In 2015–2019, the leading causes of premature deaths in Arlington County were cancer, heart disease, suicide, diabetes, and drug overdoses. Most of these deaths were avoidable, either through preventive measures or treatment, but access to such services is limited. In Arlington County, 65% of the 1,710 premature deaths that occurred in 2015–2019 were avoidable.

During 2015–2019, nearly two out of three premature deaths in Arlington County were avoidable.

As a result, the risk of dying prematurely—before age 75—differs dramatically across the county. Researchers from Virginia Commonwealth University, examining data for 2015–2019, found that the risk of dying prematurely in Arlington County differed more than five-fold across census tracts—from rates as low as 89.4 per 100,000 in census tract 1015 in Arlington Forest to as high as 493.3 per 100,000 in tract 1020.03 in Buckingham (Figure 1).

Residents of areas with adverse living conditions and high mortality rates are more likely to be people of color and immigrants. The disparity results from the region’s history of segregation and systemic racism and from ongoing policies that continue to systematically block access to opportunities for good health and that increase exposure to health hazards. In Arlington County, the premature death rate among Black residents was 303.2 per 100,000 in 2015–2019, 116% higher than the rate among White residents (140.5 per 100,000) (Figure 2).

Disadvantaged neighborhoods often exist in close proximity to more affluent areas. For example, census tract 1031 in Green Valley/Nauck is two miles from tract 1019 in Ashton Heights, but its premature mortality rate in 2015–2019 was almost three times as high. Education, poverty, and other important determinants of health vary dramatically between these tracts (Figure 3) as does their racial and ethnic composition.

During 2020–2021, Arlington County experienced 218 deaths from COVID-19, which became the third leading cause of death in the county. Not surprisingly, many of the “islands of disadvantage” experienced higher COVID-19 death rates.
These high levels of avoidable death signal the need for stronger efforts to broaden access to health insurance and to high-quality, affordable primary care, preventive services, and treatments for chronic disease. Access to mental health and substance abuse services is also vital, underscoring the need to address deficiencies in the local behavioral health system, shortages of mental health professionals, and the heightened demands created by the COVID-19 pandemic. Local public health departments, on which the community relied during the pandemic, are chronically underfunded. They need adequate resources to provide ongoing services and to remain prepared for future health emergencies.

Disproportionately high mortality rates among people of color, and their over-representation in marginalized neighborhoods in Arlington County, offer yet another reminder of the need to address the legacy of systemic racism and to work proactively to dismantle structural factors in our communities that block doors to opportunity.

The opportunity for good health should be available to all residents of Arlington County, and reducing inequities is also good for the economy. Both government and the private sector should redouble their efforts to improve access to education, good jobs that pay livable wages, and affordable food, housing, health care, transportation, and child care. Until this occurs, the risk of dying prematurely in Arlington County will continue to depend on one's ZIP code.

**Figure 3. Disparities in local conditions help explain disparities in death rates**

Premature death rates refer to deaths before age 75 (per 100,000 persons), adjusted for differences in age distribution.