking
5	Kidney dysfunction

[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.

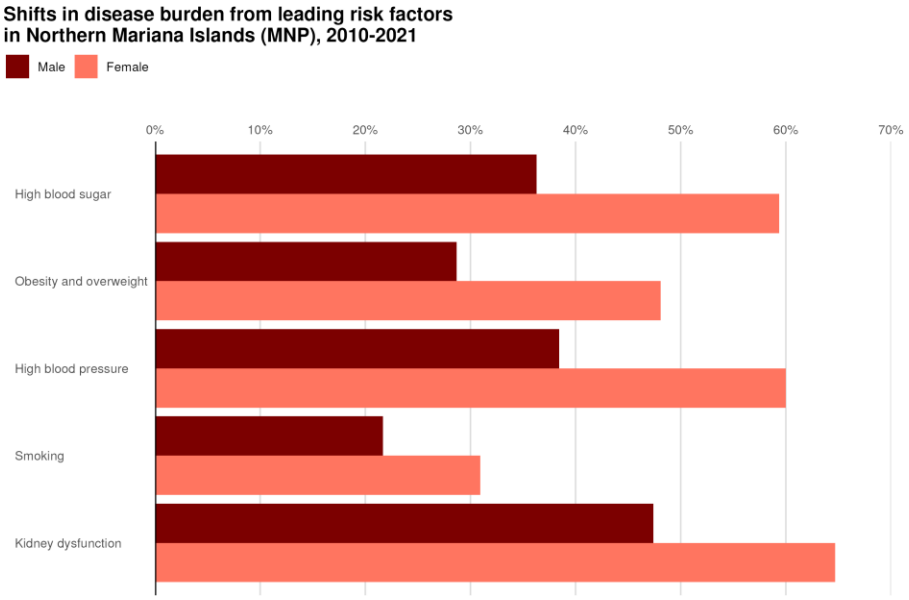
[2]Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

[3]Based on risk-attributabledisability-adjusted life years in 2021 for all ages, all sexes combined, Level 3 of the GBD hierarchy.

[4]Body 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 Northern Mariana Islands.[5]

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



[5]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes. Risk factors are ordered based onranking for risk-attributable disability-adjusted life years in 2021 for all sexes, Level 3.

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The State of Health in Ohio

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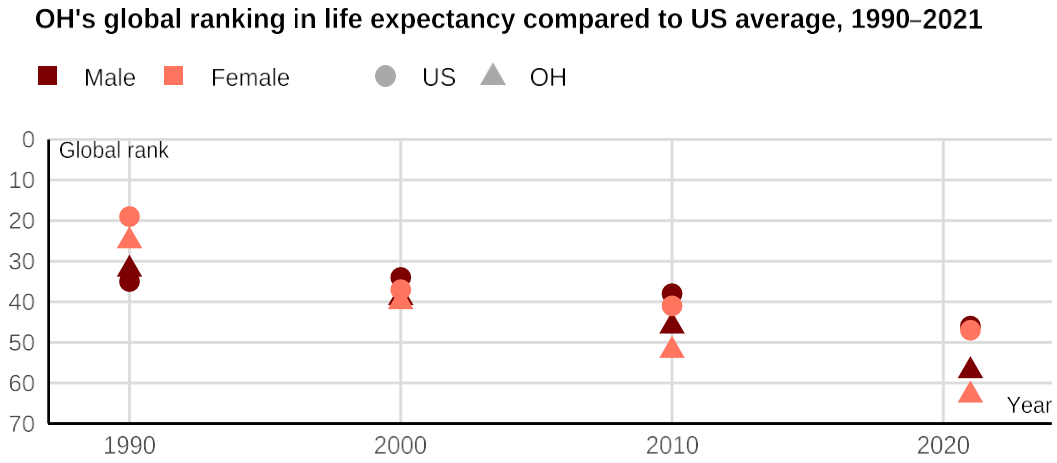
OH is falling behind in life expectancy globally

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

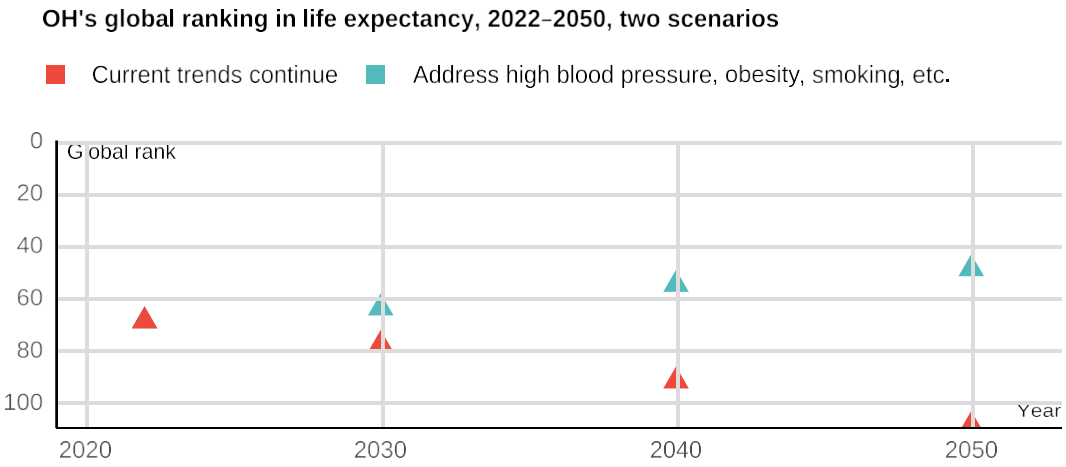


In OH, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Portugal, Maldives, and Monaco** had a higher life expectancy than OH.

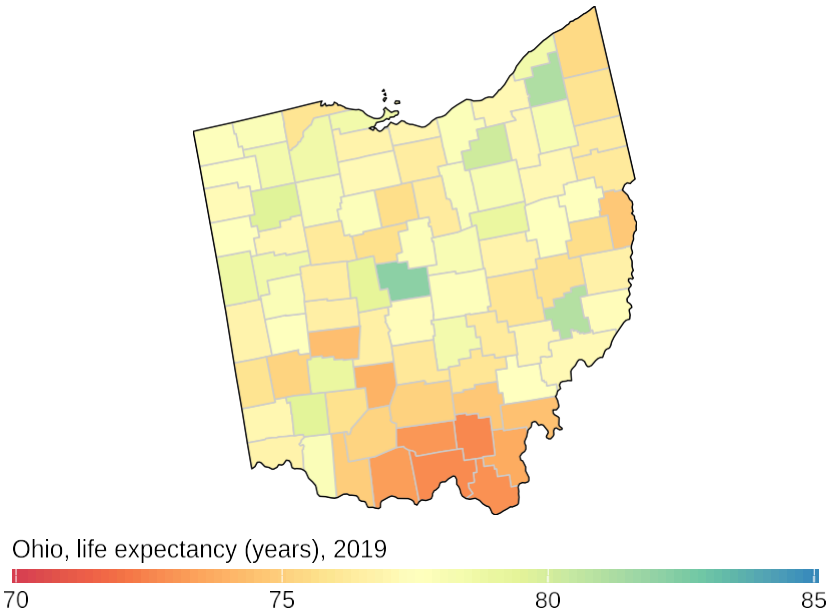
Tackling high blood pressure and obesity could improve OH's life expectancy ranking

If OH intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 49th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on OH 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 OH counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in OH.[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 OH.[4]

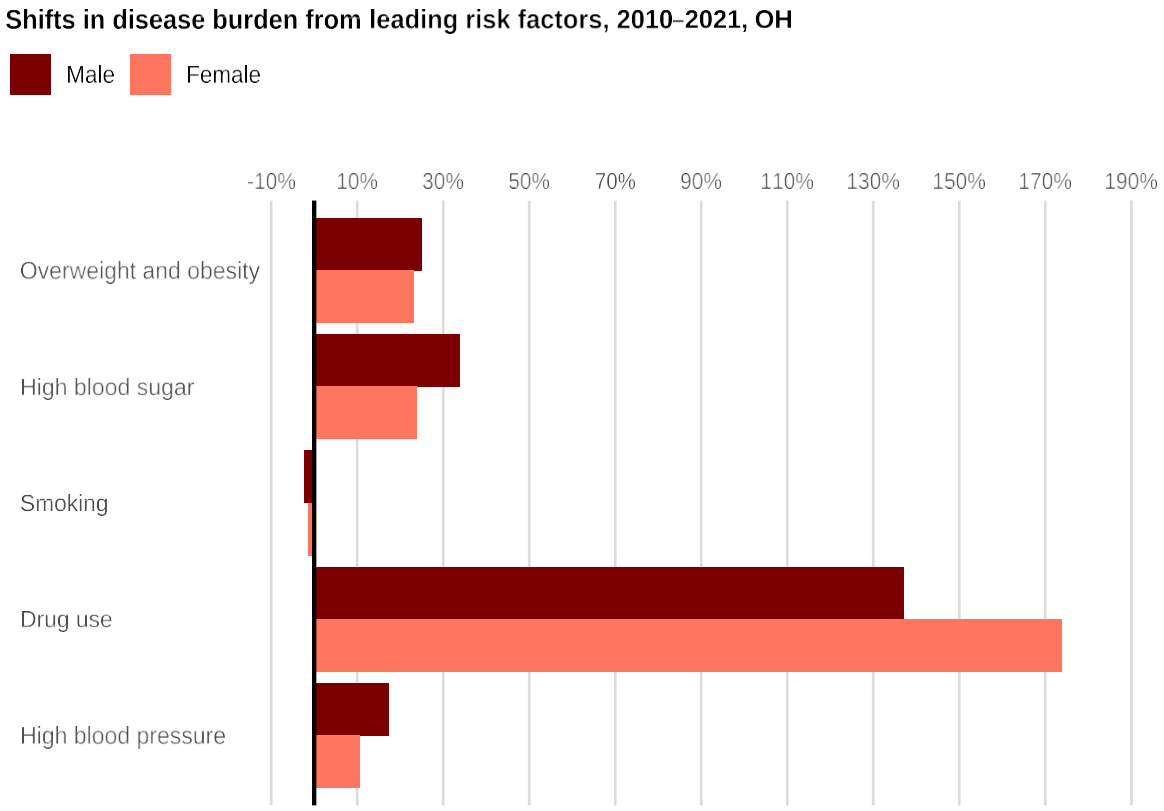
Leading risk factors 2021 ranking

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

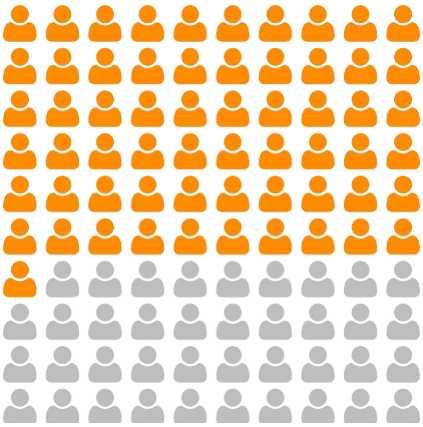
Most of the major risk factors are increasing in OH[6]

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.



[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 OH, especially for youth.



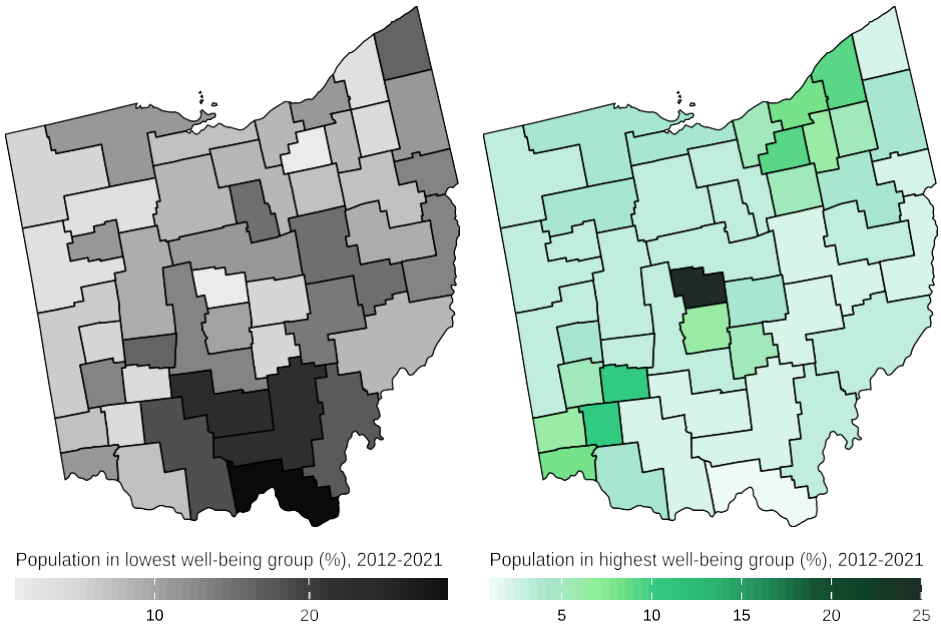
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in Ohio.

For adults, IHME projects that **85%** will be living with overweight and obesity by 2050 in Ohio.

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

Well-being in OH

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 Ohio, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Ohio

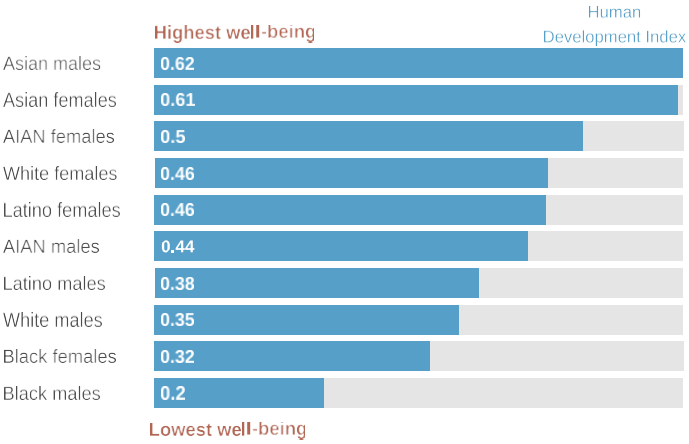
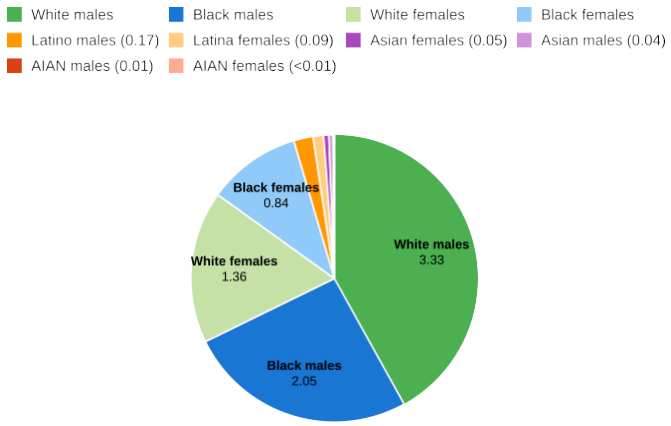


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Oklahoma

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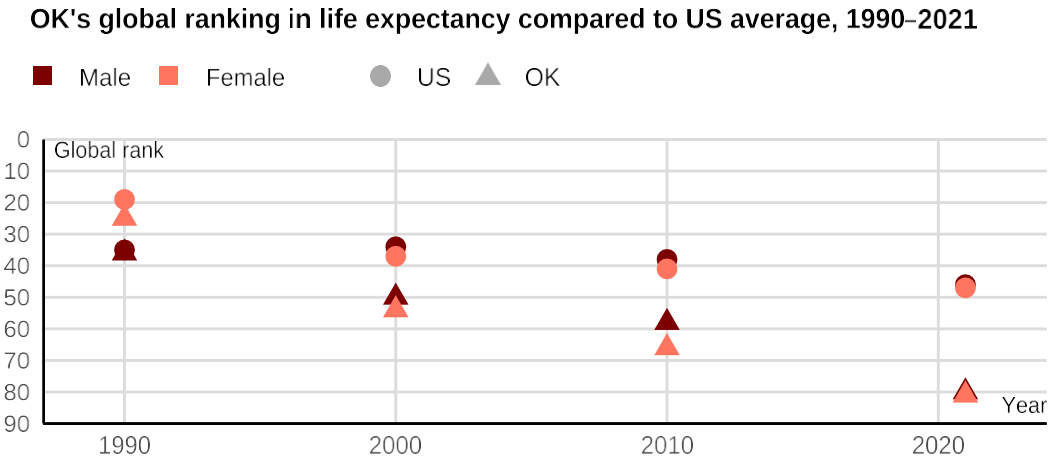
OK is falling behind in life expectancy globally

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

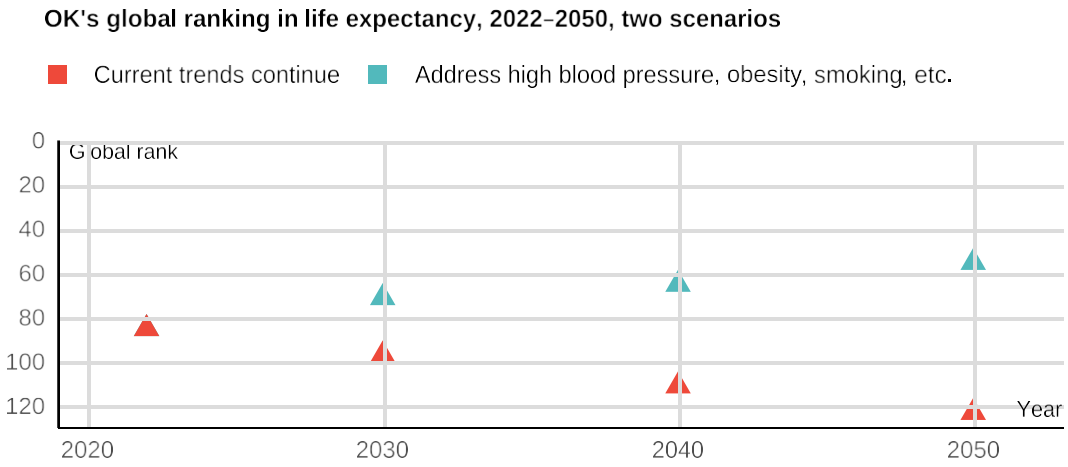


In OK, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Austria, Denmark, and Dominican Republic** had a higher life expectancy than OK.

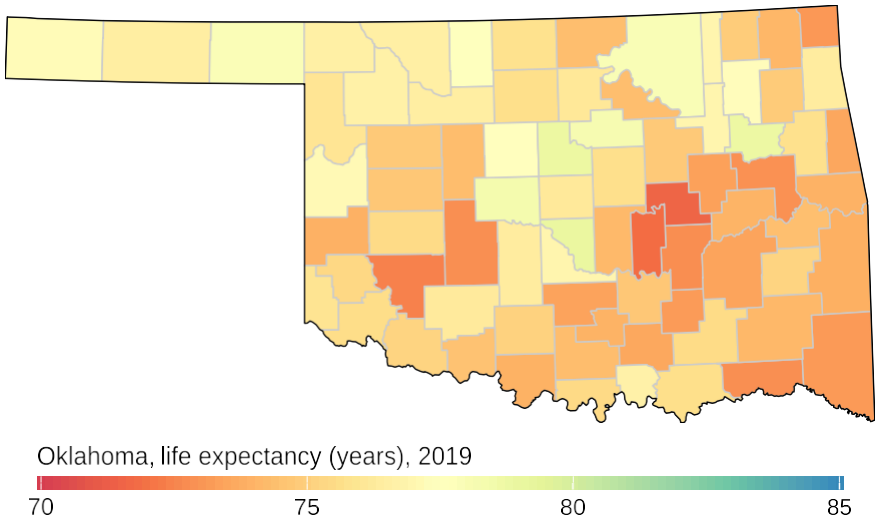
Tackling high blood pressure and obesity could improve OK's life expectancy ranking

If OK intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 55th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on OK 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 OK counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in OK.[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 OK.[4]

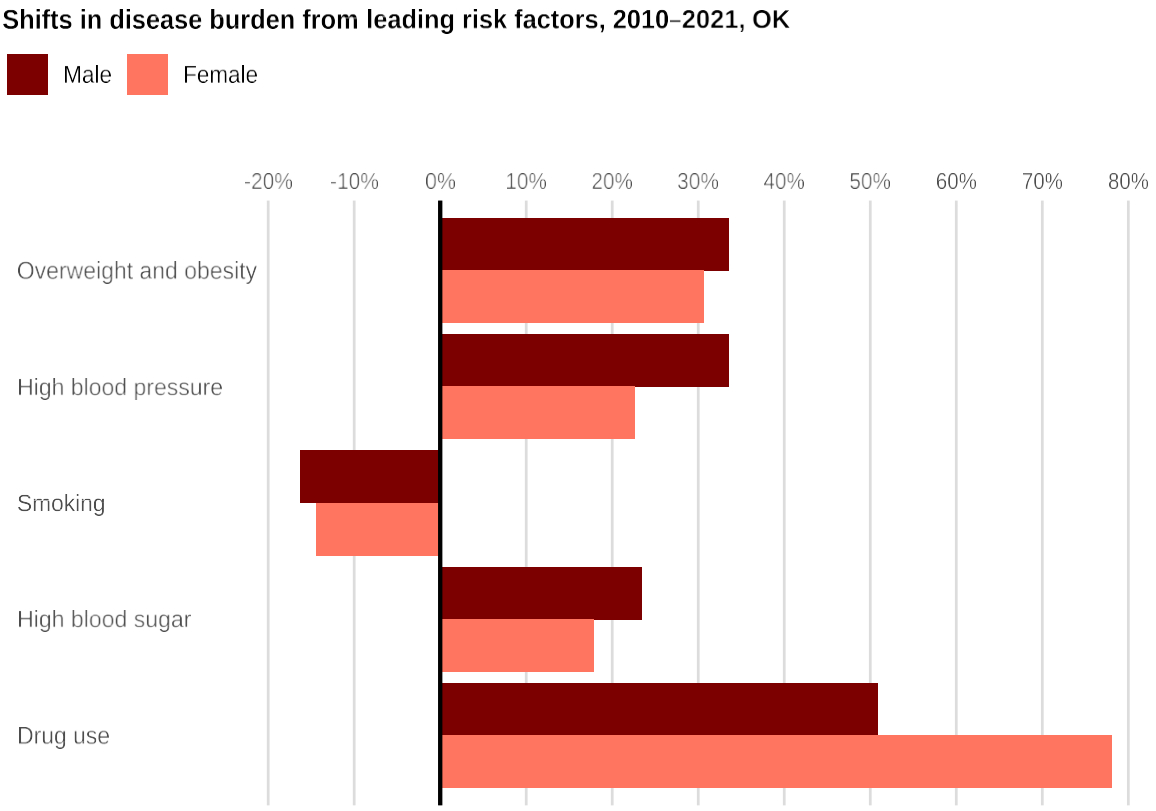
Leading risk factors 2021 ranking

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

[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).

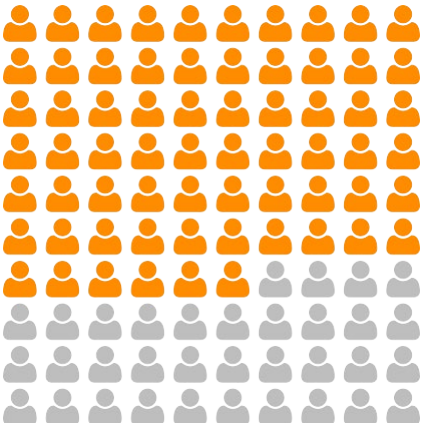
Most of the major risk factors are increasing in OK[6]

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.



[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 OK, especially for youth.



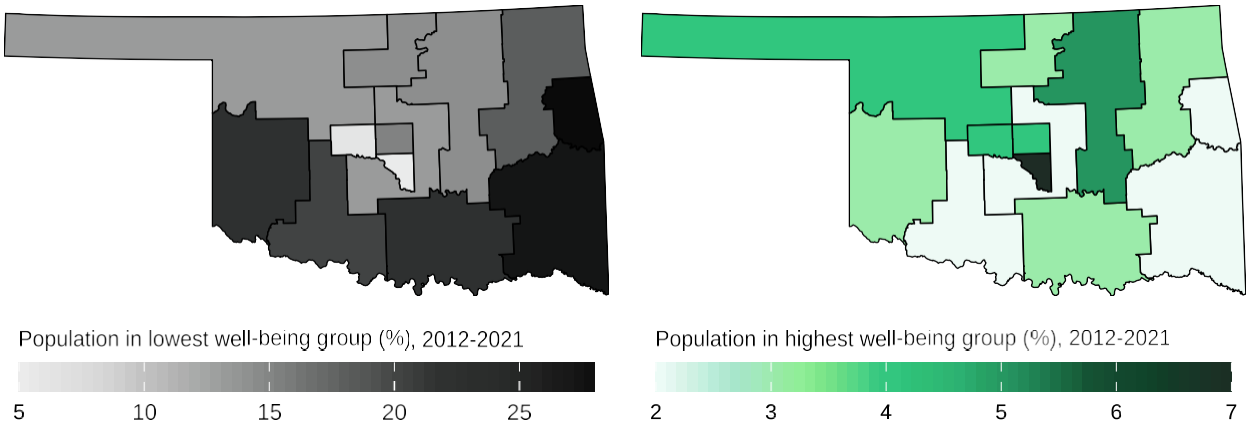
By 2050, IHME projects that **66%** of young people ages 15 to 24 will be overweight or obese in Oklahoma.

For adults, IHME projects that **86%** will be living with overweight and obesity by 2050 in Oklahoma.

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

Well-being in OK

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 Oklahoma, 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, Oklahoma

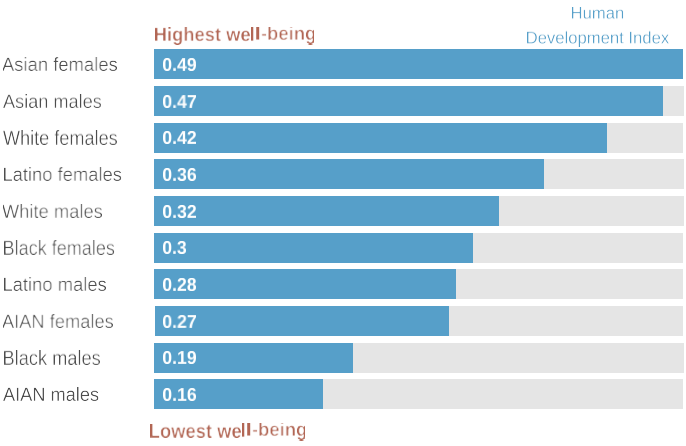
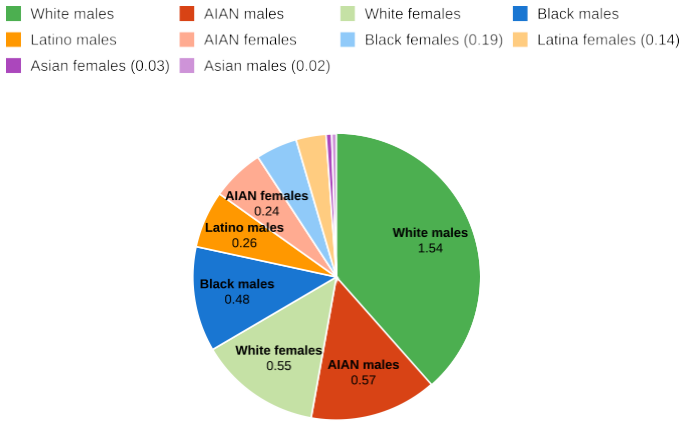


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Oregon

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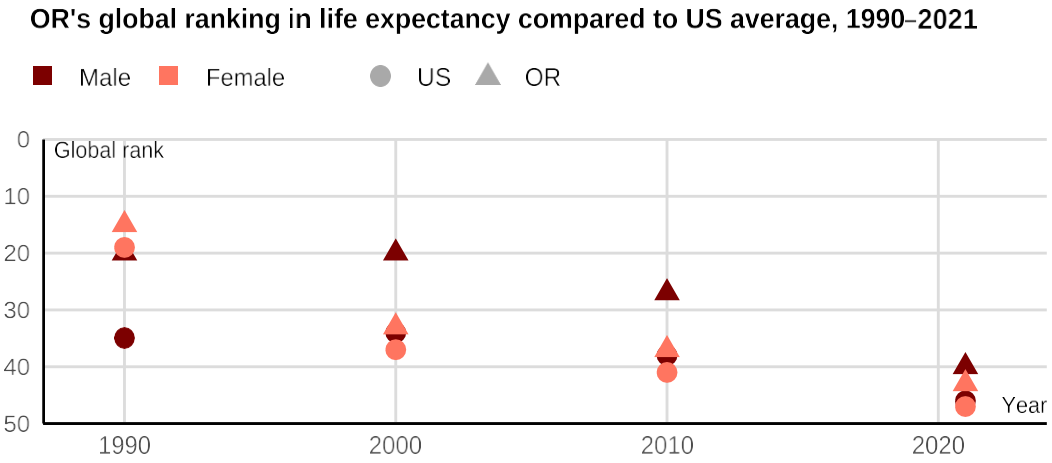
OR is falling behind in life expectancy globally

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

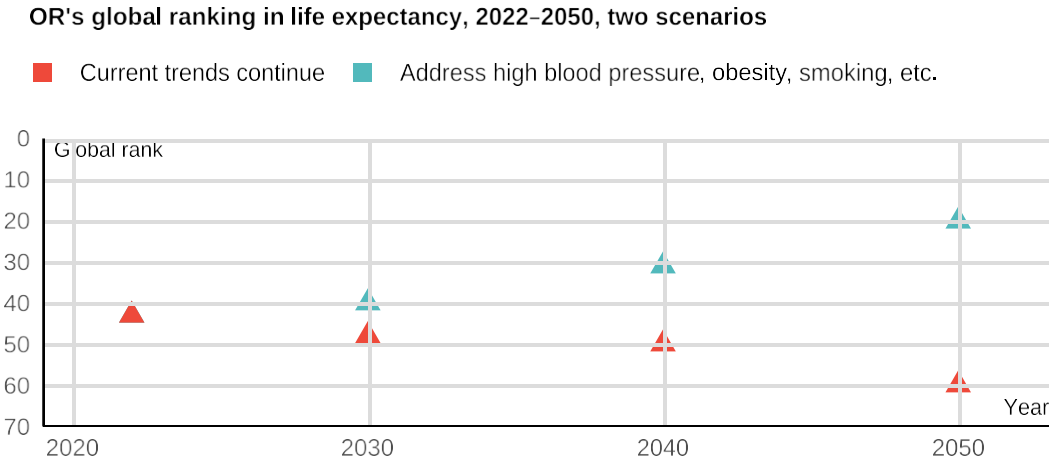


In OR, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Switzerland, Spain, and Slovenia** had a higher life expectancy than OR.

