What Share of People Who Have Died of COVID-19 Are 65 and Older – and How Does It Vary By State?

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Since the early days of the pandemic, COVID-19 has taken its greatest toll among older adults in the US in terms of cases, hospitalizations and deaths. Months into the pandemic, older adults continue to be one of the populations most at risk of becoming seriously ill and dying from COVID-19. Adults 65 and older account for 16% of the US population but 80% of COVID-19 deaths in the US, somewhat higher than their share of deaths from all causes (75%) over the same period. Around the country, however, states have put in place a variety of policies regarding COVID-19, and on different timetables, which have contributed to different case trajectories and could result in variations across states in the proportion of COVID-19 deaths among older people. Other factors that may contribute to these differences include the prevalence of underlying medical conditions and racial composition of each state's population.

To examine the extent of state-level variation in the share of COVID-19 deaths accounted for by older adults, we analyze the distribution of COVID-19 deaths by age group at the state level, based on data from the Centers for Disease Control and Prevention (CDC) as of July 22, 2020, for the week ending July 11. The data are provisional and reflect a time lag due to differences in how states report data.

Of the 41 states and District of Columbia included in this analysis, the share of people 65 and older who have died of COVID-19 varies considerably by state (Figure 1).

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The percent of COVID-19 deaths accounted for by people 65 and older is consistently high and ranges from a high of 94% in Idaho to a low of 70% in the District of Columbia.

In most states, the share of adults 65 and older who have died due to COVID-19 is higher than their share of deaths from all causes (Figure 2).

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For example, in Idaho, a substantially higher share of people who have died of COVID-19 were 65 and older (94%) compared to deaths from all causes (76%). Similarly, in West Virginia, the share of people 65 and older who have died of COVID-19 was much higher than for all causes (90% vs 73%). This was true for almost all states included in the analysis

except for Arizona, Arkansas, Kansas, New Mexico, New York and Texas, where the share of COVID-19 deaths and deaths from all causes were the same, and Nebraska where the share of COVID-19 deaths was lower than for all causes.

States that have reported a larger share of adults 65 and older who have died of COVID-19 tend to be those states that have had a disproportionate number of deaths in long-term care facilities. These include Idaho, with 94% of COVID-19 deaths among those 65 and older, as well as New Hampshire (92%), Massachusetts (90%), Rhode Island (90%), Minnesota (89%), Connecticut (89%), Pennsylvania (87%), Ohio (86%), Kentucky (84%), and Delaware (83%).

Many of the states that have reported a smaller share of adults 65 and older who have died of COVID-19 compared to the national average are in the South and the Sun Belt, including Alabama (76%), Tennessee (76%), Nevada (75%), Arizona (74%), Mississippi (74%), Arkansas (71%), New Mexico (71%), and Texas (70%). With the exception of Texas, these states have a population age distribution similar to the US average, which suggests that this finding is not a function of having a younger population. In these states, the pandemic is peaking later than in states that were hit earlier, which may contribute to a lag in deaths among older adults.

States that have experienced a large percentage of deaths at long-term care facilities are also more likely to have a larger share of COVID-19 deaths in the oldest age cohort, those 85 and older (Figure 3).

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In the US overall, 33% of people who have died from COVID-19 were age 85 and older, compared to 31% of people who died from all causes over the same period who were 85 and older. In states with a relatively large share of deaths in long-term care facilities, the percentage is higher, e.g., 48% in New Hampshire and Massachusetts, 46% in Rhode Island, 45% in Minnesota and Connecticut, 43% in Pennsylvania, 39% in Idaho, 37% in Kentucky, Delaware, and Ohio.

The number of adults 65 and older who have died of COVID-19 is considerably higher in some states than others, with 61% of all adults 65 and older who died of COVID-19 as of July 15, residing in just 7 states: New York, New Jersey, Massachusetts, Pennsylvania, Illinois, California, and Michigan (Figure 4).[1]

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By comparison, only 36% of deaths among people 65 and older from all causes were among older adults residing in those 7 states.

The majority of people who have died of COVID-19 are 65 and older nationwide; however, there is a fair amount of variation across states. These differences may reflect a number of factors, including underlying demographic characteristics, other state-specific factors, and the timing of outbreaks. In states that were affected earlier, older adults tend to account for a higher share of deaths. This may be attributable to the relatively large number of deaths in long-term care facilities. States that have experienced more recent outbreaks have a somewhat smaller share of deaths accounted for by people 65 and older, but as the pandemic progresses, the share of deaths among older people in these states may rise, especially in states that are now experiencing a sharp rise in coronavirus cases in long-term care facilities.

Methods

This analysis uses data from the Centers for Disease Control and Prevention, "Provisional COVID-19 Death Counts by Sex, Age, and State," as of July 22, 2020, for the week ending July 11, 2020 https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku. The CDC uses incoming data from death certificates to produce provisional COVID-19 death counts. The number of deaths reported in this dataset are the total number of deaths received and coded as of the date of analysis, and do not represent all deaths that occurred in that period. Data during this period are incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to the National Center for Health Statistics (NCHS) and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more. Death counts that are fewer than 10 by age group were suppressed in accordance with NCHS confidentiality standards. We excluded 9 states from this analysis where there was a discrepancy of more than 10% between the total number of COVID-19 deaths by age group and the total number of deaths overall within the state (Alaska, Hawaii, Maine, Montana, North Dakota, South Dakota, Utah, Vermont, and Wyoming). This discrepancy is likely due to the suppression of data within age cohorts that falls below the NCHS reporting standard.

Endnotes

1. The Centers of Disease Control and Prevention dataset used in this analysis produces slightly different counts of deaths for July 11 than other sources producing these estimates, such as the Johns Hopkins University Coronavirus Resource Center or the COVID Tracking project.