1 2	Rise in Heat Related Mortality in the United States
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13 Abstract

14 Over the past century, extreme heat events (EHE) have become more frequent and intense,

15 resulting in significant health impacts and economic challenges worldwide. In the United States, 16 extreme heat is the leading weather-related cause of death, claiming more lives annually than 17 hurricanes, floods, and tornadoes combined. However, the characteristics of EHEs can vary 18 significantly between events and over time, with some events perceived as more severe 19 producing vastly different health and societal outcomes and these factors are largely 20 understudied. In this paper, we explore regional trends in heat severity and mortality rates across 21 the conterminous United States from 1981-2022 and provide a regional examination of how 22 specific EHE characteristics impact heat mortality. We find that the number of extreme heat days 23 has the strongest influence on heat related mortality. We observe increasing trends in heat-related 24 mortality in every climate region throughout the U.S., except for the Western North Central 25 region. These increases, likely connected to increases in annual EHE days during the period, 26 suggest a significant escalation in heat related risk in the United States. Further, we find in the 27 Southwest and Southeast regions, heat-related mortality is increasing at a higher rate than heat 28 severity, suggesting potential for modification by community and individual level social 29 vulnerability. Future heat mortality models should be holistic in their approach, incorporating not 30 only multiple characteristics of heat but also measures of vulnerability to fully capture the 31 complex dynamics of risk and exposure.

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34 **1. Introduction**

35 Over the past century, extreme heat events (EHE) throughout many parts of the world have 36 become more frequent and intense [1-3] resulting in significant health impacts and economic 37 challenges worldwide [4,5]. Major global events, such as the 2003 European Heatwave (>70,000 38 deaths) [6] and the 2010 Northern Hemisphere Heatwaves (estimated 56,000 deaths) [7], along 39 with thousands of smaller events each year, have contributed to the global estimate of 489,000 40 excess deaths occurring during the first two decades of the 21st century [8]. In the United States, 41 EHEs are the leading cause of weather-related deaths [9], resulting in more deaths annually than 42 hurricanes, floods, and tornadoes combined [10]. Between 1999 and 2023, over 20,000 deaths 43 have been attributed to extreme heat in the U.S. [11]. While EHEs can and have occurred in all 44 50 states of the U.S., mortality responses to extreme heat are not equally distributed throughout 45 the country. Rather, mortality rates can vary significantly by region and are strongly influenced 46 by both social and human environmental factors such as previous heat exposure, socioeconomic 47 status, and the built environment [12–14] as well as heat event characteristics like event 48 frequency, intensity, and duration [12]. Recent findings from Jones et al. [13] suggest that 49 regions unaccustomed to frequent heat extremes, such as the urban areas of the U.S. Midwest 50 and Northeast, exhibit a higher mortality response to heat exposure, compared to regions 51 frequented by heat extremes [13]. These findings support an earlier investigation by Anderson 52 and Bell [14] who found that the impact of EHEs on mortality, as well as the influence of 53 specific heat event characteristics like intensity and duration, were more pronounced in the 54 Midwest and Northeast compared to the South. Simultaneously, patterns of heat related mortality 55 can be connected to socioeconomic status, race, and housing characteristics. For example, non-56 Hispanic black individuals and those living in areas with a higher rate of public assistance 57 utilization have been found to carry higher odds of mortality during EHEs compared to other

groups [15]. These observations, likely attributable to a combination of regional variations in 58 59 both human factors (e.g., acclimatization, social vulnerability) and the physical dimensions of the 60 hazard and environment (such as event characteristics, timing, and geographical features), 61 suggest an important linkage between human vulnerability and specific characteristics of EHEs. 62 63 Differences in regional trends in heat characteristics—such as event intensity, size, and 64 duration—have also been observed at both global [2,16] and national [13,17] scales. However, studies comparing the influence of individual heat characteristics and their relationship with 65 66 mortality remain limited. Many U.S. based studies have focused on identifying socioeconomic 67 and demographic factors associated with heat mortality [13,15,18], however the specific drivers 68 of heat-related mortality, particularly in relation to event characteristics, remain under-researched 69 in the United States. Current analyses of heat characteristics often concentrate on localized 70 regions (e.g., the U.S. state of Alabama, [19] and the Eastern U.S., [20]) or fail to capture all 71 regions within the U.S. equally [14,21,22]. For example, while Anderson and Bell [14] were able 72 to produce a comprehensive examination of heat in the U.S. Northeast, Midwest, and South, 73 limited characterizations and trends were recorded in the Northwest and Western North Central 74 regions, likely due to limited event observations during the study period (1987–2005). Similarly, 75 Shindell et al. [21] applied generalized heat exposure response models (derived from data from 76 10 major U.S. cities) to estimate future heat mortality for the entire conterminous U.S. While 77 both these studies contribute to the working knowledge surrounding heat mortality, they 78 illustrate common limitations in regional coverage and representation in climate research; the 79 analysis by Anderson and Bell [14], constrained by sparse data in the Northwest and Western 80 North Central regions, reflects challenges of uneven geographic data distribution, while the 81 approach by Shindell et al. [21] to generalize urban data to the entire U.S. may overlook critical

82	regional differences in climate, demographics, and infrastructure, risking inaccurate estimations.
83	In this paper, we analyze trends in heat severity and mortality rates from 1981-2022 across nine
84	regions of the conterminous U.S., examining specific characteristics (size, intensity, and days of
85	exposure) of EHEs and their association with heat-related mortality. Building on prior research
86	that suggests the impacts of heat cannot be fully explained by variations in single event
87	characteristics [23–25], we compare the influence of individual characteristics to the cumulative
88	effect of multiple characteristics (total heat severity). Additionally, we investigate differences in
89	predictive capability when using individual versus collective heat characteristics to model heat-
90	related mortality.
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92	2. Materials and Methods
93 94	2.1 Measuring Total Heat Severity To examine the impact of individual versus combined heat characteristics on mortality, we
95	calculated the total annual heat severity of EHEs occurring during the summer months (May,
96	June, July, August, September; MJJAS) from 1981 to 2022. We define annual heat severity as a
97	cumulation of three measurable heat characteristics: size, intensity (exceedance above the 95th
98	percentile), and total number of extreme heat days and measure it using a modified version of the
99	Heat Severity and Coverage Index (HSCI) [26]. The HSCI was developed to perform holistic
100	assessments and comparisons of EHEs, accounting for intensity, duration, and areal extent [26].
101	A humidity modified version of the HSCI was later introduced to account for humid conditions
102	during EHEs (HSCI _H) [27] and is used in this study to measure total heat severity year-to-year
103	(Equation 1).
104	
105	

106 (Equation 1)

$$HSCI_H = \sum_{i=1}^n m_i * a_i$$

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Here, m_i denotes the average magnitude of heat index temperature exceedance above a predefined threshold, measured in degrees Celsius, and a_i represents the proportion of the total area affected by the EHE relative to the NOAA Climatically Consistent Region [28] where the event predominantly occurs. Each component, m_i and a_i is calculated daily throughout the duration of the event, designated by n days.