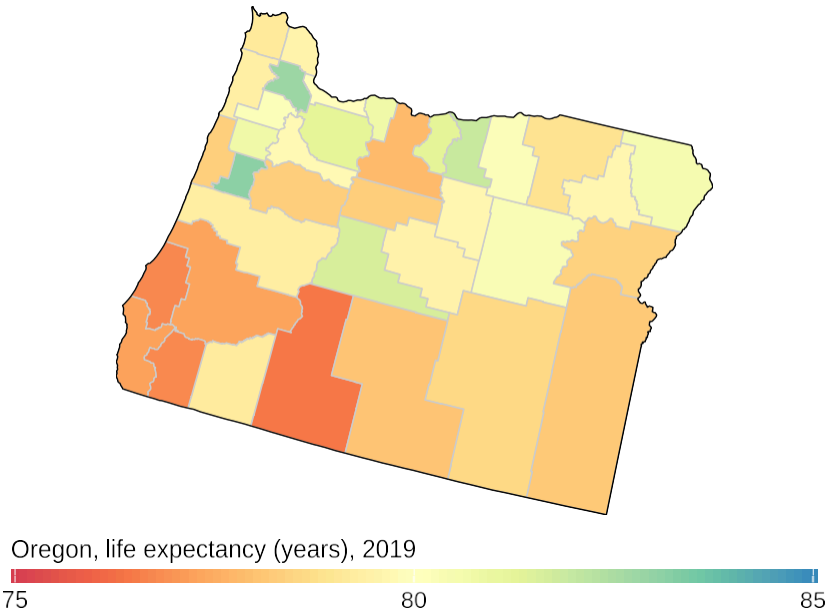
Tackling high blood pressure and obesity could improve OR's life expectancy ranking

If OR intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 20th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on OR 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 OR counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in OR.[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 OR.[4]

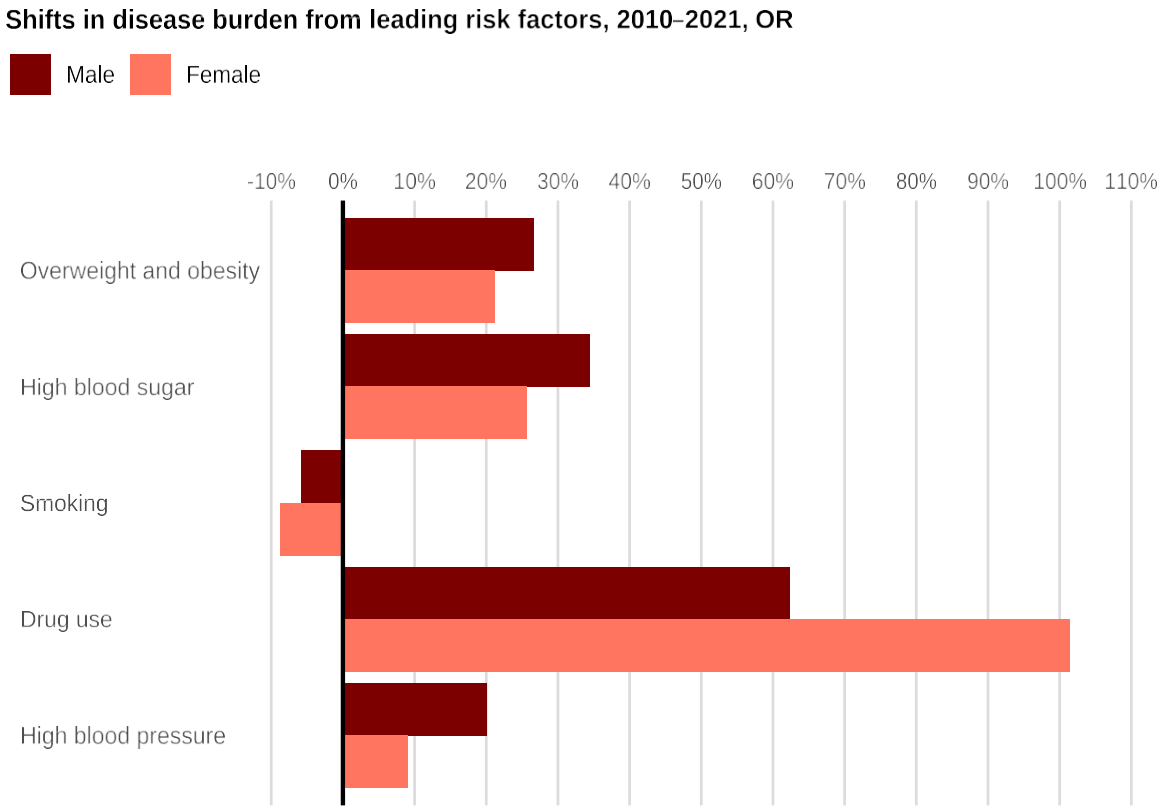
Leading risk factors 2021 ranking

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

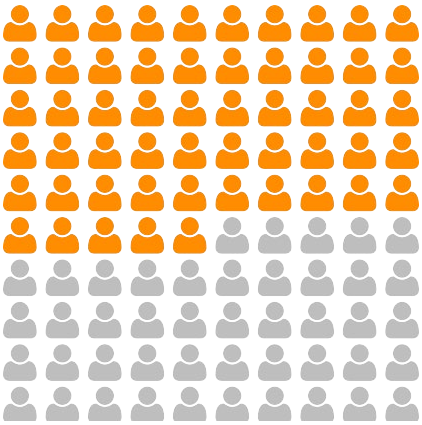
Most of the major risk factors are increasing in OR[6]

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.



[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 OR, especially for youth.



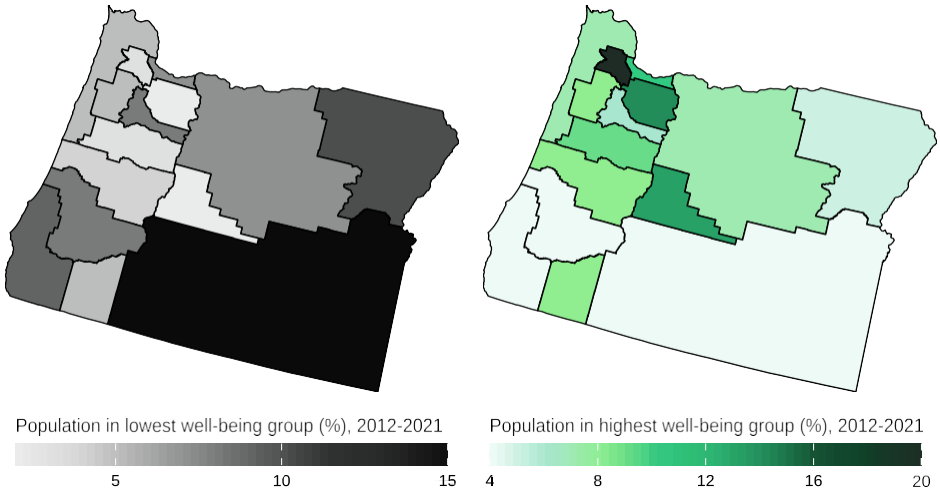
By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in Oregon.

For adults, IHME projects that **79%** will be living with overweight and obesity by 2050 in Oregon.

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

Well-being in OR

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 Oregon, 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, Oregon

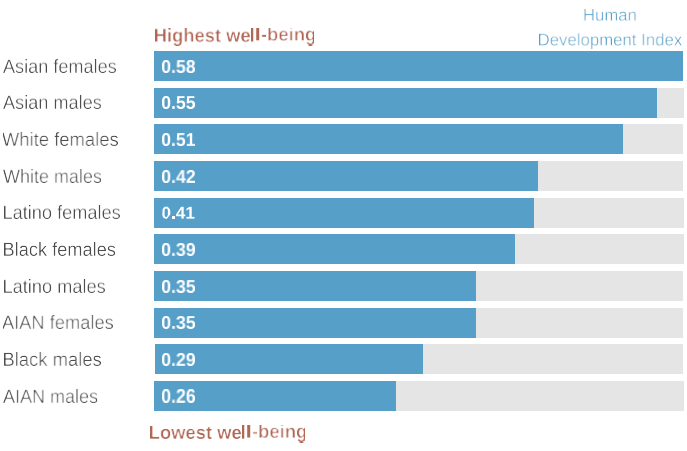
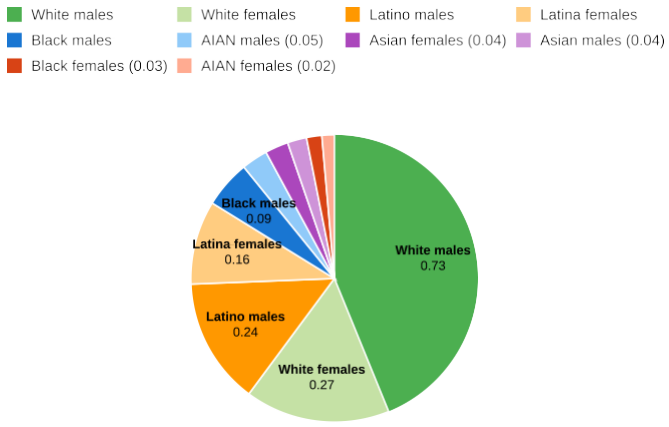


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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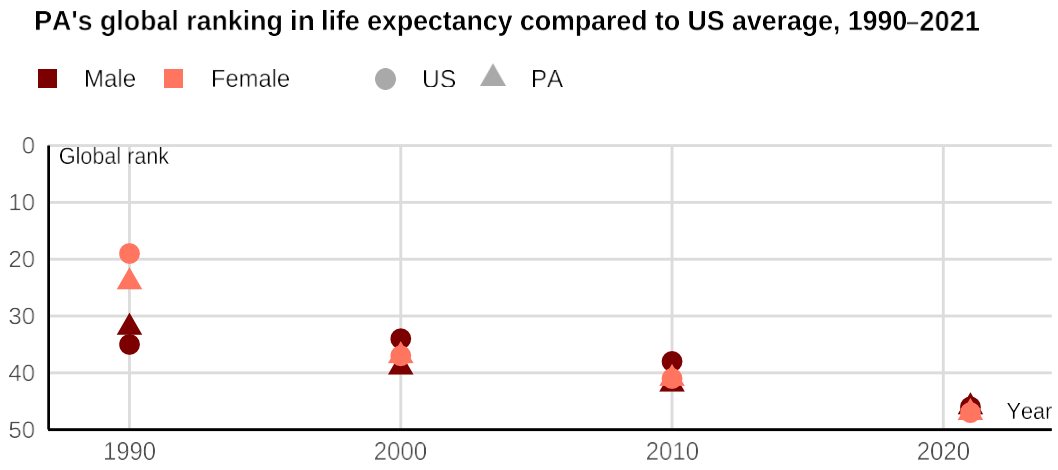
The State of Health in Pennsylvania

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).

PA is falling behind in life expectancy globally

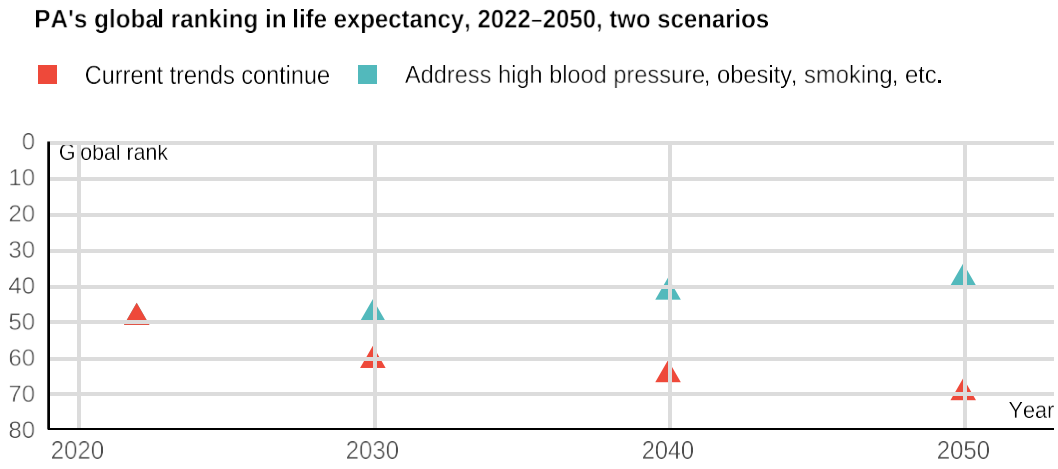
Between 1990 and 2021, the life expectancy ranking of PA dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **San Marino, Singapore, and Czechia** had a higher life expectancy than PA.

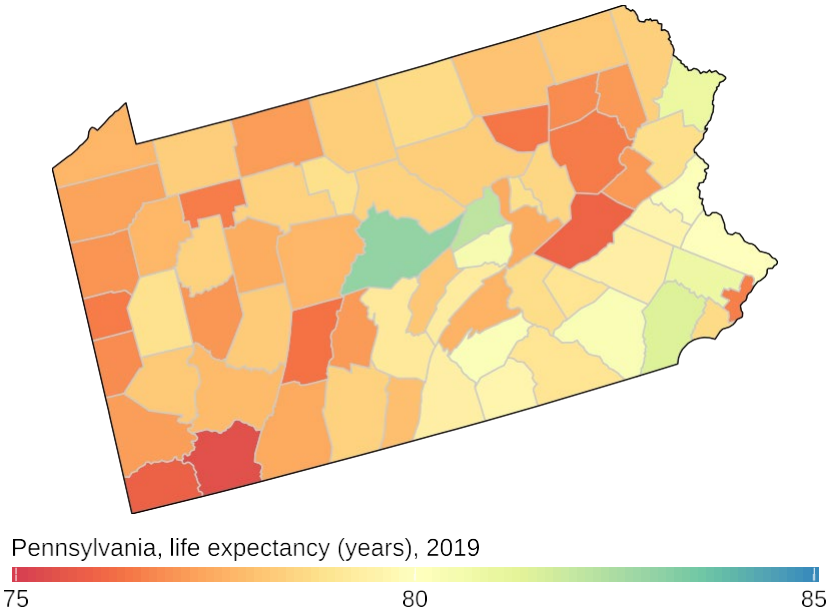
Tackling high blood pressure and obesity could improve PA's life expectancy ranking

If PA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 38th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on PA 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 PA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in PA.[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 PA.[4]

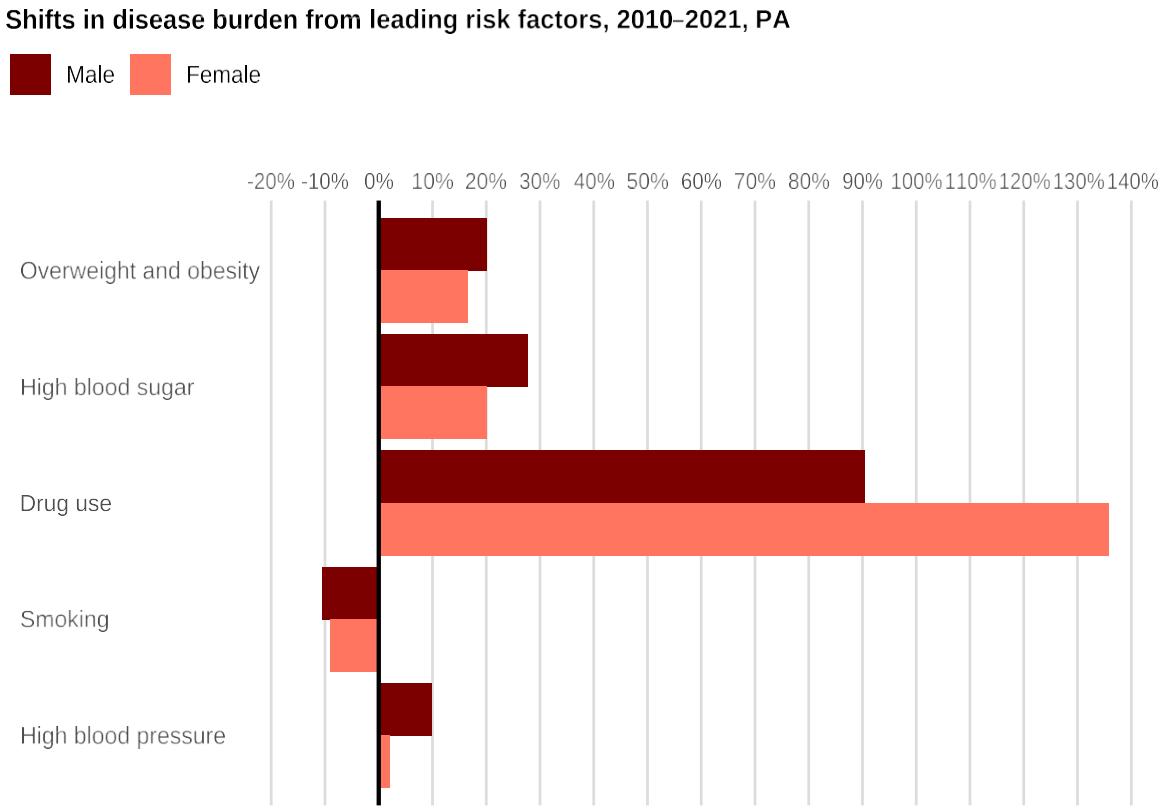
Leading risk factors 2021 ranking

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).

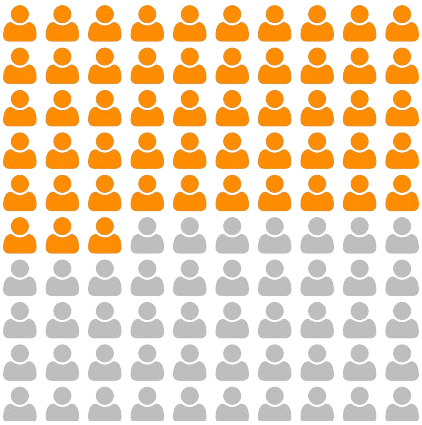
Most of the major risk factors are increasing in PA[6]

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.

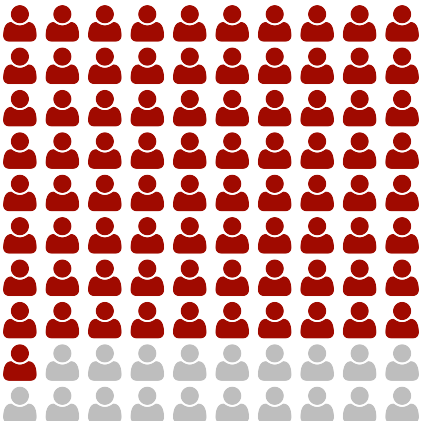


[6]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes combined. Risk factors are ordered based on ranking for risk-attributable disability-adjusted life years in 2021 for all sexes combined, level 3.

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



By 2050, IHME projects that **53%** of young people ages 15 to 24 will be overweight or obese in Pennsylvania.

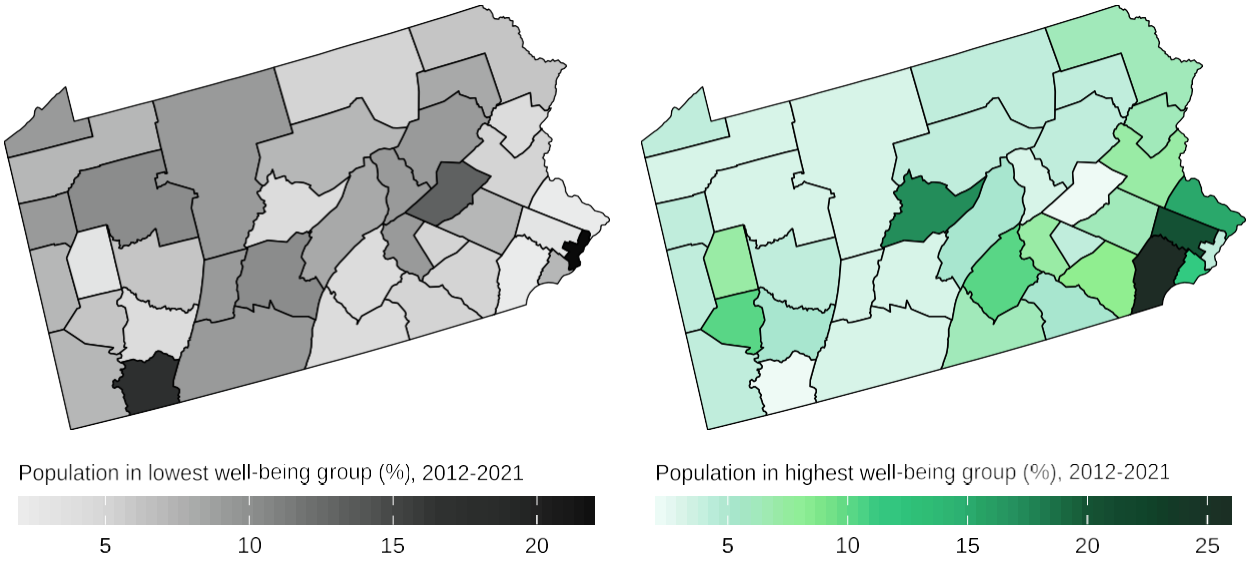


For adults, IHME projects that **81%** will be living with overweight and obesity by 2050 in Pennsylvania.

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

Well-being in PA

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

Human Development Index by race and ethnicity and sex, Pennsylvania

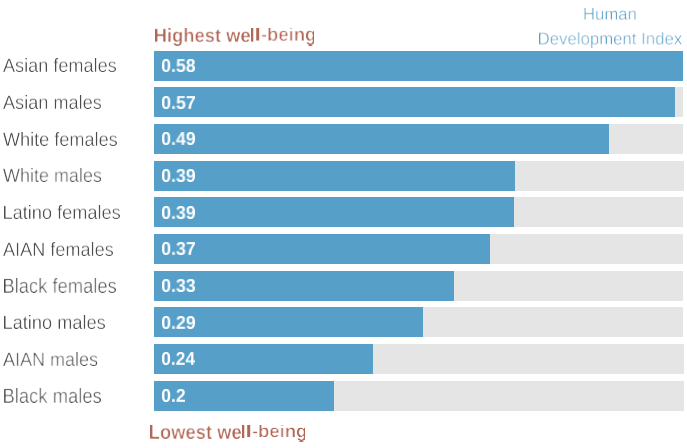
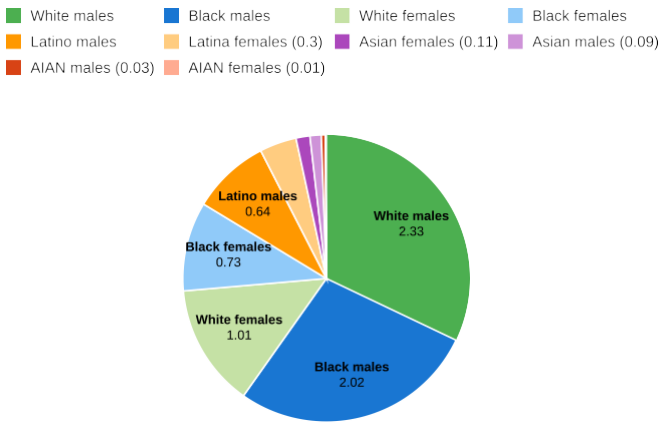


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Puerto Rico

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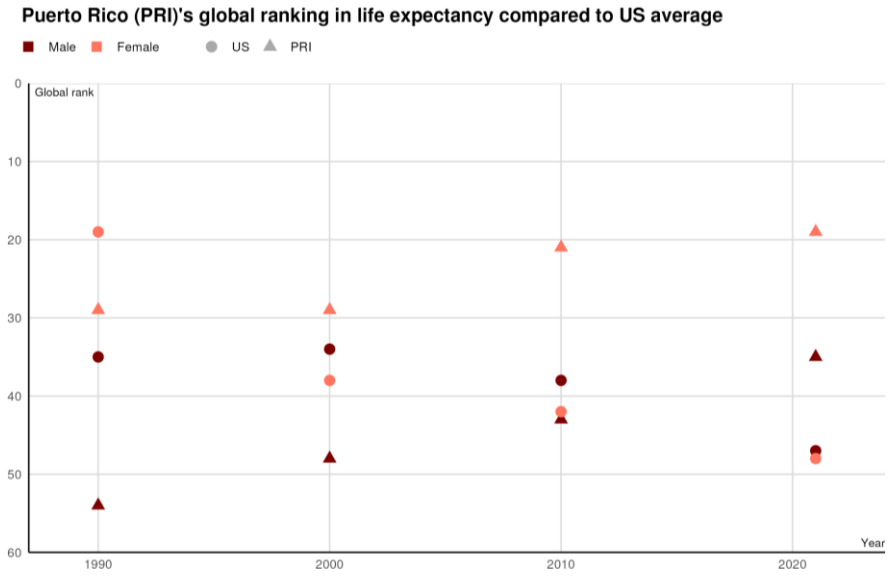
Puerto Rico is rising in global life expectancy rankings.

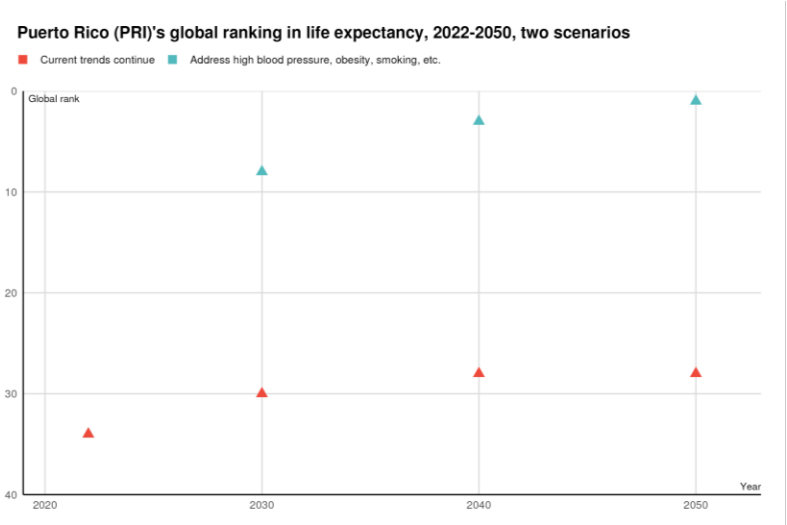
Between 1990 and 2021, Puerto Rico's life expectancy ranking rose relative to other countries, in contrast to the US, whose global life expectancy ranking fell.



Still, in 2021, countries including **Japan, Switzerland, and New Zealand** had a higher life expectancy than Puerto Rico.

Tackling high blood pressure and obesity could boost Puerto Rico's life expectancy ranking.

If Puerto Rico intervenes on key risk factors such as high blood pressure and obesity, its global ranking for life expectancy could rise to 1st by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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: https://bit.ly/health-US

Leading causes of poor health and early death: Diabetes, ischemic heart disease, and chronic kidney disease dominate.[1]

Leading causes 2021 ranking	
1	Diabetes
2	Ischemic heart disease
3	Chronic kidney disease
4	COVID-19
5	Interpersonal violence
6	Low back pain
7	Alzheimer's disease and other dementias
8	Stroke
9	COPD[2]
10	Age-related and other hearing loss

Main risk factors: High blood sugar is the top risk factor for poor health and early death in Puerto Rico.[3]

Leading risk factors 2021 ranking	
1	High blood sugar
2	Obesity and overweight[4]
3	High blood pressure
4	Kidney dysfunction
5	Smoking

[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.

