

MORE YOUNG ADULT LIVES LOST, DEATH RATES DOWN FOR OLDER ADULTS

More Wisconsinites are dying in the prime of life, from causes that chiefly include COVID-19 or drug overdoses. A troubling trend for Black Wisconsinites in particular is disproportionately large increases in deaths from overdoses or homicides. These facts should not overshadow another encouraging mortality trend: Wisconsinites are dying at lower rates in their later years.

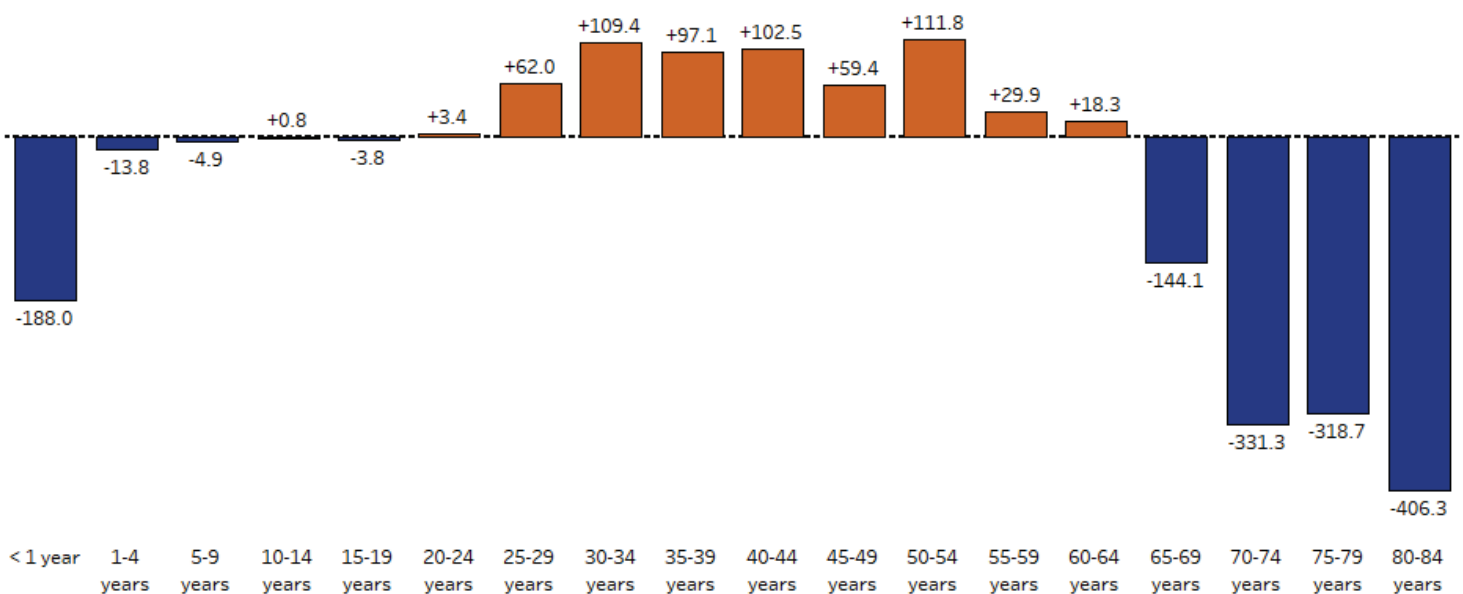
Over the last two decades, Wisconsin and the nation have seen marked declines in three leading causes of mortality: heart disease, cancer, and stroke. This has contributed to a sizable decline in death rates among Wisconsinites ages 65 and up from 2001 to 2021 and done so even despite a recent uptick in mortality due to the COVID-19 pandemic, Centers for Disease Control and Prevention data show.

Yet these developments exist alongside a darker reality for younger people: by 2021, in Wisconsin and nationally, people had become much more likely to die in their 20s, 30s, or 40s.

This is due in part to a new cause of death that has affected all age groups: COVID-19. While the disease has much worse outcomes for older people, it also has taken the lives of young and middle-aged adults.

Another even larger driver of this trend is the continuing increase in drug overdose deaths among young people. In Wisconsin and nationally, these [are now linked primarily to fentanyl](#), a synthetic opioid that can now be found mixed with many other drugs. It is highly potent and has led to increasing overdose totals in recent years.

