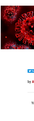
THE COLOR OF CORONAVIRUS: COVID-19 DEATHS BY RACE AND ETHNICITY IN THE U.S.



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Our ongoing Color of Coronavirus project monitors how and where COVID-19 mortality is inequitably impacting certain communities—in public policy and community responses to these disproportionate deaths. The coronavirus has claimed more than 185,000 American lives through July 23, 2020. We know the race and ethnicity for 67% of these deaths.

Our latest update reveals continued wide disparities by race, now nationically for Black and Indigenous Americans. We also now adjust these mortality rates for age, a common and important factor that health researchers use to compare diseases that affect people of different ages. We report from larger mortality disparities observed between Black, Indigenous, and other populations of color relative to Whites—with the greatest rate in mortality among Indigenous and Latino Americans (who are the youngest populations of all race groups).

See our work cited in Forbes, CNN, NBC News, Vox, JAMA, Politico, Newsweek, Al Jazeera, the Washington Post, The NR, The Guardian, the New York Times and numerous other outlets.

The APM Research Lab has independently compiled these death statistics (Learn more about how). The result is the most robust and up-to-date portrayal of COVID-19 mortality by race available anywhere, with a lens on inequitable deaths. We have been tracking these deaths for three months now, revealing COVID-19's growing toll on all Americans, but with the heaviest losses among Black and Indigenous Americans.

Black & Indigenous Americans experience highest death rolls from COVID-19

KEY FINDINGS (data collected through July 21):

- Overall, actual American death rates from COVID-19 are disaggregated from all states with available data and the District of Columbia(or been reached were highs for all race groups.
  - **Up 1,130 Black Americans has died** for 10.1 deaths per 100,000;
  - **Up 1,101 Indigenous Americans has died** for 10.1 deaths per 100,000;
  - **Up 2,300 Pacific Islander Americans has died** for 20.0 deaths per 100,000
  - **Up 1,700 Latino Americans has died** for 17.1 deaths per 100,000
  - **Up 1,100 White Americans has died** for 32.4 deaths per 100,000;
  - **Up 5,230 Asian Americans has died** for 34.0 deaths per 100,000.
- **Black Americans** continue to experience the highest overall actual COVID-19 mortality rates—about 2.5 times as high as the rate for Whites and Asian, who have the lowest actual rates.

> **If they had died of COVID-19 at the same actual rate as Whites, about 17,000 Black, 3,000 Latino, 500 Indigenous, and 50 Pacific Islander Americans would still be alive.**

- Adjusting the data for age differences in race groups reduces the gap in the overall mortality rates between all other groups and Whites, who have the lowest rate. **Compared to Whites, the latest U.S. age-adjusted COVID-19 mortality rate for:**
  - **Blacks is 5.7 times as high**
  - **Indigenous people is 5.1 times as high**
  - **Pacific Islanders is 2.8 times as high**
  - **Latinos is 2.3 times as high**
  - **Asians is 1.6 times as high.**

Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

(A fuller discussion of our indirectly age-adjusted rates follows.)

HOW TO EXAMINE THE DATA:

1. EXPLORE FINDINGS BY STATE OR FOR THE NATION

We've presented the data we've collected for the nation overall and each state as:

- **Actual mortality rates represented per 100,000;**
- **Indirectly age-adjusted mortality rates per 100,000**; and as
- **Total deaths represented by group.**

We've used the latest available percentage of deaths compared to the percentage of population by racial and ethnic groups in each state (which previously appeared on this site) you can find this data in our complete data file.

2. EXPLORE FINDINGS BY GROUP

Select a group below to examine the differences by racial or ethnic group for all states with available data. For each group, we present total lives lost, actual age-adjusted mortality rates, and a comparison against White Americans' rates using the age-adjusted data, to examine where disparities relative to Whites are the greatest.

INDIGENOUS AMERICANS · ASIAN AMERICANS · BLACK AMERICANS · LATINO AMERICANS · WHITE AMERICANS · NATIVE HAWAIIAN & OTHER PACIFIC ISLANDER AMERICANS

For more context about the shortcomings of some of the data, please read our note about Indigenous, Pacific Islander, Multiracial and Other Race Americans.

