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



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by **APM RESEARCH LAB STAFF** | March 5, 2021

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during this difficult time. If you can, please support our work with a donation today.

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Our ongoing Color of Coronavirus project monitors how and where COVID-19 mortality is inequitably impacting certain communities—to guide policy and community responses. Last week, the United States' COVID-19 death toll reached half a million. We have documented the race and ethnicity for 94% of these cumulative deaths in the United States.

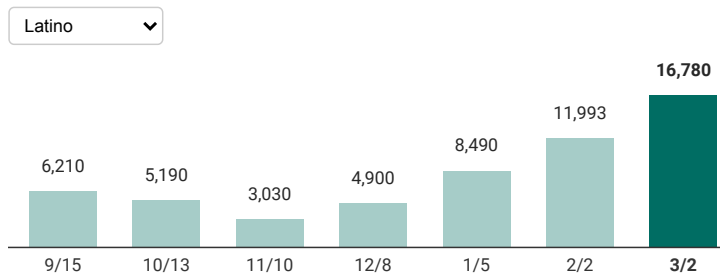
Even as vaccine distribution ramps up across the U.S., the virus' recent toll has been devastating for all groups. Our latest update shows death tolls accelerating in the last four weeks compared to the prior period (mostly January 2021), which had also notched record losses until this update exceeded them.

The last four weeks have yielded the highest number of new deaths since the start of the pandemic for all groups except Black and Pacific Islander Americans, for whom it was the second most deadly stretch. (Black Americans suffered the greatest losses in the month of April 2020—especially in cities where the pandemic first raged—while Pacific Islanders saw their highest death toll in our Feb. 2 update.)

Note that March 3 ends the third deadliest four-week period since the beginning of the pandemic according to **data compiled by the COVID Tracking Project**. (The first and second deadliest periods were in January and December, respectively.) Thus, it is likely that some of the apparent increase in deaths reflected below come from reclassification of deaths by race and ethnicity. In fact, over the last four weeks the number of deaths with an unknown race or ethnicity has decreased by more than 13,000.

The past 4 weeks have been the deadliest COVID-19 stretch of the pandemic for all racial groups but Black and Pacific Islander Americans

New deaths reported in the 4 weeks prior to date shown, in all U.S. states and Washington, D.C.



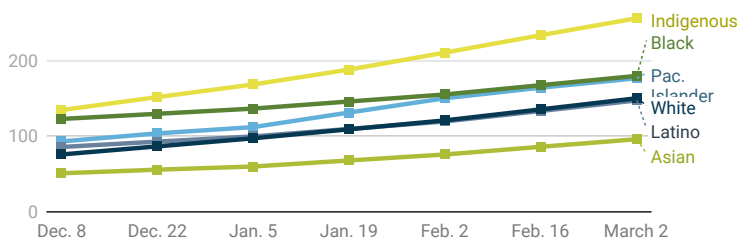
Data have been rounded to the nearest ten.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

In 2021, we switched to the latest population estimates for denominators used to calculate rates and percentages, and began new trend lines for rates dating from Dec. 8, 2020. Indigenous and Black Americans continue to suffer the highest actual rates of loss, followed closely by Pacific Islanders. (The new rates should not be directly compared to our prior data. To examine trends during 2020, we recommend viewing our [December update](#) or [2020 year-in-review](#).)

Indigenous, Black & Pacific Islander Americans have experienced the highest death tolls from COVID-19

Cumulative actual (crude) COVID-19 mortality rates per 100,000, by race and ethnicity, Dec. 8, 2020-March 2, 2021



Population estimates from the U.S. Census Bureau, latest American Community Survey. Five-year estimates have been used for Indigenous and Pacific Islander rates, to improve data reliability.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

As with prior releases, we have also adjusted these mortality rates for differences in the age distribution of populations (which differ across race groups and states), a common and important tool that health researchers use to compare diseases that affect age groups differently. At the national level, this results in even larger documented mortality disparities—**Pacific Islander**,

Latino, Indigenous and Black Americans all have a COVID-19 death rate of *double* or more that of White and Asian Americans, who experience the lowest age-adjusted rates.

Our team at APM Research Lab has independently compiled these death statistics, beginning in early April 2020. ([Learn more about how.](#)) The result is the most robust and up-to-date portrait of COVID-19 mortality by race available anywhere, with a focus on disproportionate deaths.

See our work cited in [The Guardian](#), [The Atlantic](#), [Forbes](#), [CNN](#), [NBC News](#), [Vox](#), [JAMA](#), [Politico](#), [Newsweek](#), [Al Jazeera](#), the [Washington Post](#), [The Hill](#), the [New York Times](#) and numerous other outlets.

KEY FINDINGS (from data through March 2):

- These are the documented, nationwide actual mortality impacts from COVID-19 data (aggregated from all available U.S. states and the District of Columbia) for all race groups since the start of the pandemic.
 - **1 in 390 Indigenous Americans has died** (or 256.0 deaths per 100,000)
 - **1 in 555 Black Americans has died** (or 179.8 deaths per 100,000)
 - **1 in 565 Pacific Islander Americans has died** (or 176.6 deaths per 100,000)
 - **1 in 665 White Americans has died** (or 150.2 deaths per 100,000)
 - **1 in 680 Latino Americans has died** (or 147.3 deaths per 100,000)
 - **1 in 1,040 Asian Americans has died** (or 96.0 deaths per 100,000)
- **Indigenous Americans have the highest actual COVID-19 mortality rates nationwide**—about 2.7 times as high as the rate for Asians, who have the lowest actual rates. Indigenous people have also seen their mortality rate accelerate the fastest in the past four weeks.
- **Adjusting the data for age differences in race groups** widens the gap in the overall mortality rates between all other groups compared to White and

Asian Americans, who have the lowest age-adjusted rates. The Indigenous population has the highest age-adjusted mortality rate, followed by Pacific Islander, Latino and Black residents, as shown in the graph below. (A fuller discussion of our indirectly **age-adjusted rates** follows.)