Figure 1: Death Rates Plummet for Elderly, Newborns - But Rise For Prime Ages
Change in deaths per 100,000 from 2001 to 2021 by age bracket in Wisconsin



Source: CDC Wonder Database



An additional trend specific to the state finds Black Wisconsinites experiencing higher rates of mortality than Black Americans nationally from causes such as drug overdoses and homicides.

FAVORABLE TREND FOR OLDER ADULTS

This analysis relies on data from the Centers for Disease Control and Prevention's WONDER database, which in turn pulls data from U.S. death certificates, including the underlying cause of death as well as demographic information. These data provide insight into trends in mortality by cause of death as well as by race, age, and other factors.

Figures cited here for overdose deaths include all deaths due to "accidental poisoning by and exposure to noxious substances. The overwhelming majority of these are due to drugs but they also include alcohol. These numbers do not give a complete picture of all drug- or alcohol-related deaths – only those for which an overdose is deemed to be the underlying cause.

As shown in Figure 1 on page 1, rates of death from all causes in Wisconsin have seen significant shifts by age group. As is true nationally, rates of death for those over age 65 have decreased in the last two decades – a period that includes the Great Recession, the rise of the opioids epidemic, and the arrival of COVID-19.

The mortality rate per 100,000 residents in Wisconsin, by five-year age cohort, declined from 2001 to 2021 by 8.4% for ages 65-69, 12.1% for ages 70-74, and 7.5% for ages 75-79. Those decreases significantly exceeded the percentage decline for the 65-69 and 70-74 age cohorts nationwide, which were 0.7% and 6.5%, respectively, while the national decrease for the 75-79 cohort was 8.5%.

This decline in mortality likely is linked to a significant decline in deaths from causes that much more frequently affect older individuals, including heart disease, cancer, or stroke. This may be driven by improved medical treatment for and/or prevention of these illnesses, as well as [behavioral changes such as lower smoking rates](#).

Among all Wisconsinites, rates of deaths for which the underlying cause was cancer declined 24.4% on an age-adjusted basis from 2001 to 2021. Rates of death for which the underlying cause was heart disease declined 26.7% during this period, and rates of cerebrovascular

deaths, the vast majority of which were strokes, dropped 45.4%.

Starting in 2020 with the COVID-19 pandemic, there was a significant one-year increase in total mortality among older adults in Wisconsin and nationally, and it remained elevated in 2021. (It's worth noting that some measurement error in accurately recording COVID-19 deaths may have occurred especially early in the pandemic.)

However, when looking at the long-term change since 2001, COVID-19 did not increase mortality among these age cohorts enough to offset declines in other causes of mortality. In other words, if not for COVID-19, the overall mortality decline for older Wisconsinites over the two-decade period would have been significantly larger.

Another encouraging sign: infant mortality rates (deaths of those under age 1) also declined markedly during this period, both nationally and in Wisconsin. At a national level, factors linked to declining infant mortality include a reduction in such deaths due to birth defects and lower teen birth rates. It should be noted, however, that large racial disparities persist in infant mortality rates.

GREATER MORTALITY FOR YOUNG ADULTS

Compared to older adults, CDC data show a very different pattern for younger adults. We focus here on cohorts between the ages of 25 and 44, where the change appears most acute: in Wisconsin and nationally, their rates of death increased sharply from 2001 to 2021.

