

BOSTON PUBLIC HEALTH COMMISSION

Health of Boston 2026: The Mortality and Life Expectancy Report

BISOLA OJIKUTU MD, MPH, FIDSA
COMMISSIONER OF PUBLIC HEALTH, CITY OF BOSTON
EXECUTIVE DIRECTOR, BOSTON PUBLIC HEALTH COMMISSION

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Live Long and Well

Boston's Population Health Equity Agenda

Welcome to the 2026 *Health of Boston: Life Expectancy and Mortality Report*. Three years after our last mortality report, released in the recovery period of the COVID-19 pandemic, this update examines longer-term trends and recent changes in life expectancy and mortality across Boston. In alignment with the City's *Live Long Live Well* framework, these findings are intended to inform action to improve health and advance equity across communities.

What does the latest data show?

- Following the sharp decline in life expectancy observed during the COVID-19 pandemic identified in 2023, life expectancy in Boston has rebounded and improved over the longer term (past decade). However, gains have not been equitable, and longstanding disparities persist.
- Black residents continue to experience substantially lower life expectancy, consistent with patterns observed in the 2023 report. Black men have the lowest life expectancy, though recent data (2023–2024) show notable improvements, likely driven in part by reductions in overdose-related mortality.
- Premature mortality trends mirror life expectancy patterns: despite pandemic-era increases documented in the 2023 report, rates have improved over the past decade, with recent decreases from 2023–2024. However, Black residents continue to experience disproportionately high premature mortality rates, even amid recent progress.
- Geographic inequities remain largely unchanged from prior findings: neighborhoods such as Mattapan, Dorchester, and Roxbury continue to experience the highest premature mortality rates, reflecting persistent structural inequities.
- In 2024, cancer became the leading cause of premature death, overtaking overdose for the first time since the pandemic period. This change is driven by declines in overdose mortality, rather than increases in cancer deaths.
- New in this report, mortality is examined by ethnicity and subgroup, revealing important within-group differences. Notably, Puerto Rican residents experience elevated mortality and premature mortality rates, highlighting inequities that were not previously visible in aggregated data.

Taken together, these findings suggest that while Boston is recovering from the acute impacts of the pandemic, the underlying patterns of inequity remain deeply entrenched, and recent improvements, particularly in overdose mortality, represent important but uneven progress.

CONTENTS

<u>Introduction</u>	<u>1</u>
<u>Life Expectancy</u>	<u>3</u>
<u>Premature Mortality</u>	<u>7</u>
<u>Mortality</u>	<u>12</u>
<u>Conclusion</u>	<u>21</u>

ACKNOWLEDGEMENTS

Authors: S. Helen Ayanian, Jaylen Clarke, Michele Clark, Krishna Gandhi, Tibrine da Fonesca, Julia Frederick, Krystal Garcia, Julia Hansen, Annika Luk, PJ McCann, Johnna Murphy, Shoba Nair, Khushi Prakash, Soraya Underwood, Sanouri Ursprung
(Contact: populationhealth@bphc.org)

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SUGGESTED CITATION

Boston Public Health Commission, Health of Boston 2026: The Mortality and Life Expectancy Report (Boston, Massachusetts 2026)

The Boston Public Health Commission's mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.

INTRODUCTION

Welcome to the Boston Public Health Commission's (BPHC) Health of Boston 2026 Mortality and Life Expectancy report. This is part of a series of reports providing population-based data on the health of Boston. It aims to provide residents, medical and public health professionals, health policymakers, and community advocates with actionable information on the health of Boston residents.

Boston is a vibrant, diverse, and thriving city, and its overall life expectancy is higher than the national average. Yet these encouraging citywide numbers mask persistent and troubling health inequities. Data show that life expectancy varies sharply across Boston's communities, with Black residents and residents living in several neighborhoods experiencing markedly lower life expectancy than the city as a whole.

These differences are not random or inevitable. They reflect long-standing structural inequities that shape the conditions in which people live, work, and age. Historic and ongoing patterns of residential segregation, unequal access to economic opportunity, environmental burdens, disinvestment in certain neighborhoods, and barriers to high-quality health care all contribute to unequal health outcomes.

This report presents trends in life expectancy, premature mortality, and all-cause mortality. Although each measure shows slightly different aspects of population health, inequities appear across all three.



Gaps in who dies younger, and how many years of life are lost, often concentrate in the same communities most affected by structural barriers.

While this report focuses on populations for whom statistically reliable estimates can be produced, we acknowledge that some groups such, as American Indian, experience significant health inequities that are not fully captured in these data due to small population sizes. This limitation underscores the importance of supplementing quantitative data with community knowledge and other sources to ensure that all experiences are recognized.

Understanding these inequities is essential for guiding action by recognizing where structures have failed communities, identifying opportunities for investment and partnership, and ensuring that every Boston resident has the opportunity to live a long and healthy life. Doing so requires not only documenting disparities, but also centering community voice, aligning resources with need, and advancing policies that address the root causes of inequity. The **Live Long and Well Agenda** is the Boston Public Health Commission's

Key Terms:

Life expectancy:

The average number of years of life a person is expected to live.

Premature mortality:

Deaths among residents under 65 years.

Age-adjusted premature mortality:

Age-adjusted rates allow for comparisons when different population groups have different age distributions. The resulting comparisons show observed differences in factors other than population age differences.

strategic framework for improving population health and advancing health equity across Boston. The agenda identifies increasing life expectancy and reducing inequities in premature mortality as central goals and prioritizes action on the leading causes of death and their underlying social and structural determinants. By combining surveillance, community engagement, policy, and cross-sector collaboration, the agenda guides efforts to reduce preventable deaths and ensure that all Boston residents have the opportunity to achieve optimal health and longevity.