114

115 EHEs are defined as 2 or more days of hot-humid temperatures above the historical 95th

116 percentile (1981-2022). For each day of each extreme event, the HSCI_H value is calculated and

summed to create event scores using daily gridded temperature and dew point temperature data

118 from the Parameter-elevation Regressions on Independent Slopes Model (PRISM; available at

119 https://prism.oregonstate.edu/). Annual Total Heat Severity are assessed by summing daily

120 HSCI_H values for each EHE occurring during the summertime period of each year. Heat

assessments are performed at the climate region level, defined using NOAA Climatically

122 Consistent Climate Regions [28].

123

124 2.2 Individual Component Analysis

The relationship between the individual characteristics of extreme events—intensity, total number of extreme heat days, and areal extent—and mortality is analyzed using two methods: Pearson Correlations to assess linear relationships and multiple linear regression to evaluate the impact of each characteristic on mortality. To identify the most influential characteristic of heat related to mortality, standardized beta coefficients and their associated p-values are compared for each characteristic and climate region. Since the exposure and outcomes (mortality) are measured cumulatively (annually) rather than for each individual event, our calculations compare the *annual total event intensity, average areal extent*, and *total number of extreme heat days* (*exposure*) to the crude heat mortality rate for each year. The annual total event intensity is the sum of the degrees (°C) above the 95th percentile for each event throughout the year. The average areal extent represents the mean event size annually. Lastly, the total number of extreme heat days counts all days classified as part of extreme heat events during the summertime period of each year.

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139 To further evaluate the effectiveness of different predictors of heat-related mortality across 140 various climate regions, a series of regression analyses are conducted, fitting and comparing 141 multiple models for each region. Four distinct models were specified: a comprehensive model 142 including event size, event intensity, and total heat days; and three simpler models, each focusing 143 on one of these characteristics individually. Each model is fitted using Ordinary Least Squares 144 (OLS) regression. We then use the Akaike Information Criterion (AIC) to assess the relative 145 quality of these models, identifying the model with the lowest AIC as the best fit for each region. 146 Additionally, we perform a Likelihood Ratio Test (LRT) to compare the comprehensive model 147 with each of the simpler models, evaluating whether the more complex model provided a 148 significantly better fit.

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150 2.3 Heat Mortality Analysis

Annual summertime mortality data from 1981 through 2022 was collected from the Center for
Disease Control (CDC) WONDER (Wide-Ranging OnLine Data for Epidemiologic Research)
database [29]. For the long-term trend analysis between heat severity and heat-related mortality,
underlying causes of death were filtered by International Classification of Diseases Ninth (ICD-

155 9) and Tenth Revision (ICD-10) codes for hyperthermia (1981-1998 ICD-9: E900.0; 1999-2022 156 ICD-10: X30) and aggregated by climate region. Ideally, mortality data for all years would be 157 available at a monthly resolution, allowing for the isolation of heat-related mortality specifically 158 during the MJJAS period. However, due to limitations in data availability, the analysis of 159 mortality was conducted on an annual basis. Through CDC WONDER (http://wonder.cdc.gov), 160 mortality data from 1999-2022 can be filtered by both year and month, however, data prior to 161 1999 is only available on an annual basis. While previous investigations by Vaidyanathan et al. 162 [30] indicates that 90% of heat-related deaths occur from May through September, it is important 163 to consider that heat-related deaths outside these months may still be present in the dataset for 164 the years 1981-1998. 165 166 For year-to-year statistical comparison, mortality data is normalized to crude death rates per one 167 million people. Annual population data for normalization are annual Census Bureau estimates 168 provided by CDC WONDER. Correlations between total heat severity, as measured by the

HSCI_H, and crude mortality rates are assessed using a Pearson Correlation. Additionally, trends in heat severity and crude mortality rates are examined using the Mann-Kendall test [31], and the magnitudes of these trends are quantified using Sen's Slope [32]. To maintain the privacy of individuals, mortality data from the CDC WONDER database is not reported for deaths totaling nine or fewer during any specified period. Therefore, not all climate regions have mortality data for each year during the 1981-2022 period.

175

To evaluate the impact of various heat event characteristics on mortality rates across different
U.S. climate regions, a multiple regression-based scenario analysis was conducted. The analysis
focused on understanding how different combinations of Event Size, Intensity, and Exposure

179 affect mortality under five key scenarios: (1) *High Event Size, Low Intensity and Exposure*, (2)

180 High Intensity, Low Event Size and Exposure, (3) High Exposure, Low Event Size and Intensity,

181 (4) All Characteristics High, and (5) All Characteristics Low. For each predictor variable, the 1st

- 182 quartile (Q1) and 3rd quartile (Q3) values were calculated across the dataset to define "low" and
- 183 "high" levels used in the scenario analysis. These quartiles represent data-driven thresholds for
- 184 what constitutes low and high levels of the predictors. Before fitting the regression models, Min-
- 185 Max (0-1) standardization was applied to each variable. This scaling ensured that all predictors
- 186 were brought to the same range, allowing their contributions to the model to be directly
- 187 comparable and preventing any variable with a larger numerical range from disproportionately
- 188 influencing the results.
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191 **3. Results**