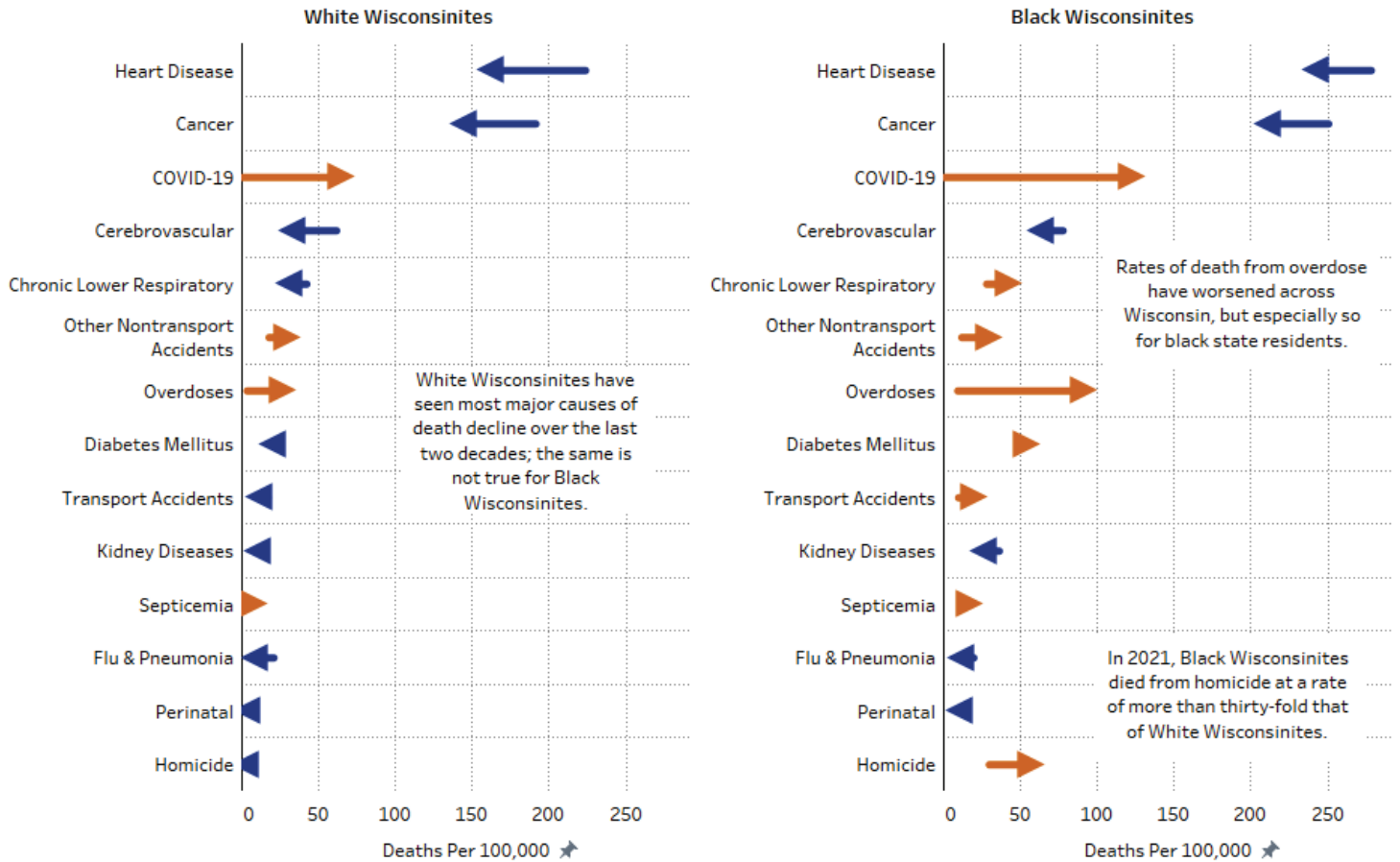
Looking at the data by five-year age cohort, the largest percentage increase in mortality rate, both in Wisconsin and nationally, was for ages 30-34. The mortality rate for this age group in Wisconsin rose by 137% over the two decades. The consequence was that in 2021, Wisconsinites ages 30-34 were more likely to die than state residents a full decade older (ages 40-44) were in 2001.

Mortality rates also increased during this period for the age cohorts of 25-29 (+80%), 35-39 (+72%), and 40-44 (+57%). In total, there were more than 1,100 more deaths among Wisconsin adults ages 25 to 44 in 2021 than in 2001.



Figure 2: Diverging Mortality Trends For White & Black Wisconsinites

Change in age-adjusted death rate per 100,000 from 2001 to 2021 by major cause*, by race in Wisconsin



Source: CDC Wonder Database. Note: Overdoses are included in the CDC as a subcategory of nontransport accidents - here, we separate them out from all other nontransport accidents. *Not all major categories included.

While mortality also increased for all of these age cohorts nationally, the proportional increase in Wisconsin was larger. National percentage increases during this period were 57% for ages 25-29, 81% for ages 30-34, 56% for ages 35-39, and 41% for ages 40-44.

One explanation for this national trend is the arrival of COVID-19. While mortality connected to the disease is much higher among older people, it is still a significant cause of death among the young and middle-aged. Among those ages 25-44, COVID-19 death rates in 2021 largely matched or exceeded rates from leading killers such as cancer or heart disease.