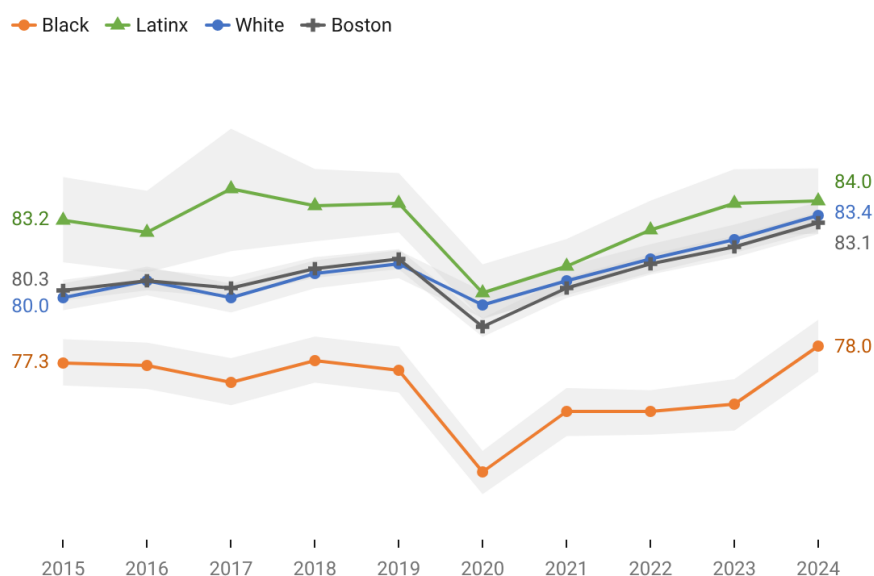
LIFE EXPECTANCY

We begin this report with life expectancy because it is one of the clearest and most intuitive indicators of overall population health. Life expectancy reflects the cumulative impact of all causes of death and offers a single summary measure of how long people in Boston can expect to live under current conditions. It is important to note that if current conditions improve (through prevention, treatment, social change, and policy) then life expectancy can improve too.

the average life expectancy dropped to 78.8 years, it has since increased to 83.1 years. Latinx life expectancy has been consistently higher than Boston's average life expectancy and the average Latinx life expectancy is currently at 84.0 years. There were not enough deaths among Asian residents to report annual life expectancy but when combining years 2022-2024, they experienced the highest life expectancy at 88 years. For white residents, life expectancy has steadily improved over the

Since 2015, the overall average life expectancy in Boston has been close to or above 80 years. While in 2020,

Life Expectancy by Race/Ethnicity and Year, 2015-2024

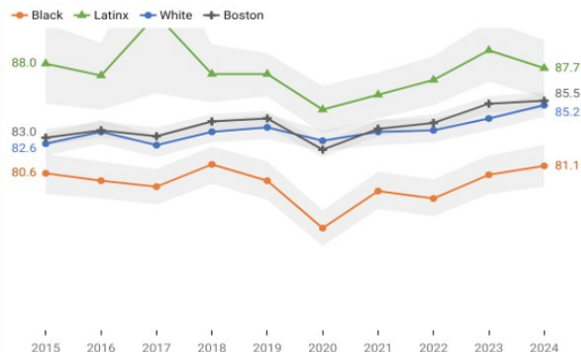


NOTE: Data not presented for Asian residents due to too few deaths.

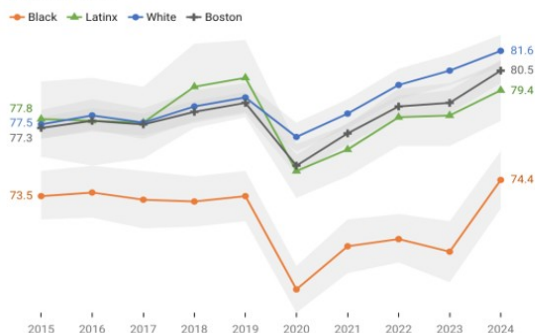
Chart: Boston Public Health Commission • Source: Boston Resident Deaths, Massachusetts Dept of Public Health

past decade. On average, white Bostonians gained over three years of life from 2015-2024, increasing from about 80 to 83.4 years. For Black residents, the trend looks very different. Life expectancy dropped sharply during the time frame when the COVID-19 pandemic took place, falling from over 77 years in 2015 to less than 73 years in 2020. Although there has been some recovery since then, with life expectancy rising to 78 years in 2024, it is still five years lower than the Boston average.

Life Expectancy by Race/Ethnicity and Year, Female Residents, 2015-2024



Life Expectancy by Race/Ethnicity and Year, Male Residents, 2015-2024



NOTE: Data not presented for Asian residents due to too few deaths.
Chart: Boston Public Health Commission • Source: Boston Resident Deaths, Massachusetts Dept of Public Health

Consistent with national trends, women in Boston live longer on average than men. Among all observed groups in 2024, Latinx women had the highest life expectancy at about 88 years. Black women in Boston had a lower life expectancy not only compared with white women (which aligns with national patterns) but also with white men. Most alarmingly, Black men had the lowest life expectancy of all groups in Boston. For 2024, their average life expectancy was 74 years, which is a startling 5-year gap compared with the next lowest group, Latinx men.

Although there has been recent improvement, Black men had the lowest life expectancy of all groups in Boston, with a 5-year gap compared to the next lowest group, Latinx men.

Where You Live Matters

Understanding life expectancy by geography is critical because where people live profoundly shapes their opportunities for health. Historical redlining¹ systematically concentrated poverty, substandard housing, and limited access to economic opportunity, quality education, and healthcare in neighborhoods such as Roxbury, Dorchester, and Mattapan².