UNDERSTANDING AGE-ADJUSTED MORTALITY RATES

While there are many features of the novel coronavirus that are still unclear, this we know with certainty: the risk of dying from COVID-19 rises sharply with advanced age. Fewer than 1 in 100,000 Americans under age 45 have died from the virus, according to data submitted to the CDC through July 15. The COVID death rate for Americans ages 55 to 64 is 311 per 100,000; more than double among those age 65-74 (761 per 100,000) and more than double once again among those age 75-84 (1,848 per 100,000). Among Americans age 75 and older, the death toll exceeds 550 people per 100,000, or about 1 in 180.

COVID-19 deaths per 100,000 Americans by age group

Due to this steep age gradient in COVID-19 mortality, it is important to consider the varying age distributions of American racial and ethnic groups, lest a higher share of White Americans are in the older age brackets than any other group. To illustrate this, consider that the median age of non-Hispanic White Americans is 44 years, according to the latest Census Bureau data. The comparable figure for Indigenous people is 30 years old; for Black Americans, 34; for Latino, 29; for Pacific Islanders (NH), Indigenous (NH) and especially Latino (NH).

Even within the same racial group, the age distribution varies—with retirement destination states such as Florida having a much higher share of older adults within their White population, for example.

So, to remove the role of age difference from COVID-19 mortality rates, we have also produced age-adjusted rates. Because mortality data is not available for all states by race and age (public tracker is problematic), we have used indirect standardization to calculate these rates. See our NOTES section for details and cautions about our method.

Adjusting the racial data we've collected for age differences increases the COVID-19 mortality rate for all racial and ethnic groups except for Whites, who experience a decrease, as shown below.

White Black Americans continue to experience the highest COVID-19 mortality rate, age-adjusting serves to widen the gap between Black and White mortality—from 1.3 to 1.7 times as high. Mortality rates for Indigenous people rise to 5.1 times as high as Whites' mortality impact. Latinos and Pacific Islanders also rise substantially, so that all of these groups experience age-adjusted mortality rates of about 2.3 times as high as Whites' mortality. For Asian mortality rates—which was nearly equivalent to rates for the White rate—they actually rise above the White death rate (1.6 times as high), when age is taken into account.

What does this mean? It indicates that many younger Americans who are Black, Indigenous or other people of color are dying of COVID-19—driving their mortality rates far above White Americans' (despite their relative youthfulness) to premature factors against COVID. As we have noted in previous reports, the Brookings Institution has reported, "In every age category, Black people are dying from COVID at roughly the same rate as White people even from a decade older."

Depending on the community, this may be due to numerous, reinforcing factors related to a higher likelihood of contracting the virus—such as greater workplace exposure, including inability to work from home or to access sick days, living in geographic areas, housing arrangements including congregate settings (such as nursing homes, group homes, treatment centers, correctional facilities), or accessing public transportation where the virus is more easily spread. It also results from poorer outcomes after acquiring COVID-19, owing to factors that have arisen to vexing higher prevalence of underlying health conditions like diabetes, hypertension and asthma, and including physical, economic and environmental factors that hinder healthy living conditions and healthy behaviors. The second disparity in COVID-19 mortality—that is those compounding, direct disadvantages that result from years of housing, the labor force, health care systems, and policy responses—are the result of systemic racism.

It is important to note that, while age-adjusted mortality rates help us remove age as a confounding factor so we can compare the impact of other differences among race groups, they are not the actual mortality rates experienced by these groups.

EXAMINE RATES FOR YOUR STATE(S) OF INTEREST:

Review differing mortality rates—both actual and age-adjusted—for the District of Columbia or any state by changing the dropdown menu below. Rates for Indigenous and Pacific Islander residents could only be calculated for some states. Rates were not calculated where there were fewer than 15 deaths for a particular group (resulting in a "0" value for that group's death. Additionally, rates were not calculated for multiracial people, nor those identified as "Other" race. Please see our complete data file for additional information.

