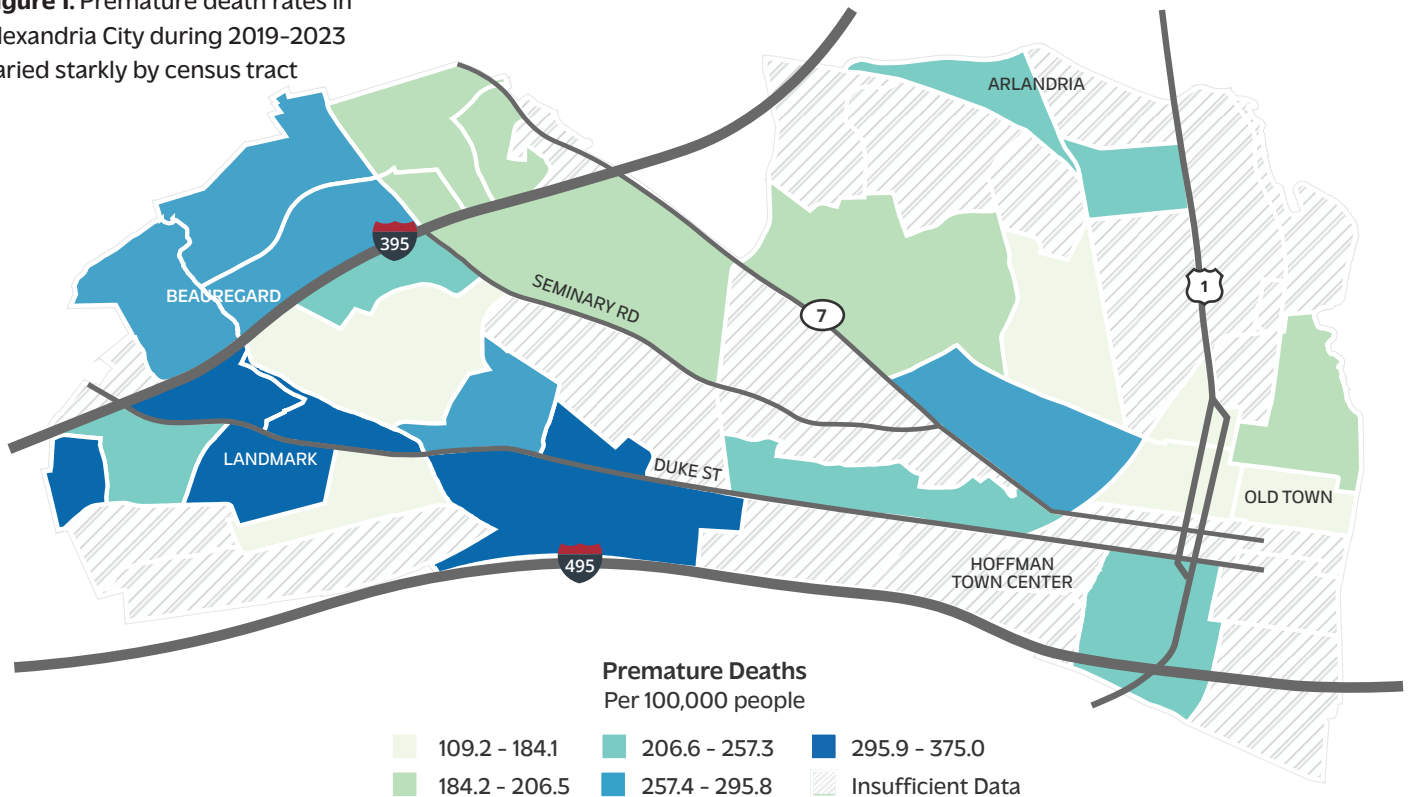


ALEXANDRIA CITY

March 2026

Figure 1. Premature death rates in Alexandria City during 2019–2023 varied starkly by census tract



Despite the affluence of Northern Virginia, the population continues to face a disturbing risk of premature deaths (before age 75) due to life-threatening diseases and injuries. Life expectancy varies by 11 years across Alexandria census tracts, ranging from 76 to 87 years.

We calculated rates of premature deaths in 2019–2023, the five-year period with the most recently available data. During those years, the premature mortality rate in Alexandria was 196.3 per 100,000 persons. By comparison, the corresponding rates per 100,000 in surrounding jurisdictions were 167.0 in Arlington County, 168.3 in Fairfax County, 163.9 in Loudoun County, and 245.9 in Prince William County.