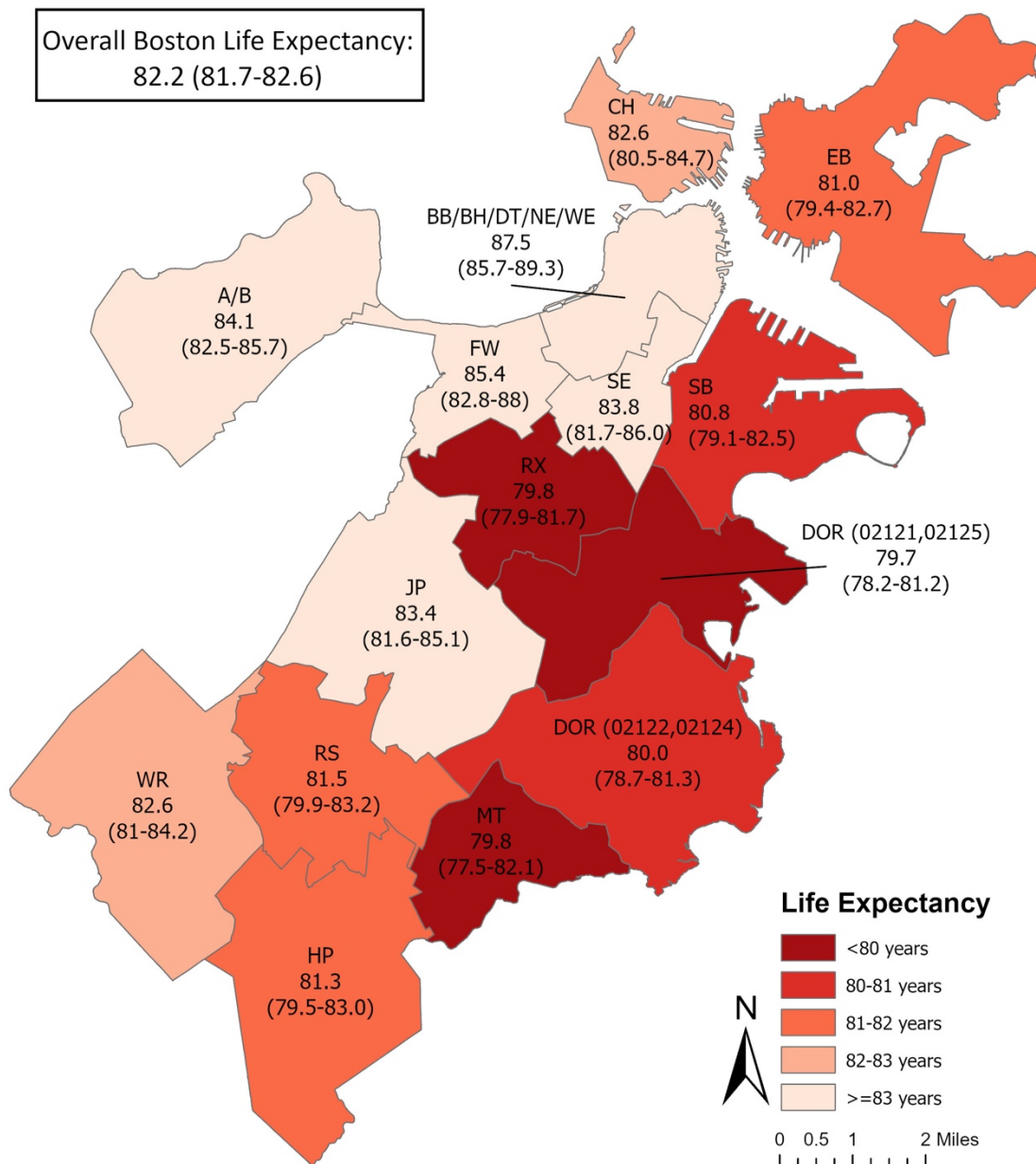
These policies shaped the built and social environments in ways that persist today, manifesting in higher exposure to environmental hazards³, lower quality housing⁴, reduced access to healthy food and green space⁵, and increased exposure to community violence⁶. Together, these conditions drive elevated rates of chronic disease, including hypertension, diabetes, and cardiovascular disease.

In our 2023 report, this geographic impact was striking: we found a 23-year difference in life expectancy between a census tract in Roxbury and another in Back Bay. Such a gap within a single city highlights just how powerfully place affects health.

When examining the 2024 data at the neighborhood level, the lowest life expectancies were observed in Mattapan (79.8 years), Roxbury (79.8 years), Dorchester 02122/02124 (80.0 years), and Dorchester 02121/02125 (79.7 years). These inequities are unacceptable, and they are preventable. The Boston Public Health Commission is prioritizing investments, partnerships, and community-guided strategies in these neighborhoods to improve the conditions that support health.



Life Expectancy by Neighborhood, 2022-2024 Combined



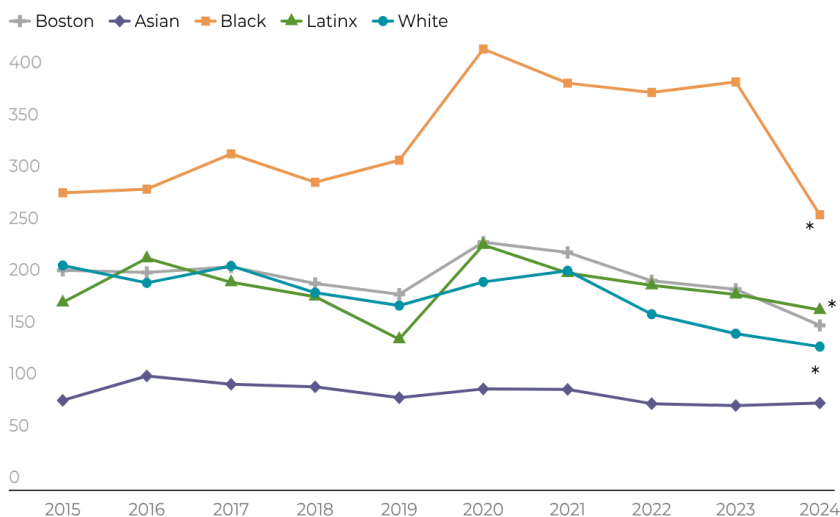
PREMATURE MORTALITY

To fully understand these inequities, we pair life expectancy with premature mortality and mortality measures. Premature mortality highlights deaths occurring before age 65 and reveals where preventable early loss of life is concentrated, patterns that life expectancy can obscure when older-age survival is strong in some groups. Premature mortality also allows us to identify which specific causes are contributing to early death, helping pinpoint the

conditions that disproportionately shorten lives.