SEARCH BY STATE

(Use Shift / Ctrl to select more than one state.)

ALL
Alabama
Alaska

SEARCH

VIEW THE AGE-ADJUSTED RATES

Island - which shows zero future deaths to date - may also be doing so. Arizona, Connecticut, Delaware, Idaho, Iowa, Michigan, Oklahoma and Wisconsin report deaths for Asians and Pacific Islanders jointly, so they are presented together for these eight states. Data for Asians in Florida has been supplemented by logged CDC reporting, as Florida's official website does not reveal Asian deaths.]

Asian mortality rate

- For each 100,000 Americans (of their respective groups), about 31 Asians have died from the coronavirus, a mortality rate similar to Whites (35), somewhat better than Latinos (77) and Pacific Islanders (85), and well below the losses for Indigenous people (80) and Blacks (74).

Age-adjusted mortality rate

- Nationwide, Asians are 1.3 times more likely to have died than Whites, when age is taken into account.
- Adjusted for age, Iowa, Nebraska and especially New York were the greatest absolute disparities in COVID-19 mortality rates between their White and Asian residents.
- Of states, Asian mortality rates are lower than Whites in six states: Louisiana, Georgia, Arizona, Florida, Massachusetts and Connecticut.
- The graph below shows age-adjusted COVID-19 mortality rates for Asian residents compared to White residents by state, sorted from the largest to smallest (or negative) gap. Rates are calculated for all states with 15 or more deaths.

Asian vs White Americans: Age-adjusted COVID-19 mortality rates, through July 21

Deaths per 100,000 of each group. As of 21, states with available data, when 15 or more Asian deaths have occurred for both groups. Sorted from largest to smallest (or negative) absolute disparity between Asians and Whites.

Orders aggressively for base case. If confirmed cases reported for Pacific Islanders/Pl Asian deaths have been added to the calculation of the U.S. case fatality rate, the CFR would be 0.2% - 0.3% higher.

Source: APIAHF analysis of CDC data. Pl additional deaths reported from the Kaiser/Pl Chart data have been added to the calculation of the U.S. case fatality rate. Last updated July 21. Click to expand/collapse.

FOCUS ON BLACK AMERICANS

Lives lost to date

- 23,946 Black Americans are known to have lost their lives to COVID-19 through Tuesday, July 21. This is an increase of 1,425 deaths among Blacks compared to our last report two weeks earlier.

Actual mortality rate

- For each 100,000 Americans (of their respective groups), about 74 Blacks have died from the coronavirus, the highest actual mortality rate of all groups - above Asians (31), Whites (32), Latinos (77), Pacific Islanders (85) and Indigenous people (80).

Age-adjusted mortality rate

- Nationwide, Blacks are 5.7 times more likely to have died than Whites, when age is taken into account.
- Adjusted for age, Connecticut, Michigan and especially New York have seen the greatest absolute disparities in COVID-19 mortality rates between their White and Black residents.
- The graph below shows age-adjusted COVID-19 mortality rates for Black residents compared to White residents by state, sorted from the largest to smallest gap. Rates are calculated for all states with 15 or more deaths. In every state shown, Black mortality outpaces White mortality.

Black vs White Americans: Age-adjusted COVID-19 mortality rates, through July 21

Deaths per 100,000 of each group. As of 21, states with available data, when 15 or more Black deaths have occurred for both groups. Sorted from largest to smallest (or negative) absolute disparity between Blacks and Whites.

Orders aggressively for base case. If confirmed cases reported for Pacific Islanders/Pl Asian deaths have been added to the calculation of the U.S. case fatality rate, the CFR would be 0.2% - 0.3% higher.

Source: APIAHF analysis of CDC data. Pl additional deaths reported from the Kaiser/Pl Chart data have been added to the calculation of the U.S. case fatality rate. Last updated July 21. Click to expand/collapse.

FOCUS ON LATINO AMERICANS

Lives lost to date

- 22,126 Latino Americans are known to have lost their lives to COVID-19 through Tuesday, July 21. This is an increase of 1,285 deaths among Latinos compared to our last report two weeks earlier.