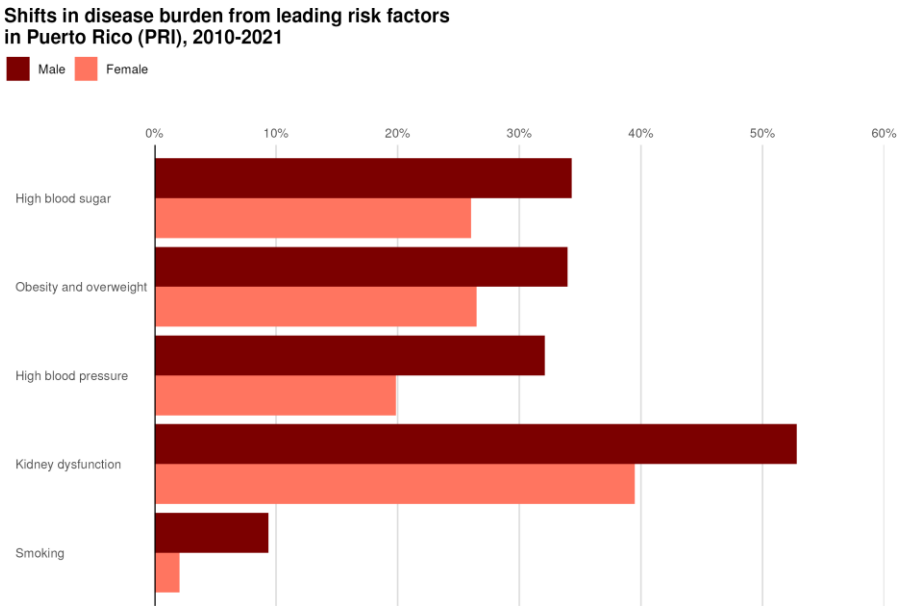
[2]Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

[3]Based on risk-attributabledisability-adjusted life years in 2021 for all ages, all sexes combined, Level 3 of the GBD hierarchy.

[4]Body 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 Puerto Rico.[5]

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



[5]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes. Risk factors are ordered based onranking for risk-attributable disability-adjusted life years in 2021 for all sexes, Level 3.

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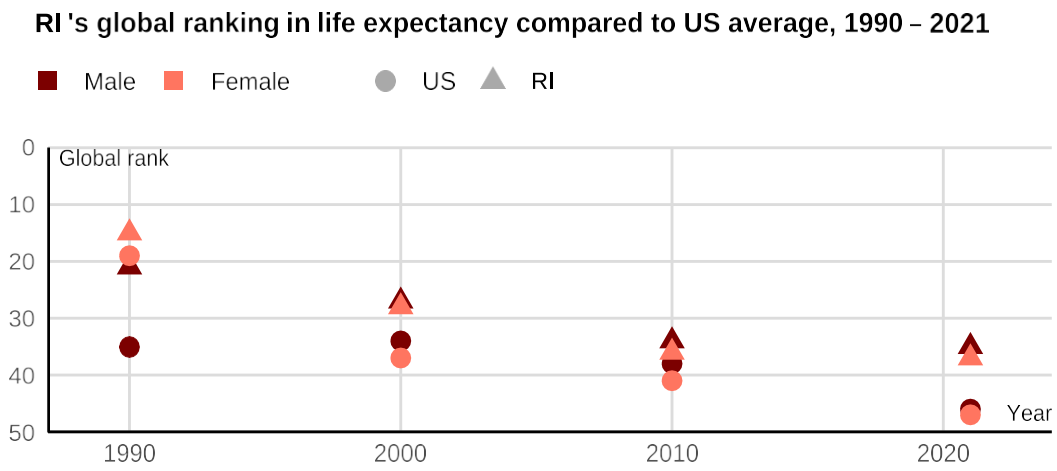
RI is falling behind in life expectancy globally

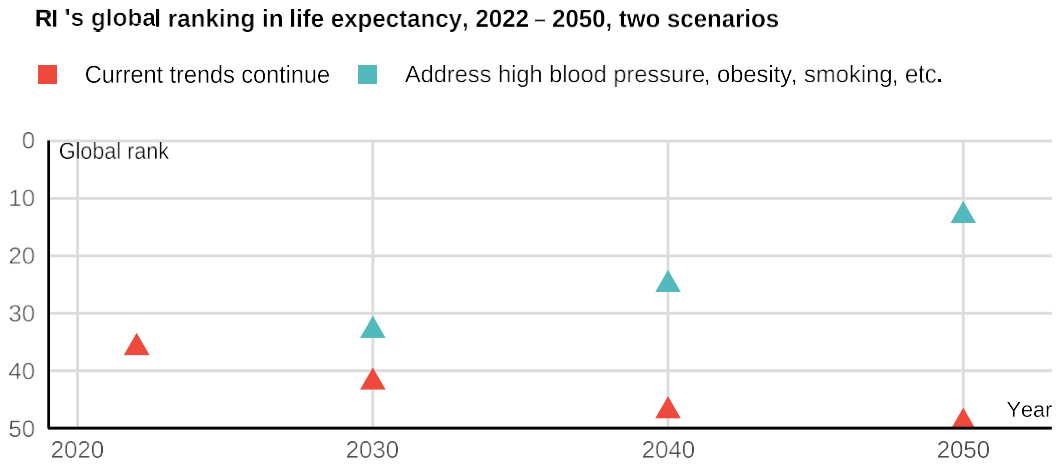
Between 1990 and 2021, the life expectancy ranking of RI dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Iceland, Belgium, and Netherlands** had a higher life expectancy than RI.

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

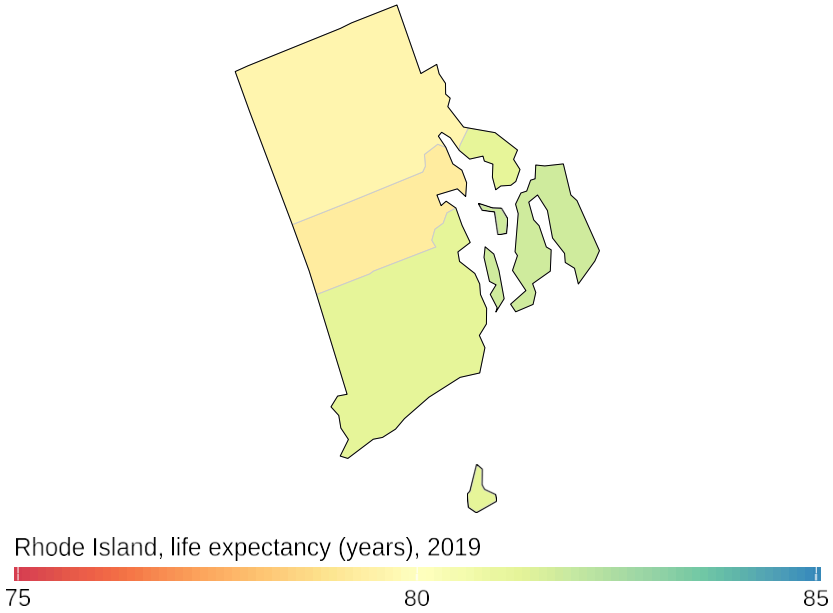
If RI intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 13rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on RI 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: https://bit.ly/health-US

There are noticeable differences in life expectancy among RI counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in RI.[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 RI.[4]

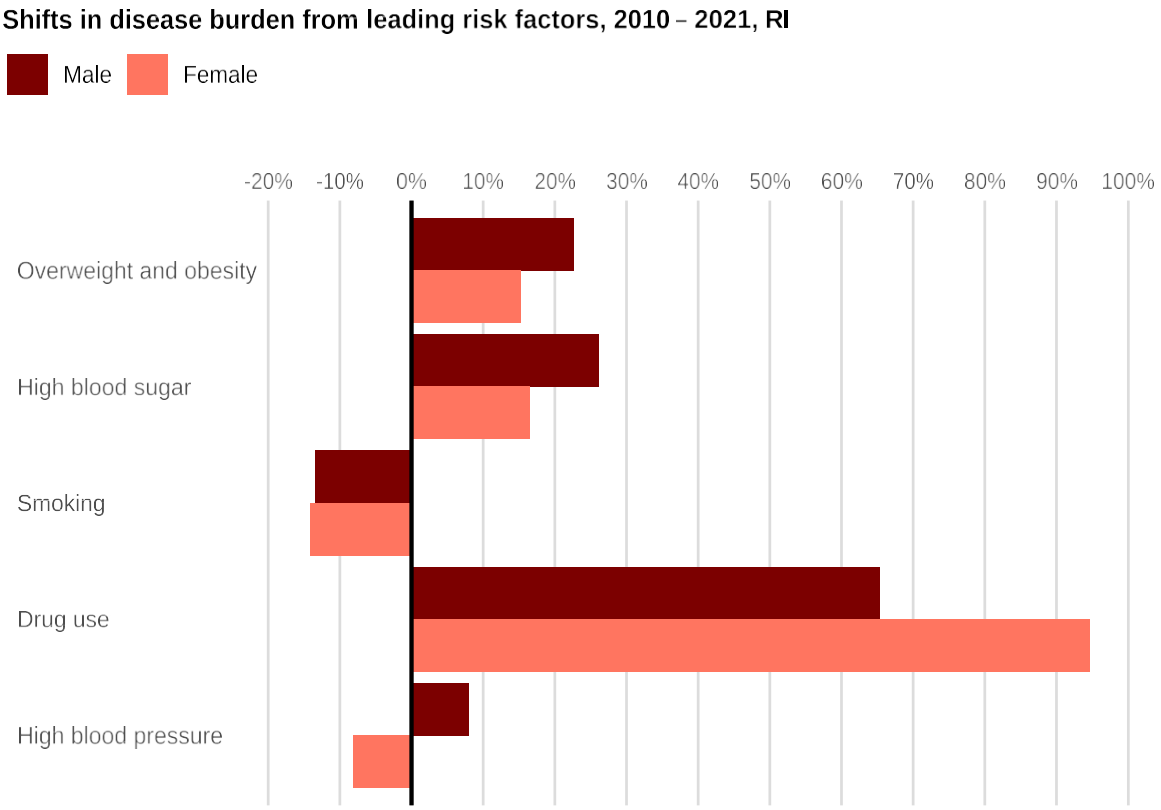
Leading risk factors 2021 ranking

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

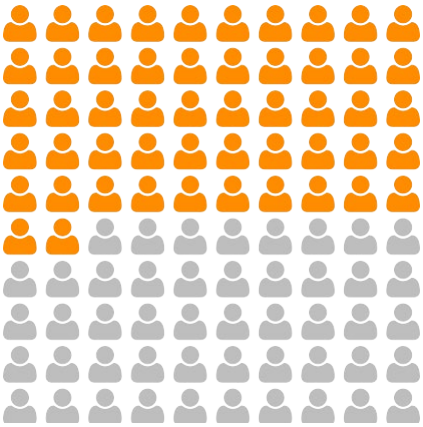
Most of the major risk factors are increasing in RI[6]

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.



[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 RI, especially for youth.

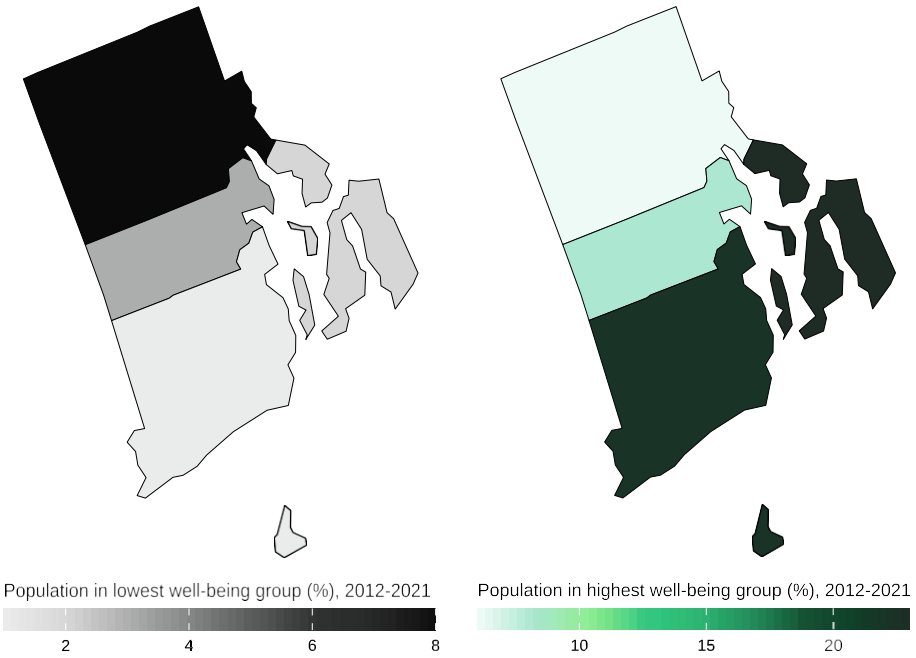


By 2050, IHME projects that **52%** of young people ages 15 to 24 will be overweight or obese in Rhode Island.

For adults, IHME projects that **82%** will be living with obesity and overweight by 2050 in Rhode Island.

Wellbeing in RI

IHME measures wellbeing across the states using a metric called the Human Development Index. This metric reflects life expectancy, 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 Rhode Island, American Indian and Alaska Native (AIAN) individuals, and Black males, experience the lowest well-being in the state, due to racism.

Human Development Index by race and ethnicity and sex, Rhode Island

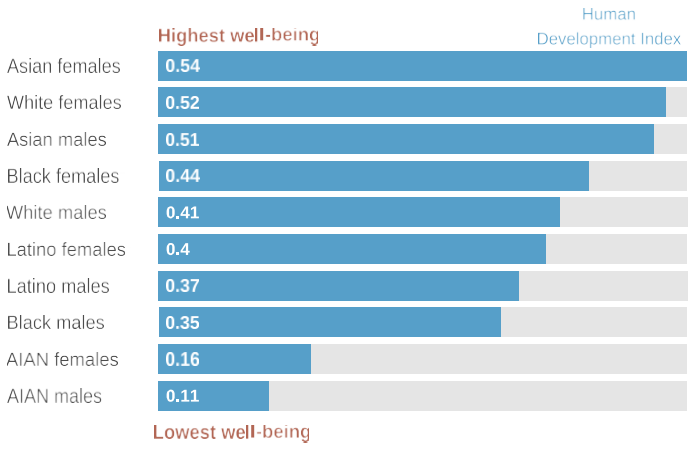
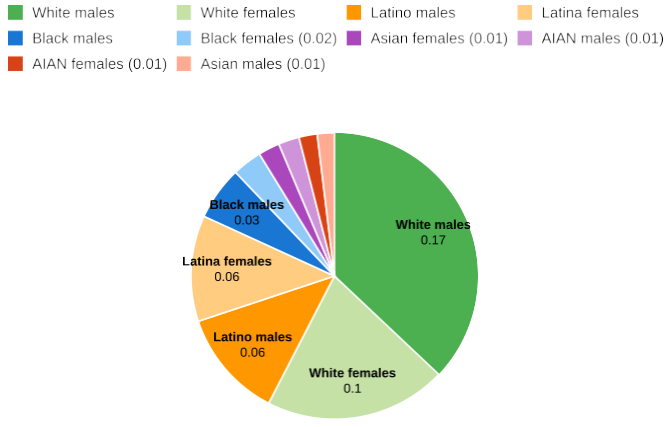


Chart reflects average Human Development Index measurement between 2008 and 2021.

As White people are the most populous racial and ethnic group in RI, White males make up the largest portion of the worst-off HDI segment.

Makeup of lowest well-being group in Rhode Island (hundred thousands of people)



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

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The State of Health in South Carolina

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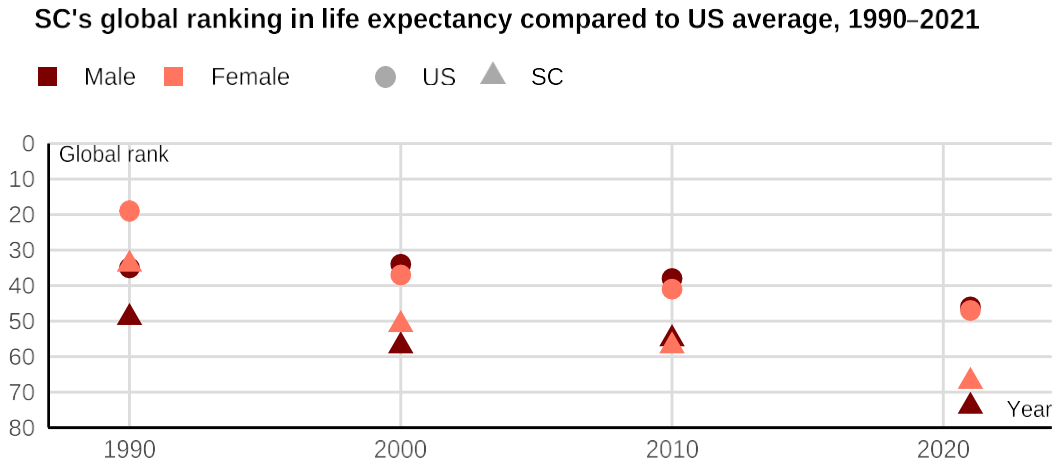
SC is falling behind in life expectancy globally

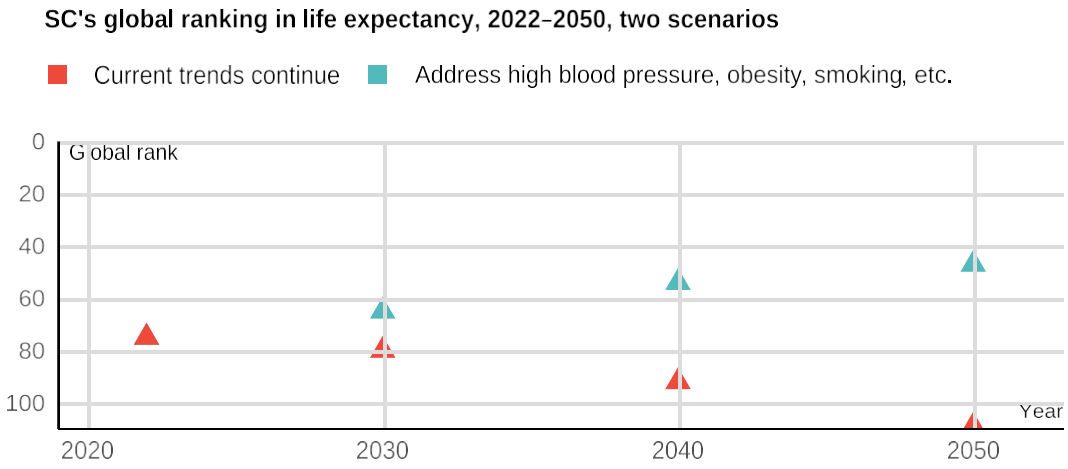
Between 1990 and 2021, the life expectancy ranking of SC dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Ireland, Finland, and Kuwait** had a higher life expectancy than SC.

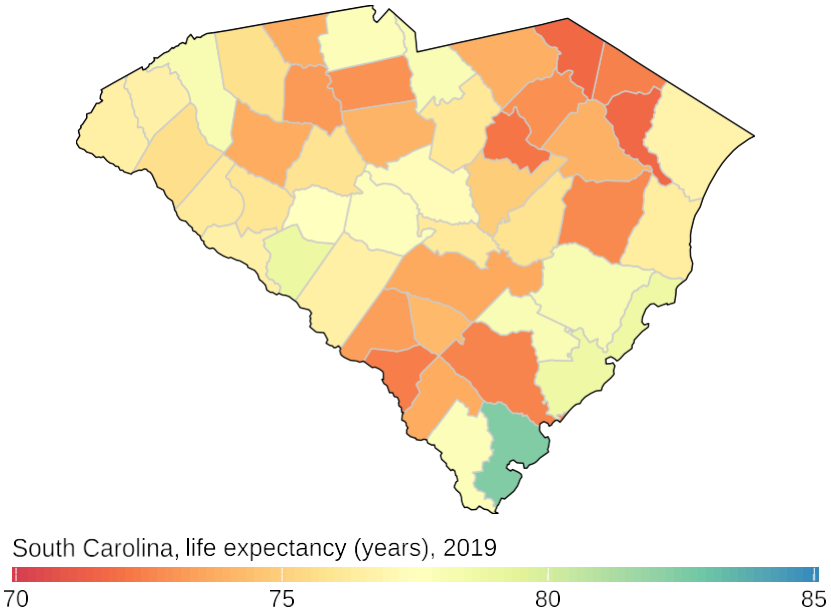
Tackling high blood pressure and obesity could improve SC's life expectancy ranking

If SC intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 47th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on SC 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 stark differences in life expectancy among SC counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in SC.[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 SC.[4]

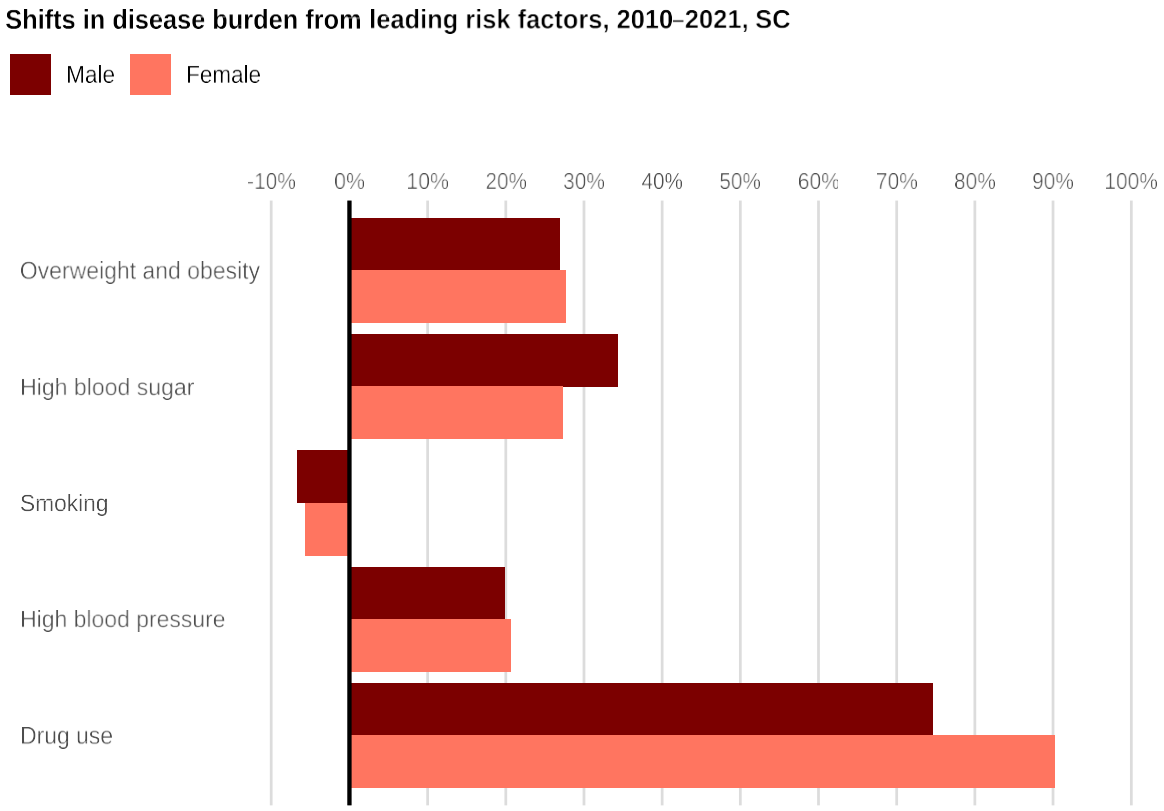
Leading risk factors 2021 ranking

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

[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).

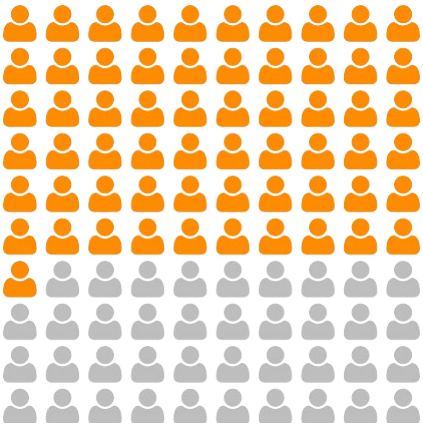
Most of the major risk factors are increasing in SC[6]

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.



[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 SC, especially for youth.



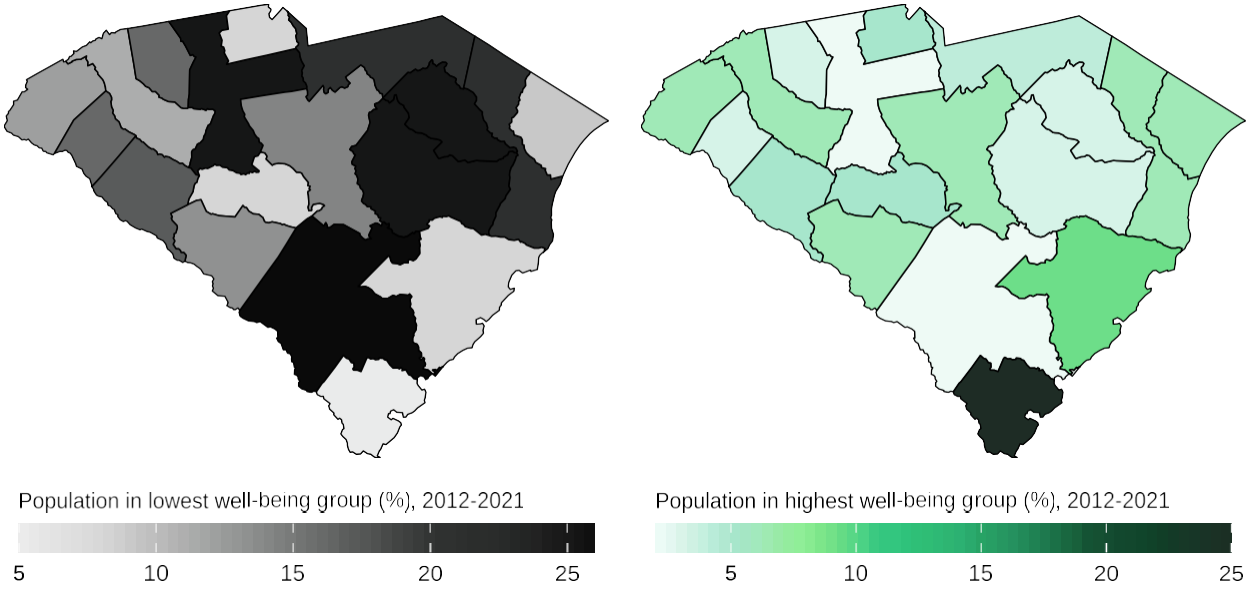
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in South Carolina.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in South Carolina.