Premature mortality in Boston has declined slightly over the past decade, but much of this improvement was driven by decreases among white residents. However, this long-term progress was disrupted from 2020–2023, when rates rose sharply due to the combined effects of COVID-19 and the opioid epidemic.

Premature Mortality by Race/Ethnicity and Year, 2015-2024†



*Statistically significant change over time

†Age-adjusted rates per 100,000 residents under age 65

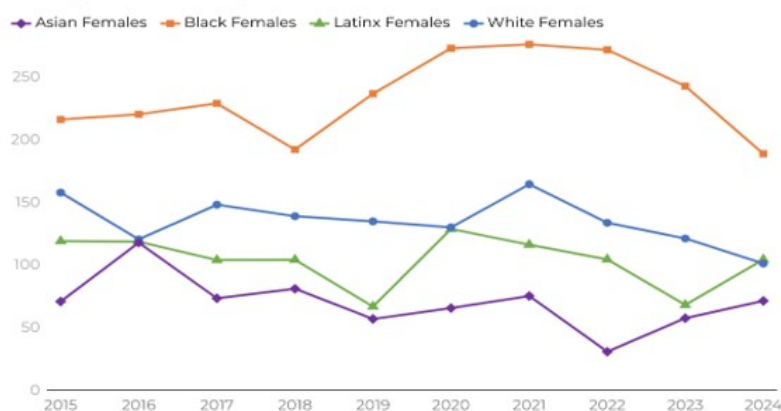
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Premature Mortality decreased across all racial/ethnic groups in the past decade, but inequities still exist. Despite experiencing a sharp decrease from 2023–2024, Black residents still have higher rates.

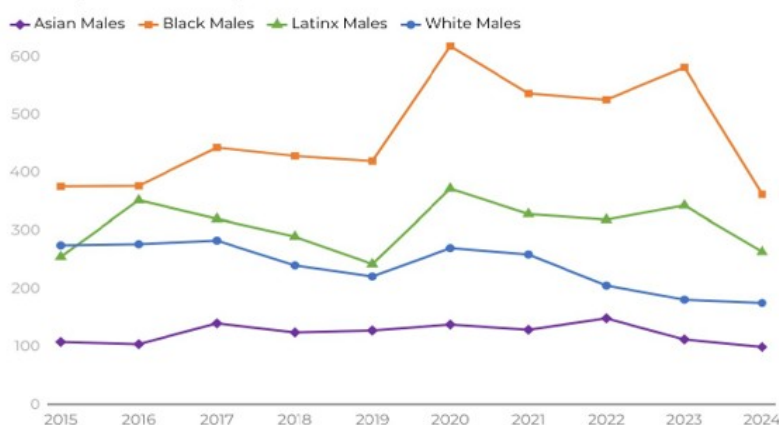
Black residents experienced an especially steep increase in premature mortality during 2020. Although there has been meaningful progress since then with a significant decrease between 2023 and 2024, premature mortality among Black residents remains disproportionately high, with rates nearly twice as high as white residents.

When looking at premature mortality by sex and race/ethnicity, the inequities become even more apparent. Although there was a substantial decrease in premature mortality among Black men from 2023 to 2024, they still have the highest rates of any group in Boston.

Premature Mortality[†] by Sex, Race/Ethnicity and Year, 2015-2024, Females



Premature Mortality[†] by Sex, Race/Ethnicity and Year, 2015-2024, Males



Source: Boston resident deaths, Massachusetts Department of Public Health

Despite a substantial decrease in 2023, Black men had the highest rate of premature mortality for Boston, followed by Latinx men and Black women.

Premature Mortality by Neighborhood

Dorchester, Roxbury, and Mattapan had significantly higher rates of premature mortality compared with the rest of Boston, and these neighborhoods are home to some of the city's largest Black populations. These disparities reflect decades of structural disinvestment, including limited economic opportunities and greater exposure to environmental and social stressors. Together, these conditions contribute to higher risks of early death, underscoring the urgent need for targeted investments and community-

driven solutions to advance health equity in these neighborhoods. Social and economic factors such as poverty, insufficient housing, and food insecurity make it significantly more likely for a person to develop poorer health outcomes that lead to premature mortality. This is why, in 2024, Boston funded several community-led coalitions to build wealth and economic security in these very same neighborhoods, Dorchester, Roxbury, and Mattapan.