The risk of premature death varied more than 3-fold across Alexandria, with rates ranging from 109.2 per 100,000 in census tract 2004.04 in Cameron Station to 375.0 per 100,000 in the adjacent tract 2004.09 near Van Dorn (Figure 1). Rates among non-Hispanic (NH) Black residents of Alexandria (335.7 per 100,000) were double that of NH White residents (157.1 per 100,000), but the lowest rates occurred among NH Asian (154.3 per 100,000) and Hispanic (148.6 per 100,000) residents. NH Black residents were more than twice as likely to die prematurely than NH Asian or Hispanic residents of Alexandria.

Fully 68.2% of the premature deaths in Alexandria were avoidable, meaning that they could have been averted through preventive measures (e.g., screening tests, vaccines) or more timely treatments. The 10 leading causes of premature death in Alexandria were cancer, heart disease, COVID-19, accidental poisoning (e.g. drug overdoses), cerebrovascular diseases (e.g., stroke), diabetes, suicide, chronic lower respiratory disease, infant death, and sepsis.

However, leading causes of death varied across racial and ethnic groups. For example, suicide, the 7th leading cause of death in the overall population, ranked 3rd in the NH White population but 11th in the NH Black population. During 2019–2023, COVID-19 ranked as the 3rd and 4th leading cause of death in the Hispanic and NH Black populations, respectively, but 8th in the NH White population. Infant deaths were the 4th leading cause of death in the Hispanic population but the 17th in the NH White population.

This snapshot of conditions in 2019–2023 obscures important changes that occurred in recent years, not least the onset of the COVID-19 pandemic in 2020 and the heavy loss of life in Alexandria at its peak (2020–2021). During those years 63 residents of Alexandria died from COVID-19.

However, premature death rates from non-COVID causes also shifted over time. For example, between 2015–2019 and 2019–2023, the premature death rate in Alexandria increased by 11.0%, reflecting not only COVID-19 deaths but also large increases in death rates from heart disease (14.3%), stroke (38.4%), diabetes (26.9%), drug overdoses (44.5%), and motor vehicle fatalities (38.4%). Although COVID-19 death rates skyrocketed in 2020–2021, becoming the third leading cause of death in Alexandria, they waned with widespread vaccination. The most striking contrast between the pandemic’s peak in 2020–2021 and what occurred in 2022–2023 was a 70.3% decrease in COVID-19 mortality, but there was also a continued increase in death rates from stroke (19.3%). The interval also saw decreases of 45.4%, 32.0%, and 26.7%, respectively, in death rates from lower respiratory disease, suicide, and infant death.

Risk factors for premature death include not only unhealthy diet and behaviors (e.g., smoking) and inadequate health care but also social and environmental conditions. For example, rates are higher for residents of Alexandria with limited education and

income and those living in marginalized neighborhoods that lack resources for healthy living (e.g., affordable and healthy food and housing, walkways and green space for physical activity) or that expose residents to health threats such as gun violence and pollution. Table 1 contrasts the social and environmental conditions for census tracts in Alexandria with the highest and lowest premature deaths rates. In the quintile (20%) of census tracts with the highest death rates, the rate of child poverty was almost three times higher than in the quintile with the lowest mortality.

Strategies to reduce premature death rates in Alexandria must focus on these root causes. This includes policies to widen access to quality health care and promote healthy behaviors but also to reduce socioeconomic hardship, racial or ethnic discrimination, and food and housing insecurity. Environmental threats to health ranging from firearms to toxins and severe weather events are also priorities. For Alexandria and other jurisdictions, inattention to these issues or disinvestment in public health priorities pose the risk of increasing premature deaths.

Table 1. Premature mortality and social conditions in Alexandria City, grouped by mortality quintiles¹					
Premature death rates					
Quintile	1	2	3	4	5
Average premature mortality rate (per 100,000)	131.6	180.9	220.7	269.8	318.4
Social Conditions					
Educational attainment					
No high school diploma	7%	6%	7%	19%	6%
Bachelor’s degree or higher	70%	70%	62%	46%	51%
Poverty					
Children	8%	4%	13%	20%	22%
Adults (18–64 years)	5%	5%	6%	14%	11%
Adults (65 years and older)	2%	7%	5%	11%	16%
Other living conditions					
Single-parent household	15%	15%	11%	34%	38%
Limited English	5%	5%	6%	14%	8%
Uninsured	8%	7%	13%	26%	13%
Overcrowded housing	3%	5%	6%	7%	4%
Racial and ethnic composition of population					
NH White	62%	56%	40%	31%	36%
NH Black	18%	24%	23%	24%	32%
Hispanic	11%	13%	22%	33%	20%
NH Asian	4%	4%	10%	7%	5%
Foreign-Born	19%	25%	28%	37%	31%
Source: Social conditions data from American Community Survey, 2019–2023					
NH = non-Hispanic					
¹ Census tracts in Alexandria City were grouped by quintiles, with quintile 1 representing the 20% of census tracts with the lowest premature mortality rates and quintile 5 representing the 20% of tracts with the highest mortality rates.					