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

Reflects cumulative mortality rates calculated through March 2, 2021.

INDIGENOU		3.3
PACIFIC ISLANDER		2.6
LATINO		2.4
BLACK		2
WHITE	1	
ASIAN	1	

Indirect age-adjustment has been used. On April 15, 2021 the age-adjusted mortality rate for the nation's Indigenous population was corrected from what had previously been published

- Of the more than 520,000 cumulative U.S. deaths catalogued in this Color of Coronavirus update, **these are the numbers of lives lost by group: Asian (17,747), Black (73,236), Indigenous (5,477), Latino (89,071), Pacific Islander (830) and White Americans (299,915)**. Additionally, 10,358 deaths are recorded as “other” race (and, due to uneven state-level reporting, include more Indigenous and Pacific Islander people, as well as multiracial individuals). Another 28,787 deaths that have occurred currently have an unknown race, a decline of more than 13,000 since our last update.

HOW TO EXAMINE THE DATA:

1. TRENDS: EXPLORE DATA FOR THE U.S. OR A SINGLE STATE *OVER TIME*, COMPARING GROUPS

Actual mortality rate, expressed per 100,000 or

Number of reported deaths by race and ethnicity

2. TOTALS: EXPLORE DATA FOR THE U.S. OR A SINGLE STATE, COMPARING GROUPS

Actual mortality rates and age-adjusted mortality rates, expressed per 100,000 or

Number of reported deaths by race and ethnicity

3. SUMMARIES: EXPLORE ALL DATA FOR A SINGLE GROUP AND COMPARE ALL STATES ON A MAP

Asian Americans | Black Americans | Indigenous Americans | Latino Americans | Native Hawaiian & Other Pacific Islander Americans | White Americans

For more context about the limitations of the data, please [read our note about Indigenous, Pacific Islander, Multiracial and Other Race Americans](#). If you'd like to examine the percentage of deaths compared to the percentage of population by racial group for each state (which previously appeared on this site), you can find this in our [complete data file](#), available upon request.

+ UNDERSTANDING AGE-ADJUSTED MORTALITY RATES

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MORTALITY RATES, ACTUAL & AGE-ADJUSTED

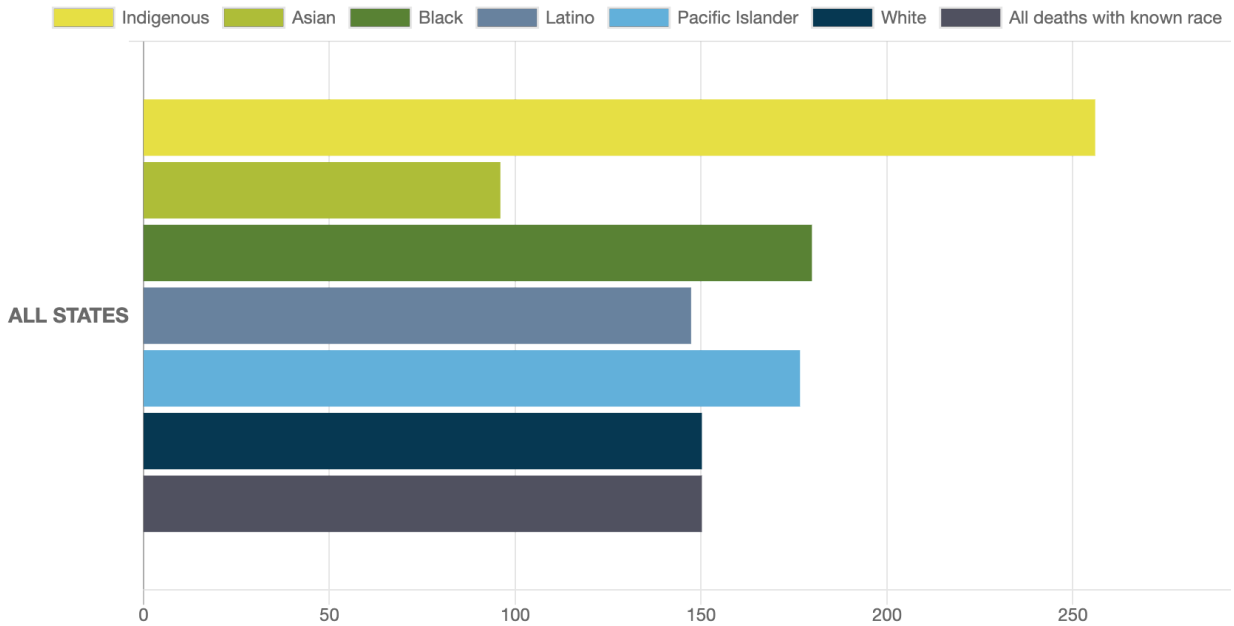
SEARCH BY STATE

(Use Shift + Ctrl to select more than one state)