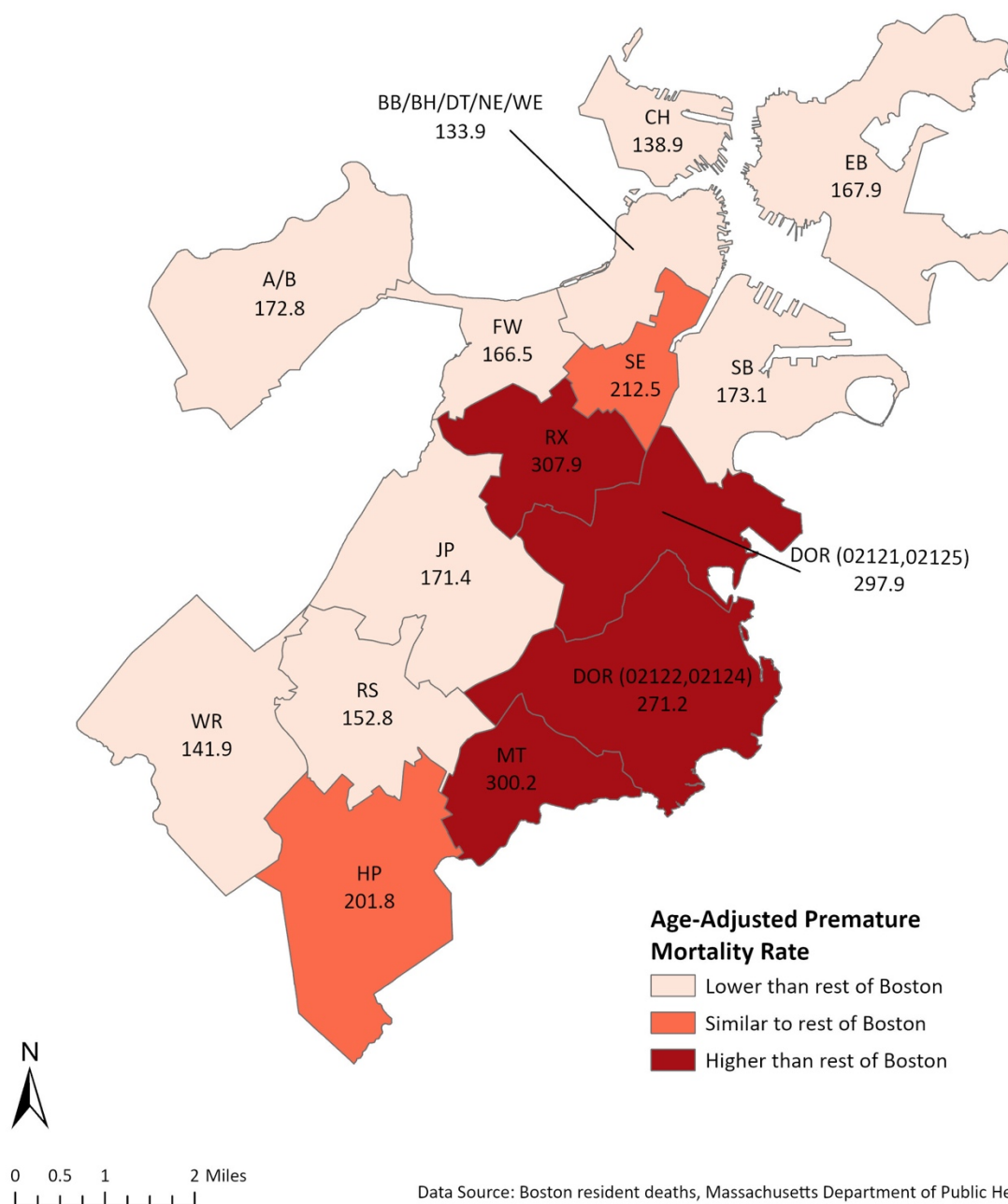
“Community health impacts us all. Clean environment, accessible healthcare are key. For your health, maintain a balanced diet, stay active. When the community is healthy and you are too, it creates a harmonious cycle of well-being for everyone,”

-Boston resident, Boston 2025 Community Health Needs Assessment

Age-Adjusted Premature Mortality by Neighborhood, 2020-2024 Combined

Boston Overall Age-Adjusted Premature Mortality Rate

204.5 per 100,000 Residents under age 65



Leading Causes of Premature Mortality

The leading causes of premature mortality are used to understand which health conditions contribute most to early deaths and where prevention efforts can have the greatest impact. These rankings follow gold-standard methodology and are based on the number of deaths, not rates.

In 2022–2023, overdose was the leading cause of premature mortality in Boston. By 2024, cancer became the leading cause, not because cancer

deaths increased, but because overdose deaths declined sharply.

Across all three years, heart disease consistently ranked as the third leading cause. Other leading causes from 2022–2024 include other cardiometabolic conditions such as liver disease and diabetes. Accidents (not including accidental overdoses) are also in the top five causes.

Leading Causes of Premature Mortality† by Year, 2020–2024

All Residents Under Age 65

Rank	2020	2021	2022	2023	2024
1	Overdose 254 (45.8)	Overdose 268 (49.4)	Overdose 253 (44.8)	Overdose 279 (49.7)	Cancer 192 (32.8)
2	Cancer 214 (36.8)	Cancer 222 (39.0)	Cancer 213 (37.0)	Cancer 202 (33.8)	Overdose 138 (24.9)
3	Heart Disease 174 (30.2)	Heart Disease 176 (30.6)	Heart Disease 152 (27.6)	Heart Disease 147 (25.6)	Heart Disease 110 (18.3)
4	COVID-19 112 (19.1)	COVID-19 59 (10.3)	Diabetes 38 (6.5)	Accidents 43 (7.9)	Chronic Liver Disease 32 (5.6)
5	Homicide 52 (7.8)	Diabetes 49 (8.9)	Accidents 37 (6.5)	Diabetes 35 (6.0)	Accidents 28 5.2

Cause of Death, Count (Rates in Parenthesis†)

†Age-adjusted rates per 100,000 residents under age 65
NOTE: Rank is based on number of deaths. Both counts and rates are presented
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Cancer, unintentional overdose, and heart disease are the leading causes of premature mortality.