Actual mortality rate

- For each 100,000 Americans (of their respective groups), about 77 Latinos have died from the coronavirus, a mortality rate slightly above Asians (31), somewhat better than Pacific Islanders (85), and well below Indigenous people (80) and Blacks (74).

Age-adjusted mortality rate

- Nationwide, Latinos are 2.3 times more likely to have died than Whites, when age is taken into account.
- Adjusted for age, Maryland, the District of Columbia and especially New York have seen the greatest absolute disparities in COVID-19 mortality rates between their White and Latino residents.
- The graph below shows age-adjusted COVID-19 mortality rates for Latino residents compared to White residents by state, sorted from the largest to smallest gap. Rates are calculated for all states with 15 or more deaths. Pennsylvania is the only state where Latino mortality does not outpace White mortality.

Latino vs White Americans: Age-adjusted COVID-19 mortality rates, through July 21

Deaths per 100,000 of each group. As of 21, states with available data, when 15 or more Latino deaths have occurred for both groups. Sorted from largest to smallest (or negative) absolute disparity between Latinos and Whites.

Orders aggressively for base case. If confirmed cases reported for Pacific Islanders/Pl Asian deaths have been added to the calculation of the U.S. case fatality rate, the CFR would be 0.2% - 0.3% higher.

Source: APIAHF analysis of CDC data. Pl additional deaths reported from the Kaiser/Pl Chart data have been added to the calculation of the U.S. case fatality rate. Last updated July 21. Click to expand/collapse.

FOCUS ON WHITE AMERICANS

Lives lost to date

- 83,850 White Americans are known to have lost their lives to COVID-19 through Tuesday, July 21. This is an increase of 4,478 deaths among Whites compared to our last report two weeks earlier.

Actual mortality rate

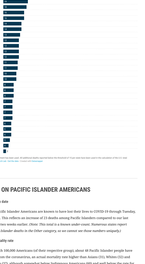
- For each 100,000 Americans (of their respective group), about 32 Whites have died from the coronavirus, a mortality rate similar to Asians (31), somewhat better Latinos (77), considerably better Pacific Islanders (85) and Indigenous people (80) and less than half of the rate experienced by Blacks (74).

Age-adjusted mortality rate

- Nationwide, Whites have the lowest mortality rate of all racial and ethnic groups, when age is taken into account.
- Adjusted for age, New Jersey, Connecticut and Massachusetts have experienced the highest COVID-19 mortality rate among their White residents, while Oregon, West Virginia and Montana have experienced the lowest rates.
- The graph below shows age-adjusted COVID-19 mortality rates for White residents by state. Rates are calculated for all states with 15 or more deaths.

White Americans: Age-adjusted COVID-19 mortality rates, through July 21

Deaths per 100,000 of each group. As of 21, states with available data, when 15 or more White deaths have occurred. Sorted from highest to lowest rate.



Orders aggressively for base case. If confirmed cases reported for Pacific Islanders/Pl Asian deaths have been added to the calculation of the U.S. case fatality rate, the CFR would be 0.2% - 0.3% higher.

Source: APIAHF analysis of CDC data. Pl additional deaths reported from the Kaiser/Pl Chart data have been added to the calculation of the U.S. case fatality rate. Last updated July 21. Click to expand/collapse.

FOCUS ON PACIFIC ISLANDER AMERICANS

Lives lost to date

- 146 Pacific Islander Americans are known to have lost their lives to COVID-19 through Tuesday, July 21. This represents an increase of 21 deaths among Pacific Islanders compared to our last report two weeks earlier. (Note: This chart is a lower-confidence, Kaiser-sourced data report. *Pacific Islander deaths in the Other category, we can't count on these numbers uniquely.*)

Actual mortality rate

- For each 100,000 Americans (of their respective group), about 85 Pacific Islander people have died from the coronavirus, an actual mortality rate higher than Asians (31), Whites (32) and Latinos (77), although somewhat better Indigenous Americans (80) and well below the rate for Blacks (74).

(Note: Caveats are mentioned that the overall mortality rate for Pacific Islander people was constructed from only 13 states reporting such deaths, while other rates reflect additional geographies in the U.S.)