While COVID-19 was among the leading killers of Wisconsinites in 2020 and 2021, our rates of mortality from the disease are significantly lower than the nation. In 2021, the state's COVID-19 mortality rate per 100,000 residents was 69.6, compared to 102.7 nationally.

Meanwhile, the leading factor in the mortality trend among young adults appears to be the ongoing rise in overdose deaths. Over the last two decades, overdose deaths – primarily opioid overdoses – accounted for well over half of Wisconsin's mortality rate increase for each of the five-year age cohorts from age 20 to 49.

Especially for ages 25-44, overdose fatalities increased much more sharply in Wisconsin than nationally during the last two decades. Among Wisconsinites ages 25-34, the overdose mortality rate increased more than eleven-fold from 2001 to 2021 — nearly twice the percentage increase for this age group nationally during that period.

RACIAL DISPARITIES

When we examine mortality change during the last two decades among Black Wisconsinites, we find concerning trends that diverge from those among Black Americans. (See Figure 2).



Two prominent causes of death are overdoses and homicides. The overdose mortality rate for Black, non-Hispanic Wisconsinites increased more than nine-fold from 2001 to 2021, compared to a less than six-fold increase for Black Americans. In 2021, the overdose mortality rate for Black Wisconsinites (91.5 per 100,000) was more than twice the rate for all Black Americans (42.9). Meanwhile the overdose mortality rate for white, non-Hispanic Wisconsinites (27.3) was less than the rate for white Americans (35.0).

Looking at the homicide mortality rate for Black Wisconsinites (57.4), it markedly exceeded the rate for all Black Americans (34.0) in 2021. Over the last two decades, the percentage increase in the homicide mortality rate for Black Wisconsinites (93.9%) significantly exceeded the increase for all Black Americans (56%).

Homicide also is among many examples of how Wisconsin exceeds national white-Black disparities. This was particularly true in 2021, as homicide and violent crime increased both nationally and in Milwaukee, with a disproportionate impact on Black residents.

In 2021, a Black, non-Hispanic Wisconsinite was nearly 32 times more likely to die from homicide than a white, non-Hispanic Wisconsinite. This disparity has increased significantly over time: in 2001, a Black Wisconsinite was nearly 15 times more likely to die from homicide than was a white Wisconsinite.

Nationally, Black Americans in 2021 were about 10 times more likely than white Americans to die by homicide. Wisconsin's disparity is larger because while its homicide rate for Black residents of the state far exceeds that for all Black Americans, its rate for Whites in the state is slightly more than half that of all white Americans.

CONCLUSION

The contrasting trends in mortality by age examined here offer a striking look at how Wisconsin is making progress in outcomes for some of the most frequent causes of death for infants and the elderly.

Yet, the data show we are losing ground among those who should expect to have many years to live. The impact of these deaths is hard to overstate. In addition to the loss of many years of life for the deceased, there can be a ripple effect from the loss to loved ones. For

example, people at this stage of life are more likely to leave behind young children, potentially extending the impact to another generation.

In addition to this heavy human toll, there is also a substantial economic cost given that our state lacks enough people of working age to meet demand.

Fortunately, COVID-19 mortality decreased significantly in 2022 after the surge seen in the winter of 2021-22. Though the disease remains a serious concern – especially for the elderly or immunocompromised – death rates have fallen as a greater share of the population has acquired immune resistance to the disease via vaccination, prior infection, or both.

Overdoses are a very different story. A new national record was set in 2021, when [106,699 Americans lost their lives to drug overdoses](#). While we do not yet have complete data for 2022, all signs point to another year of extremely high levels of overdose deaths, [potentially nearing or setting another record](#).

No easy answers exist to this problem, which is national in scope. Yet states differ substantially in the severity of their overdose crises and their responses to it, suggesting state-level conditions and potentially policies can make a difference.

Wisconsin leaders should consider every possible alternative to stem the tide. [The Forum's recent report](#) on substance use disorder services in Milwaukee County offered options for improving programming there. Given the state's [massive budget surplus](#) and a national settlement related to opioid abuse that is expected to provide [more than \\$400 million](#) to state and local governments in Wisconsin, state officials have the resources with which to act.