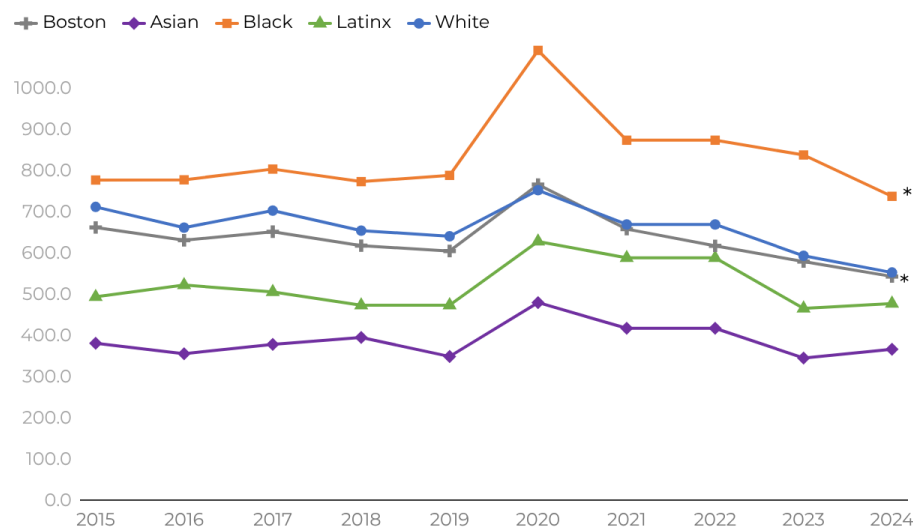
MORTALITY

All-age mortality provides a complete picture of overall population health, showing the full burden of death across the lifespan and helping identify long-term trends, major causes of death, and inequities that may not be visible when focusing only on premature mortality.

Despite an uptick in 2020, all-age mortality has decreased significantly over the past decade across all racial and ethnic groups and Black residents continue to experience higher rates, underscoring persistent inequities in

health outcomes. Asian and Latinx residents had lower rates of mortality compared to white residents. The lower mortality observed among Latinx residents exists alongside higher rates of premature mortality, reflecting an important juxtaposition: fewer deaths overall, but a greater share occurring at younger ages. This highlights how different mortality measures can reveal distinct patterns of inequity.

All-Cause Mortality[†] by Race/Ethnicity and Year, 2015-2024



*Statistically significant change over time

[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

Mortality decreased across all racial/ethnic groups in the past decade-but inequities still exist.

Mortality by Age

Examining mortality across the life course highlights how health risks and outcomes differ by age, with particular attention to both ends of the age spectrum. Infants and children require safe, stable, and nurturing environments to support healthy development, while older adults benefit from the conditions and supports that allow them to age with health, independence, and dignity.

Leading causes of death by age identify conditions that disproportionately impact specific age groups. Years are combined to ensure there are sufficient numbers of deaths

to produce stable estimates, particularly for younger age groups where death is less common. Across most age groups, cancer, overdoses, heart disease, and other cardiometabolic conditions are among the top five leading causes of death.

Homicide and suicide are more prominent among younger age groups, underscoring the significant and preventable burden of violence and mental health-related deaths.

Leading Causes of Mortality by Age[†], Among Boston Residents, 2019-2024 Combined

Rank [▲]	Ages <1	Ages 1-17	Ages 18-24	Ages 25-44	Ages 45-54	Ages 55-64	Ages 65-74	Ages 75+
1	Perinatal Conditions 101 (240.5)	Cancer 15 (2.6)	Overdose 50 (7.5)	Overdose 598 (39.8)	Overdose 323 (85.1)	Cancer 881 (199.9)	Cancer 1317 (430.2)	Heart Disease 2425 (1124.0)
2	Congenital Malformations, Chromosomal Abnormalities 26 (61.9)	Homicide 13 (2.3)	Homicide 48 (7.2)	Cancer 154 (10.3)	Cancer 253 (66.6)	Heart Disease 569 (140.3)	Heart Disease 814 (265.9)	Cancer 2272 (1053.0)
3	‡	Accidents 11 (1.9)	Suicide 22 (3.3)	Heart Disease 145 (9.7)	Heart Disease 199 (52.4)	Overdose 413 (101.8)	COVID-19 291 (95.1)	COVID-19 965 (447.3)
4	‡	Congenital Malformations, Chromosomal Abnormalities 6 (1.1 [§])	Accidents 19 (2.9)	Homicide 106 (7.1)	Chronic Liver Disease 58 (15.3)	COVID-19 131 (32.2)	Cerebrovascular Diseases 181 (59.1)	Cerebrovascular Diseases 711 (329.6)
5	‡	‡	Cancer 7 (1.1 [§])	Suicide 102 (6.8)	Diabetes Mellitus 50 (13.2)	Diabetes Mellitus 127 (31.3)	Diabetes Mellitus 180 (58.8)	Alzheimer's Disease 590 (273.5)

[†]Age-adjusted rates per 100,000 residents

[§]Based on 20 or fewer cases, should be interpreted with caution

[‡]Data suppressed due to too few cases (n<5) NOTE: Rank is based on number of deaths. Both counts and rates are presented.

Source: Boston resident deaths, Massachusetts Department of Public Health

Leading Causes of Mortality by Race/Ethnicity and Sex

As previously noted, mortality has decreased over the past decade across all racial and ethnic groups in Boston, yet stark inequities persist, particularly among Black residents.

To better understand what is driving overall mortality trends and to inform targeted public health interventions, this report examines the leading causes of death and how they differ by sex and race/ethnicity. This approach represents only one piece of a much larger and more complex picture, and it is important to recognize that none of these groups are homogeneous.