SEARCH

VIEW THE AGE-ADJUSTED RATES

COVID-19 DEATHS PER 100,000 PEOPLE, THROUGH MARCH 2, 2021



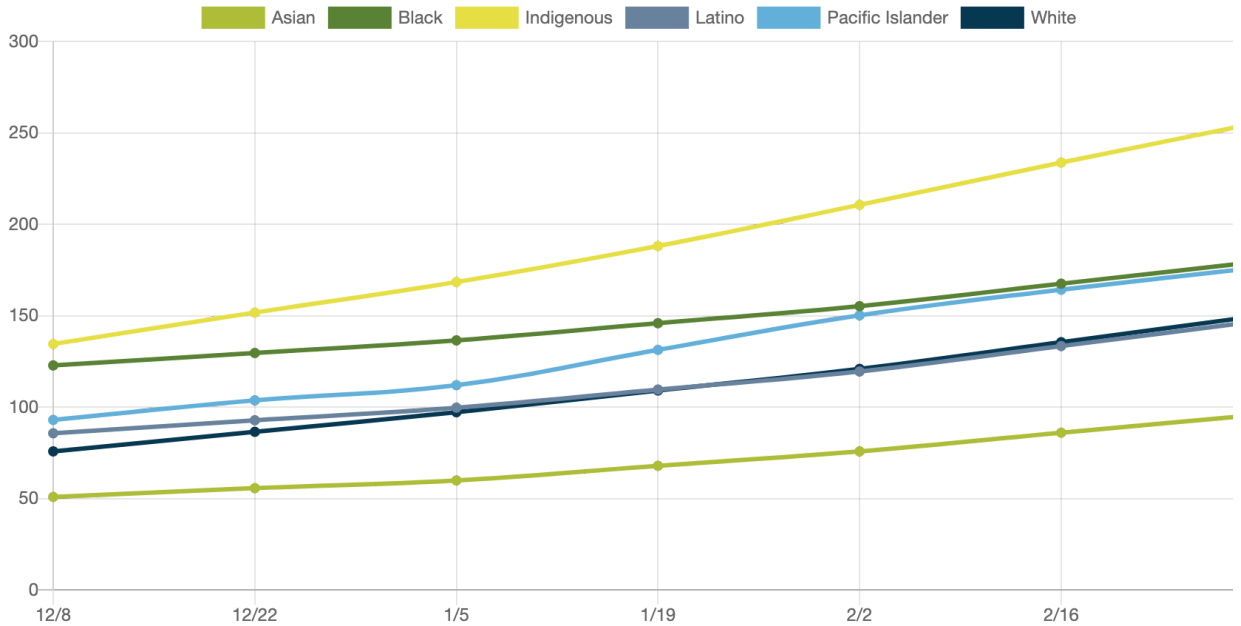
** Includes all available data from Washington, D.C., and the 50 states. Users are cautioned that the Indigenous rate is calculated from just 43 states reporting Indigenous deaths, and the Pacific Islander rate from just 22 states reporting such deaths. States employ varying collection methods regarding ethnicity data. Denominator is built from data aggregated from each state, aligned with their method. Users are cautioned that states do not uniformly report Indigenous, Pacific Islander and other deaths, and many of these deaths are represented in "Other" race.*

Notes: Rates were not calculated when there were fewer than 15 deaths for a particular group (resulting in a "0" value in the graph). Rates for Indigenous and Pacific Islander residents could only be calculated for some states. Additionally, rates were not calculated for multiracial people, nor those identified as "Other" race. On April 15, 2021 the age-adjusted mortality rate for the nation's Indigenous population was corrected from what had previously been published on this page.

ACTUAL MORTALITY RATES, OVER TIME

SEARCH BY STATE

RATES OF DEATH FROM COVID-19 (PER 100,000 PEOPLE) IN ALL STATES, DEC. 8-MARCH 2,
2021

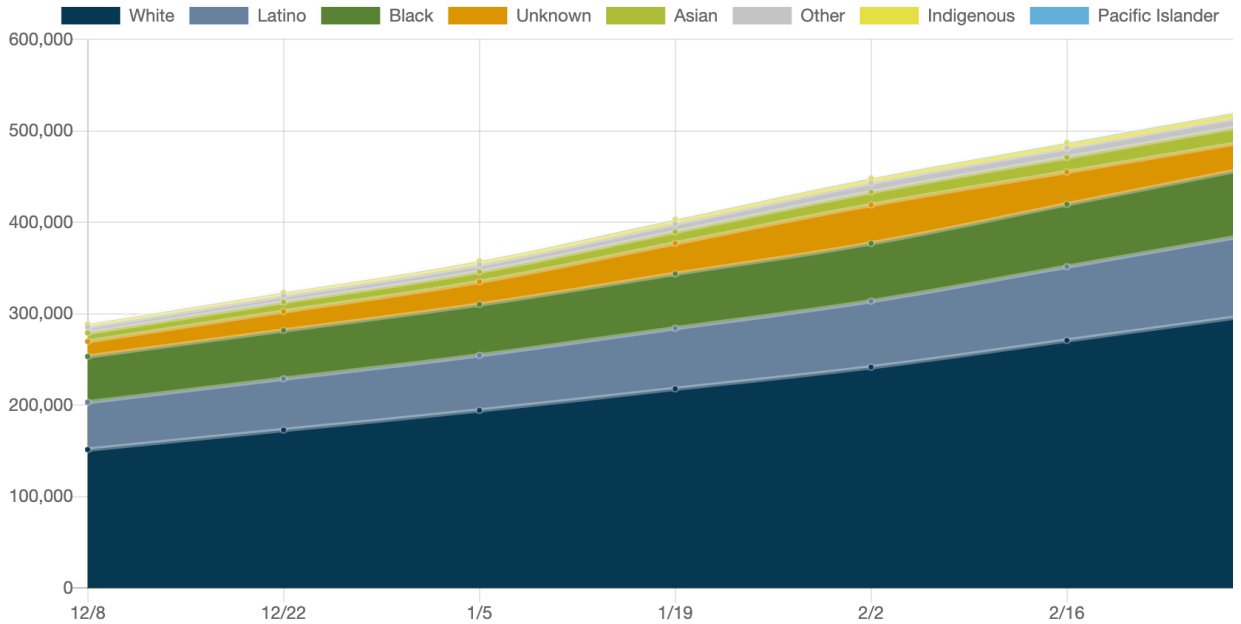


Notes: Rates were not calculated when there were fewer than 15 deaths for a particular group. Rates for Indigenous and Pacific Islander residents could only be calculated for some states. Additionally, rates were not calculated for those identified as “Other” race. All intervals are two weeks apart. Data for 12/22, 1/19 and 2/16 has been interpolated. Users are cautioned that both estimates of deaths and rates graphed over time have slight idiosyncrasies including occasional reductions. We capture data at a point in time, after which provisional data sometimes gets back-revised by states after review. E.g. Tennessee’s count of Latino deaths was downwardly revised from 288 on 1/5 to 274 on 2/2, resulting in a declining (corrected) rate. Data for states that post only percentages are more prone to rounding errors, as we have had to estimate number of deaths. For these reasons, all data should be considered approximate. Some states have changed their treatment of ethnicity over time. Please contact us for additional details.