- 192 3.1 Trends and Regional Relationships in Heat Severity and Heat Related Mortality
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- 194 Between 1981 and 2022, heat-related mortality rates increased significantly across all U.S.
- 195 climate regions except the Western North Central (Table 1). The Southwest exhibited the most
- 196 pronounced rise, with a Sen's Slope of 0.141, followed by the Northwest (0.056) and South
- 197 (0.046). In these regions, total heat severity also increased significantly at the 95% confidence
- 198 level. In contrast, the Central, Eastern North Central, Northeast, Southeast, and West regions
- 199 experienced more moderate mortality increases, without corresponding significant changes in
- 200 heat severity. Applying an exponential smoothing function ($\alpha = 0.3$), following Keellings and
- 201 Moradkhani [26] and Narayanan et al. [27], confirmed these regional disparities in both mortality
- and heat severity trends, as depicted in Figure 1.
- **Table 1.** Trends in total heat severity and heat related crude mortality rates (per 1,000,000) by climate region. Trends in total heat severity are calculated by matching years where mortality data is available (years where heat related mortality is > 9) across the 1981-2022 period.

Climate Region	Number of observation years	Variable	Kendall tau	Kendall p-value	Sen's Slope	SSR
Control	41	Mortality Rate	0.327	0.003*	0.022	2.04
Central	41	Total Heat Severity	0.054	0.621	0.046	2.04
Eastern North	26	Mortality Rate	0.292	0.037*	0.030	0.01
Central	20	Total Heat Severity	0.200	0.160	0.267	9.01
Northeast	25	Mortality Rate	0.368	0.002*	0.017	12.02
Northeast	35	Total Heat Severity	0.224	0.059	0.203	12.03
Monthersont	hwest 20	Mortality Rate	0.419	0.010*	0.056	15.04
Northwest		Total Heat Severity	0.389	0.016*	0.838	13.04
South	42	Mortality Rate	0.468	<0.001*	0.046	2.26
South		Total Heat Severity	0.250	0.020*	0.108	2.30
Couthoost	42	Mortality Rate	0.412	<0.001*	0.019	0.10
Southeast	utheast 42	Total Heat Severity	0.001	0.991	0.002	0.10
Carrellerera at	40	Mortality Rate	0.659	<0.001*	0.141	0.709
Southwest	40	Total Heat Severity	0.218	0.048*	0.100	0.708
West	42	Mortality Rate	0.570	<0.001*	0.031	2 67
west	42	Total Heat Severity	0.154	0.149	0.113	5.07
Western North	12	Mortality Rate	0.027	0.901	0.000	NT/A
Central	15	Total Heat Severity	0.051	0.858	0.093	IN/A

206 * Indicates significance at the 95 percent confidence level

Figure 1. Smoothed Total Heat Severity and Crude Heat-Mortality Rate per 1,000,000 trend plots for each climate region (1981-2022; $\alpha = 0.3$). For each year, mortality is only assessed if at least 9 cases of heat mortality (hyperthermia) are reported and therefore, trends in regions with less than 42 years should be viewed with some caution.

212

213 To assess changes in mortality relative to heat severity, we calculated the Sen's Slope Ratio

214 (SSR) by dividing the Sen's Slope of total heat severity (HSCI_H) by that of the crude heat-

215 mortality rate (per 1,000,000; Table 1). An SSR below 1 indicates a greater relative increase in

216 mortality compared to heat severity, while an SSR above 1 suggests a lesser relative increase in

217 mortality compared to heat severity. The Southeast exhibited the largest relative increase in

218 mortality, with an SSR of 0.10, reflecting a disproportionate rise in deaths despite a minimal

change in heat severity over the 42-year period; however, the non-significant heat severity trend

in this region (Kendall p-value = 0.991) weakens this finding. In contrast, the Southwest showed

a more robust association between heat severity and mortality, with an SSR of 0.708 and

significant trends in both variables. The Northwest, however, displayed the smallest relative

mortality increase (SSR = 15.04), as its substantial heat severity rise (Sen's Slope = 0.838) was

paired with a modest mortality increase (Sen's Slope = 0.056), suggesting potential mitigating

factors in this region.

226

227 3.2 Individual Characteristic Analysis Results

228

229 During the study period, individual heat event characteristics showed few consistent trends

across U.S. climate regions (S1 Table), consistent with prior observations by Keellings and

231 Moradkhani [26]. However, in years with high heat-related mortality (>9 annual deaths per

region), all U.S. climate regions except the Western North Central showed significant increases

in heat exposure (Table 2). Analysis of each characteristic's influence on mortality revealed

distinct regional patterns: exposure, defined as the total number of extreme heat days,

235	consistently drove mortality across most regions, except in the Eastern North Central, where
236	intensity was more influential, and the Southwest, where event size played a larger role (Table 3,
237	S1-4 Appendix). In contrast, event size had a limited impact nationally, with significant effects
238	confined to the West and Southwest. Total event intensity, measuring the degree by which
239	temperatures exceeded 95th percentile thresholds, proved less predictive of mortality than
240	exposure duration, suggesting that the persistence of extreme heat outweighs its intensity in
241	driving regional death rates.

Table 2. Trends in humid heat characteristics by climate region, 1981-2022. Trends are calculated using only years where mortality is greater than 9 persons.

Climate Region	Event Characteristic	Kendall tau	Kendall p-value	Sen's Slope
	Event Size	-0.039	0.719	-0.00047
Central	Intensity	0.010	0.928	0.00076
	Exposure	0.539	< 0.001*	0.586
	Event Size	0.102	0.484	0.00074
Eastern North Central	Intensity	0.182	0.203	0.0061
	Exposure	0.470	< 0.001*	0.538
	Event Size	0.089	0.452	0.00074
N - with a - et	Intensity	0.153	0.196	0.0055
Northeast	Exposure	0.516	< 0.001*	0.421
	Event Size	0.305	0.064	0.0023
NI	Intensity	0.200	0.233	0.0079
Northwest	Exposure	0.620	< 0.001*	0.703
	Event Size	0.233	0.029*	0.0013
South	Intensity	0.073	0.495	0.0012
	Exposure	0.599	< 0.001*	1.088
	Event Size	-0.029	0.786	-0.00029
C th t	Intensity	-0.029	0.582	-0.0012
Southeast	Exposure	0.621	< 0.001*	1.0
	Event Size	0.0021	0.030*	0.238
Q	Intensity	0.195	0.077	0.0028
Southwest	Exposure	0.546	< 0.001*	0.830
	Event Size	0.315	0.0033*	0.0033
West	Intensity	-0.010	0.922	-0.00017
	Exposure	0.528	<0.001*	0.737
	Event Size	0.128	0.590	0.0013
Western North Central	Intensity	-0.154	0.510	-0.0069
	Exposure	0.252	0.241	0.333

245 * Indicates significance at the 95 percent confidence level

- **Table 3.** Standardized Beta coefficients (β) and associated p-values of individual characteristics
- from the multiple linear regression. To aid in visual interpretation the influence of each
- 249 characteristic is ranked within each region using colors, based on β values: red being high
- 250 influence, yellow being medium influence, and blue being low influence.

