COVID-19 Pandemic Had Disproportionate Impact on Black, American Indian and Latino Adults

Excess deaths by population were three to four times higher among Black and American Indian men and women.

October 11, 2021 By National Cancer Institute

The global COVID-19 pandemic has taken a toll on Black, American Indian/Alaska Native, and Latino individuals in the United States, causing more deaths by population size, both directly and indirectly, in these groups compared with white or Asian individuals. The findings, from a large surveillance study led by researchers at the National Cancer Institute (NCI), part of the National Institutes of Health (NIH), appeared October 5, 2021, in Annals of Internal Medicine.

“Focusing on COVID-19 deaths alone without examining total excess deaths—that is, deaths due to non-COVID-19 causes as well as to COVID-19—may underestimate the true impact of the pandemic,” said Meredith S. Shiels, PhD, MHS, senior investigator in the Infections and Immunoepidemiology Branch in NCI’s Division of Cancer Epidemiology and Genetics, who led the study. “These data highlight the profound impact of long-standing inequities.”

Scientists at NCI have a long history of tracking mortality trends in the United States, mainly focusing on cancer death rates. More recently, these investigators have been applying their expertise in analyzing national surveillance data to better understand the impact of the COVID-19 pandemic on excess deaths by racial and ethnic group.

In this new study, scientists from NCI, NIH’s National Institute on Minority Health and Health Disparities (NIMHD), and the Pacific Institute for Research and Evaluation used provisional death certificate data from the Centers for Disease Control and Prevention, along with population estimates from the U.S. Census Bureau, to compare excess deaths by race/ethnicity, sex, age group, and cause of death during March to December 2020 with data for the same months in 2019. Excess deaths are the number of deaths in a specific period of time over what would have been expected to occur based on deaths in the same months in previous years, after adjustment for population changes.

Dr. Shiels noted that because the study period did not include a full year of data, the investigators could not present the number of excess deaths as a rate. Instead, they calculated the number of

excess deaths in each racial/ethnic group according to each group's population size (i.e., deaths per 100,000 people).

Roughly 2.9 million people died in the United States between March 1, 2020, and December 31, 2020. Compared with the same period in 2019, there were 477,200 excess deaths, with 74% of them due to COVID-19. The scientists found that, after adjusting for age, the number of excess deaths by population size among Black, American Indian/Alaska Native, and Latino men and women were more than double those in white and Asian men and women.

Looking more closely at the excess deaths where COVID-19 was not listed as the cause, the scientists found that excess deaths by population were three to four times higher among Black and American Indian/Alaska Native men and women compared with white men and women. And Latino men and women had nearly two times the number of excess non-COVID-19 deaths by population, compared with white men and women.

These data do not explain the reasons for the excess non-COVID mortality. "It is possible that fear of seeking out health care during the pandemic or misattribution of causes of death from COVID-19 are responsible for a majority of the excess non-COVID-19 deaths," said Dr. Shiels.

Excess deaths during the pandemic have resulted in growing disparities in overall U.S. mortality, with the disparities in age-standardized all-cause deaths increasing between 2019 and 2020 for Black and American Indian/Alaska Native men and women compared with white men and women. For example, in 2019, total mortality by population among Black men was 26% higher than in white men, but in 2020 it was 45% higher. Similarly, in 2019, total mortality by population among Black women was 15% higher than in white women, but in 2020 it was 32% higher.

"Our efforts at NIH to help mitigate these COVID disparities have been heavily focused on promoting testing and vaccine uptake through community-engaged research. However, vaccine hesitancy poses a real threat, so we are addressing the misinformation and distrust through collaborative partnerships with trusted community stakeholders," said study coauthor Eliseo J. Pérez-Stable, MD, director of NIMHD.

This press release was originally published by the National Cancer Institutes on October 4, 2021.

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