DEATHS BY RACE & ETHNICITY, OVER TIME

SEARCH BY STATE

CUMULATIVE U.S. COVID-19 DEATHS BY RACE/ETHNICITY IN ALL STATES, DEC. 8, 2020-
MARCH 2, 2021



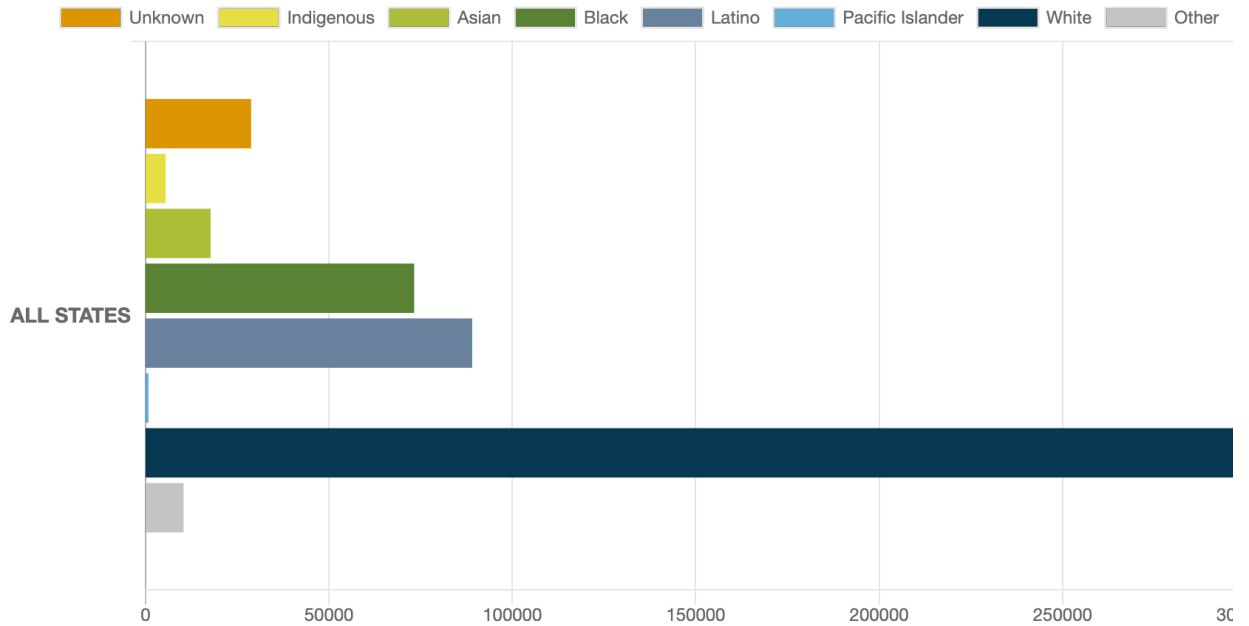
Notes: All intervals are two weeks apart. Data for 12/22, 1/19 and 2/16 has been interpolated. A small amount of double-counting of individuals occurs in this graph in states where Latino ethnicity is reported overlapping with race groups, as well as the totals for the nation. Users are cautioned that both estimates of deaths and rates graphed over time have slight idiosyncrasies including occasional reductions. We capture data at a point in time, after which provisional data sometimes gets back-revised by states after review. E.g. Tennessee's count of Latino deaths was downwardly revised from 288 on 1/5 to 274 on 2/2. Data for states that post only percentages are more prone to rounding errors, as we have had to estimate number of deaths. For these reasons, all data should be considered approximate. Some states have changed their treatment of ethnicity over time. Please contact us for additional details.

REPORTED DEATHS BY RACE & ETHNICITY, TOTALS

SEARCH BY STATE

(Use Shift + Ctrl to select more than one state)

COVID-19 DEATHS BY RACE AND ETHNICITY, THROUGH MARCH 2, 2021



* Includes all available data from Washington, D.C., and the 50 states. States employ varying collection methods regarding ethnicity data. Our sum is built from data collected from each state (or reported to the CDC by the state), aligned with their method. Users are cautioned that states do not uniformly report Indigenous, Pacific Islander and other deaths, and many of these deaths are represented in "Other" race.

FOCUS ON ASIAN AMERICANS

Lives lost to date

- 17,747 Asian Americans are known to have lost their lives to COVID-19 through Tuesday, March 2. There were 3,728 new deaths reported among Asians since our last report four weeks earlier, which is a significant acceleration of losses over the preceding four weeks (2,949).
- Nationwide, Asian Americans have experienced 3.6% of all deaths of known race, while they represent 5.6% of the population.

(Note: Arizona, Connecticut, Delaware, Michigan, New Mexico, North Carolina, Virginia and Wisconsin report deaths for Asians and Pacific Islanders jointly, so a small number of Pacific Islanders are included in our reporting on Asian Americans. Denominators for those states include both groups.)