Climate Region	Annual Average Event Size β	Annual Average Event Size p-value	Annual Total Event Intensity β	Annual Total Event Intensity p-value	Annual Exposure β	Annual Exposure p-value
Northeast	0.2518	0.091	-0.0318	0.878	0.579	0.007*
Eastern North Central	0.152	0.476	0.4736	0.083	-0.0637	0.789
West	0.2961	0.043*	-0.1237	0.355	0.5539	0.001*
Southwest	0.4337	0.002*	0.0358	0.809	0.3828	0.016*
Western North Central	-0.0705	0.443	0.1838	0.094	0.8678	< 0.001*
Northwest	-0.3433	0.18	-0.1571	0.584	0.9096	0.010*
Central	0.2147	0.117	0.051	0.765	0.5653	0.001*
South	0.2105	0.057	-0.0783	0.467	0.7356	< 0.001*
Southeast	0.2115	0.079	0.1017	0.506	0.5674	0.001*

251

* Indicates significance at the 95 percent confidence level

²⁵²

²⁵³ Although event size and intensity showed weaker associations with mortality compared to 254 exposure, incorporating all three characteristics-size, intensity, and exposure-into a 255 comprehensive model enhances the accuracy of heat-related mortality predictions (Table 4). 256 Model comparisons revealed that this full model, integrating all attributes, outperformed simpler 257 models relying on individual characteristics in most U.S. climate regions, as evidenced by lower 258 Akaike Information Criterion (AIC) values (Table 4). Exceptions occurred in the Central, 259 Eastern North Central, Northeast, and Western North Central regions, where models based solely 260 on total exposure or event intensity occasionally matched the full model's fit. Likelihood Ratio 261 Tests corroborated the full model's superior performance across most regions, though simpler 262 models proved adequate in these specific cases (Table 4). These findings highlight the value of a 263 holistic approach to capture the multifaceted drivers of heat mortality.

265 **Table 4.** Regression model comparison results for predicting heat-related mortality across

266 climate regions

					AIC			LRT p-value	
Region	Full Model Adjusted R- squared	Full Model F- statistic p-value	Full Model	Average Event Size	Total Event Intensity	Total Exposure	Full vs. Average Event Size	Full vs. Total Event Intensity	Full vs. Total Exposure
Central	0.420	< 0.001	73.9	90.03	83.55	73.71*	< 0.001	< 0.001	0.149
Eastern North Central	0.182	0.060	49.08	49.74	45.8*	51.49	0.097	0.696	0.040
Northeast	0.332	0.001	28.18	38.54	34.21	27.52*	< 0.001	0.006	0.188
Northwest	0.316	0.028	104.94	111.55	109.62	103.81*	0.005	0.013	0.237
South	0.664	< 0.001	91.72*	119.13	130.98	92.51	< 0.001	< 0.001	0.091
Southeast	0.450	<0.001	23.44*	43.66	35.92	23.52	< 0.001	0.003	0.130
Southwest	0.394	< 0.001	188.78 *	194.38	204.5	195.71	0.008	< 0.001	0.004
West	0.476	< 0.001	87.96*	96.16	111.58	89.53	0.002	< 0.001	0.061
Western North Central	0.912	< 0.001	0.45*	31.77	27.02	0.89	< 0.001	< 0.001	0.108

* indicates best model by AIC

268

269 3.3 Scenario Analysis Results

270 Scenario analysis of heat event characteristics revealed distinct regional patterns in predicted

annual crude mortality rates (deaths per 1,000,000) across U.S. climate regions (Table 5). The

scenario emphasizing *high exposure, with low event size and intensity*, consistently produced the

highest mortality rates, particularly in the Northwest (7.271), Southwest (3.358), and South

274 (1.935), underscoring their vulnerability to prolonged heat exposure. The West, Central,

275 Southeast, and Northeast exhibited more moderate increases, while the Eastern North Central

showed the least sensitivity to extended heat duration, with a rate of 0.164. In contrast, the

scenario focusing on high total intensity, with low event size and exposure, yielded generally

lower mortality rates, though the Southwest (2.134) and Eastern North Central (0.559) displayed

279 greater responsiveness to temperature intensity. The scenario highlighting *high average event*

size, with low intensity and exposure, identified the Southwest as most sensitive (4.251),

followed by the South (1.718) and West (1.20), while other regions showed moderate to low

- responses; the Northwest's negative predicted rate (-0.407) in this scenario suggests potential
- 283 model limitations. The All Characteristics High and All Characteristics Low scenarios, serving
- as reference bounds, further contextualized the range of impacts, highlighting the varied
- 285 influence of heat event characteristics on regional mortality risks.
- 286

Table 5. Predicted Annual Crude Mortality Rate (deaths per 1,000,000) under five different
 event scenarios. "Low" values are defined using the first quartile value of the dataset while

- 289 "High" values are defined using the third quartile value. Boldened text shows the highest
- 290 mortality rate amongst the three main scenarios.