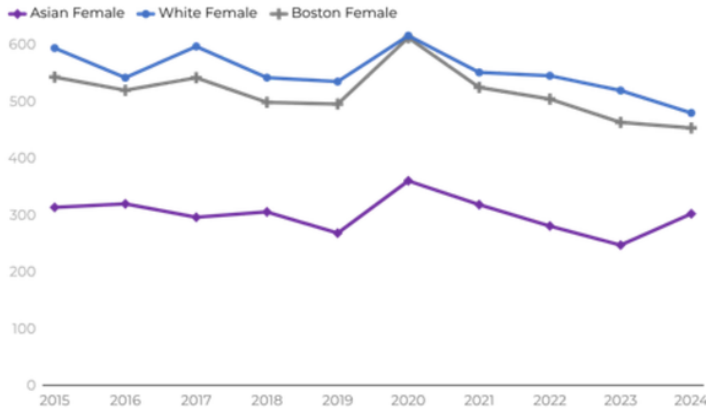
Where possible and pronounced, inequities by ethnicity within broader racial groups are described, adding another important layer of analysis. However, these insights are limited by population size and data availability and are not possible for every ethnic subgroup or condition.

When interpreting these data, it is important to remember that individuals hold multiple, intersecting identities such as gender identity, sexual orientation, disability status, and immigration experience that further shape health outcomes but are not fully captured in these data.

Finally, while this report uses leading causes of death to understand patterns of inequity in mortality trends, living longer is not the only goal; living well matters too. Many health conditions strongly impact quality of life without directly causing death and some of these conditions will be captured in future reports.

WHAT IS DRIVING MORTALITY AMONG ASIAN WOMEN

Asian Female All Cause Mortality[†], 2015-2024



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

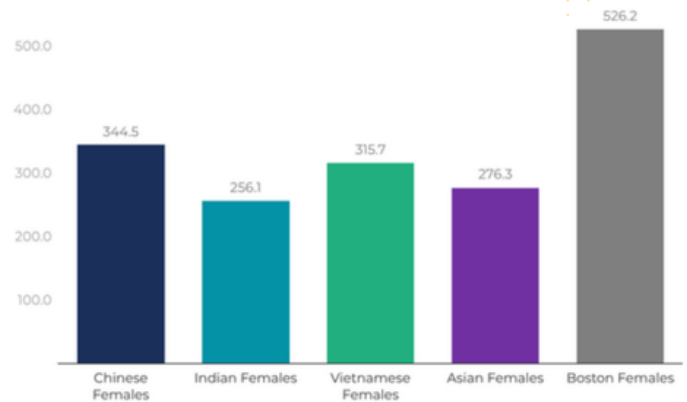
WHAT CHANGED?

- There was no significant change in mortality rates among Asian women in Boston from 2015 to 2024.
- In 2024, Asian women had lower death rates than white women and women overall in Boston.

WHO IS IMPACTED?

- Asian Indian women had the lowest mortality rates, even after accounting for age, compared to all other women in Boston and all other Asian ethnicities.
- Chinese and Vietnamese women had higher mortality rates when compared to all Asian women, but their rates were still lower than the rest of Boston women.

Asian Female All Cause Mortality[†] by Select Ethnicities, 2022-2024 Combined



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality[†] by Race and Sex, 2020-2024

Asian Female

Rank	2020	2021	2022	2023	2024
1	Cancer (35)	Cancer (33)	Cancer (36)	Cancer (34)	Cancer (40)
2	COVID-19 (29)	Heart Disease (26)	Heart Disease (19)	Heart Disease (18)	Heart Disease (25)
3	Heart Disease (20)	Cerebrovascular Diseases (16)	Cerebrovascular Diseases (11)	Cerebrovascular Diseases (9)	Cerebrovascular Diseases (13)
4	Cerebrovascular Diseases (11)	COVID-19 (14)	Accidents (6)	Alzheimer's Disease (6)	Diabetes (6)
5	Septicemia (6)	Nephritis/Nephrosis (5)	COVID-19 (6)	Nephritis/Nephrosis (5)	‡

Rank is based on number of deaths. Counts is presented

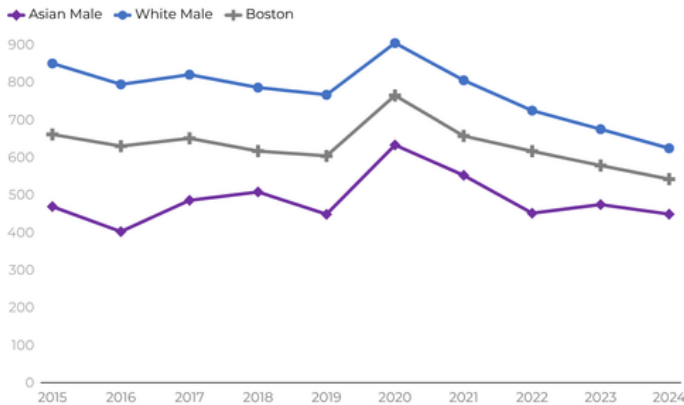
[†]Age-adjusted rates per 100,000 Asian female residents

[‡]Rates not presented due to small number of cases

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING MORTALITY AMONG ASIAN MEN

Asian Male All Cause Mortality†, 2015-2024



†Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

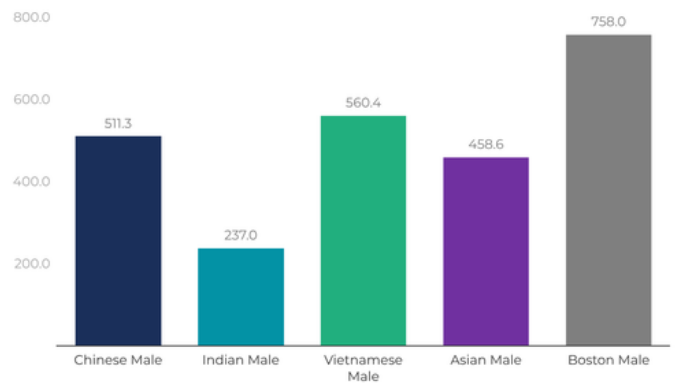
WHAT CHANGED?

- Between 2015 and 2024 there was no significant change in mortality for Asian men.
- Between 2015 and 2024, Asian men had a lower death rate than white men and men overall in Boston.

WHO IS IMPACTED?