Actual mortality rate

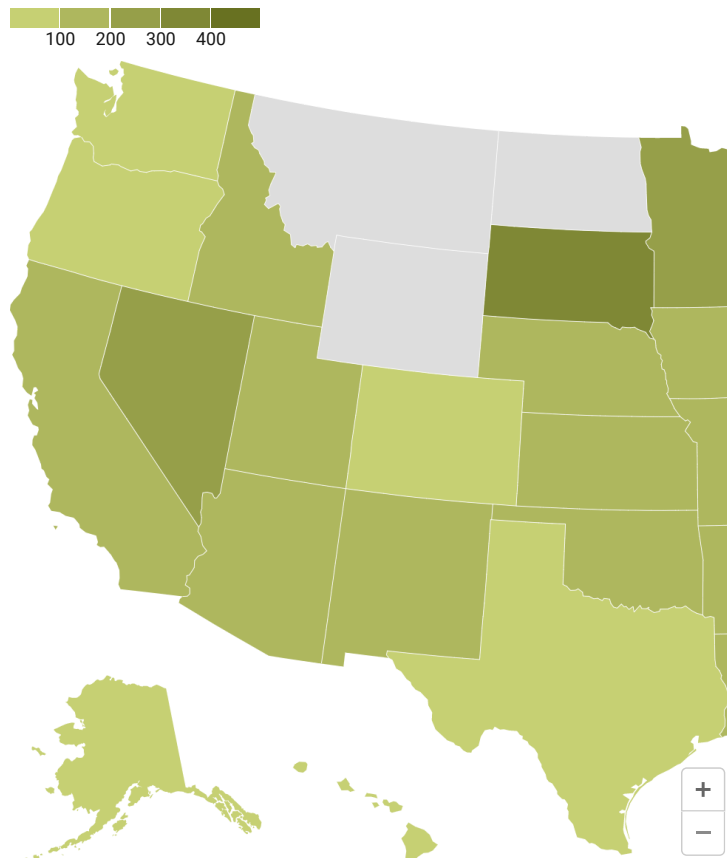
- For each 100,000 Americans (of their respective group), about 96 Asians have died from the coronavirus, a mortality rate considerably below Latino (147) and White Americans (150), and well below Pacific Islander (177), Black (180) and Indigenous Americans (256).
- In seven states, more than 1 in 1,000 Asian residents has died (i.e., more than 100 per 100,000), the highest losses among Asians anywhere in the U.S.

Age-adjusted mortality rate

- Nationwide, Asian Americans have the lowest age-adjusted mortality rates (117 per 100,000), followed by White Americans (121).
- Adjusted for age, the states of South Dakota (354), New York (227), Nevada (205), Minnesota (202) and Iowa (181) have seen the highest COVID-19 mortality rates (per 100,000) among their Asian residents.

Asian Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 Asian residents. For all U.S. states with available data, where 15 or more deaths among Asian residents have occurred.



The nationwide rate is 117.0. A rate was not calculated for the District of Columbia as it did not meet the reporting threshold. Indirect age-adjustment has been used. Arizona, Connecticut, Delaware, Michigan, New Mexico, North Carolina, Virginia, and Wisconsin were not included.

FOCUS ON BLACK AMERICANS

Lives lost to date

- 73,236 Black Americans are known to have lost their lives to COVID-19 through Tuesday, March 2. There were 10,029 new deaths reported among Black Americans since our last report four weeks earlier, which is a significant acceleration of losses over the preceding four weeks (7,627).
- Nationwide, Black Americans have experienced 14.9% of all deaths of known race, but represent 12.4% of the population.

Actual mortality rate

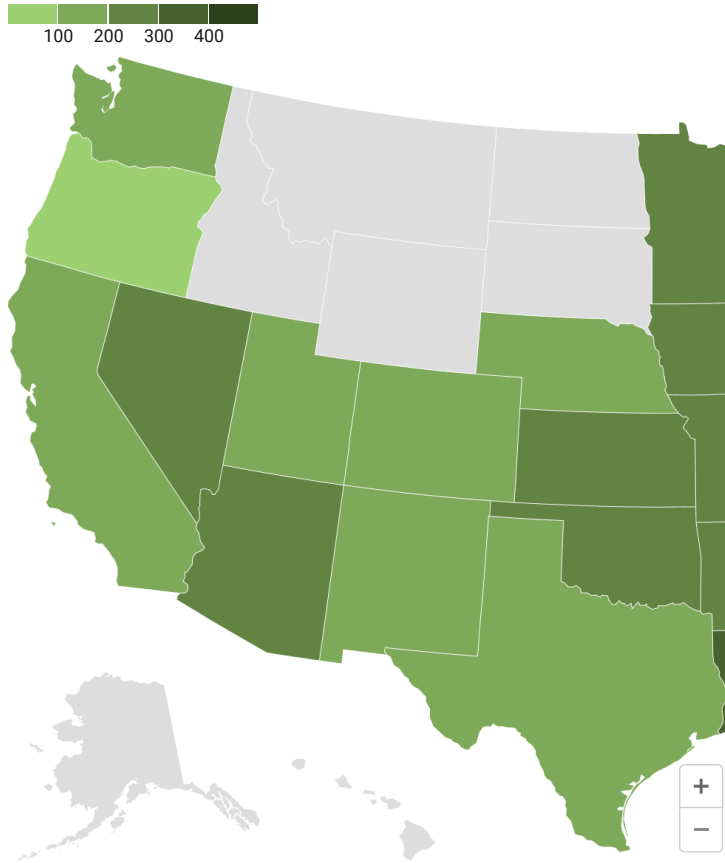
- For each 100,000 Americans (of their respective group), about 180 Black people have died from the coronavirus, the second-highest actual mortality rate of all groups, behind only Indigenous people (256). Asian (96), Latino (147), White (150) and Pacific Islander Americans (177) have lower rates.
- In 33 states and the District of Columbia, more than 1 in 1,000 Black residents has died (i.e., more than 100 per 100,000).

Age-adjusted mortality rate

- Nationwide, Black people are 2.0 times more likely to have died as White people, and 2.1 times more likely to have died as Asian people, when age is taken into account.
- Adjusted for age, the states of New York (429), New Jersey (372), Connecticut (353), Louisiana (333) and Michigan (328) have seen the highest COVID-19 mortality rates (per 100,000) among their Black residents.

Black Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 Black residents. For all U.S. states with available data, where 15 or more deaths among Black residents have occurred.



The mortality rate is 249.6. The rate for the District of Columbia is 250.5. Indefinite...

FOCUS ON INDIGENOUS AMERICANS

Lives lost to date

- At least 5,477 Indigenous Americans have lost their lives to COVID-19 through Tuesday, March 2. There were 973 new deaths reported among Indigenous people since our last report four weeks earlier, which is a slight acceleration of losses over the preceding four weeks (956).