Age-adjusted mortality rate

- Nationwide, Pacific Islanders are 2.8 times more likely to have died than Whites, when age is taken into account.
- Adjusted for age, Arkansas has the highest COVID-19 mortality rate among its Pacific Islander residents. Twenty-nine Pacific Islanders are known to have died of the virus there. Fewer than 10,000 Pacific Islanders in total live in Arkansas, resulting in the very high mortality rate.
- The graph below shows age-adjusted COVID-19 mortality rates for Pacific Islander residents compared to White residents by state, sorted from the largest to smallest gap. Rates are calculated for all states with 15 or more deaths. In every state shown, Pacific Islander mortality outpaces White mortality.

Pacific Islander vs White Americans: Age-adjusted COVID-19 mortality rates, through July 21

Deaths per 100,000 of each group. As of 21, states with available data, when 15 or more Pacific Islander deaths have occurred for both groups. Sorted from largest to smallest absolute disparity between Pacific Islanders and Whites.

Orders aggressively for base case. If confirmed cases reported for Pacific Islanders/Pl Asian deaths have been added to the calculation of the U.S. case fatality rate, the CFR would be 0.2% - 0.3% higher.

Source: APIAHF analysis of CDC data. Pl additional deaths reported from the Kaiser/Pl Chart data have been added to the calculation of the U.S. case fatality rate. Last updated July 21. Click to expand/collapse.

NOTE ABOUT INDIGENOUS, PACIFIC ISLANDER, MULTIRACIAL & OTHER RACE AMERICANS

COVID-19 mortality data for Americans who are Indigenous, Native Hawaiian or Other Pacific Islanders, Some Other race, or Multiracial is inconsistently reported by many states. Users may download our complete State files to better understand the impact of these groups, as well. Data are continued for Indigenous and Pacific Islander people (appear in the "Other" group in many states, along with Multiracial Americans and in a few cases, Asian Americans.

Indigenous and Pacific Islander people (grouped together in the "Other" group in many states, along with Multiracial Americans and in a few cases, Asian Americans.

Data for Asians, Latinos and Whites are reported separately in the vast majority of states, but Pacific Islanders, Some Other race, or Multiracial is inconsistently reported by many states. Users may download our complete State files to better understand the impact of these groups, as well. Data are continued for Indigenous and Pacific Islander people appear in the "Other" group in many states, along with Multiracial Americans and in a few cases, Asian Americans.

Most states are reporting several of the states not yet publicly reporting death by race, such as North Dakota and South Dakota, have relatively large Indigenous populations. We continue to advocate for complete, consistent reporting for all racial and ethnic groups.

WHICH PLACES ARE RELEASING DEATH DATA BY RACE?

The APIA Scorecard has independently compiled these mortality data for Washington, D.C. and 46 states, at the time of this writing, the District of Columbia and the following states are known to be publicly releasing full or partial COVID-19 death data disaggregated by race and ethnicity: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin and Wyoming. (Note that New Mexico has provided summary data to the APIA Scorecard Lab, which appears in our analysis, although the data does not appear on its public website.)

Which states are publicly releasing COVID-19 mortality data by race/ethnicity? (as of 7/21/2020)

The Asian Pacific Islander American Health Forum (APIAHF), founded in 1986, is the nation's leading advocate for health equity for the 22 million Asian American, Native Hawaiian, and Pacific Islander (AAPI) people living in the United States. We work to eliminate health disparities by ensuring that our communities have access to the care they need, the services they deserve, and the quality jobs that support healthy families.
APIAHF is a 501(c)(3) tax-exempt organization. Contact us at 415-848-7700.
Visit us at www.apiahf.org.
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Racial detail on the deceased was available for 91% of all American deaths to date—down from the high of 93% four weeks earlier, but a vast improvement over the 38% that were known when our Color of Coronavirus project began tracking these data in early April.