	Scenarios						
Region	High Average Event Size, Low Total Intensity and Exposure	High Total Intensity, Low Average Event Size and Exposure	High Exposure, Low Average Event Size and Total Intensity	All Characteristics High	Al Characteristics Low		
Central	0.683	0.472	1.187	1.499	0.421		
Eastern North Central	0.522	0.559	0.164	0.741	0.252		
Northeast	0.284	0.094	0.698	0.857	0.109		
Northwest	-0.407	0.830	7.271	4.271	1.711		
South	1.718	0.772	1.935	2.491	0.967		
Southeast	0.824	0.712	0.925	1.164	0.648		
Southwest	4.251	2.134	3.358	5.976	1.884		
West	1.20	0.579	1.543	1.820	0.752		
Western North Central	0.085	0.334	1.471	1.433	0.228		

4. Discussion

292	We observed increasing trends in heat-related mortality across most U.S. climate regions from
293	1981-2022, with the exception of the Western North Central region (Table 1). This stands in
294	contrast to earlier findings, which reported declines in heat-related mortality prior to 2005
295	[33,34]. When isolating years with high heat-related mortality (defined as more than nine deaths

296	from hyperthermia), we noted a corresponding increase in the number of EHE days (exposure;
297	Table 2). Previous studies have highlighted that both morbidity and mortality risks tend to rise on
298	EHE days [14,35,36]. For instance, Khatana et al. [35] found that each additional day of extreme
299	heat per month was associated with an increase of 0.07 deaths per 100,000 adults. Our study,
300	focusing exclusively on mortality directly attributed to heat exposure, suggests that the rising
301	trend in EHE days in regions like the Northwest, Southwest, West, South, and Southeast could
302	lead to higher heat-related mortality in the future if these patterns persist (Table 2).
303	

304 This study, however, is not without limitations, particularly regarding the definition of heat-305 related deaths. The standards for defining and reporting heat-related mortality can vary across 306 regions and time periods, which could influence the accuracy of the data [37]. These variations 307 may result in either underestimations or overestimations of heat-related deaths in comparison to 308 earlier decades. Additionally, while hyperthermia is commonly used to identify heat-related 309 mortality, it may fail to capture deaths that occur indirectly due to the exacerbation of pre-310 existing conditions such as cardiovascular and respiratory diseases. The availability of 311 Underlying Cause of Death data from 1968 to the present via CDC WONDER is beneficial; 312 however, historical Multiple Cause of Death data, which could provide deeper insights into the 313 contributions of heat, is only available from 1999 onward. While organizations like the National 314 Archive of Computerized Data on Aging (NACDA) and the National Bureau of Economic 315 Research (NBER) offer access to simplified versions of this data, grouping various heat-related 316 illnesses under general categories such as "Accidents and adverse effects (E800-E949)" or "All 317 other external causes (E980-E999)" [38], this limits our ability to conduct long-term, nuanced

analyses. Expanding the availability of historical data to align with post-1999 standards would
significantly enhance future research in this area.

320

321 In our analysis, the three heat characteristics—total days of heat exposure, total intensity, and 322 average event size—were significantly correlated with mortality in most regions (S2 Table), 323 though the influence of each characteristic varied across regions (Table 3). In the Northeast, 324 West, Western North Central, Northwest, Central, South, and Southeast regions, the total number 325 of EHE days was the most significant predictor of annual heat mortality. This suggests that 326 increased exposure to heat plays a central role in raising mortality risk, regardless of event size 327 or intensity. In contrast, in the Eastern North Central and Southwest regions, other characteristics 328 proved more influential: temperature intensity was a key driver in the Eastern North Central, 329 while event size had the greatest impact in the Southwest. These findings are consistent with 330 Anderson and Bell [14]'s study, which identified regional variations in the influence of heat 331 characteristics. Their research found that event duration had a stronger impact in some regions, 332 such as the Northeast and Midwest, while other areas were more sensitive to intensity. Our study 333 also found that exposure was the strongest driver of heat-related mortality in the Northeast, 334 Central, and six other regions (Table 3). Though Anderson and Bell focused on event duration 335 (consecutive days of exposure) rather than cumulative exposure, both studies support the critical 336 role of extensive heat exposure in heat mortality.

However, while total days of exposure consistently emerged as a significant predictor of heatrelated mortality (Table 2), it is essential to consider all heat characteristics when evaluating the
impact of extreme heat. Comparative analysis reveals that models incorporating all three

340 characteristics tend to perform as well as or better than models based on individual 341 characteristics (Table 4). Moreover, heat-related mortality is generally higher when event 342 characteristics are more severe, such as when events are longer, hotter, or involve more frequent 343 exposure (Table 5). This supports the use of holistic models, even when individual 344 characteristics show stronger correlations with mortality (S2 Table). This approach also 345 emphasizes the value of multivariable models for more accurate predictions. Indices like the 346 Heat Severity and Coverage Index (HSCI) [26] and the Heatwave Intensity Duration Frequency 347 Curve (HIDF) [23] reflect the complex nature of heat events, which single-variable models may 348 fail to capture. Similarly, biometeorological indices used in thermal perception prediction, such 349 as the Wet Bulb Globe Temperature (WBGT) [38] and heat index [39], integrate multiple 350 environmental factors, offering a more effective measure of thermal perception than temperature 351 alone. However, some studies suggest that biometeorological indices, while useful, do not 352 always outperform direct apparent temperature measurements in forecasting heat mortality 353 [40,41]. Nonetheless, there is growing support for including multiple heat characteristics to 354 develop a more comprehensive understanding and forecasting of heat mortality [14,42,43]. Yet, 355 the application of multivariable approaches remains limited, often focusing primarily on single 356 characteristics like maximum temperature [44,45], overlooking the broader impacts of other 357 critical factors. Incorporating multi-characteristic heat indices like HSCI/HSCI_H and HIDF into 358 heat risk assessments could provide a more robust foundation for comprehensive risk modeling.