(Note: This total is a known under-count. Numerous states report Indigenous deaths in the Other category, so we cannot see those numbers uniquely.)

- Indigenous Americans have experienced 1.3% of the deaths of known race (in the 43 states reporting one or more Indigenous deaths), but represent

0.8% of the population in those states.

Actual mortality rate

- For each 100,000 Americans (of their respective group), about 256 Indigenous people have died from the coronavirus, the highest actual mortality rate of all racial and ethnic groups. Asian (96), Latino (147), White (150), Pacific Islander (177) and Black Americans (180) have a lower actual mortality rate than Indigenous people.

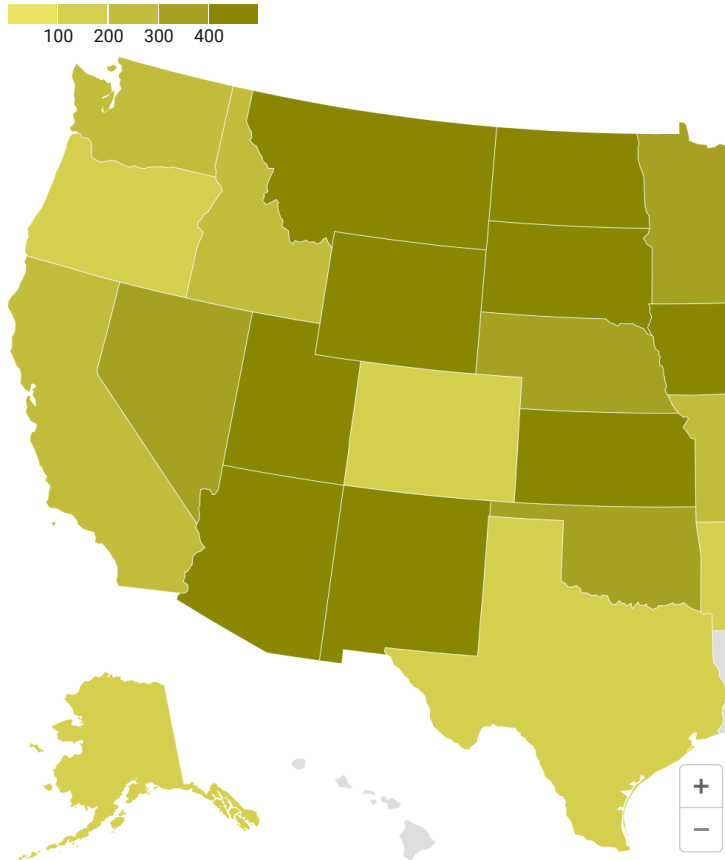
(Note: Users are cautioned that this “nationwide” mortality rate for Indigenous people was constructed only from the 43 states reporting such deaths.)

Age-adjusted mortality rate

- Nationwide, Indigenous people are 3.3 times more likely to have died as White and Asian people, when age is taken into account.
- Adjusted for age, the states of Mississippi (1,466), New Mexico (904), Montana (861), Arizona (845) and North Dakota (842) have seen the highest COVID-19 mortality rates (per 100,000) among their Indigenous residents.
- *Note: On April 15, 2021 the age-adjusted mortality rate for the nation’s Indigenous population was corrected from what had previously been published on this page.*

Indigenous Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 Indigenous residents. For all U.S. states with available data, where 15 or more deaths among Indigenous residents have occurred.



The nationwide rate (based on the 43 states reporting) is 401.3. A rate was not calculated for the District of Columbia as it did not meet the reporting threshold. Indirect age-adjustment has been used. Population data from the U.S. Census Bureau, 2015-2019 American

FOCUS ON LATINO AMERICANS

Lives lost to date

- 89,071 Latino Americans are known to have lost their lives to COVID-19 through Tuesday, March 2. There were 16,780 new deaths reported among Latinos since our last report four weeks earlier, which is a significant acceleration of losses over the preceding four weeks (11,993).
- Latino Americans have experienced 18.1% of all deaths of known race, and represent 18.4% of the population.

Actual mortality rate

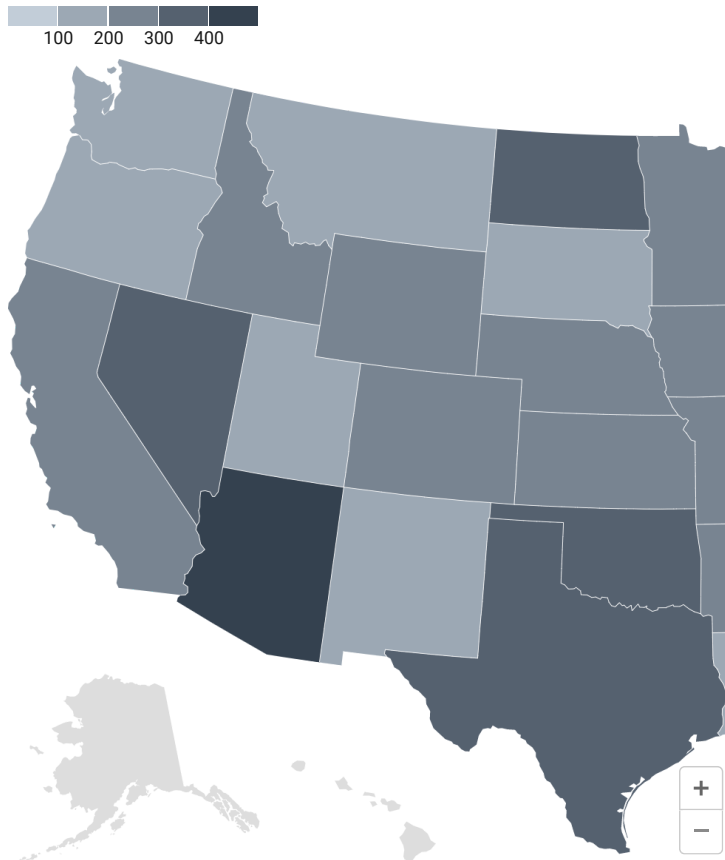
- For each 100,000 Americans (of their respective group), about 147 Latino people have died from the coronavirus, a mortality rate considerably above Asian (96) people, slightly below White people (150), and well below Pacific Islander (177), Black (180) and Indigenous people (256).