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

Well-being in SC

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 South Carolina, Black individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, South Carolina

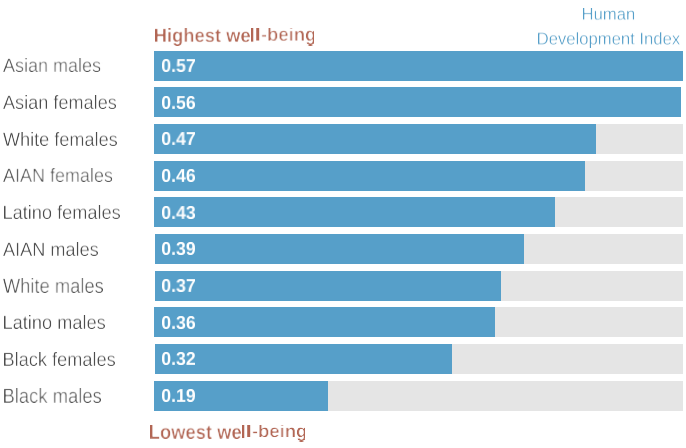
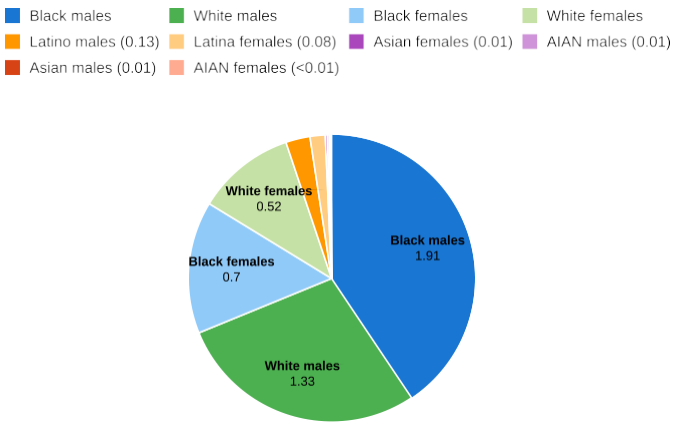


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

Makeup of lowest well-being group in South Carolina (hundred thousands of people)



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The State of Health in South Dakota

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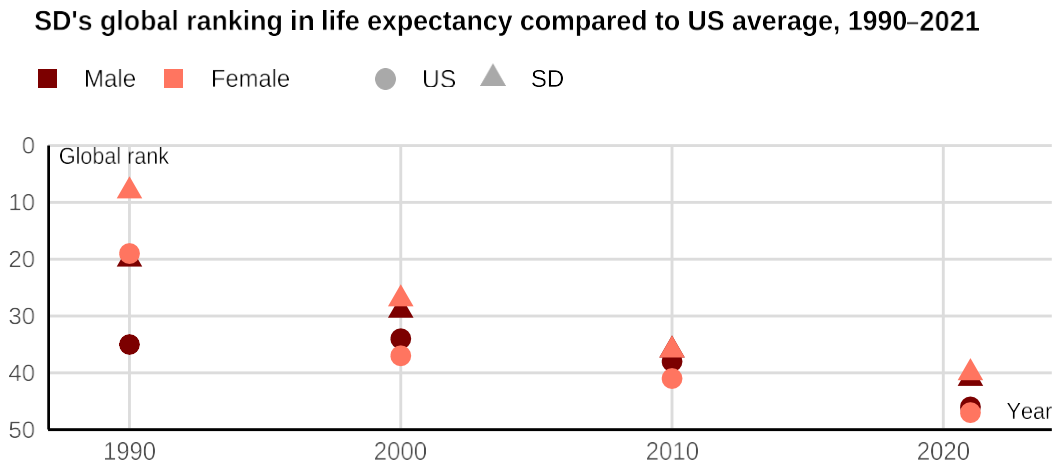
SD is falling behind in life expectancy globally

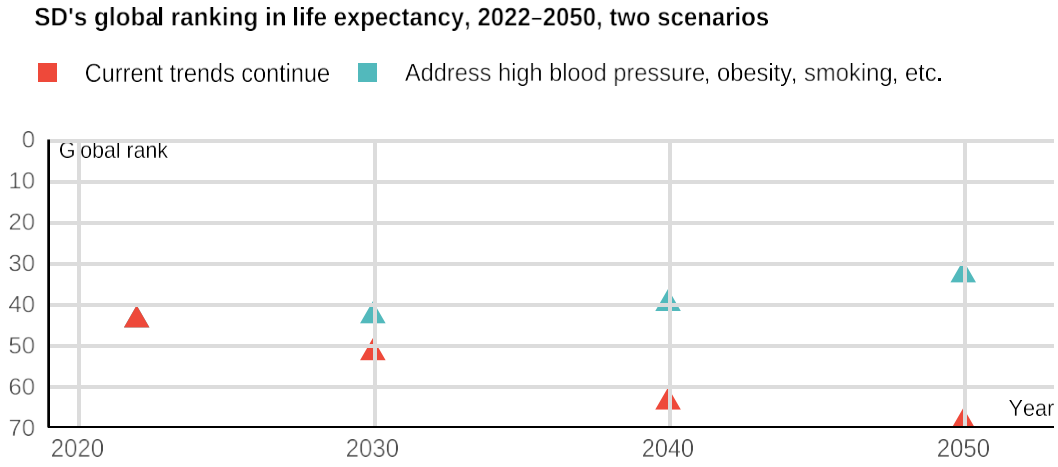
Between 1990 and 2021, the life expectancy ranking of SD dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Australia, Republic of Korea, and Kuwait** had a higher life expectancy than SD.

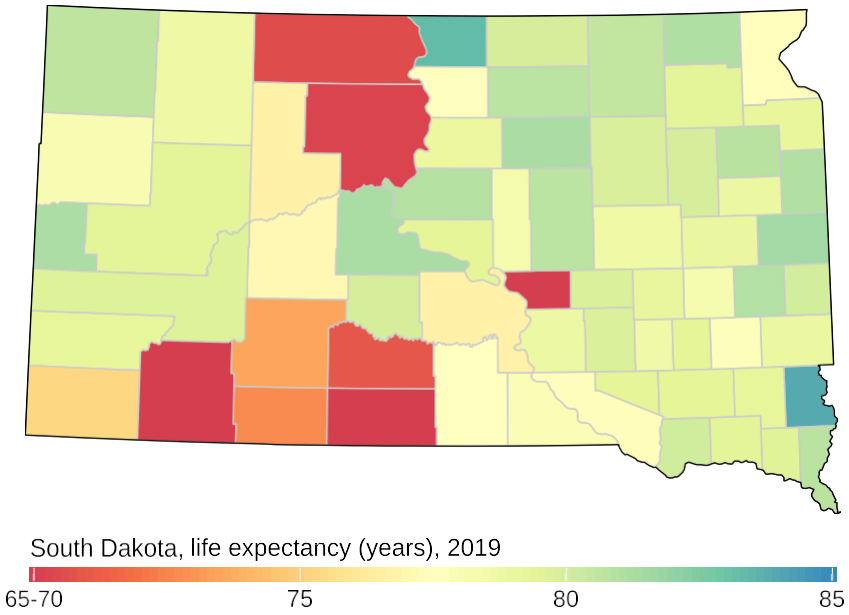
Tackling high blood pressure and obesity could improve SD's life expectancy ranking

If SD intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 33rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on SD 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 stark differences in life expectancy among SD counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in SD.[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 SD.[4]

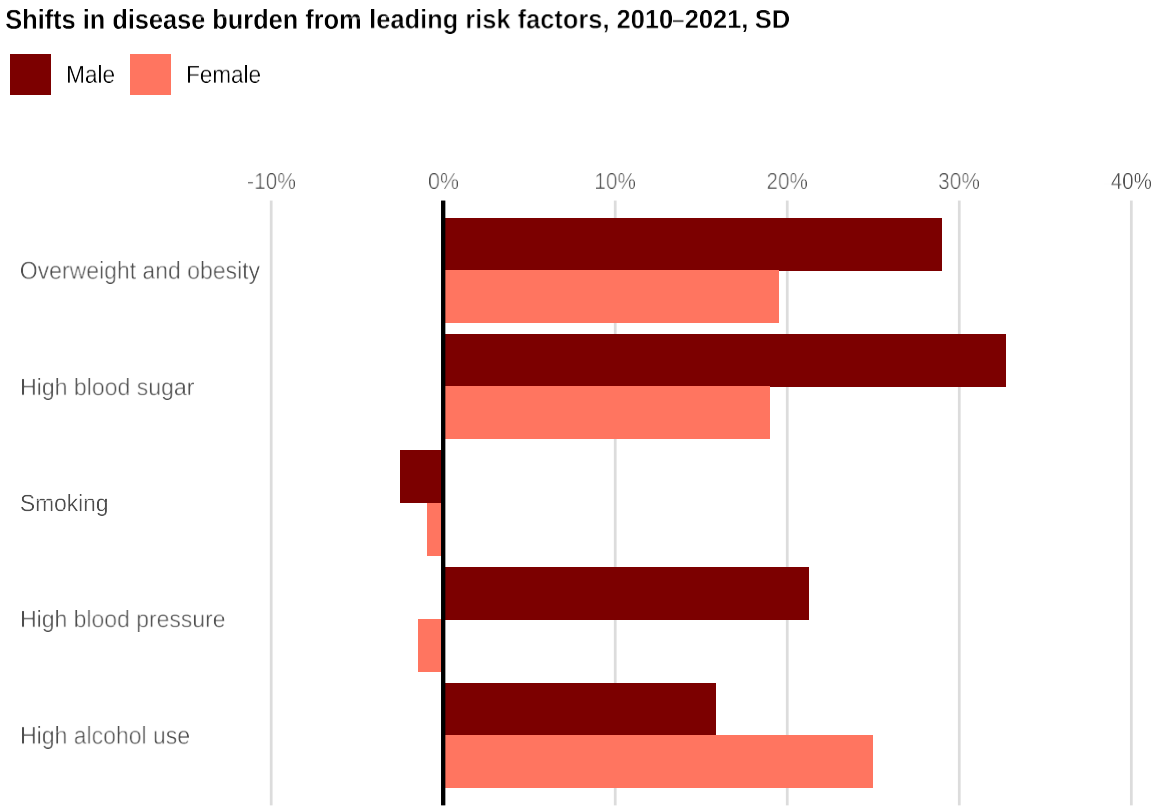
Leading risk factors 2021 ranking

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

[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).

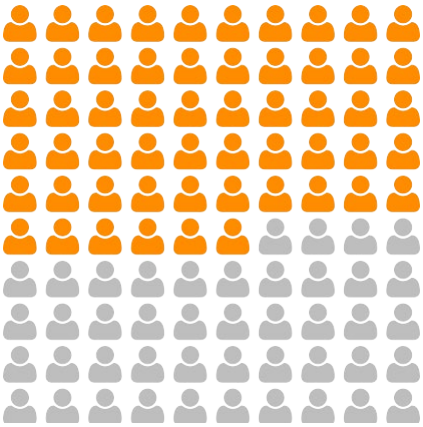
Most of the major risk factors are increasing in SD[6]

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



[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 SD, especially for youth.



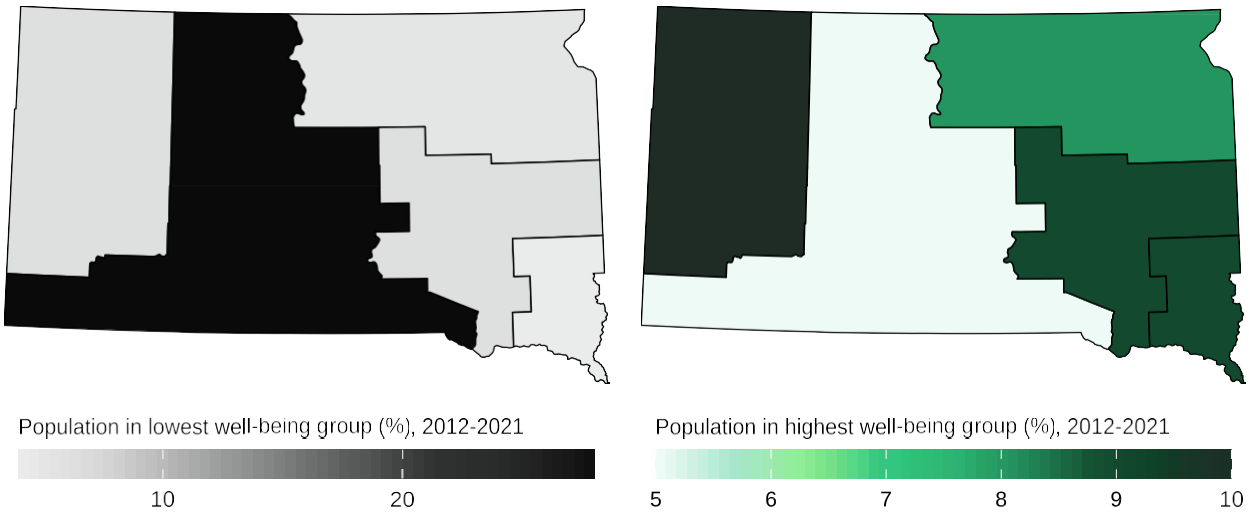
By 2050, IHME projects that **56%** of young people ages 15 to 24 will be overweight or obese in South Dakota.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in South Dakota.

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

Well-being in SD

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 South Dakota, 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, South Dakota

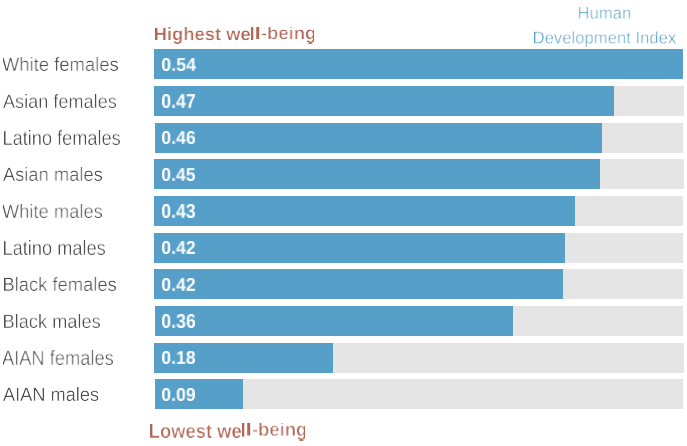
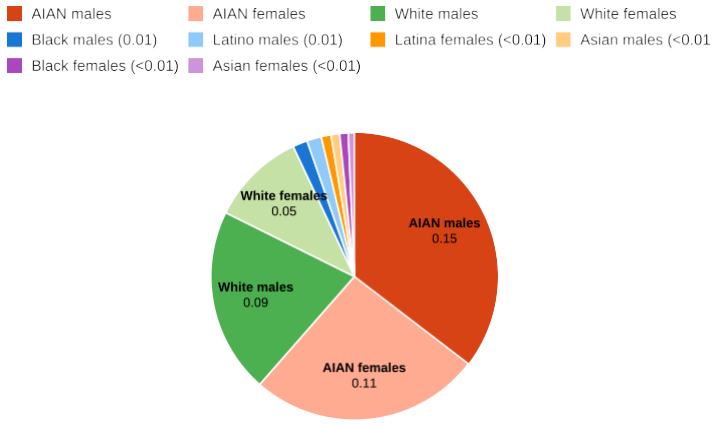


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

Makeup of lowest well-being group in South Dakota (hundred thousands of people)



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The State of Health in Tennessee

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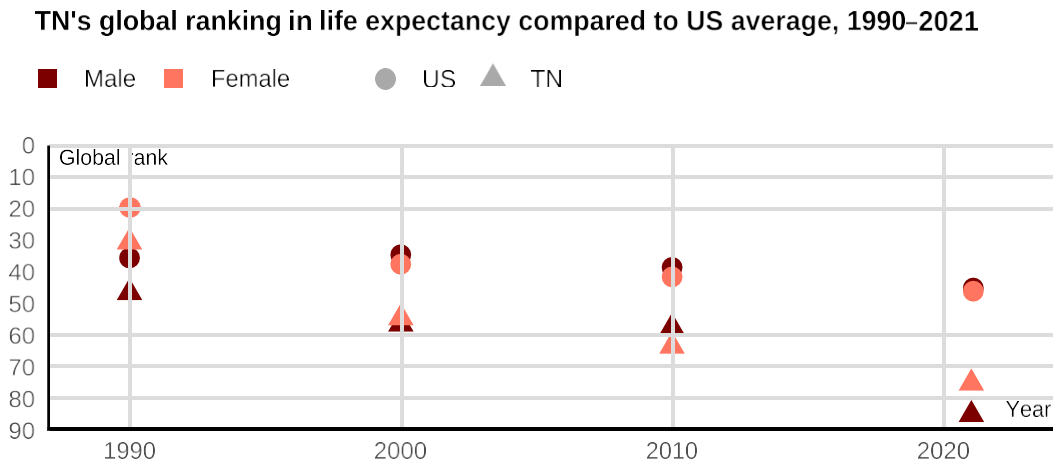
TN is falling behind in life expectancy globally

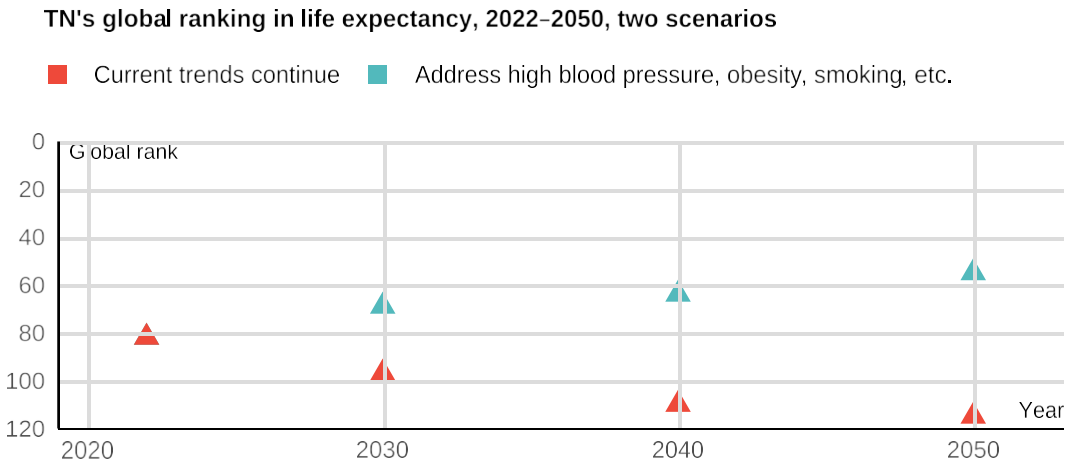
Between 1990 and 2021, the life expectancy ranking of TN dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Malta, Panama, and Argentina** had a higher life expectancy than TN.

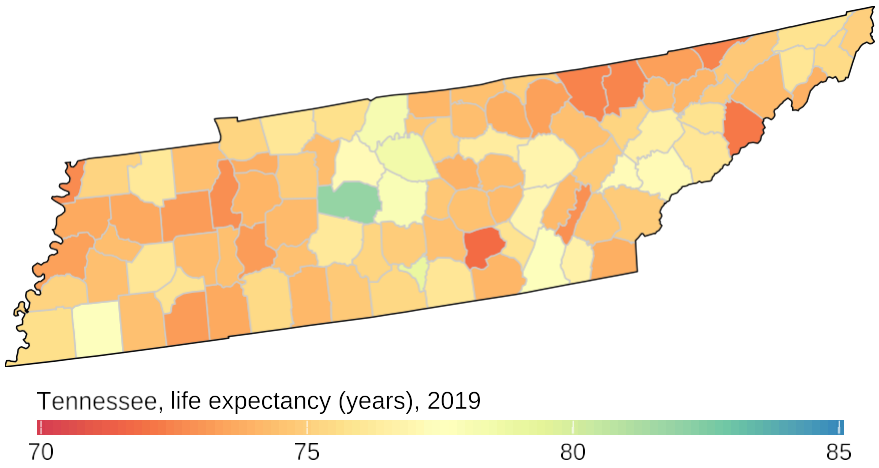
Tackling high blood pressure and obesity could improve TN's life expectancy ranking

If TN intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 55th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on TN 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 stark differences in life expectancy among TN counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in TN.[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: Smoking is the top risk factor for poor health and early death in TN.[4]

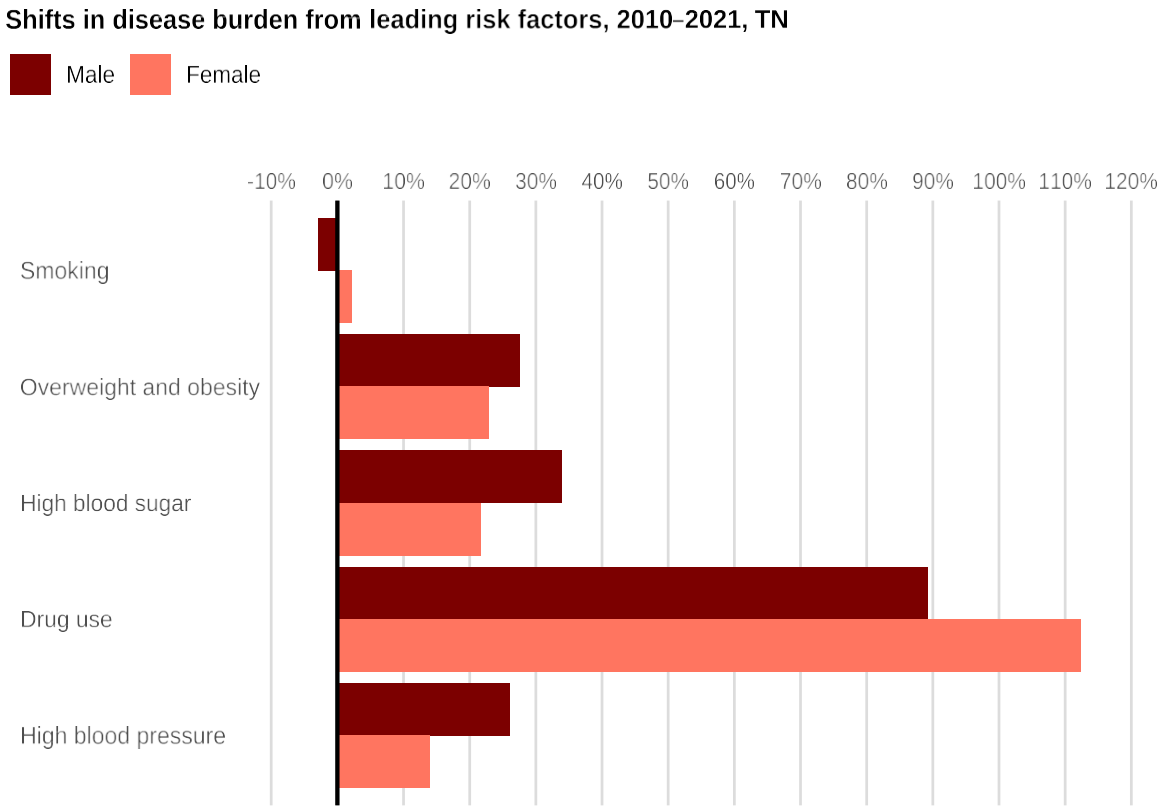
Leading risk factors 2021 ranking

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

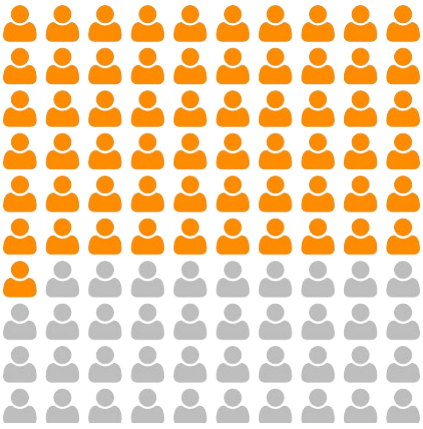
Most of the major risk factors are increasing in TN[6]

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.



[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 TN, especially for youth.



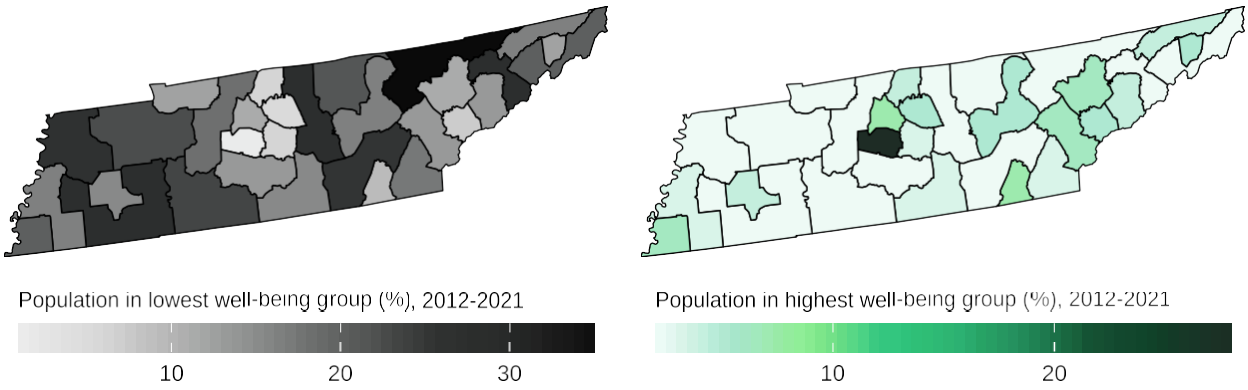
By 2050, IHME projects that **61%** of young people ages 15 to 24 will be overweight or obese in Tennessee.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Tennessee.

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

Well-being in TN

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 Tennessee, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Tennessee

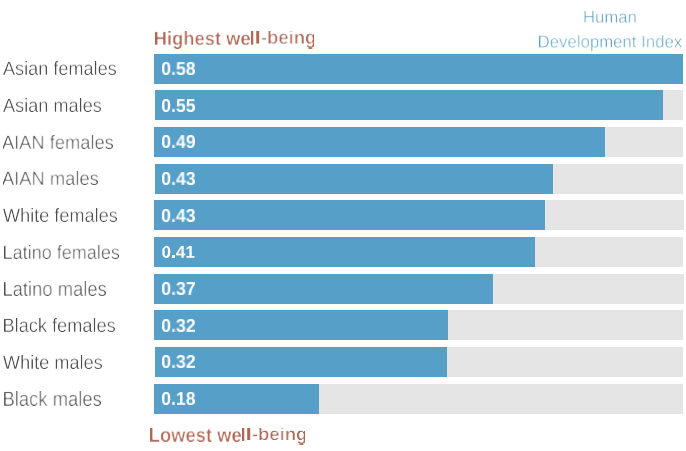
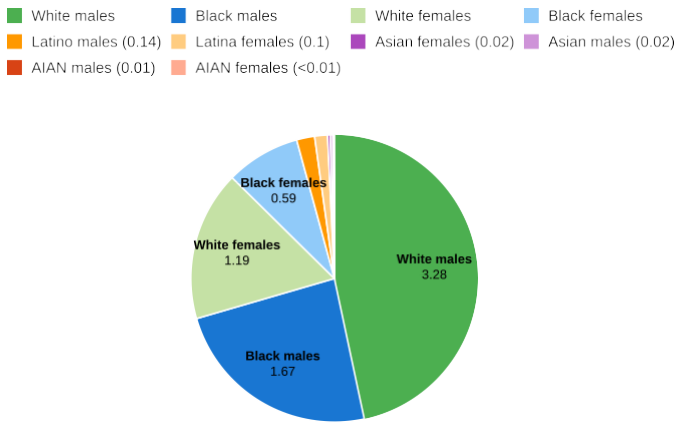


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

About IHME

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For more information, contact:

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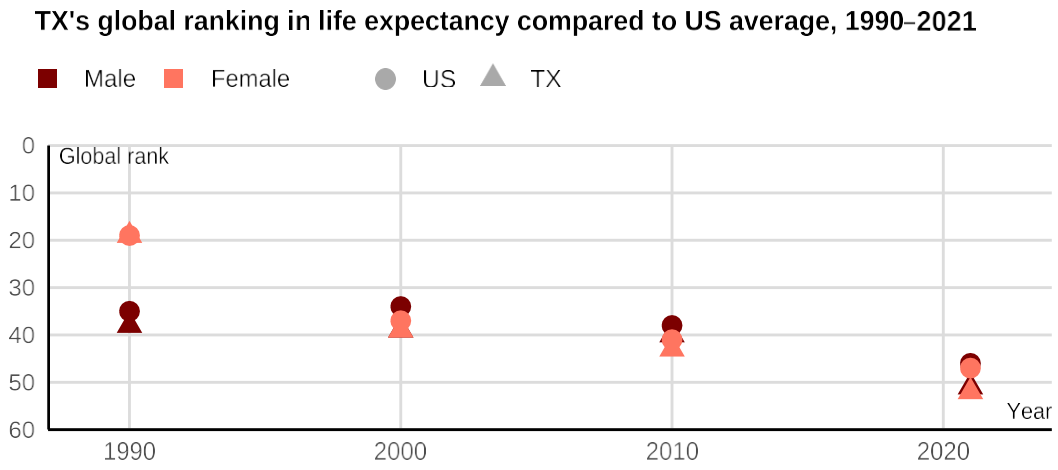
IHME

The State of Health in Texas

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).

TX is falling behind in life expectancy globally

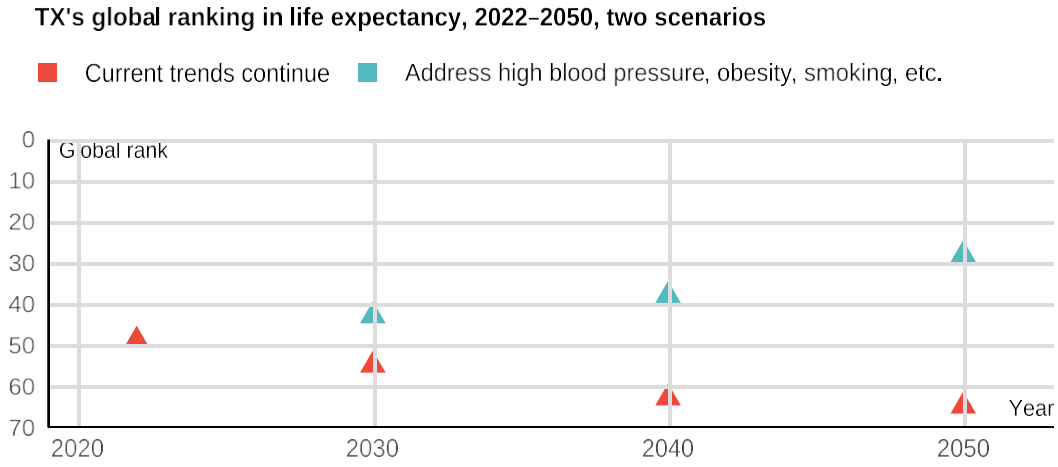
Between 1990 and 2021, the life expectancy ranking of TX dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Republic of Korea, Monaco, and Czechia** had a higher life expectancy than TX.