The role of population characteristics and social vulnerabilities must also be considered when modeling heat-related health outcomes. Research on hazards and vulnerability has long highlighted the links between social vulnerability and recovery outcomes [46–48], prompting more recent studies to focus on the intersection of vulnerability and exposure to better estimate 363 risk [49–52]. While many studies prioritize physical factors like heat intensity, they often fail to 364 integrate key aspects of social vulnerability—such as income, education, and language 365 proficiency—into risk assessments [53]. These factors may play a significant role in this study 366 when comparing changes in heat mortality relative to heat severity (Fig. 1, Table 1). For 367 instance, the ratios of Sen's Slope (SSR; HSCI_H divided by the Heat Mortality Rate) show that 368 the Southeast and Southwest regions experienced the largest increases in heat mortality relative 369 to changes in heat severity (SSR = 0.10 and 0.71, respectively; Table 1). Notably, these regions 370 are also characterized by high social vulnerability [47,54,55] and low resilience levels [46,56]. 371 Despite regular heat exposure and high air conditioner usage-which are known factors that 372 reduce heat-related mortality [13,57] —heat mortality rates in these areas are rising more rapidly 373 than heat severity. These findings suggest possible linkages to persistent regional disparities in 374 social vulnerability. However, it is also conceivable that other factors, such as regional policies 375 or behaviors related to adaptive capabilities (e.g., the availability and utilization of cooling 376 centers, [58] may also be influencing these outcomes. Although there has been a general decline 377 in vulnerability in these regions, pockets of high social vulnerability remain [55]. Research 378 continues to show strong relationships between socioeconomic factors and increased risks and 379 adverse outcomes from heat exposure [59], prompting the development of specialized indices 380 like the Extreme Heat Vulnerability Index (EHVI)[60] and others [18,61]. Despite their 381 demonstrated usefulness, the integration of these indices into mainstream heat risk assessments 382 and emergency planning is still limited. Considering the potential link between social 383 vulnerability and heat health risks, it is imperative to include a broader range of social 384 vulnerability measures in future heat risk models and assessments, beyond just standard 385 demographic data.

386 5. Conclusion

387 While previous studies have observed a significant decrease in U.S. heat-related mortality prior 388 to the mid-2000s, we find that heat-related mortality and exposure have increased throughout 389 much of the U.S from 1981 to 2022. This rise in EHE days found throughout much of the U.S. 390 mirrors a global pattern of increasing EHE days [1,3,62]. While exposure was found to be the 391 most consistent indicator of heat-related mortality, the contributing influence of each 392 characteristic—size, intensity, and number of EHE days—can vary between regions. These 393 findings suggest regional variations in heat vulnerability and risk and emphasize an important 394 need for conducting region-specific examinations when modeling heat severity. While each 395 characteristic may exert varying levels of influence on heat mortality, we find that the overall 396 impact of extreme heat is a combination of all its characteristics. Therefore, it is strongly 397 suggested to avoid single attribute characterizations when modeling heat mortality.

398 Potentially, regional variations in both human factors such as prior acclimatization to heat and 399 social vulnerability, and physical dimensions of the hazard and environment, including event 400 characteristics, timing of heat events, and certain geographical features, contribute significantly 401 to the variations seen in the significance of specific heat characteristics within each region. This 402 research contributes to our understanding of heat-related risks and stresses the importance of a 403 multifaced approach in heat risk assessments and emergency planning. Future research should 404 work to explore linkages between human vulnerability and relationships with specific 405 characteristics of EHEs. Further, integrating finer-scale demographic data and more detailed 406 climate event loggings may enhance predictions and the development of mitigation strategies for 407 the impacts of heat on vulnerable populations.

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416 **References**

- Perkins SE, Alexander L V., Nairn JR. Increasing frequency, intensity and duration of
 observed global heatwaves and warm spells. Geophys Res Lett. 2012;39.
 doi:10.1029/2012GL053361
- Perkins-Kirkpatrick SE, Gibson PB. Changes in regional heatwave characteristics as a
 function of increasing global temperature. Sci Rep. 2017;7: 12256. doi:10.1038/s41598017-12520-2
- 423 3. Perkins-Kirkpatrick SE, Lewis SC. Increasing trends in regional heatwaves. Nat Commun.
 424 2020;11: 3357. doi:10.1038/s41467-020-16970-7
- 4. Mora C, Dousset B, Caldwell IR, Powell FE, Geronimo RC, Bielecki CR, et al. Global
 426 risk of deadly heat. Nat Clim Chang. 2017;7: 501–506. doi:10.1038/nclimate3322
- 427 5. Callahan CW, Mankin JS. Globally unequal effect of extreme heat on economic growth.
 428 Sci Adv. 2022;8. doi:10.1126/sciadv.add3726
- 429 6. Robine J-M, Cheung SLK, Le Roy S, Van Oyen H, Griffiths C, Michel J-P, et al. Death
 430 toll exceeded 70,000 in Europe during the summer of 2003. C R Biol. 2007;331: 171–178.
 431 doi:10.1016/j.crvi.2007.12.001
- 432 7. United Nations Office for Disaster Risk Reduction (UNDRR). The Human Cost of
 433 Disasters 2000-2019: An Overview of the Last 20 Years. 2020.
- 8. Zhao Q, Guo Y, Ye T, Gasparrini A, Tong S, Overcenco A, et al. Global, regional, and
 national burden of mortality associated with non-optimal ambient temperatures from 2000
 to 2019: a three-stage modelling study. Lancet Planet Health. 2021;5: e415–e425.
 doi:10.1016/S2542-5196(21)00081-4
- 438 9. Weather Related Fatality and Injury Statistic.
- 439 10. Luber G, McGeehin M. Climate Change and Extreme Heat Events. Am J Prev Med.
 440 2008;35: 429–435. doi:10.1016/j.amepre.2008.08.021
- Howard JT, Androne N, Alcover KC, Santos-Lozada AR. Trends of Heat-Related Deaths
 in the US, 1999-2023. JAMA. 2024;332: 1203. doi:10.1001/jama.2024.16386
- 443 12. Anderson BG, Bell ML. Weather-Related Mortality. Epidemiology. 2009;20: 205–213.
 444 doi:10.1097/EDE.0b013e318190ee08
- Jones B, Dunn G, Balk D. Extreme Heat Related Mortality: Spatial Patterns and
 Determinants in the United States, 1979–2011. Spat Demogr. 2021;9: 107–129.
 doi:10.1007/s40980-021-00079-6
- 448 14. Anderson GB, Bell ML. Heat Waves in the United States: Mortality Risk during Heat
 449 Waves and Effect Modification by Heat Wave Characteristics in 43 U.S. Communities.
 450 Environ Health Perspect. 2011;119: 210–218. doi:10.1289/ehp.1002313
- 15. Rastogi D, Christian J, Tuccillo J, Christian B, Kapadia AJ, Hanson HA. Exploring the
 Spatial Patterning of Sociodemographic Disparities in Extreme Heat Exposure at Multiple
 Scales Across the Conterminous United States. Geohealth. 2023;7.
 doi:10.1029/2023GH000864
- 455 16. Guo Y, Gasparrini A, Armstrong BG, Tawatsupa B, Tobias A, Lavigne E, et al. Heat
 456 Wave and Mortality: A Multicountry, Multicommunity Study. Environ Health Perspect.
 457 2017;125. doi:10.1289/EHP1026
- Kim E-J, Kim H. Effect modification of individual- and regional-scale characteristics on
 heat wave-related mortality rates between 2009 and 2012 in Seoul, South Korea. Science
 of The Total Environment. 2017;595: 141–148. doi:10.1016/j.scitotenv.2017.03.248