Age-adjusted mortality rate

- Nationwide, Latino people are 2.4 times more likely to have died as White and Asian people, when age is taken into account.
- Adjusted for age, New York (448), Arizona (413), North Dakota (398), New Jersey (373) and Texas (341) have seen the highest COVID-19 mortality rates (per 100,000) among their Latino residents.

Latino Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 Latino residents. For all U.S. states with available data, where 15 or more deaths among Latino residents have occurred.



The mortality rate is 206.5. The rate for the State of California is 216.7. In fact, the

FOCUS ON PACIFIC ISLANDER AMERICANS

Lives lost to date

- At least 830 Pacific Islander Americans have lost their lives to COVID-19 through Tuesday, March 2. There were 124 new deaths reported among Pacific Islanders since our last report four weeks earlier, which is a deceleration of losses over the preceding four weeks (182).

(Note: This total is a known under-count. Numerous states report Pacific Islander deaths in the Other category, so we cannot see those numbers uniquely.)

- Pacific Islander Americans have experienced at least 0.3% of all deaths of known race (in 22 states reporting any deaths), while representing 0.3% of the population in those states.

Actual mortality rate

- For each 100,000 Americans (of their respective group), about 177 Pacific Islander people have died from the coronavirus, an actual mortality rate well above Asian (96), Latino (147) and White people (150), slightly below Black people (180), and well below Indigenous people (256).

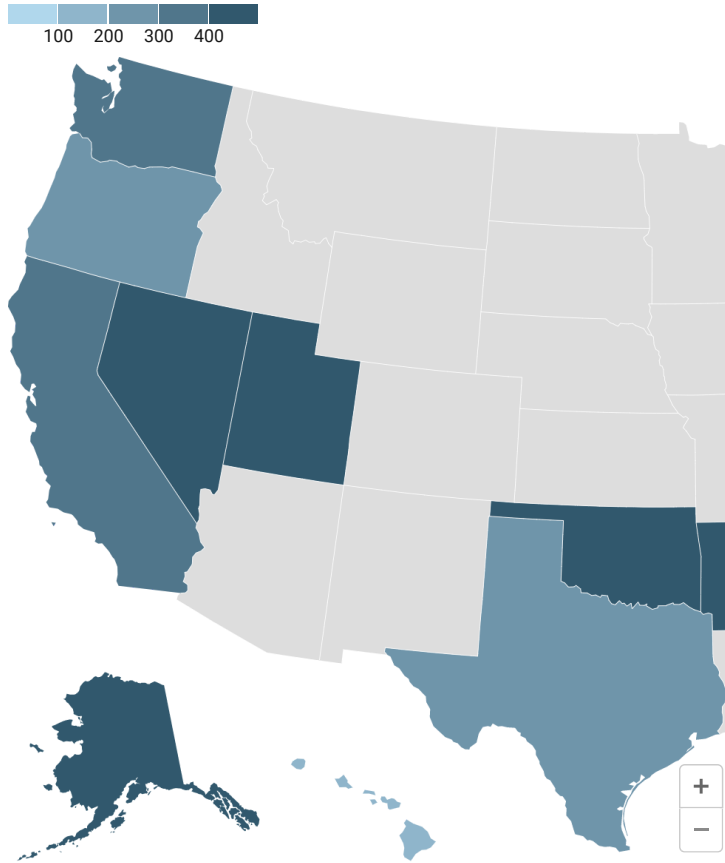
(Note: Users are cautioned that the “nationwide” mortality rate for Pacific Islander people was constructed from only 22 states reporting such deaths.)

Age-adjusted mortality rate

- Nationwide, Pacific Islanders are 2.6 times more likely to have died as White people, and 2.7 times more likely to have died as Asian people, when age is taken into account.
- Adjusted for age, the states of Arkansas (2,598), Illinois (1,437), Oklahoma (1,043), Alaska (698) and Utah (588) have seen the highest COVID-19 mortality rates (per 100,000) among their small populations of Pacific Islander residents.

Pacific Islander Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 Pacific Islander residents. For all U.S. states with available data, where 15 or more deaths among Pacific Islander residents have occurred.



The "nationwide" rate (based on 22 reporting states) is 312.0. A rate was not calculated for the District of Columbia as it did not meet the reporting threshold. Indirect age-adjustment has been used. Population data from the U.S. Census Bureau, 2015-2019 American Community Survey.

FOCUS ON WHITE AMERICANS

Lives lost to date

- 299,915 White Americans are known to have lost their lives to COVID-19 through Tuesday, March 2. There were 58,475 new deaths reported among White Americans since our last report four weeks earlier, which was a significant acceleration of losses over the preceding four weeks (47,249).
- White Americans have experienced 60.8% of all deaths with known race, while representing 60.8% of the population.

