PREMATURE DEATHS CONTINUE

ARLINGTON COUNTY

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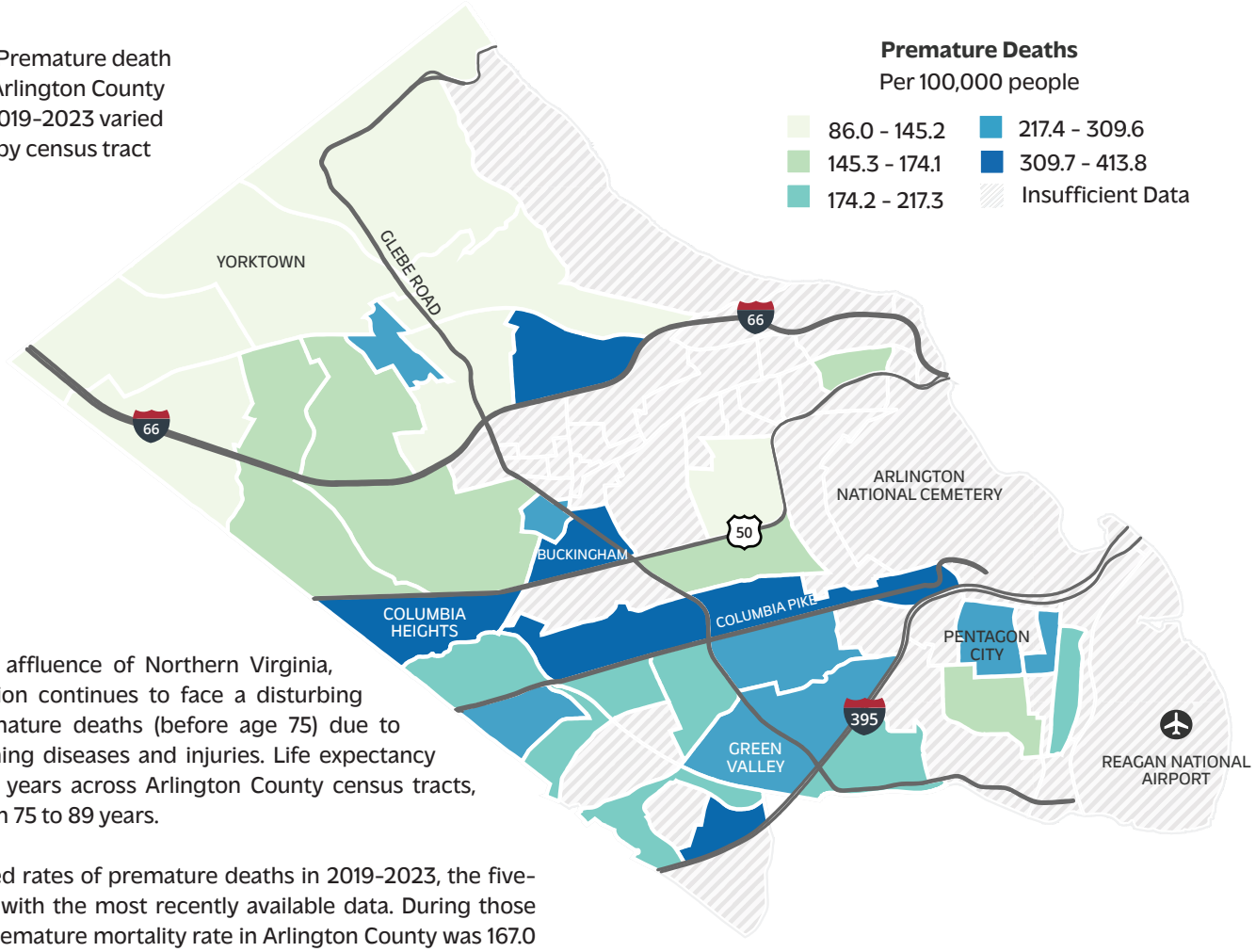
Figure 1. Premature death rates in Arlington County during 2019-2023 varied starkly by census tract



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 14 years across Arlington County census tracts, ranging from 75 to 89 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 Arlington County was 167.0 per 100,000 persons. By comparison, the corresponding rates per 100,000 in surrounding jurisdictions were 196.3 in Alexandria, 168.3 in Fairfax County, 163.9 in Loudoun County, and 245.9 in Prince William County.