461	18.	Manware M, Dubrow R, Carrión D, Ma Y, Chen K. Residential and Race/Ethnicity
462		Disparities in Heat Vulnerability in the United States. Geohealth. 2022;6.
463		doi:10.1029/2022GH000695
464	19.	Kent ST, McClure LA, Zaitchik BF, Smith TT, Gohlke JM. Heat Waves and Health
465		Outcomes in Alabama (USA): The Importance of Heat Wave Definition. Environ Health
466		Perspect. 2014;122: 151–158. doi:10.1289/ehp.1307262
467	20.	Curriero FC. Temperature and Mortality in 11 Cities of the Eastern United States. Am J
468		Epidemiol. 2002;155: 80–87. doi:10.1093/aje/155.1.80
469	21.	Shindell D. Zhang Y. Scott M. Ru M. Stark K. Ebi KL. The Effects of Heat Exposure on
470		Human Mortality Throughout the United States, Geohealth, 2020:4.
471		doi:10.1029/2019GH000234
472	22.	Weinberger KR, Havkin L, Eliot MN, Schwartz JD, Gasparrini A, Wellenius GA.
473		Projected temperature-related deaths in ten large U.S. metropolitan areas under different
474		climate change scenarios Environ Int 2017.107. 196–204
475		doi:10.1016/i envint 2017.07.006
476	23	Mazdivasni O Sadegh M Chiang F AghaKouchak A Heat wave Intensity Duration
477	_ <i>3</i> .	Frequency Curve: A Multivariate Approach for Hazard and Attribution Analysis Sci Rep
478		2019.9. 14117 doi:10.1038/s41598-019-50643-w
479	24	Wanyama D Bunting EL Weil N Keellings D Delineating and characterizing changes in
480	2	heat wave events across the United States climate regions. Clim Change 2023:176:6
481		doi:10.1007/s10584-022-03476-v
482	25	Yin O Wang I The association between consecutive days' heat wave and cardiovascular
483	20.	disease mortality in Beijing China BMC Public Health 2017.17.223
484		doi:10.1186/s12889-017-4129-7
485	26	Keellings D Moradkhani H Spatiotemporal Evolution of Heat Wave Severity and
486	20.	Coverage Across the United States Geophys Res Lett 2020.47
487		doi:10.1029/2020GL.087097
488	27	Narayanan A Rezaali M Bunting EL Keellings D It's getting hot in here: Spatial impact
489	27.	of humidity on heat wave severity in the U.S. Science of The Total Environment
490		2025.963. 178397 doi:10.1016/i scitoteny.2025.178397
491	28	Karl T Kloss WI Regional and national monthly seasonal and annual temperature
492	20.	weighted by area 1895-1983 1984
493	29	Friede A Reid IA Ory HW CDC WONDER: a comprehensive on-line public health
494	_>.	information system of the Centers for Disease Control and Prevention Am I Public
495		Health 1993.83. 1289–1294 doi:10.2105/AIPH 83.9.1289
496	30	Vaidvanathan A Malilay I Schramm P Saha S Heat-Related Deaths — United States
497	50.	2004–2018 MMWR Morth Mortal Wkly Rep 2020:69: 729–734
498		doi:10.15585/mmwr.mm6924a1
499	31	Mann HB Nonparametric Tests Against Trend Econometrica 1945.13. 245
500	51.	doi:10.2307/1907187
501	32	Sen PK Estimates of the Regression Coefficient Based on Kendall's Tau I Am Stat
502	54.	Assoc 1968.63. 1379–1389 doi:10.1080/01621459.1968.10480934
502	33	Sheridan SC, Kalkstein AJ, Kalkstein LS, Trends in heat-related mortality in the United
504	55.	States 1975–2004 Natural Hazards 2009:50: 145–160 doi:10.1007/s11069_008_9327_2
504		5 1775 2007. Multin multin multing. 2007, 50 . 175 100. $401.10.1007511007-000-7527-2$