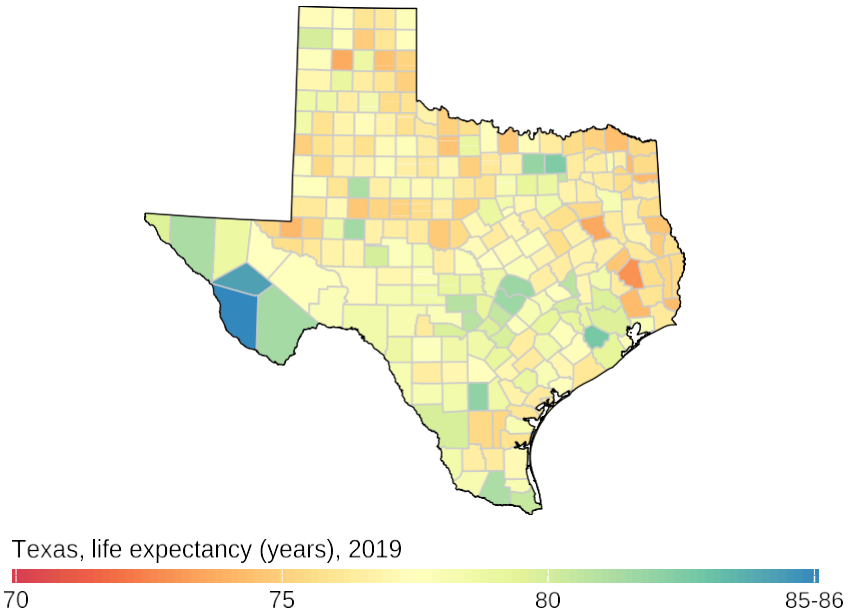
Tackling high blood pressure and obesity could improve TX's life expectancy ranking

If TX intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 28th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on TX 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 stark differences in life expectancy among TX counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in TX.[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 TX.[4]

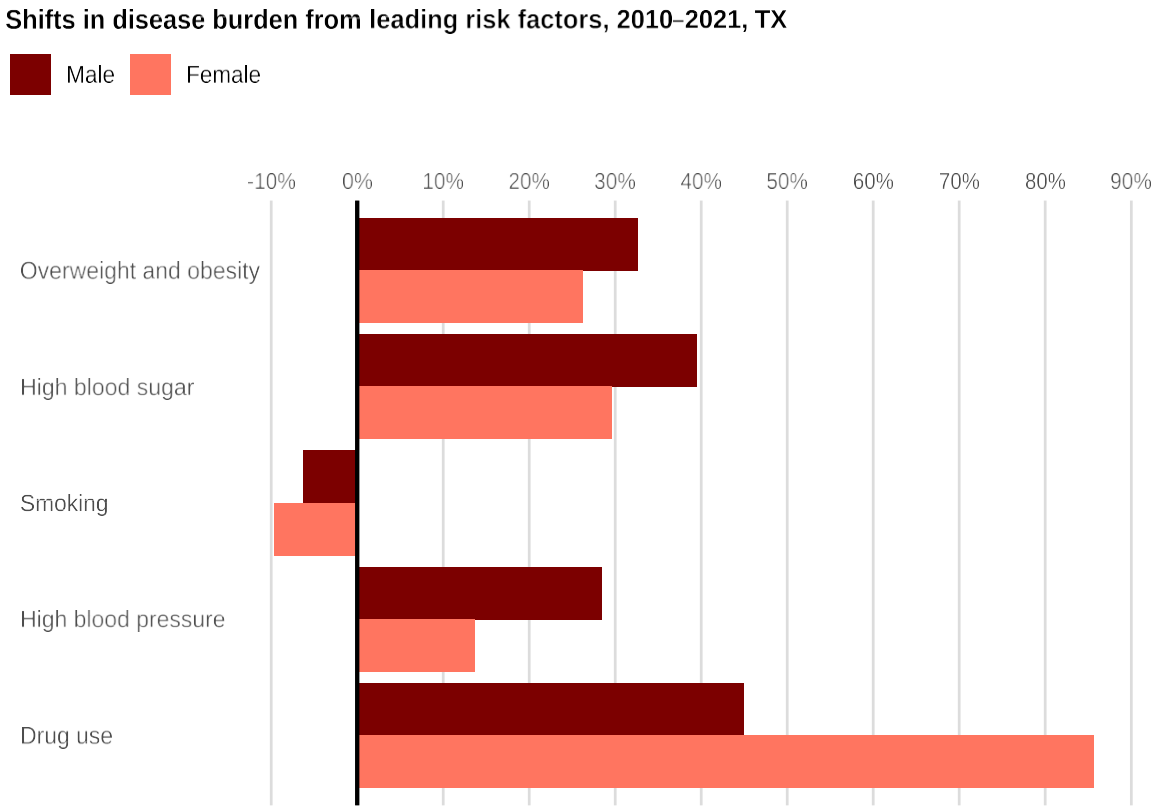
Leading risk factors 2021 ranking

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

[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).

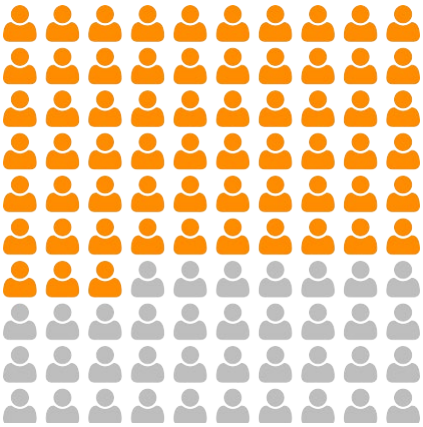
Most of the major risk factors are increasing in TX[6]

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.



[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 TX, especially for youth.



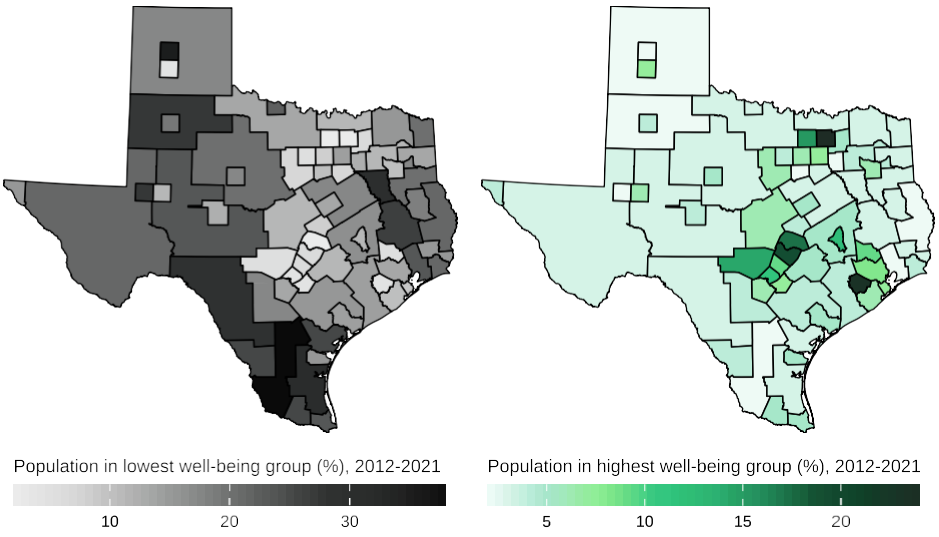
By 2050, IHME projects that **63%** of young people ages 15 to 24 will be overweight or obese in Texas.

For adults, IHME projects that **84%** will be living with overweight and obesity by 2050 in Texas.

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

Well-being in TX

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 Texas, Black individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Texas

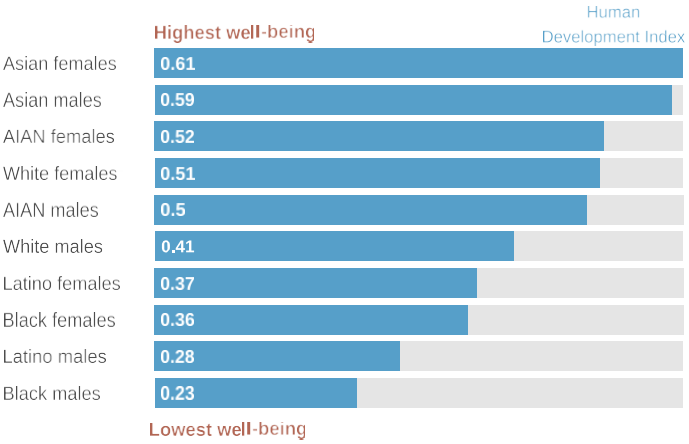
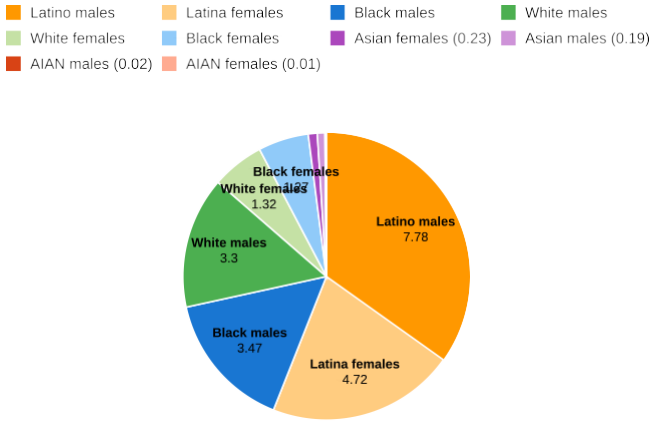


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Utah

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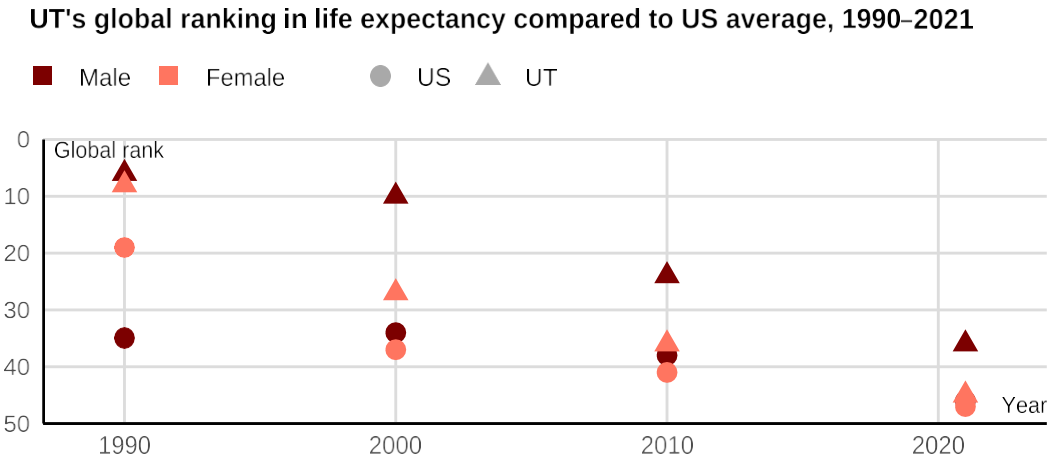
UT is falling behind in life expectancy globally

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

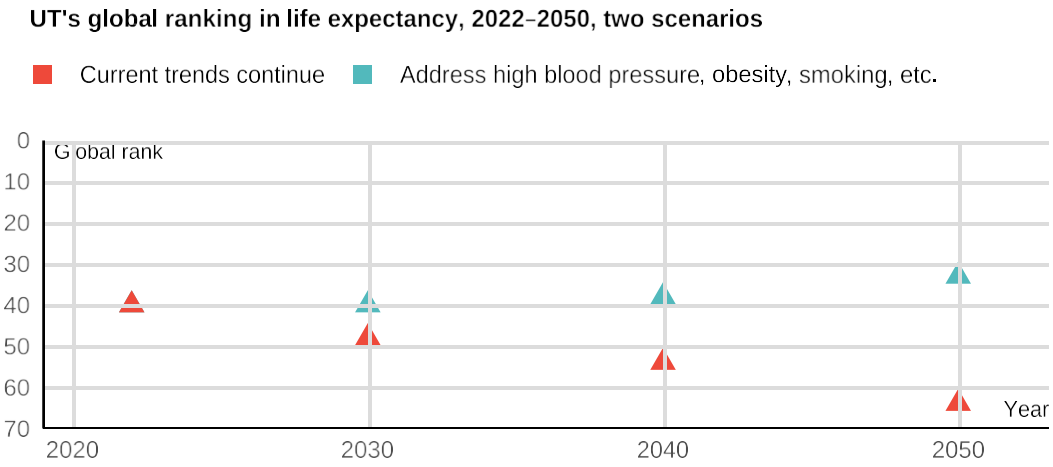


In UT, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Malta, Maldives, and Monaco** had a higher life expectancy than UT.

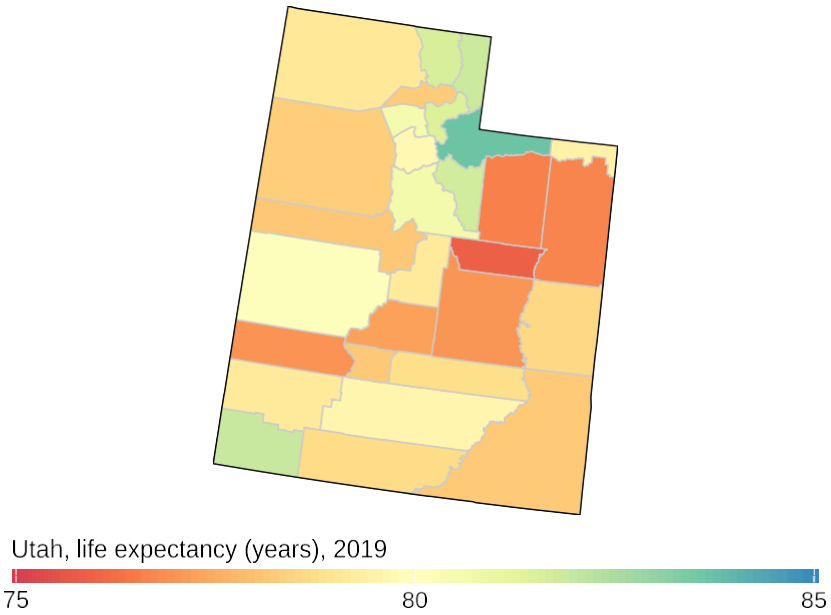
Tackling high blood pressure and obesity could improve UT's life expectancy ranking

If UT intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 33rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on UT 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 UT counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in UT.[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 UT.[4]

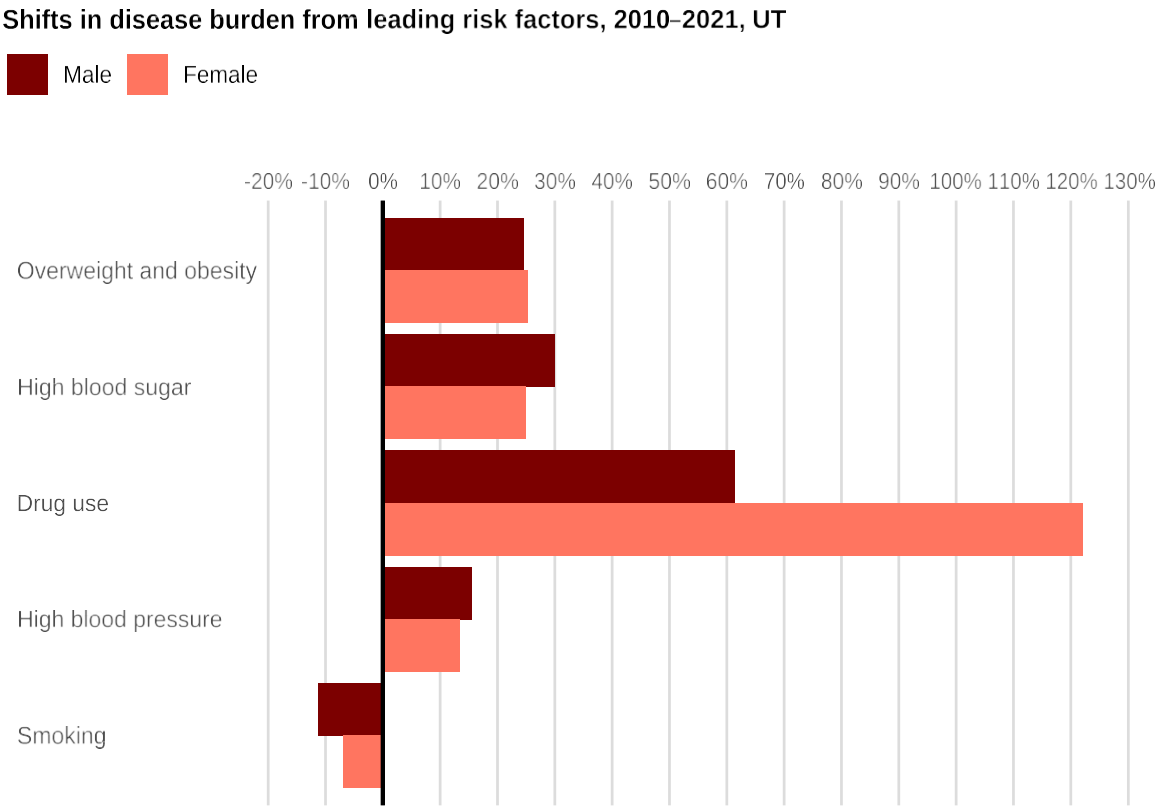
Leading risk factors 2021 ranking

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

[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).

Most of the major risk factors are increasing in UT[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.



[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 UT, especially for youth.

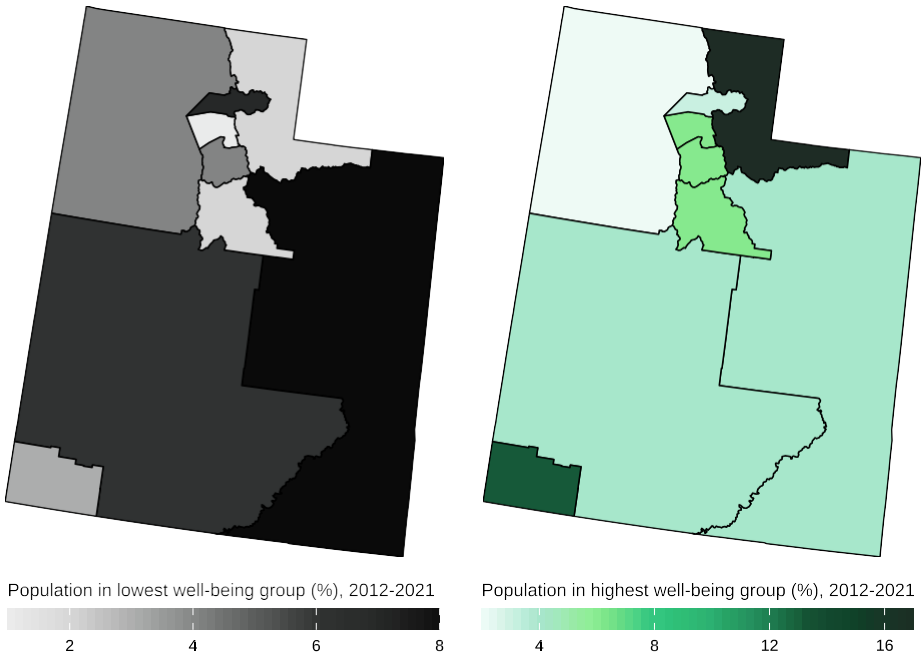
By 2050, IHME projects that **51%** of young people ages 15 to 24 will be overweight or obese in Utah.

For adults, IHME projects that **80%** will be living with overweight and obesity by 2050 in Utah.

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

Well-being in UT

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 Utah, 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, Utah

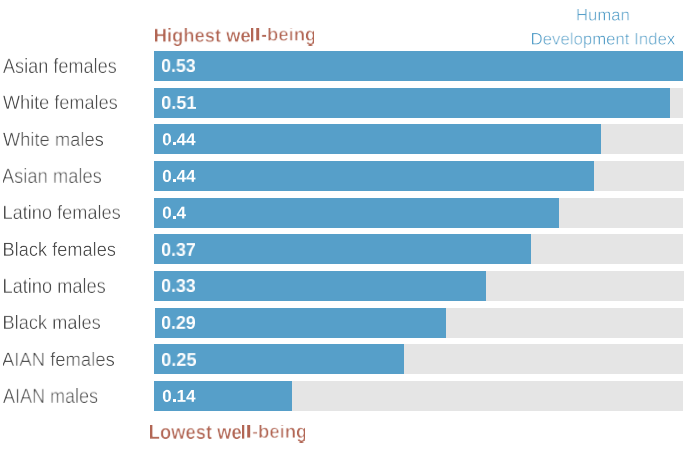
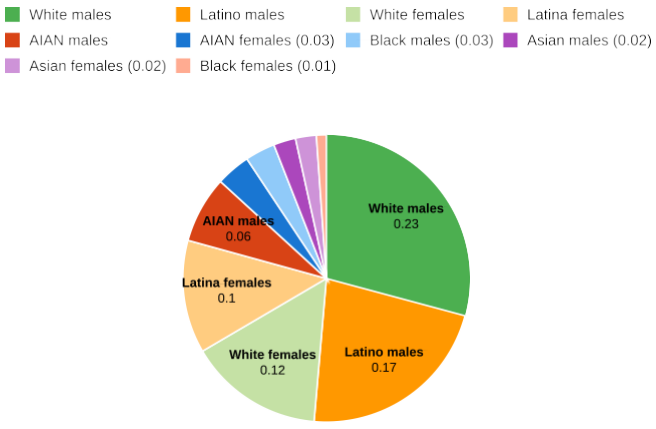


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Vermont

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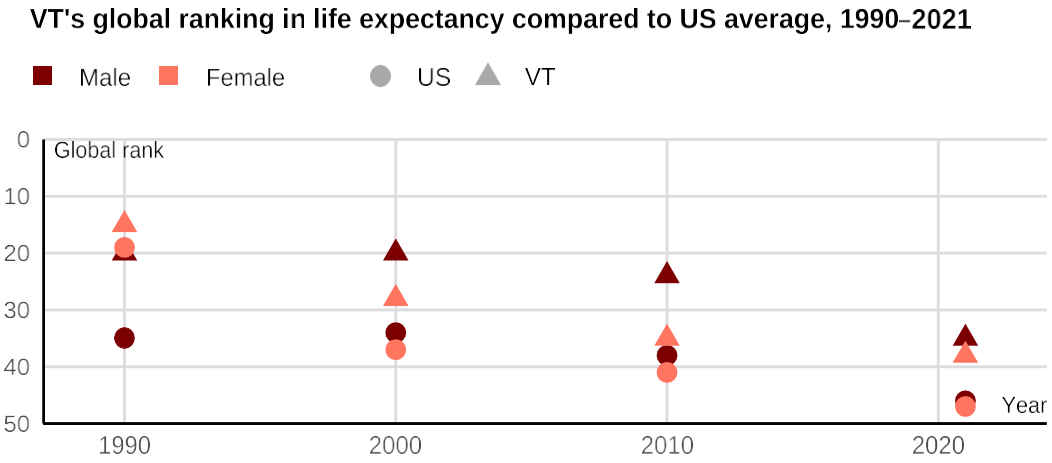
VT is falling behind in life expectancy globally

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

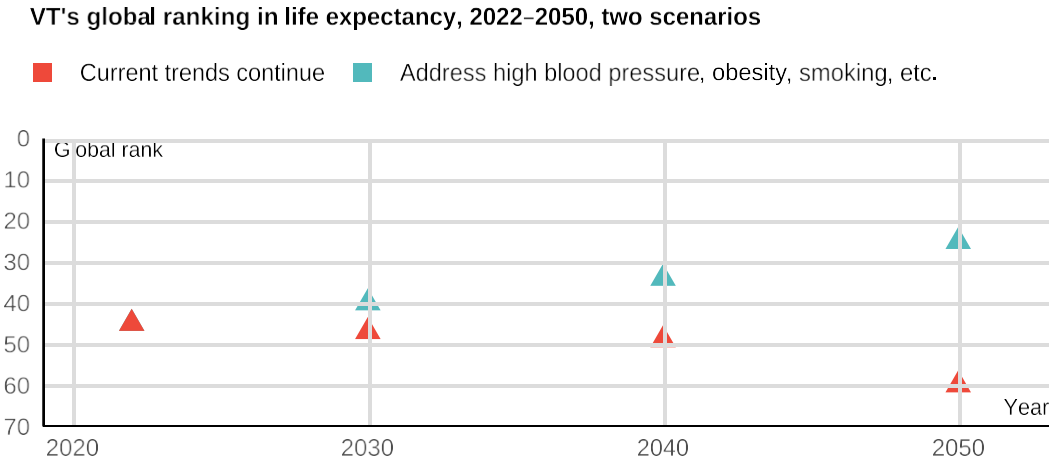


In VT, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Singapore, Finland, and Maldives** had a higher life expectancy than VT.

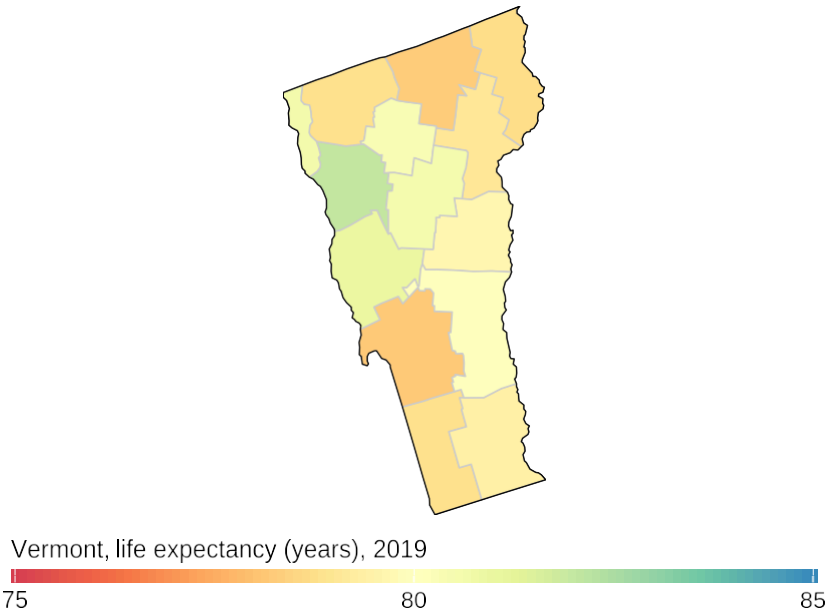
Tackling high blood pressure and obesity could improve VT's life expectancy ranking

If VT intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 25th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on VT 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 VT counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in VT.[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 VT.[4]

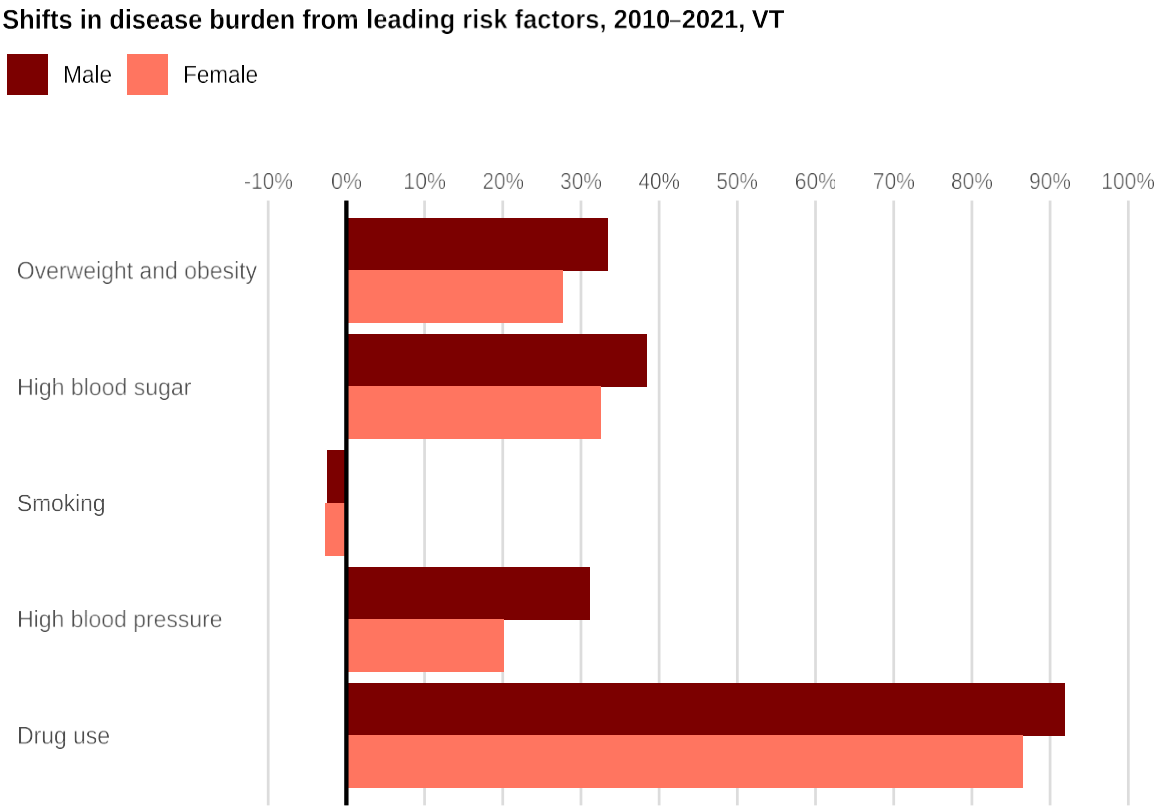
Leading risk factors 2021 ranking

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

[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).

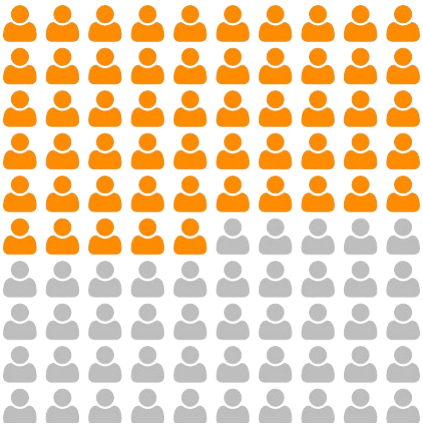
Most of the major risk factors are increasing in VT[6]

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.