The risk of premature death varied almost 5-fold across Arlington County, with rates ranging from 86.0 per 100,000 in census tract 1011 in East Falls Church to 413.8 per 100,000 in tract 1020.03 in Buckingham (Figure 1). Rates among non-Hispanic (NH) Black residents of Arlington County (360.3 per 100,000) were more than double that of Hispanic (154.8 per 100,000), NH White (141.4 per 100,000), and NH Asian (136.8 per 100,000) residents.

Fully 68.4% of the premature deaths in Arlington County 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 Arlington County were cancer, heart disease, accidental poisoning (e.g., drug overdoses), COVID-19, suicide, cerebrovascular diseases (e.g., stroke), diabetes, sepsis, chronic lower respiratory disease, and alcoholic liver disease.

However, leading causes of death varied across racial and ethnic groups. For example, suicide, the 5th leading cause of death in the overall population, ranked 3rd in the NH White population but 9th in the NH Black population. Accidental poisoning (e.g., drug overdoses) was the 3rd, 4th, and 5th leading cause of death in the NH Black, NH White, and Hispanic populations, respectively, but the 9th in the NH Asian 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 Arlington County at its peak (2020-2021). During those years 79 residents of Arlington County 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 Arlington County increased by 14.9%, reflecting not only COVID-19 deaths but there were also large increases in death rates from drug overdoses (71.3%), heart disease (23.3%), and stroke (16.6%). Although COVID-19 death rates skyrocketed in 2020-2021, becoming the third leading cause of death in Arlington County, they waned with widespread vaccination. The most striking contrast between the pandemic's peak in 2020-2021 and what occurred in 2022-2023 was an 80.0% decrease in COVID-19 mortality, but there were also increases in non-COVID deaths. This interval saw continued increases in death rates from heart disease (18.1%), as well as increases in infant death (133.3%), suicide (99.4%), and motor vehicle accidents (30.9%).

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 Arlington County 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 Arlington County with the highest and lowest premature deaths rates. In the quintile (20%) of census tracts with the highest death rates, the poverty rate and the percentage of adults who were uninsured or lacking a high school diploma were more than double the rate in the quintile with the lowest mortality.

Strategies to reduce premature death rates in Arlington County 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 Arlington County 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 Arlington County, grouped by mortality quintiles[1]

Premature death rates					
Quintile	1	2	3	4	5
Average premature mortality rate (per 100,000)	104.7	163.4	183.5	247.0	316.7
Social Conditions					
Educational attainment					
No high school diploma	3%	3%	11%	6%	8%
Bachelor's degree or higher	79%	80%	58%	73%	70%
Poverty					
Children	0%	5%	13%	16%	6%
Adults (18-64 years)	3%	5%	7%	7%	7%
Adults (65 years and older)	5%	14%	10%	16%	15%
Other living conditions					
Single-parent household	8%	12%	18%	22%	29%
Limited English	1%	5%	10%	8%	7%
Uninsured	2%	5%	13%	10%	9%
Overcrowded housing	1%	3%	8%	4%	4%
Racial and ethnic composition of population					
NH White	73%	67%	38%	47%	52%
NH Black	3%	4%	19%	18%	14%
Hispanic	10%	13%	26%	20%	21%
NH Asian	7%	10%	13%	10%	8%
Foreign-Born	12%	19%	34%	27%	21%

Source: Social conditions data from American Community Survey, 2019-2023
NH = non-Hispanic
[1] Census tracts in Arlington County 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.