505	34.	Bobb JF, Peng RD, Bell ML, Dominici F. Heat-Related Mortality and Adaptation to Heat
506		in the United States. Environ Health Perspect. 2014;122: 811–816.
507	2.5	doi:10.1289/ehp.130/392
508	35.	Khatana SAM, Werner RM, Groeneveld PW. Association of Extreme Heat With All-
509		Cause Mortality in the Contiguous US, 2008-2017. JAMA Netw Open. 2022;5: e2212957.
510		doi:10.1001/jamanetworkopen.2022.12957
511 512	36.	Arsad FS, Hod R, Ahmad N, Ismail R, Mohamed N, Baharom M, et al. The Impact of Heatwaves on Mortality and Morbidity and the Associated Vulnerability Factors: A
513		Systematic Review. Int J Environ Res Public Health. 2022;19: 16356.
514		doi:10.3390/ijerph192316356
515	37.	Ellis FP. Mortality from heat illness and heat-aggravated illness in the United States.
516	071	Environ Res 1972:5: 1–58 doi:10.1016/0013-9351(72)90019-9
517	38	Budd GM Wet-bulb globe temperature (WBGT)—its history and its limitations. J Sci
518	200	Med Sport 2008:11: 20–32 doi:10.1016/j.j.sams 2007.07.003
519	39	Steadman RG The Assessment of Sultriness Part I. A Temperature-Humidity Index
520	••••	Based on Human Physiology and Clothing Science Journal of Applied Meteorology
521		1979·18· 861–873 doi:10.1175/1520-0450(1979)018<0861·TAOSPI>2.0 CO:2
522	40.	Vaneckova P. Neville G. Tippett V. Aitken P. FitzGerald G. Tong S. Do
523		Biometeorological Indices Improve Modeling Outcomes of Heat-Related Mortality? J
524		Appl Meteorol Climatol. 2011:50: 1165–1176. doi:10.1175/2011JAMC2632.1
525	41.	Armstrong B, Sera F, Vicedo-Cabrera AM, Abrutzky R, Åström DO, Bell ML, et al. The
526		Role of Humidity in Associations of High Temperature with Mortality: A Multicountry,
527		Multicity Study. Environ Health Perspect. 2019;127. doi:10.1289/EHP5430
528	42.	Gasparrini A, Guo Y, Hashizume M, Kinney PL, Petkova EP, Lavigne E, et al. Temporal
529		Variation in Heat-Mortality Associations: A Multicountry Study. Environ Health
530		Perspect. 2015;123: 1200–1207. doi:10.1289/ehp.1409070
531	43.	Hajat S, Kosatky T. Heat-related mortality: a review and exploration of heterogeneity. J
532		Epidemiol Community Health (1978). 2010;64: 753–760. doi:10.1136/jech.2009.087999
533	44.	Honda Y, Kondo M, McGregor G, Kim H, Guo Y-L, Hijioka Y, et al. Heat-related
534		mortality risk model for climate change impact projection. Environ Health Prev Med.
535		2014;19: 56–63. doi:10.1007/s12199-013-0354-6
536	45.	Gosling SN, McGregor GR, Páldy A. Climate change and heat-related mortality in six
537		cities Part 1: model construction and validation. Int J Biometeorol. 2007;51: 525–540.
538		doi:10.1007/s00484-007-0092-9
539	46.	Bergstrand K, Mayer B, Brumback B, Zhang Y. Assessing the Relationship Between
540		Social Vulnerability and Community Resilience to Hazards. Soc Indic Res. 2015;122:
541		391–409. doi:10.1007/s11205-014-0698-3
542	47.	Flanagan BE, Gregory EW, Hallisey EJ, Heitgerd JL, Lewis B. A Social Vulnerability
543		Index for Disaster Management. J Homel Secur Emerg Manag. 2011;8. doi:10.2202/1547-
544		7355.1792
545	48.	Tapsell S, Mccarthy S, Faulkner H, Alexander M. Social vulnerability to natural hazards
546		Report Number WP4 Location London Deliverable Number D4.1. 2010. Available:
547		http://caphaz-net.org/outcomes-results/CapHaz-
548	49.	Bjarnadottir S, Li Y, Stewart MG. Social vulnerability index for coastal communities at
549		risk to hurricane hazard and a changing climate. Natural Hazards. 2011;59: 1055–1075.
550		doi:10.1007/s11069-011-9817-5

551	50.	Pauline EL, Knox JA, Seymour L, Grundstein AJ. Revising NCEI's Climate Extremes
552		Index and the CDC's Social Vulnerability Index to Analyze Climate Extremes
553		Vulnerability across the United States. Bull Am Meteorol Soc. 2021;102: E84–E98.
554		doi:10.1175/BAMS-D-19-0358.1
555	51.	Naravanan A. Peter BG. Keellings D. A Climate Extremes Resilience Index for the
556		Conterminous United States, Weather, Climate, and Society, 2024;16: 87–103.
557		doi:10.1175/WCAS-D-23-0008.1
558	52	National Risk Index Technical Documentation 2020
559	5 <u>3</u>	Yardley I Sigal RI Kenny GP Heat health planning. The importance of social and
560	00.	community factors Global Environmental Change 2011:21: 670–679
561		doi:10.1016/j.gloenycha 2010.11.010
562	54	Cutter SL Derakhshan S. Temporal and snatial change in disaster resilience in US
563	54.	counties 2010–2015 Environmental Hazards 2020:19: 10–29
564		doi:10.1080/17477891.2018.1511405
565	55	Cutter SL Finch C Temporal and spatial changes in social vulnerability to natural
566	55.	hazards. Proceedings of the National Academy of Sciences 2008:105: 2301–2306
567		doi:10.1073/pnas.0710375105
568	56	Cutter SL Ash KD Emrich CT. The geographies of community disaster resilience. Global
569	50.	Environmental Change 2014:29: 65–77 doi:10.1016/j.gloenycha.2014.08.005
570	57	Sera F. Hashizume M. Honda V. Lavigne F. Schwartz I. Zanobetti A. et al. Air
570	57.	Conditioning and Heat-related Mortality Enidemiology 2020:31: 779–787
572		doi:10.1097/EDE.00000000001241
573	58	Bedi NS Adams OH Hess II Wellenius GA The Role of Cooling Centers in Protecting
574	50.	Vulnerable Individuals from Extreme Heat Enidemiology 2022:33: 611–615
575		doi:10.1097/EDE.00000000001503
576	50	Lehnert FA Wilt G Elanagan B Hallisev F Spatial exploration of the CDC's Social
570	59.	Vulnerability Index and heat related health outcomes in Georgia International Journal of
578		Disaster Risk Reduction 2020:46: 101517 doi:10.1016/j.jidrr.2020.101517
570	60	Johnson DP. Stanforth A. Lulla V. Luber G. Developing an applied extreme heat
580	00.	value
580		2012:25: 22, 21, doi:10.1016/i.angoog.2012.04.006
597	61	Mallen E. Stone P. Lanze V. A. methodological assessment of extreme heat mortality
502 502	01.	modeling and heat vulnerability manning in Dallag. Taxag. Urban Clim. 2010:20: 100528
597		doi:10.1016/j.uclim 2010.100528
504 505	62	Zhao O. Li S. Vo T. Wu V. Cosporrini A. Tong S. et al. Clobal regional and national
383 596	02.	Zhao Q, Li S, Ye T, wu Y, Gasparrini A, Tong S, et al. Global, regional, and national hunder of heatways related montality from 1000 to 2010. A three store modelling study
380 507		Durden of nealwave-related mortality from 1990 to 2019. A three-stage modelling study.
38/		r Los Med. 2024;21: e1004304. doi:10.13/1/journal.pmed.1004304
588		



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