[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 VT, especially for youth.



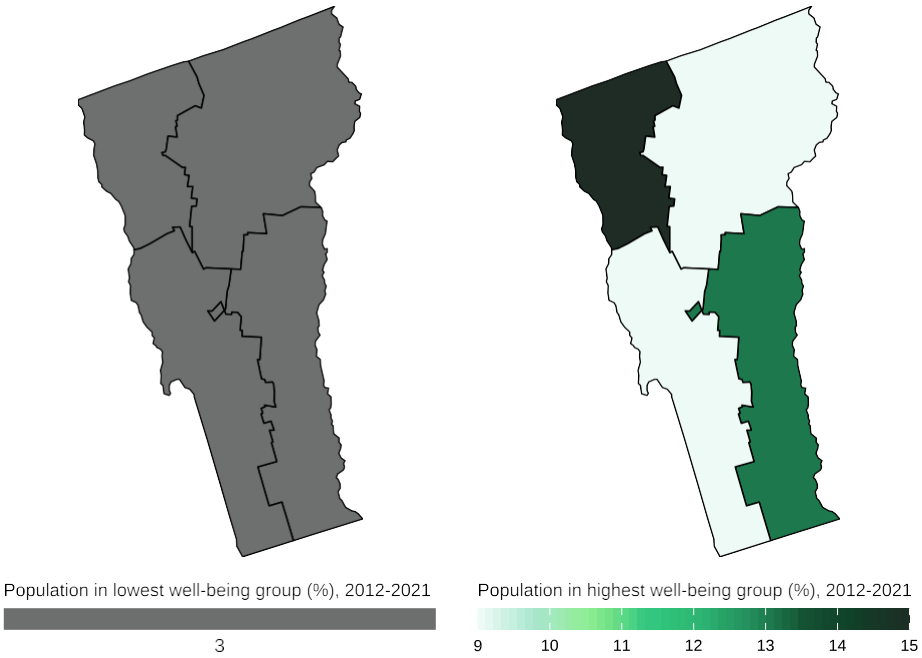
By 2050, IHME projects that **55%** of young people ages 15 to 24 will be overweight or obese in Vermont.

For adults, IHME projects that **77%** will be living with overweight and obesity by 2050 in Vermont.

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

Well-being in VT

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 Vermont, American Indian and Alaska Native individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Vermont

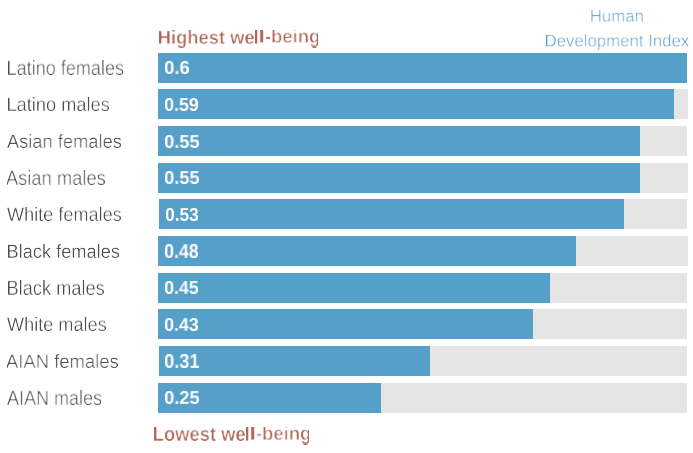
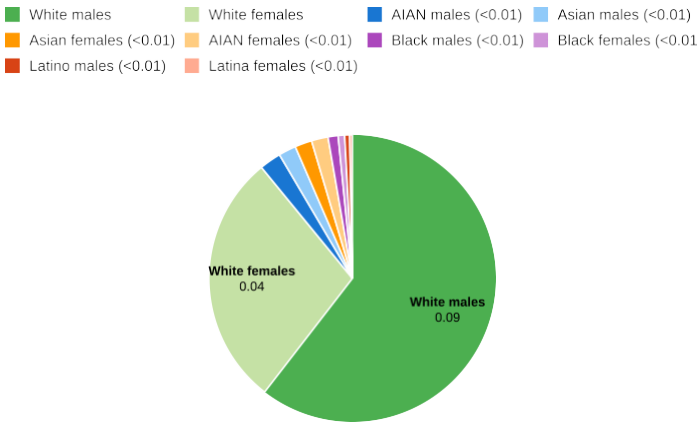


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Virginia

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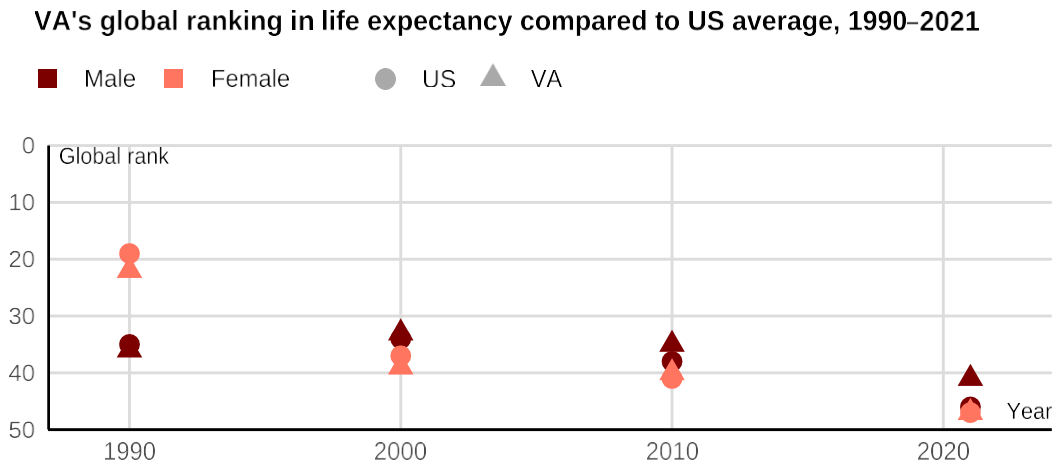
VA is falling behind in life expectancy globally

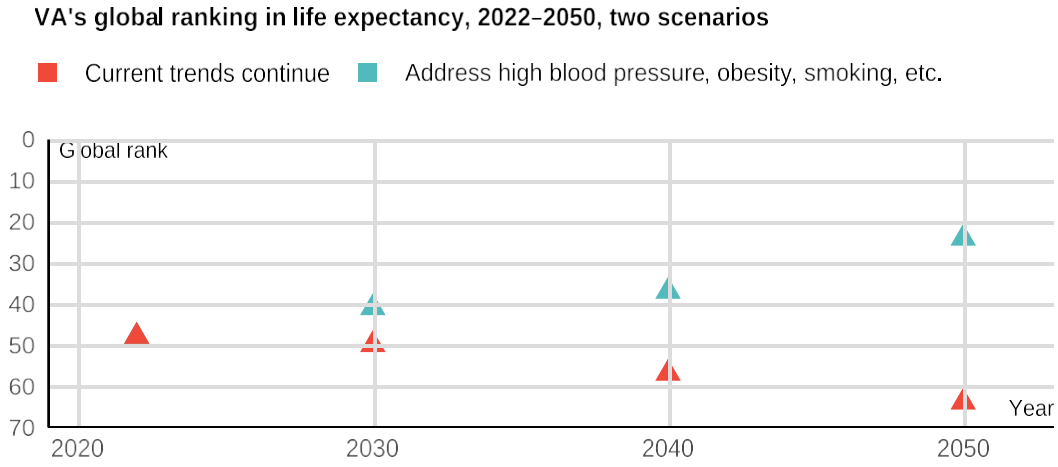
Between 1990 and 2021, the life expectancy ranking of VA dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Australia, Finland, and Belgium** had a higher life expectancy than VA.

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

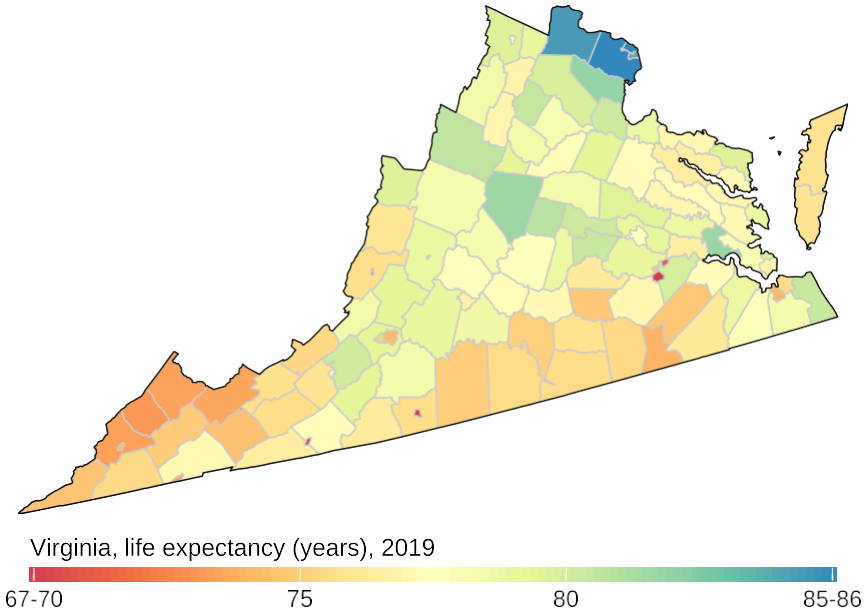
If VA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 24th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on VA 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

There are stark differences in life expectancy among VA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in VA.[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 VA.[4]

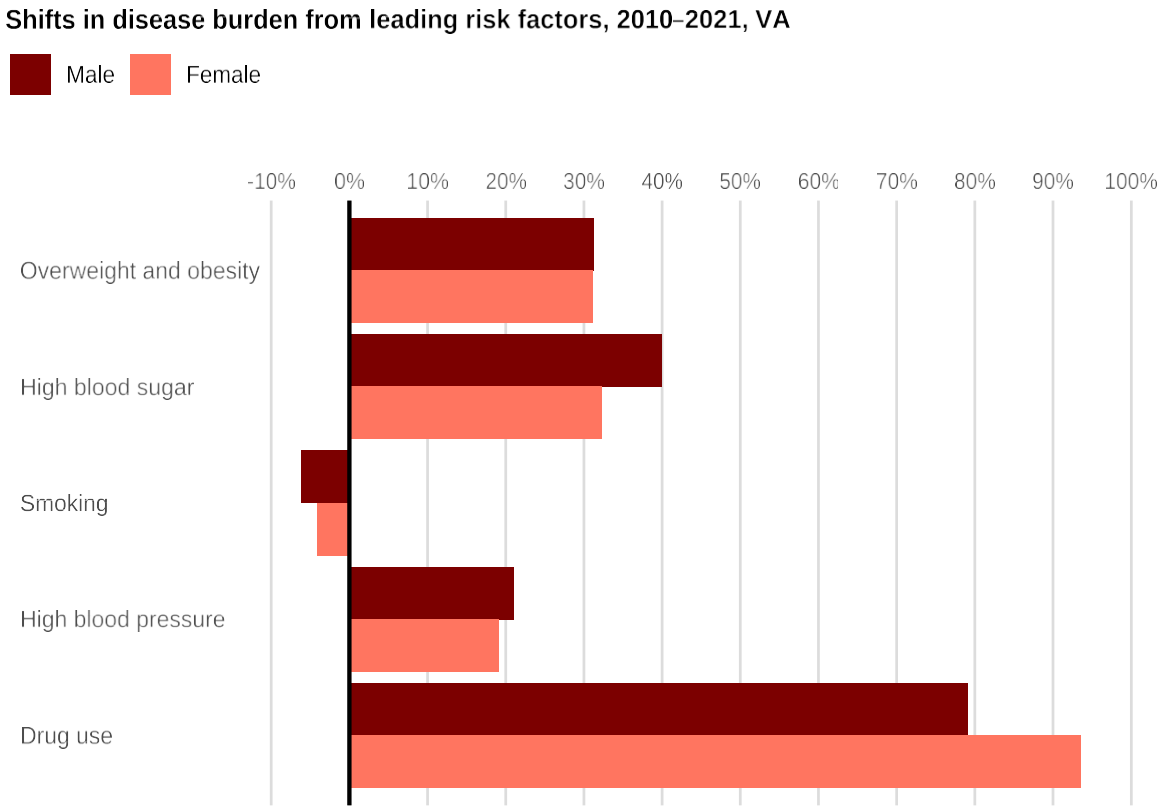
Leading risk factors 2021 ranking

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

[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).

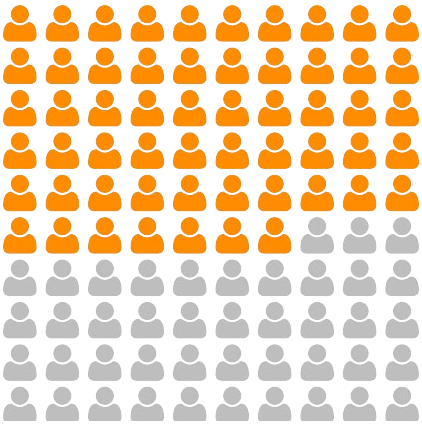
Most of the major risk factors are increasing in VA[6]

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.



[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 VA, especially for youth.



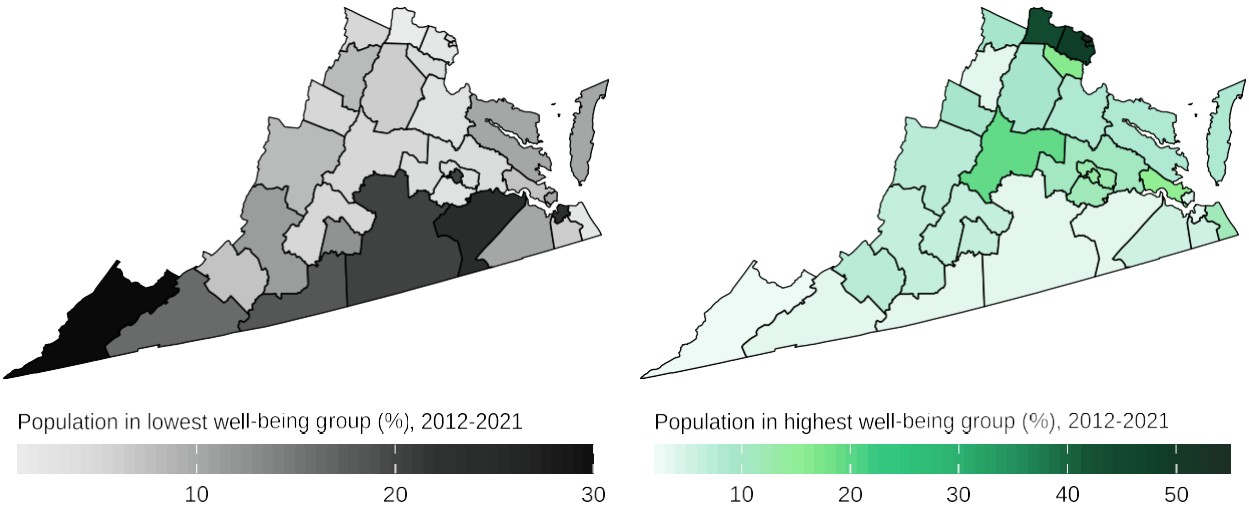
By 2050, IHME projects that **57%** of young people ages 15 to 24 will be overweight or obese in Virginia.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Virginia.

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

Well-being in VA

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 Virginia, American Indian and Alaska Native males, and Black individuals, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Virginia

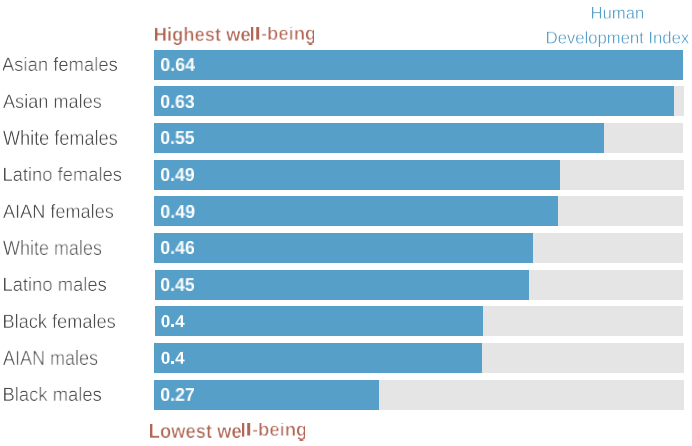
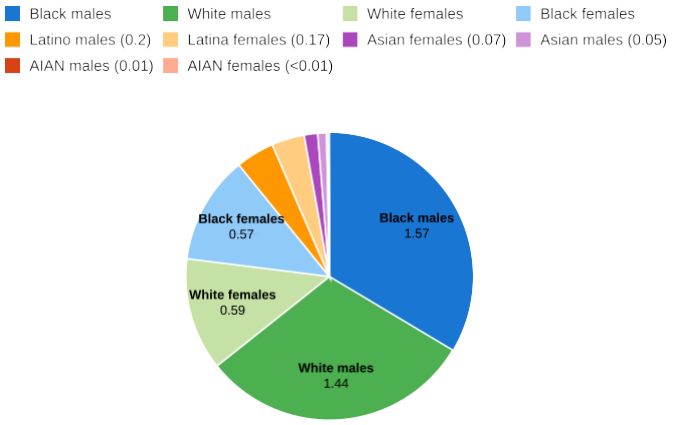


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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IHME

The State of Health in the US Virgin Islands

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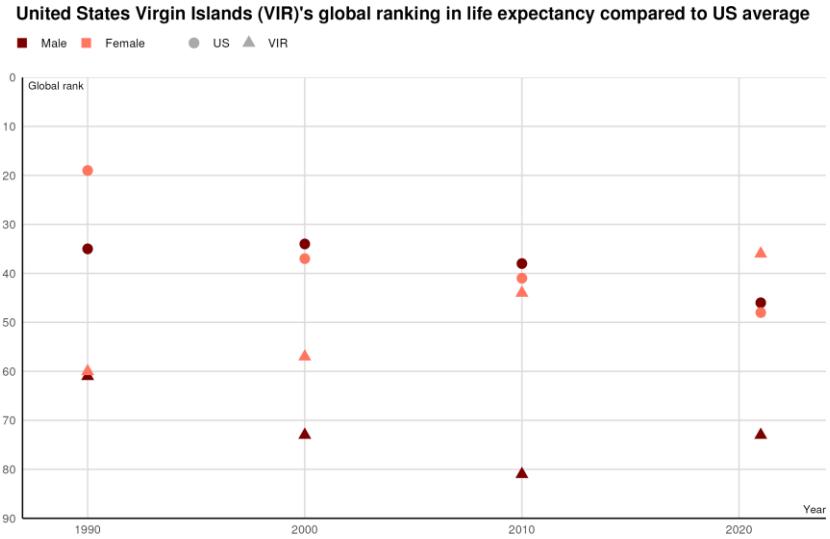
Males in the US Virgin Islands are falling in global life expectancy rankings.

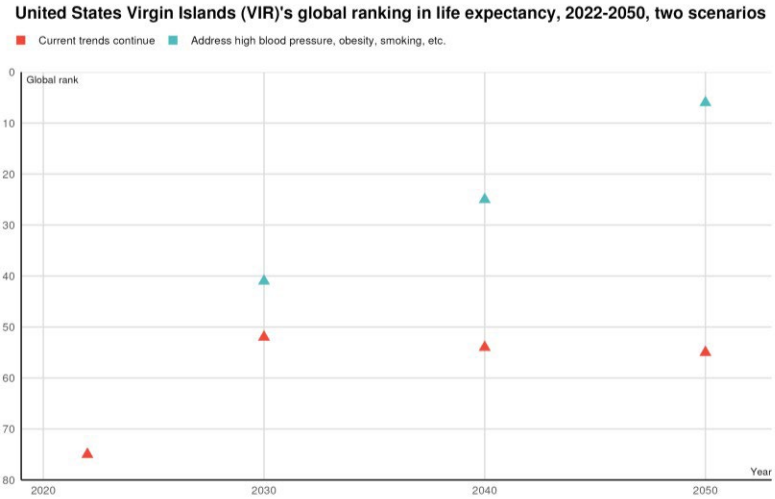
Between 1990 and 2021, the US Virgin Islands' life expectancy ranking for males fell relative to other countries, mirroring trends for US males. However, females in the US Virgin Islands rose in global life expectancy rankings, in contrast to their US counterparts.



In 2021, countries including **Croatia, Brunei Darussalam, and Estonia** had a higher life expectancy than the US Virgin Islands.

Tackling high blood pressure and obesity could boost the US Virgin Islands' life expectancy ranking.

If the US Virgin Islands intervene on key risk factors such as high blood pressure and obesity, their global ranking for life expectancy could rise to 6th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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: https://bit.ly/health-US

Leading causes of poor health and early death: Ischemic heart disease, diabetes mellitus, and COVID-19 dominate.[1]

Leading causes 2021 ranking	
1	Ischemic heart disease
2	Diabetes
3	COVID-19
4	Interpersonal violence
5	Other COVID outcomes
6	Stroke
7	Chronic kidney disease
8	Low back pain
9	Age-related and other hearing loss
10	Depressive disorders

Main risk factors: High blood sugar is the top risk factor for poor health and early death in the US Virgin Islands.[2]

Leading risk factors 2021 ranking	
1	High blood sugar
2	Obesity and overweight[3]
3	High blood pressure
4	High alcohol use
5	Kidney dysfunction

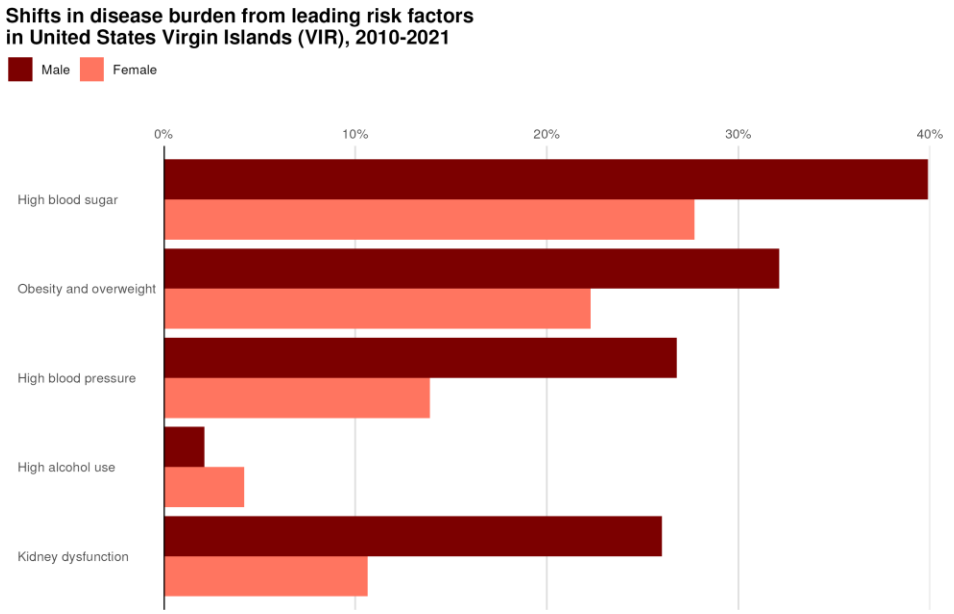
[1]Based on disability-adjusted life years per 100,000 people, all ages, all sexescombined, Level 3 of the Global Burden of Disease (GBD) hierarchy.

[2]Based on risk-attributabledisability-adjusted life years in 2021 for all ages, all sexes combined, Level 3 of the GBD hierarchy.

[3]Body 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 the US Virgin Islands.[4]

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



[4]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes. Risk factors are ordered based onranking for risk-attributable disability-adjusted life years in 2021 for all sexes, Level 3.

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The State of Health in Washington

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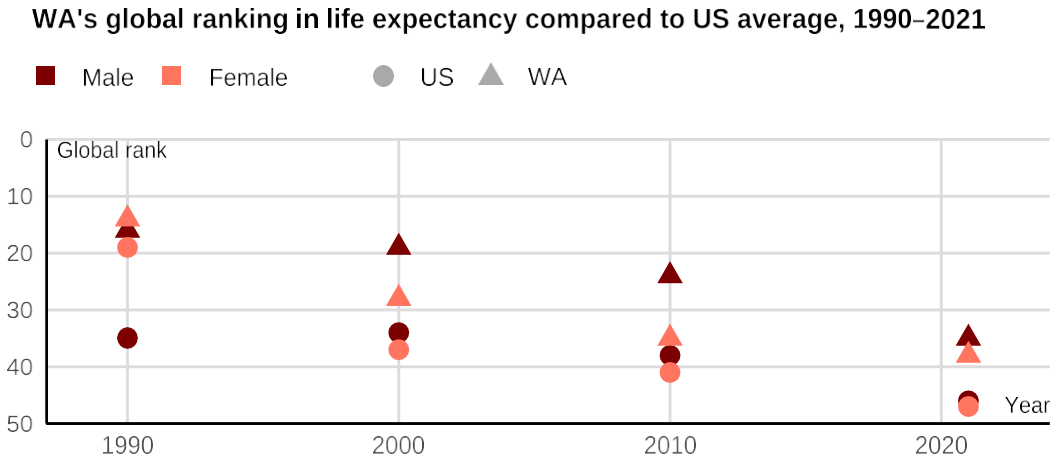
WA is falling behind in life expectancy globally

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

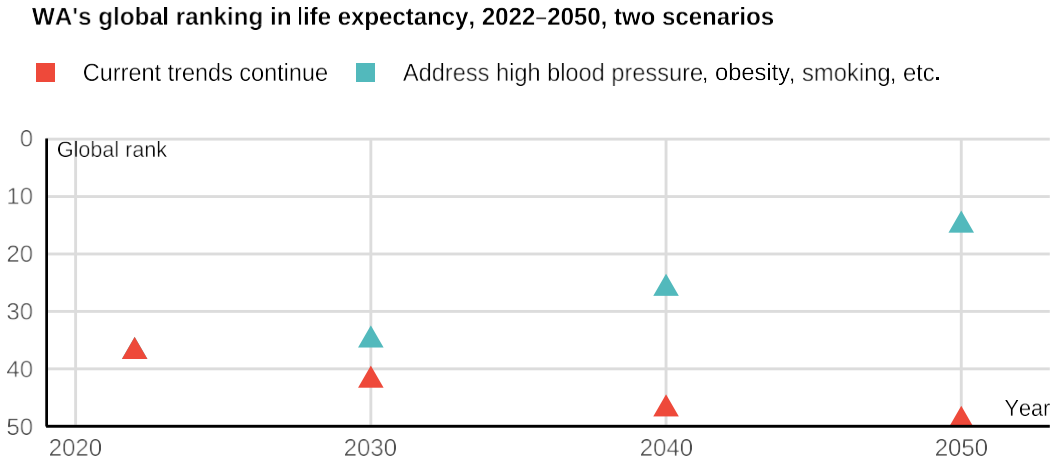


In WA, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Switzerland, Australia, and Cyprus** had a higher life expectancy than WA.