Actual mortality rate

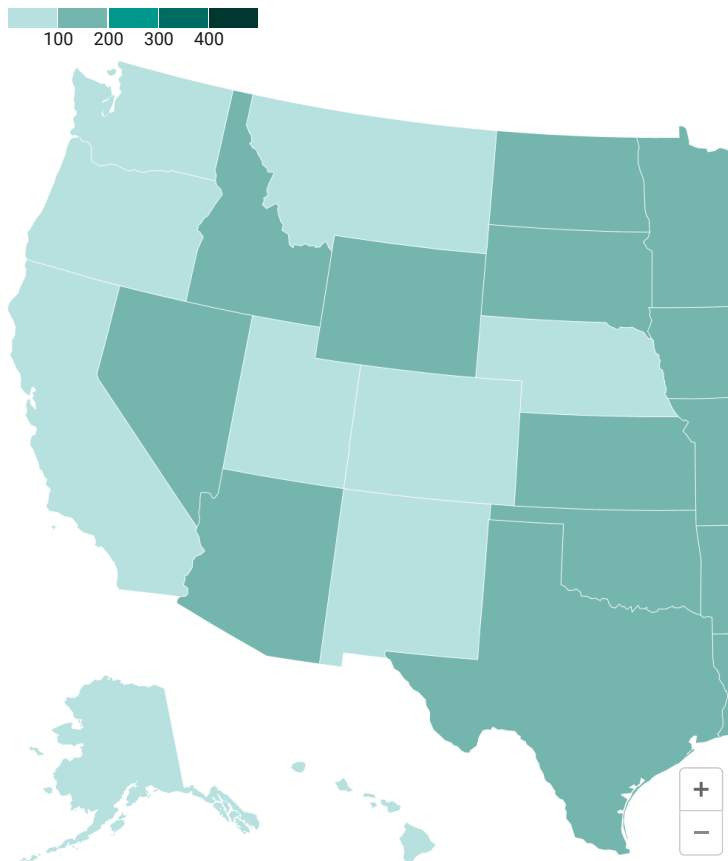
- For each 100,000 Americans (of their respective group), about 150 White people have died from the coronavirus, a mortality rate well above Asian people (96), slightly above Latino people (147), and well below Pacific Islander (177), Black (180) and Indigenous people (256).

Age-adjusted mortality rate

- Nationwide, White Americans are only slightly more likely to have died of COVID-19 than Asian Americans, who have the lowest rate, when age is taken into consideration.
- Adjusted for age, the states of North Dakota (198), Massachusetts (195), Louisiana (180), Mississippi (178) and New Jersey (178) have seen the highest COVID-19 mortality rates among their White residents.

White Americans: Age-adjusted COVID-19 mortality rates, through March 2, 2021

Deaths per 100,000 White residents. For all U.S. states with available data, where 15 or more deaths among White residents have occurred.



The nationwide rate is 101.4. The rate for the District of Columbia is 240. Infection...

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 request **our complete data file** to better understand the loss of life in these groups as well. Users are cautioned that Indigenous and Pacific Islander people appear in the “Other” group in many states, along with Multiracial Americans and in a few cases, Asian Americans. **We continue to advocate for complete, consistent reporting for all racial and ethnic groups.**

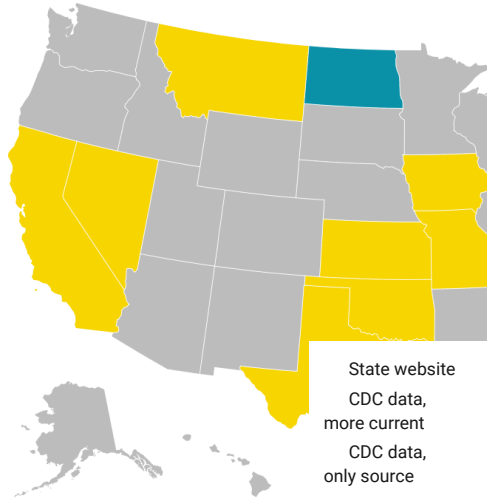
HOW DID THE APM RESEARCH LAB OBTAIN THE DATA?

The APM Research Lab has independently compiled and analyzed these mortality data for Washington, D.C. and all states. At the time of this writing, only North Dakota and West Virginia did not yet publicly release COVID-19 mortality data by race and ethnicity on their state health department websites. For these two states, 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 some time lag and often have suppressed data (i.e., data hidden for privacy’s sake), especially for groups other than White Americans. Nonetheless, their inclusion improves the picture of COVID-19 mortality for the entire United States.

In the case where a state is publicly releasing its mortality data, but the CDC data was found to be more robust, we have also opted to use the CDC data. This is the case for the following 13 states: California, Florida, Indiana, Iowa, Kansas, Kentucky, Missouri, Montana, Nevada, Oklahoma, Pennsylvania, South Carolina and Texas, as well as the balance of New York outside of New York City (which is

reported separately). The result is the most comprehensive and up-to-date portrait of COVID-19 mortality by race and ethnicity for the U.S.

Source of Color of Coronavirus mortality data by state



The CDC data is lagged and has a degree of data suppression. However, we use CDC data when states do not publicly report mortality statistics by race or when the CDC data is found to be more robust than the data found on state websites. In the case of New York, CDC data was used only for the balance of the state outside of New York City, which reports its own

Racial detail on Americans who have died of COVID-19 was available for 94% of all deaths to date—a vast improvement from the 38% that were known when our Color of Coronavirus project began tracking these data in early April. However, nearly 29,000 reported deaths do not have racial or ethnic details available at this point in time.

Well over 500,000 Americans have now died of COVID-19. Data about race and ethnicity is available for 94% of these deaths.

However, it should be noted that even among states releasing COVID-19 data by the race of the deceased, the data is often incomplete or nonuniform. Several 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.

REQUEST OUR COMPLETE DATA FILE

**EXPLORE OUR COLOR OF CORONAVIRUS: 2020
YEAR IN REVIEW PAGE, WITH ADDITIONAL
GRAPHS & INSIGHTS**

FREQUENTLY ASKED QUESTIONS

SOURCES

State and local health department or other governmental reporting bodies, and the National Center for Health Statistics. In a few cases, we have upwardly revised total counts of deaths (not by race) to conform with the New York Times' latest database. Estimates from the U.S. Census Bureau's 2019 (latest) American Community Survey were used for calculations regarding population by race/ethnicity and age for all groups except Indigenous and Pacific Islanders. For these two groups, we have used the 2015-2019 American Community Survey five-year estimates to improve reliability for small groups. Importantly, we have aligned population data with each geography's method of collecting and reporting data (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 White Americans 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 2019 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](#).

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