However, the following five states have not yet publicly posted COVID-19 mortality data with racial details: Hawaii, New Mexico (although the state has provided us data), North Dakota, South Dakota, and West Virginia. For these states (and Texas, whose poor public reporting has racial details available for only 16% of all deaths, as well as Florida, to see additional detail on Asian deaths), we have supplemented our data file using data reported to the National Center for Health Statistics, a division of the CDC. Note that these data have additional time lag and have a high degree of suppression, especially for groups other than Whites. Nonetheless, their inclusion improves the picture of COVID-19 mortality for the entire United States.

> **As of Tuesday, July 21, more than 141,000 Americans had died of COVID-19. Data about race and ethnicity is available for 91% of these deaths.**

It should be noted that even among states releasing COVID-19 data by the race of the deceased, the data is often incomplete or non-uniform. Numerous states release only percentages, not counts of deaths, requiring us to estimate the data rather than know precisely how communities have been affected. Many states also fail to report smaller populations uniquely, obscuring the picture for Indigenous Americans, Pacific Islanders and other groups. All of these reporting shortcomings render our picture of the virus' toll incomplete and make it more difficult to assess the disproportionate impacts on communities.

We call on state and local health departments to release timely data about COVID-19 deaths with as complete racial and ethnic detail as is possible. As the data reporting improves, so too will our understanding of the devastating impact of this disease. This will inform states and communities about how to direct resources more equitably as well.

DOWNLOAD THE COMPLETE DATA FILE (.XLXS)

SOURCES

State and local health department or other governmental reporting bodies. In a few cases, we have upwardly revised total counts of deaths (regardless of race) to conform with the New York Times' latest database. Estimates from the U.S. Census Bureau's 2018 (latest) American Community Survey were used for calculations regarding population by race/ethnicity and age. Importantly, we have aligned population data with each geography's method of collecting and reporting data where possible (i.e., if Latino ethnicity is overlapping with race groups or discrete, and whether race groups are reported "alone" or "alone or in combination"). All calculations and subsequent analysis by APM Research Lab.

NOTES

Deaths of unknown race are excluded prior to calculating percentages and rates. Presumed or probable deaths due to COVID-19 are included here in our death counts. Many of the data sources have labeled their data preliminary. In some cases, percentages will differ from those given by health departments due to our method of excluding deaths with an unknown race from the denominator before calculating percentages. Additionally states employ varying collection methods regarding ethnicity data, which results in percentages summing to more than 100%. Where states have reported only percentages, we have estimated deaths by racial subgroups; these deaths may differ by small amounts from actual due to rounding errors. States can improve this reporting by releasing complete data.

Data for Indigenous, Native Hawaiian and Other Pacific Islanders, and other races are tallied separately in some states, but exist in "other" in other states, due to inconsistent reporting among states.

Mortality rates are presented in two ways on this page: 1) As "crude" rates, meaning no adjustment has been made to standardize varying age distributions in the populations. These are labeled "actual mortality rates," as they reflect the actual death rates experienced in the population groups. 2) As indirectly age-adjusted mortality rates. Because the White population is older on balance in nearly all locations, age-adjusting generally widens disparities between Whites and other populations.

To create our age-adjusted death rates by race and ethnicity, we first calculated an "expected" death rate for each race group by state and the nation overall. We did so by multiplying the latest national age-specific death rates from COVID-19 by age-specific population shares for each race group within each of the geographies (sourced from the 2018 American Community Survey). We then divided the crude death rates for each race and geography by the expected race-based death rate we calculated (resulting in Standard Mortality Ratios), and finally multiplied by the nationwide overall crude death rate. The result is an Indirect Adjusted Death Rate (IADR) of COVID-19 by race.

We indirectly adjusted these data for age because direct age-adjustment was not possible; timely and complete COVID-19 mortality data by race and age group is not being released for all or even most states. However, users are cautioned that indirect standardization is done to approximate the impact resulting from varying age distributions in cases because age-specific death rates are not available. Indirect standardization may deviate more from directly age-adjusted rates when comparing two populations that differ significantly in their age distribution, as race groups may. For this reason, data from individual states that are directly age-adjusted should be considered superior. For more on direct and indirect methods of standardization see this CDC publication.

Thoughts? Questions?

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