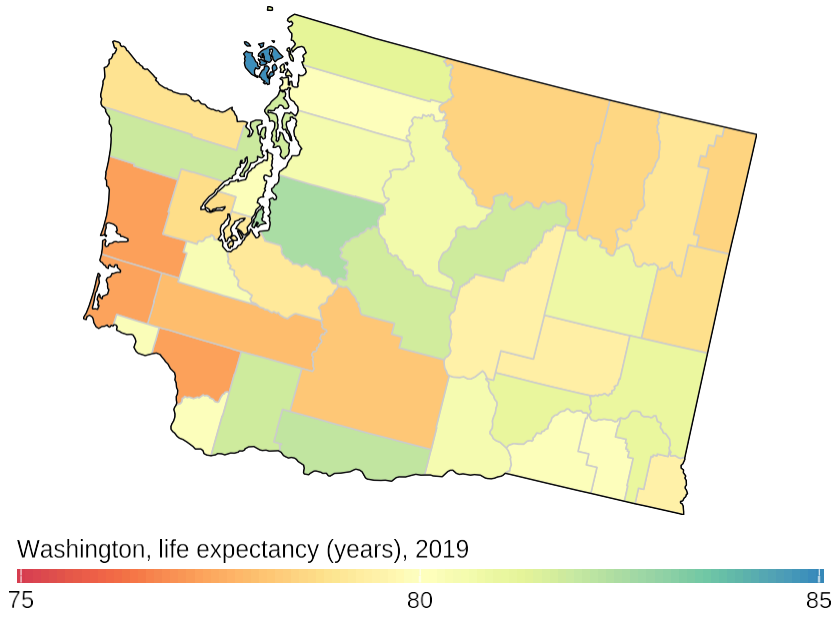
Tackling high blood pressure and obesity could improve WA's life expectancy ranking

If WA intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 15th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on WA 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 WA counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in WA.[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 WA.[4]

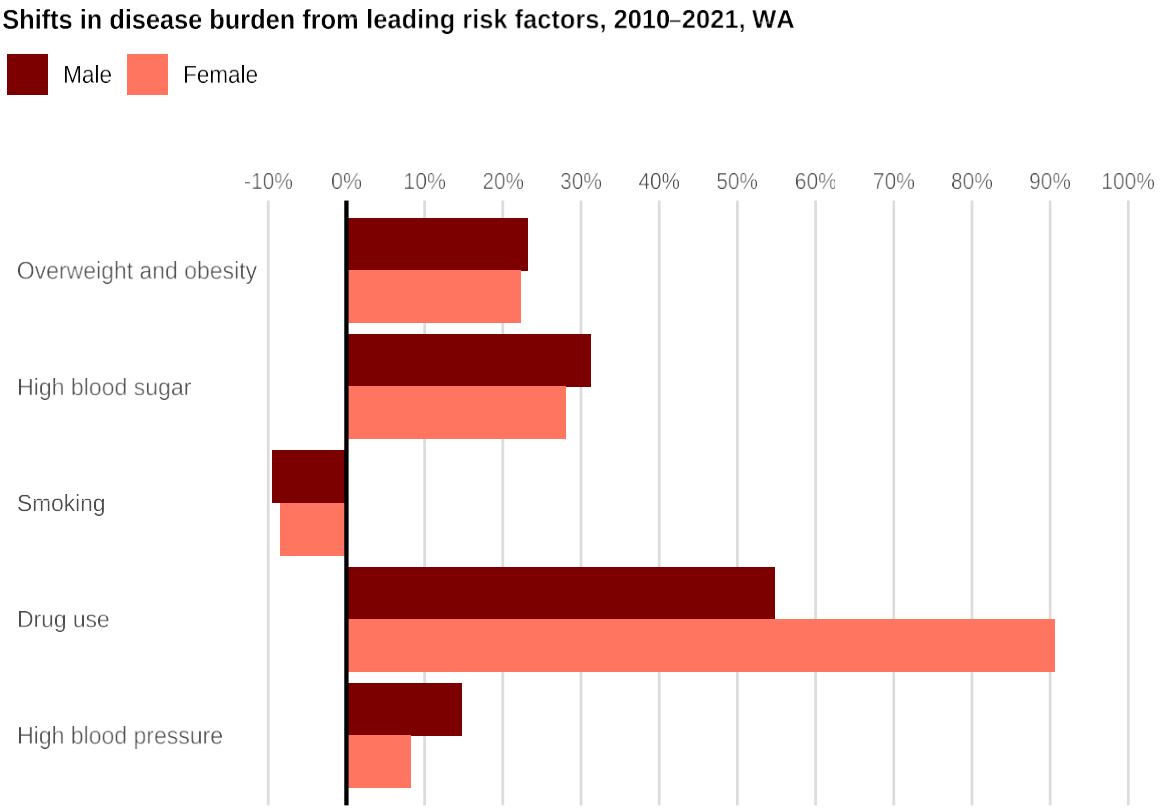
Leading risk factors 2021 ranking

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

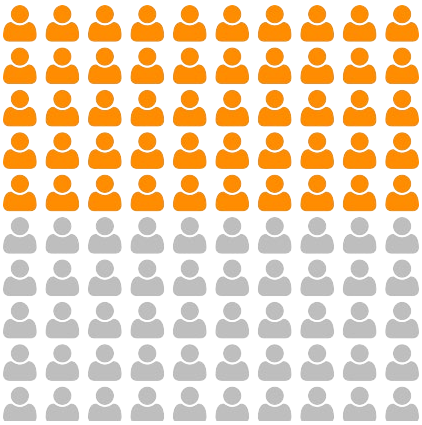
Most of the major risk factors are increasing in WA[6]

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.



[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 WA, especially for youth.



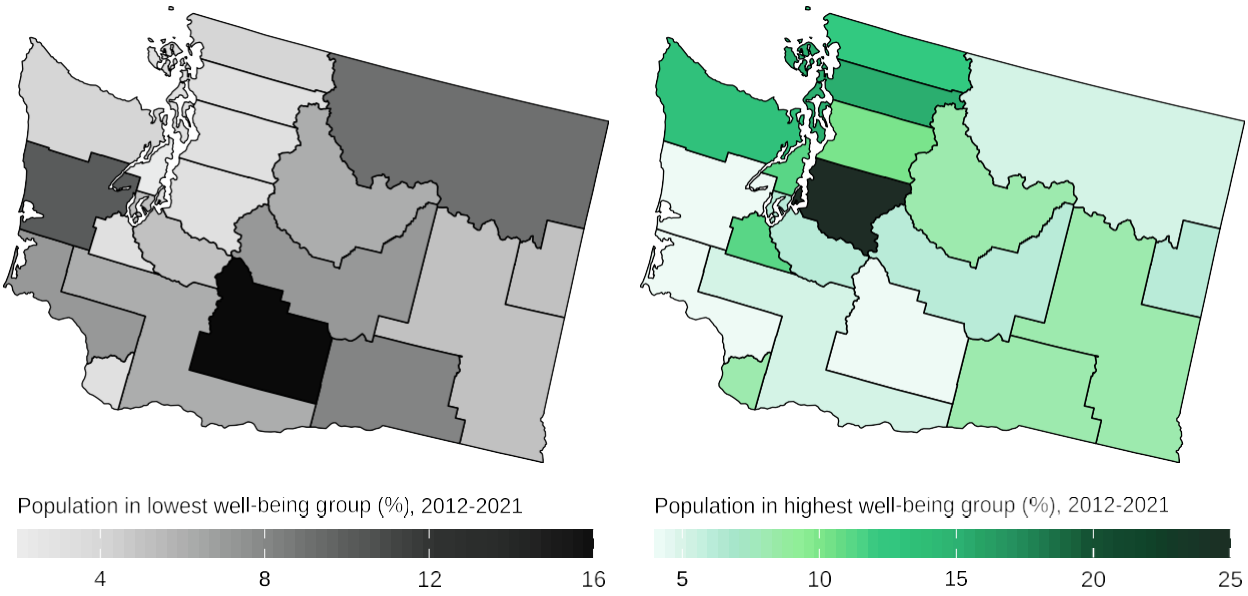
By 2050, IHME projects that **50%** of young people ages 15 to 24 will be overweight or obese in Washington.

For adults, IHME projects that **78%** will be living with overweight and obesity by 2050 in Washington.

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

Well-being in WA

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 Washington, 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, Washington

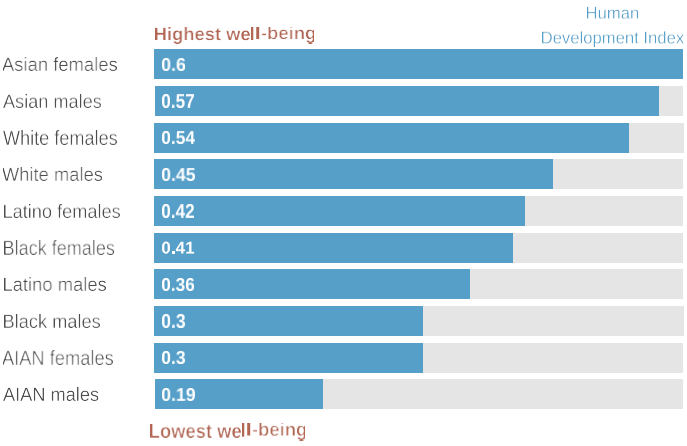
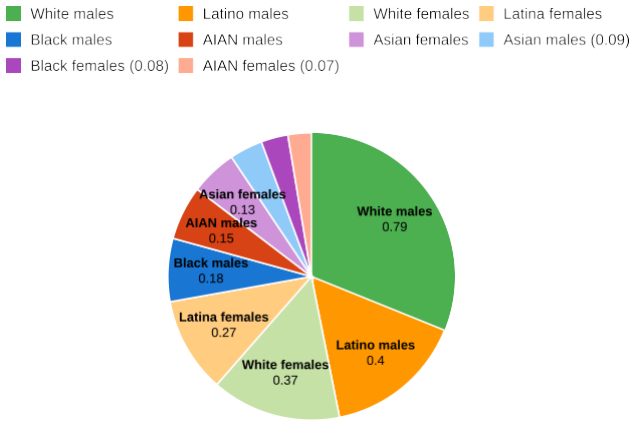


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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

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The State of Health in Washington, D.C.

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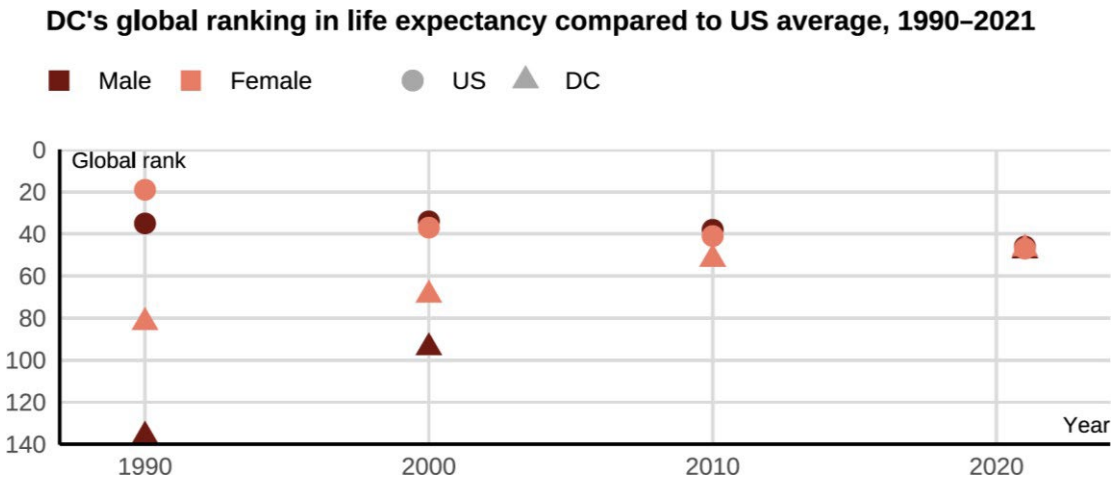
D.C. is rising in global life expectancy rankings.

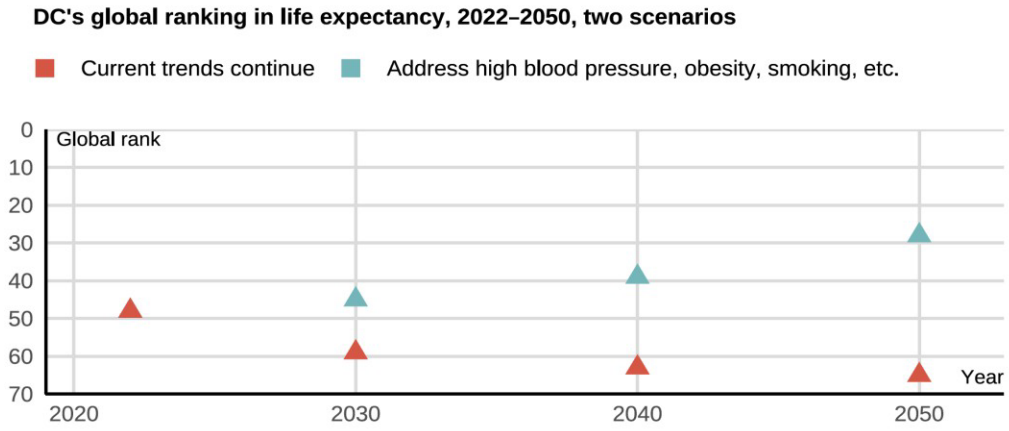
Between 1990 and 2021, D.C.'s life expectancy ranking improved relative to other countries. While D.C.'s male and female life expectancy ranking started out much lower than in the US overall, by 2021, D.C. had caught up.



In 2021, countries including **Canada, Netherlands, and Costa Rica** had a higher life expectancy than D.C.

Tackling high blood pressure and obesity could improve D.C.'s life expectancy ranking.

If D.C. intervenes on key risk factors such as high blood pressure and obesity, its global ranking for life expectancy could rise to 28th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on the US 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

Leading causes of poor health and early death: Drug use disorders, ischemic heart disease, and COVID-19 dominate.[1]

Leading causes 2021 ranking, D.C.	
1	Drug use disorders
2	Ischemic heart disease
3	COVID-19
4	Low back pain
5	Diabetes
6	Interpersonal violence
7	Other musculoskeletal disorders[2]
8	Stroke
9	Anxiety disorders
10	Depressive disorders

Main risk factors: Drug use is the top risk factor for poor health and early death in D.C.[3]

Leading risk factors 2021 ranking, D.C.	
1	Drug use
2	Obesity and overweight[4]
3	High blood pressure
4	High blood sugar
5	Smoking

[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.

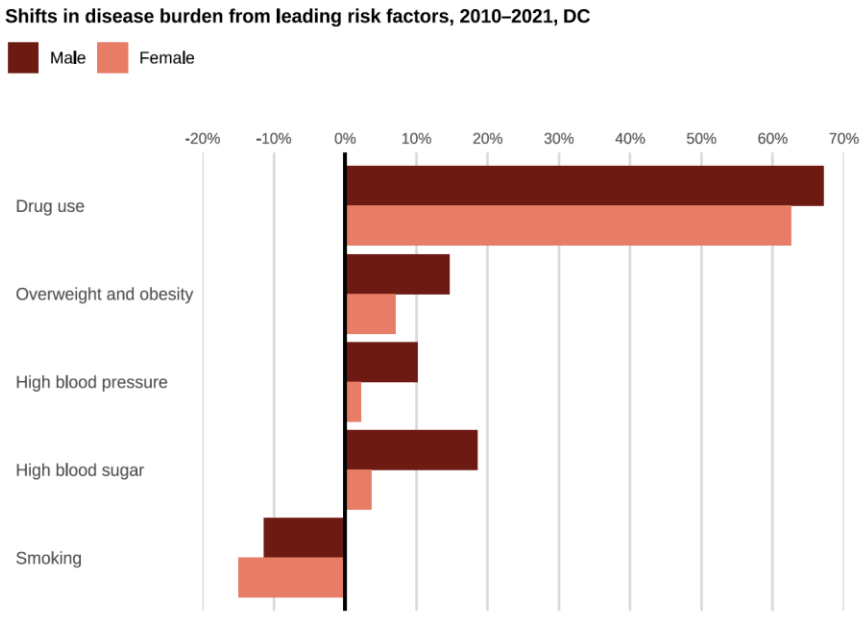
[2]Includes disorders such as neck pain and arthritis.

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

[4]Body 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 D.C.[5]

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 in 2021.

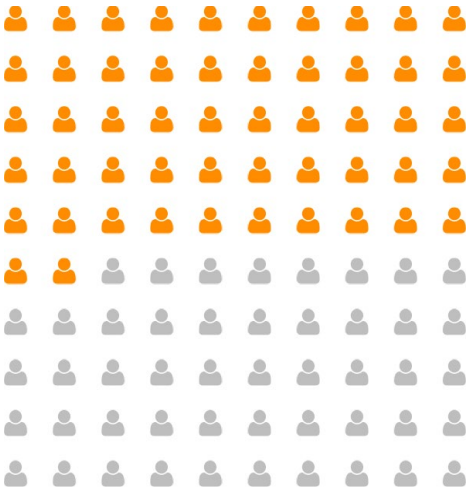


[5]Percentage change in rates of risk-attributable disability-adjusted life years, all ages, all sexes. Risk factors are ordered based onranking for risk-attributable disability-adjusted life years in 2021 for all sexes, Level 3.

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

Obesity and overweight is a rising threat to health in D.C., especially for youth.

For adults ages 25+, IHME projects that **71%** will be living with overweight and obesity by 2050.



By 2050, IHME projects that **52%** of young people ages 15 to 24 will be overweight or obese in D.C.

Well-being in D.C.

IHME measures well-being across the states using a metric called the Human Development Index. This metric reflects life span, education, and income.

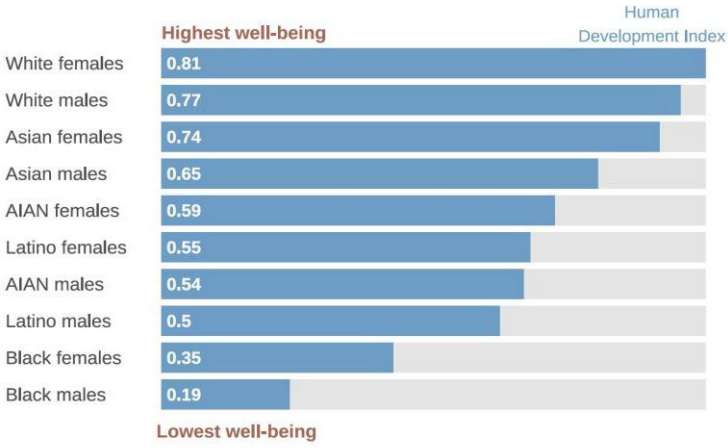
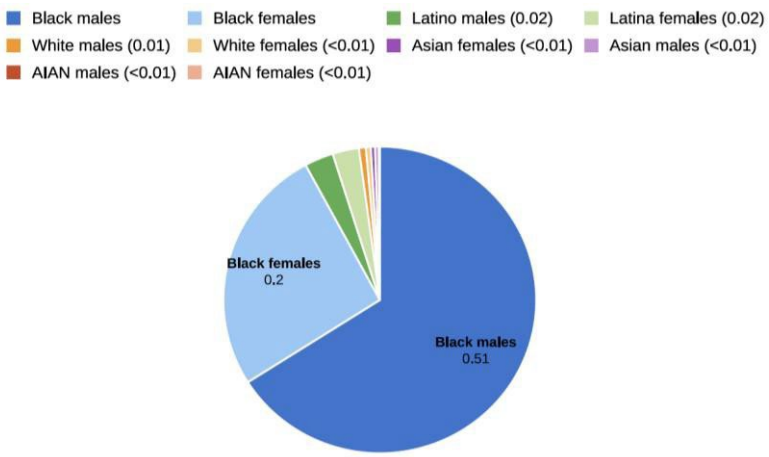


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

On average, in D.C., Black people experience the lowest well-being. They also make up the largest portion of the worst-off HDI segment.



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The State of Health in West Virginia

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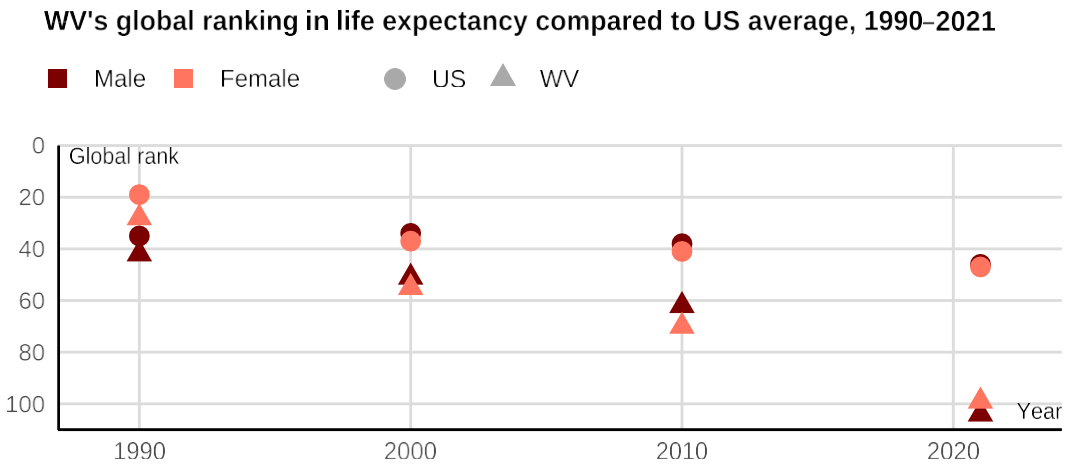
WV is falling behind in life expectancy globally

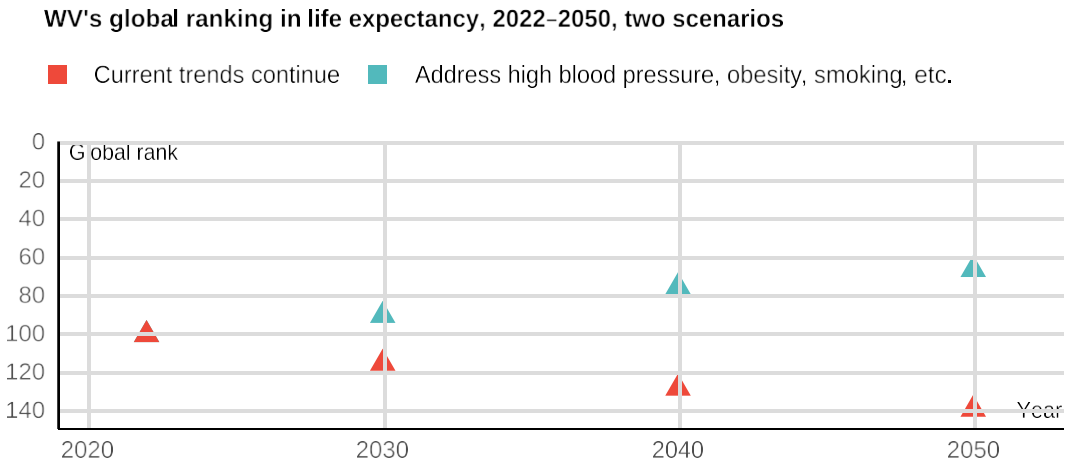
Between 1990 and 2021, the life expectancy ranking of WV dropped relative to other countries, mirroring trends in the US overall.



In 2021, countries including **Portugal, Seychelles, and Oman** had a higher life expectancy than WV.

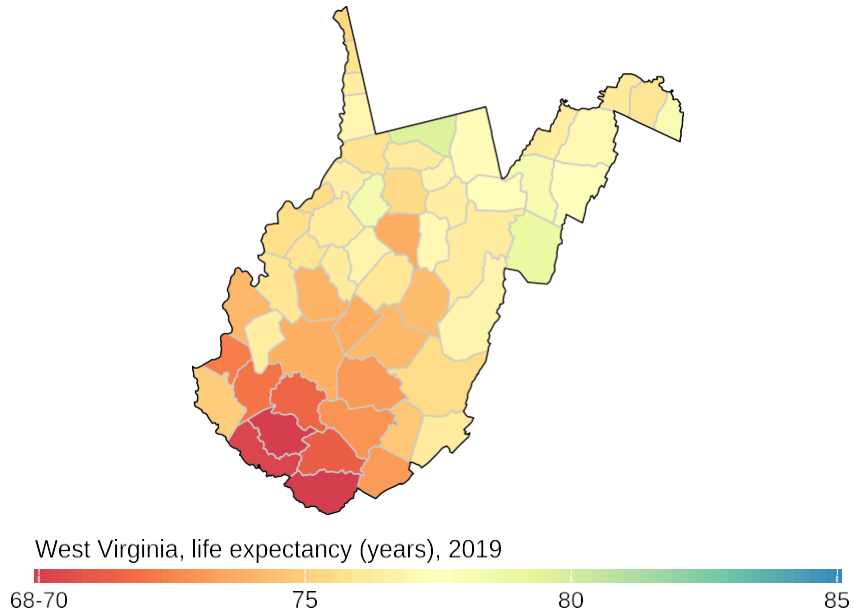
Tackling high blood pressure and obesity could improve WV's life expectancy ranking

If WV intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 67th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on WV 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 stark differences in life expectancy among WV counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in WV.[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 WV.[4]

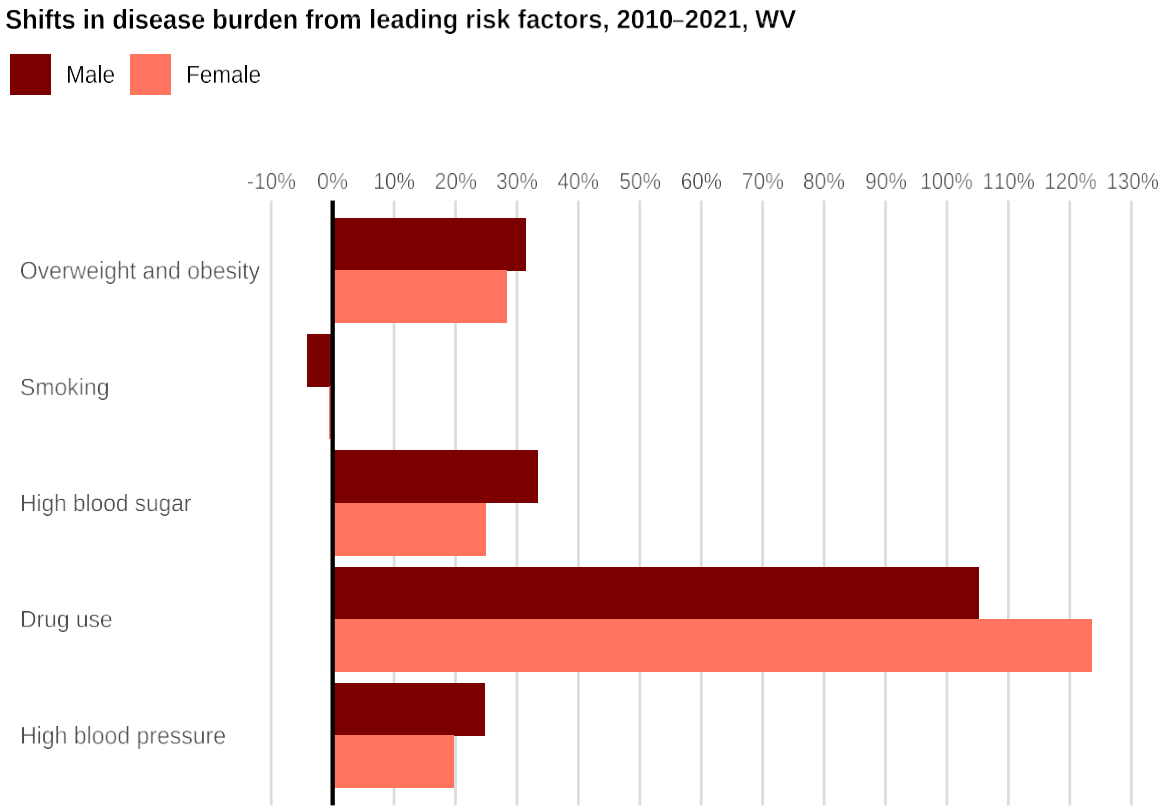
Leading risk factors 2021 ranking

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

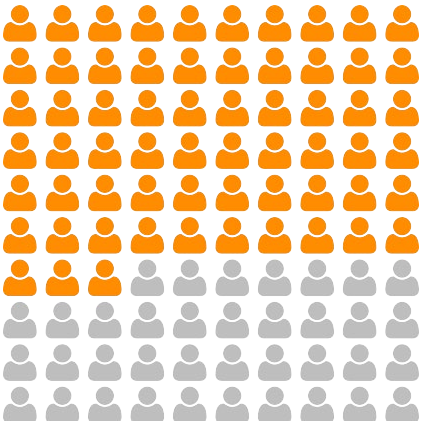
Most of the major risk factors are increasing in WV[6]

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.



[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 WV, especially for youth.



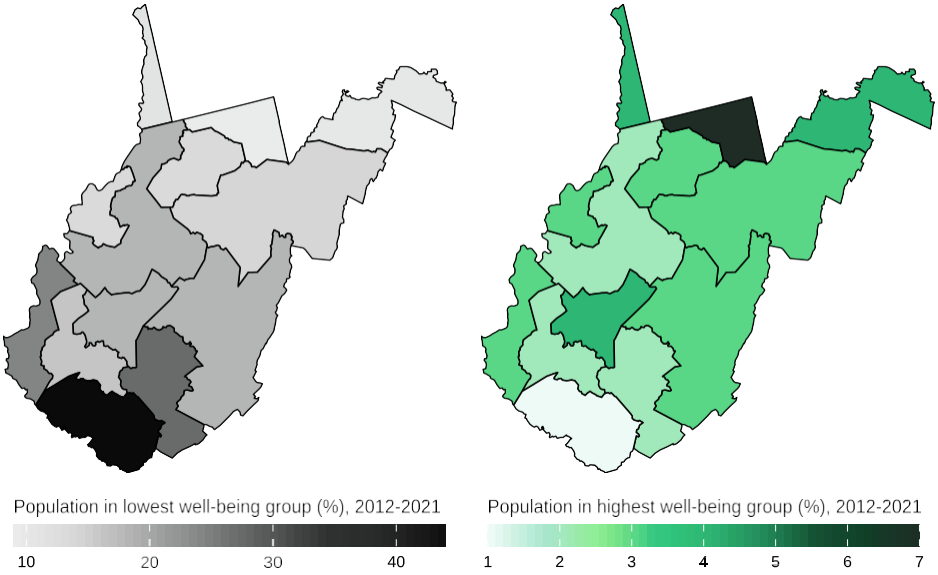
By 2050, IHME projects that **63%** of young people ages 15 to 24 will be overweight or obese in West Virginia.

For adults, IHME projects that **86%** will be living with overweight and obesity by 2050 in West Virginia.

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

Well-being in WV

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 West Virginia, Black individuals, and White males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, West Virginia

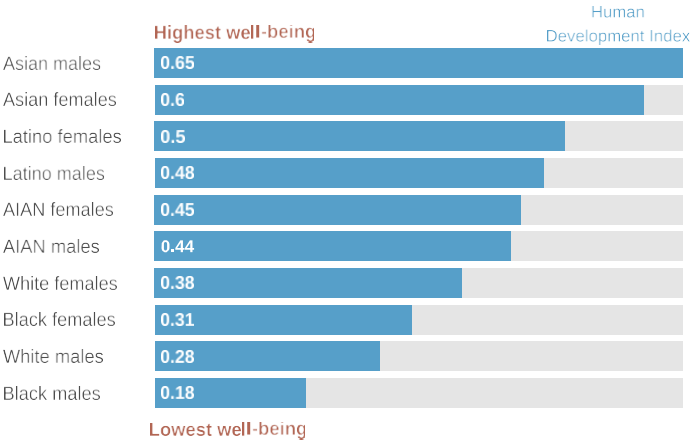
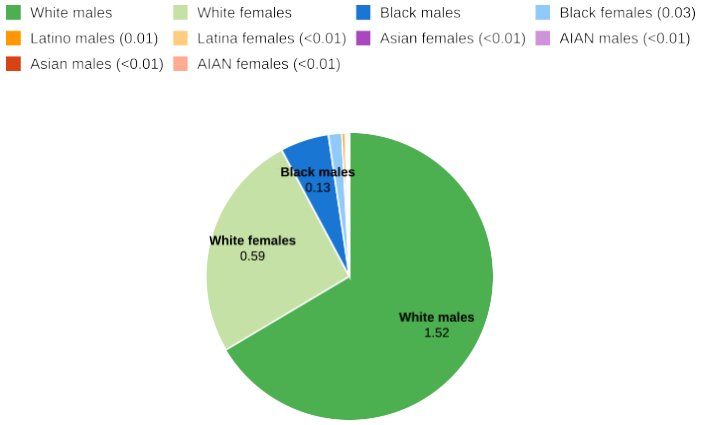


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

Makeup of lowest well-being group in West Virginia (hundred thousands of people)



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

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The State of Health in Wisconsin

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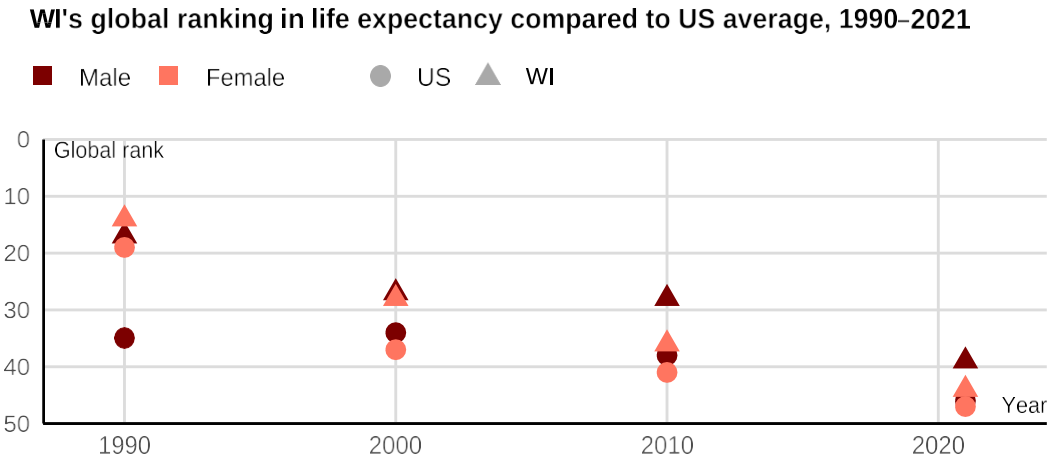
WI is falling behind in life expectancy globally

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

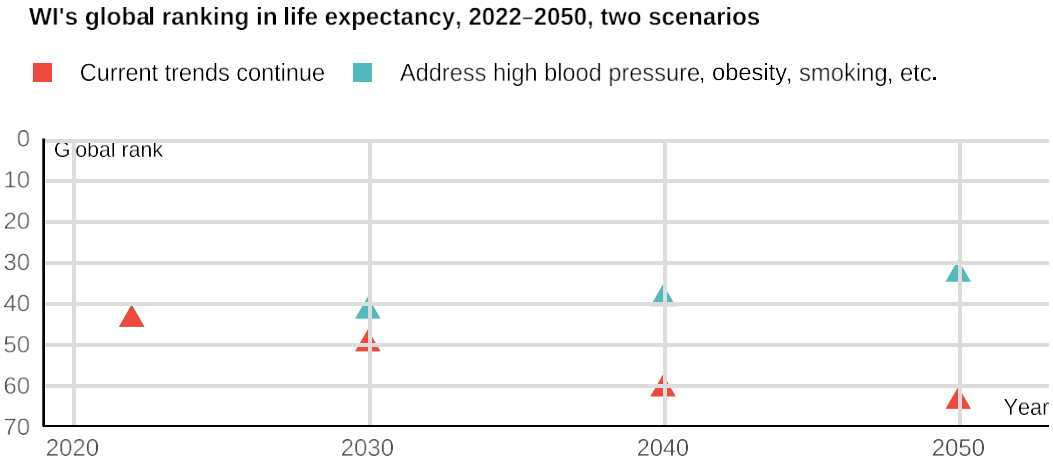


In WI, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **San Marino, Republic of Korea, and Kuwait** had a higher life expectancy than WI.

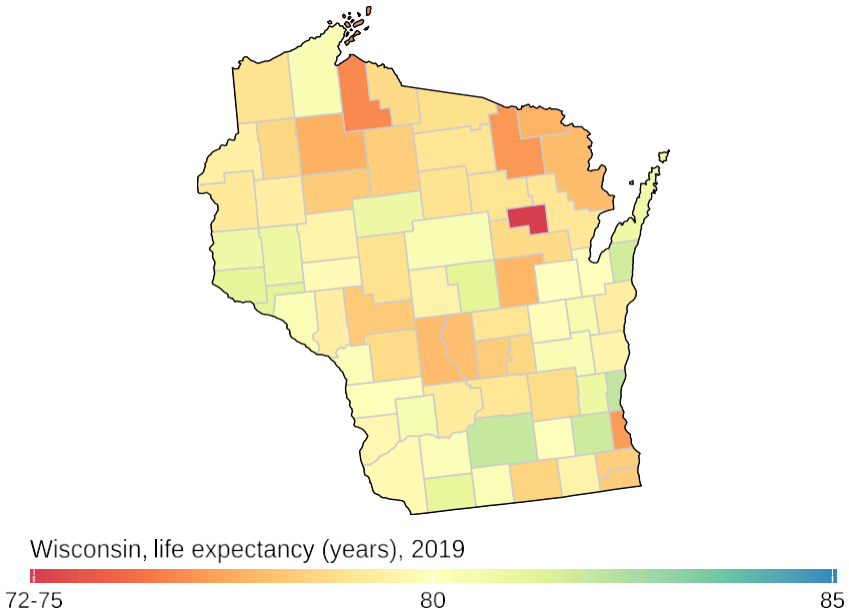
Tackling high blood pressure and obesity could improve WI's life expectancy ranking

If WI intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 33rd by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on WI 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 WI counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in WI.[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 WI.[4]

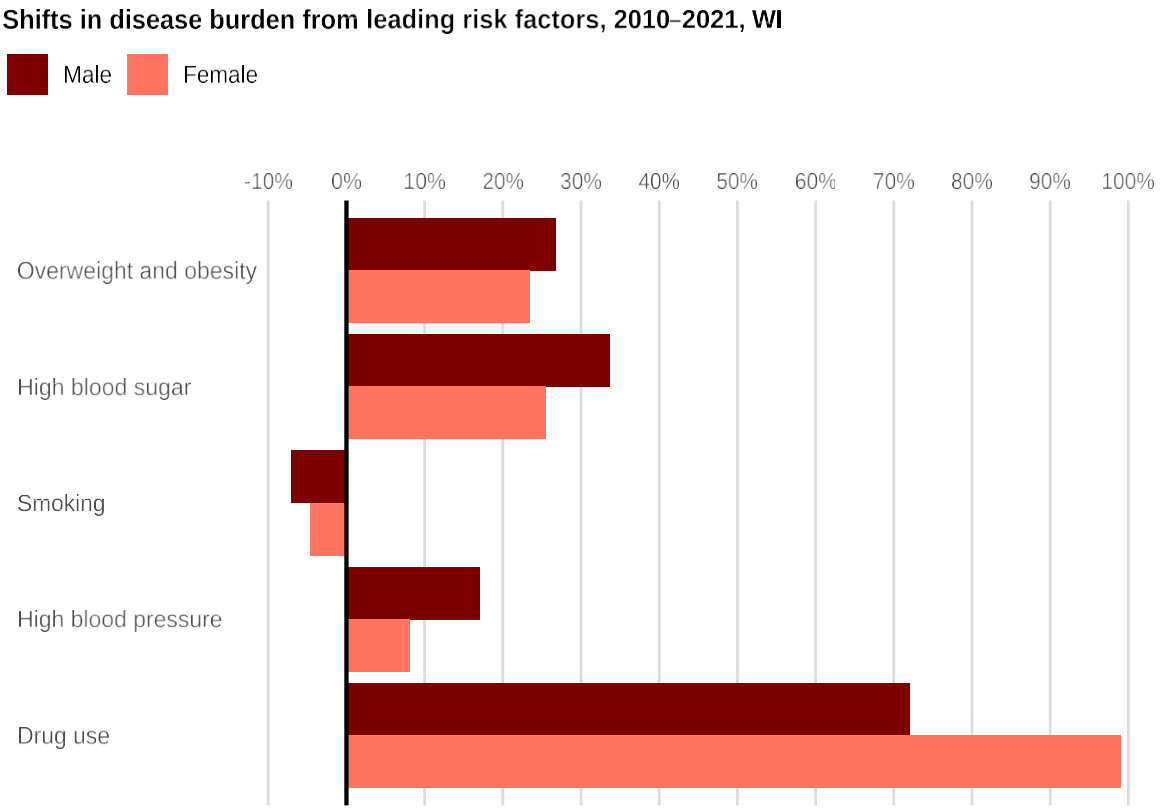
Leading risk factors 2021 ranking

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

[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).

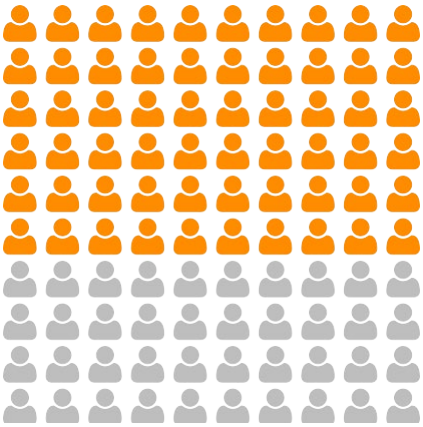
Most of the major risk factors are increasing in WI[6]

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.



[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 WI, especially for youth.



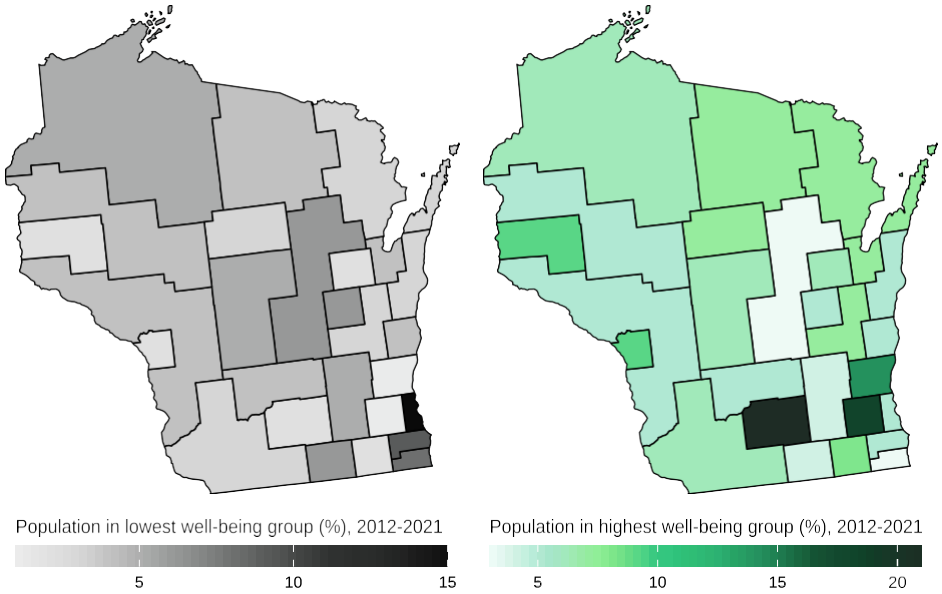
By 2050, IHME projects that **60%** of young people ages 15 to 24 will be overweight or obese in Wisconsin.

For adults, IHME projects that **83%** will be living with overweight and obesity by 2050 in Wisconsin.

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

Well-being in WI

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 Wisconsin, American Indian and Alaska Native males, and Black individuals, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Wisconsin

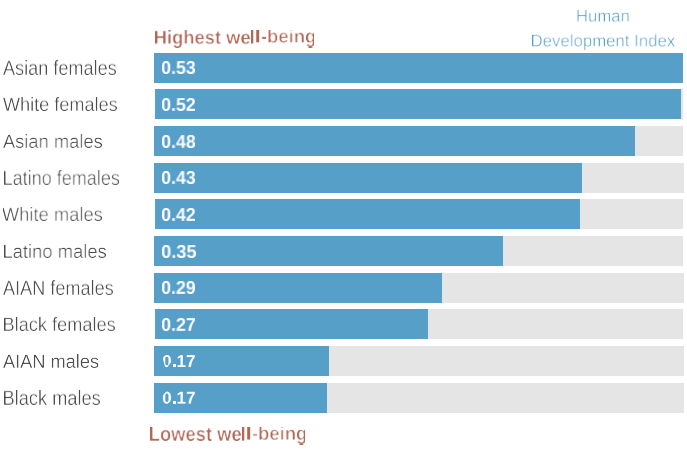
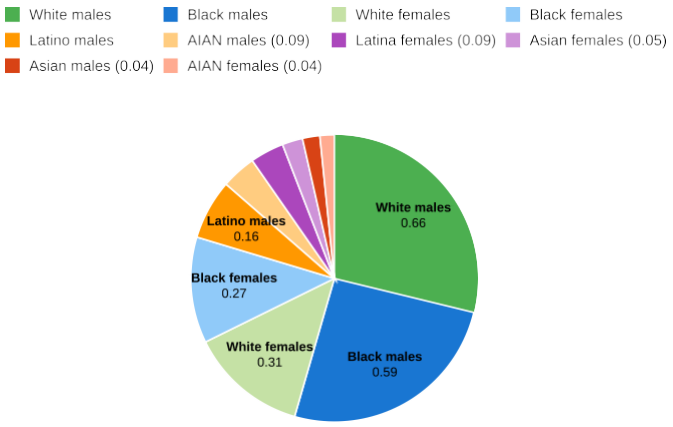


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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The State of Health in Wyoming

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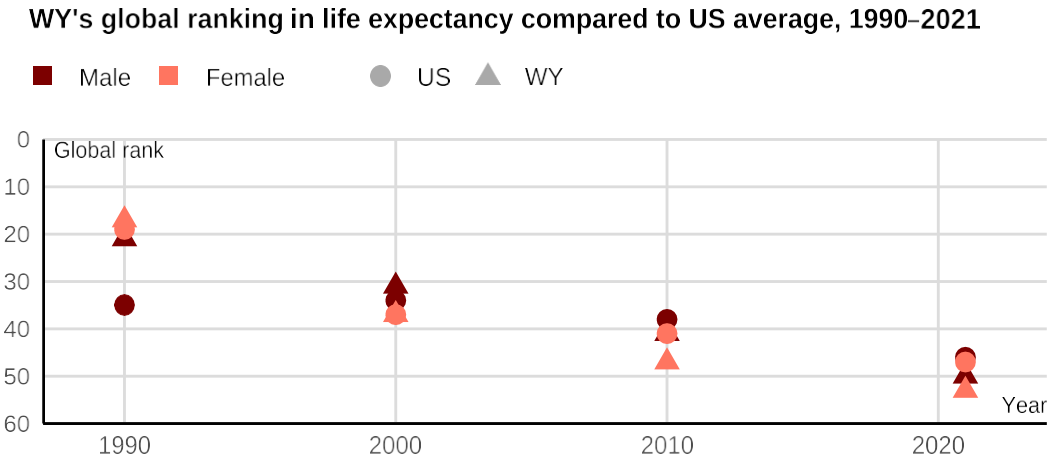
WY is falling behind in life expectancy globally

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

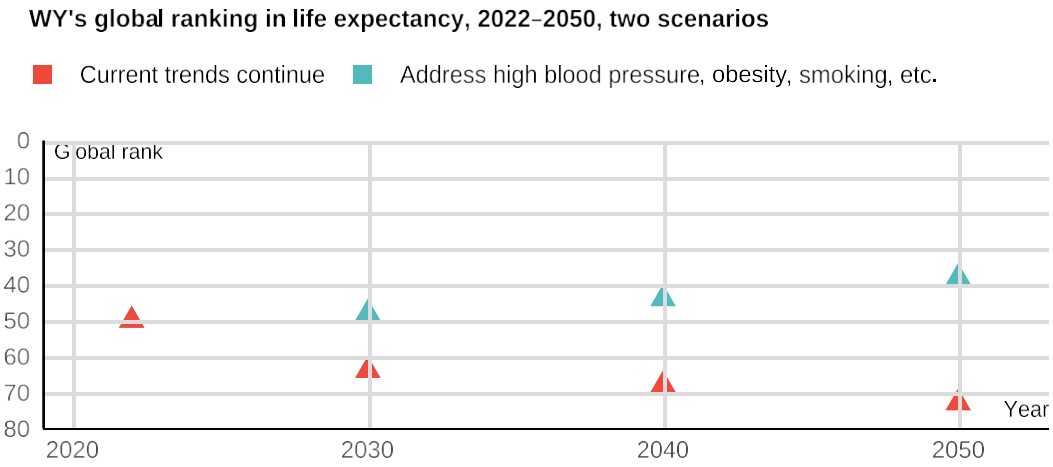


In WY, women's life expectancy ranking slipped even more than it did for men.

In 2021, countries including **Finland, Canada, and Costa Rica** had a higher life expectancy than WY.

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

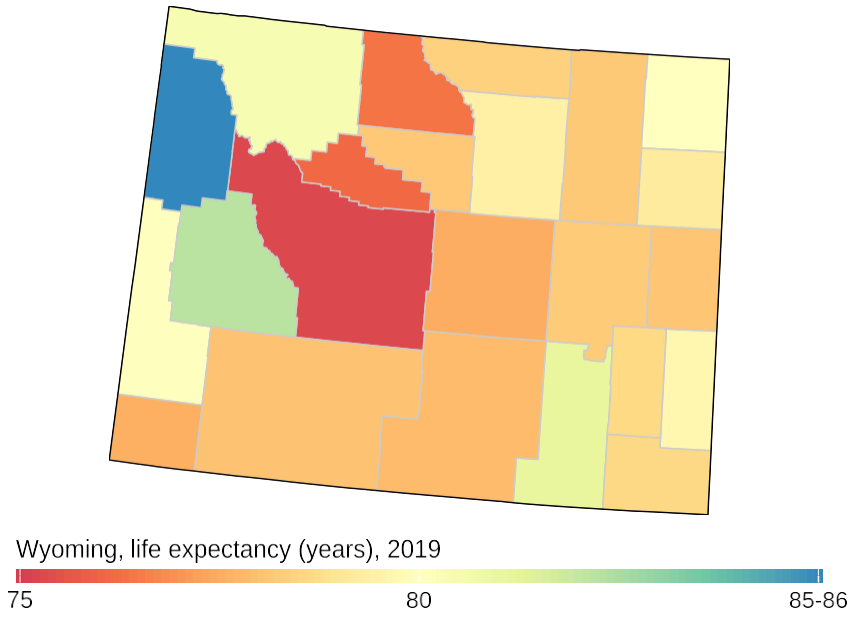
If WY intervenes on key risk factors such as high blood pressure and obesity, its global ranking could rise to 38th by 2050.



The scenario "address high blood pressure, obesity, smoking, etc." is based on WY 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

There are stark differences in life expectancy among WY counties.



Leading causes of poor health and early death: Ischemic heart disease, COVID-19, and drug use disorders dominate in WY.[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: Smoking is the top risk factor for poor health and early death in WY.[4]

Leading risk factors 2021 ranking

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

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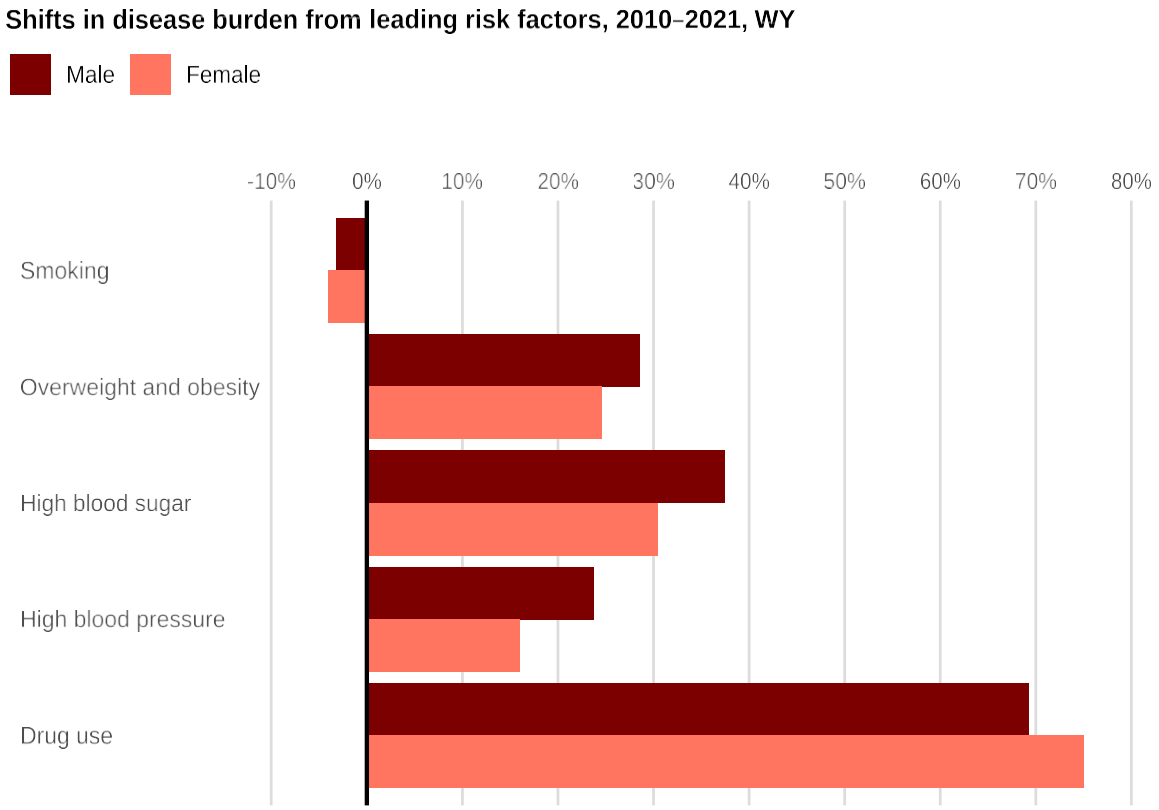
[5]Body mass index greater than 25 in adults (≥18 years) and based on the International Obesity Task Force (IOTF) criteria for children (<18 years).

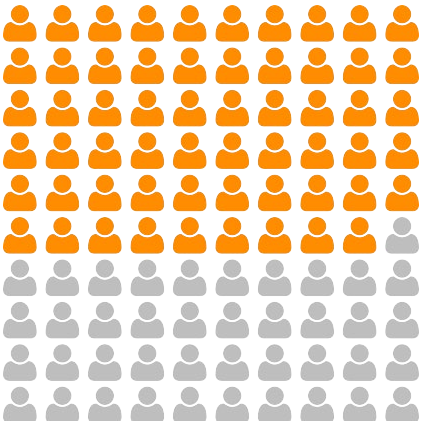
Most of the major risk factors are increasing in WY[6]

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.



[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 WY, especially for youth.



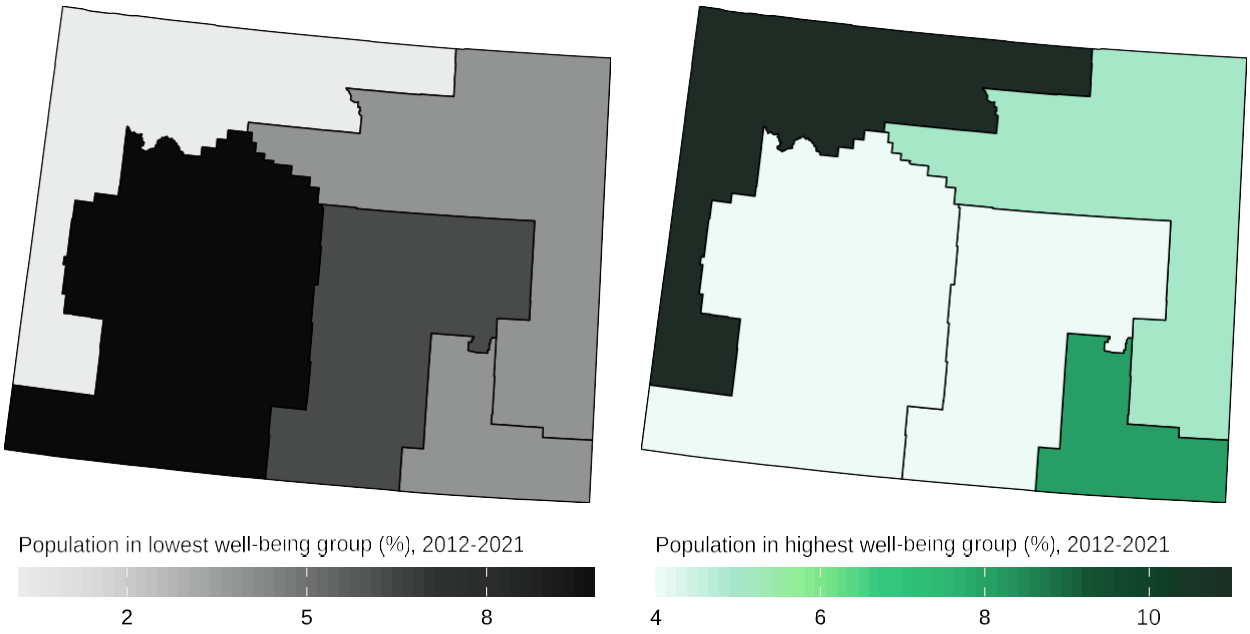
By 2050, IHME projects that **59%** of young people ages 15 to 24 will be overweight or obese in Wyoming.

For adults, IHME projects that **80%** will be living with overweight and obesity by 2050 in Wyoming.

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

Well-being in WY

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 Wyoming, American Indian and Alaska Native individuals, and Latino males, experience the lowest well-being in the state.

Human Development Index by race and ethnicity and sex, Wyoming

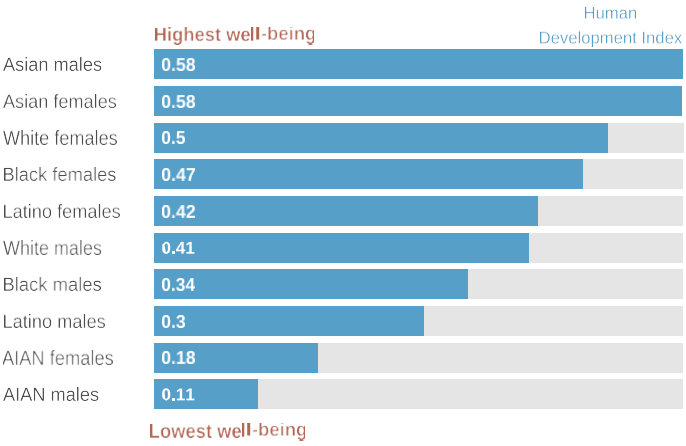
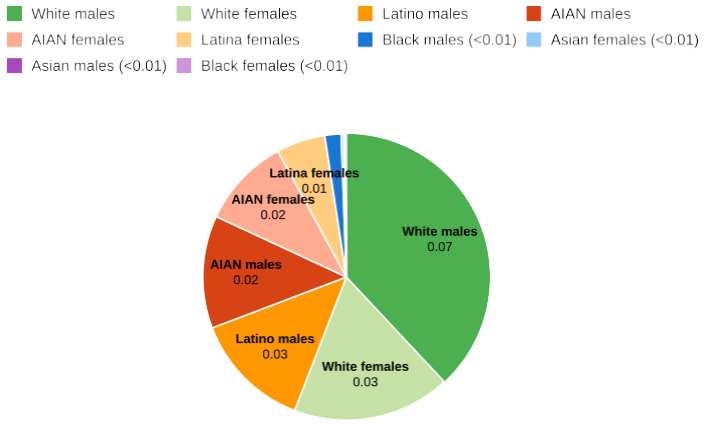


Chart reflects average Human Development Index measurement between 2008 and 2021. AIAN: American Indian and Alaska Native.

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

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



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