- Asian Indian men had the lowest mortality rates, even after accounting for age, compared to all other men in Boston and all other Asian ethnicities.
- Chinese and Vietnamese men had higher mortality rates than all Asian men, but their rates were still lower than the rest of men in Boston.

Asian Male All Cause Mortality† by Select Ethnicities, 2022-2024 Combined



†Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality† by Race and Sex, 2020-2024

Asian Male

Rank	2020	2021	2022	2023	2024
1	COVID-19 (51)	Cancer (47)	Cancer (43)	Cancer (50)	Cancer (44)
2	Cancer (42)	Heart Disease (27)	Heart Disease (21)	Heart Disease (29)	Heart Disease (19)
3	Heart Disease (22)	COVID-19 (20)	Cerebrovascular Diseases (15)	Nephritis/Nephrosis (6)	Cerebrovascular Diseases (17)
4	Chronic Lower Respiratory Diseases (8)	Cerebrovascular Diseases (8)	COVID-19 (11)	Overdose (5)	Chronic Lower Respiratory Diseases (7)
5	Cerebrovascular Diseases (7)	Nephritis/Nephrosis (8)	‡	‡	Nephritis/Nephrosis (68)

Rank is based on number of deaths. Counts is presented.

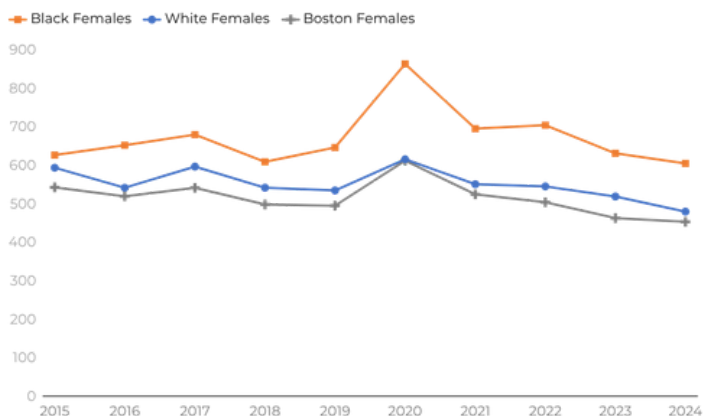
†Age-adjusted rates per 100,000 Asian male residents

‡Rates not presented due to small number of cases

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING MORTALITY AMONG BLACK WOMEN

Black Female All Cause Mortality†, 2015-2024



†Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

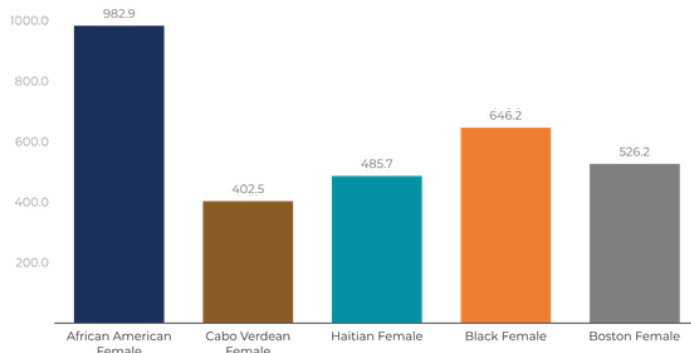
WHAT CHANGED?

- Between 2020 and 2024 there was a significant decrease in mortality rate for Black women.
- Despite the significant decrease, Black women still had a higher mortality rate compared to white women and the rest of women in Boston.

WHO IS IMPACTED?

- After accounting for age, Cabo Verdean women had the lowest mortality rate compared to all other Black ethnicities and women in Boston.
- African American women had the highest age-adjusted mortality rates.
- Haitian women experienced elevated death rates but they were still lower than all Black women and the rest of Boston women.

Black Female All Cause Mortality† by Select Ethnicities, 2022-2024 Combined



†Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality† by Race and Sex, 2020-2024

Black Females

Rank	2020	2021	2022	2023	2024
1	COVID-19 (140)	Cancer (113)	Cancer (128)	Cancer (129)	Cancer (122)
2	Cancer (127)	Heart Disease (98)	Heart Disease (98)	Heart Disease (84)	Heart Disease (95)
3	Heart Disease (113)	COVID-19 (61)	Cerebrovascular Diseases (46)	Overdose (34)	Cerebrovascular Diseases (42)
4	Cerebrovascular Diseases (41)	Diabetes (32)	Diabetes (34)	Cerebrovascular Diseases (27)	Nephritis/Nephrosis (35)
5	Diabetes (27)	Cerebrovascular Diseases (31)	Overdose (27)	Nephritis/Nephrosis (24)	Alzheimer's Disease (16)

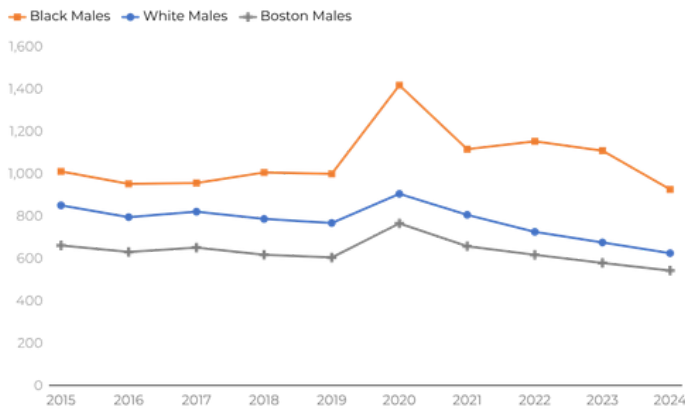
Rank is based on number of deaths. Counts is presented

†Age-adjusted rates per 100,000 Black female residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING MORTALITY AMONG BLACK MEN

Black Male All Cause Mortality[†], 2015-2024



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

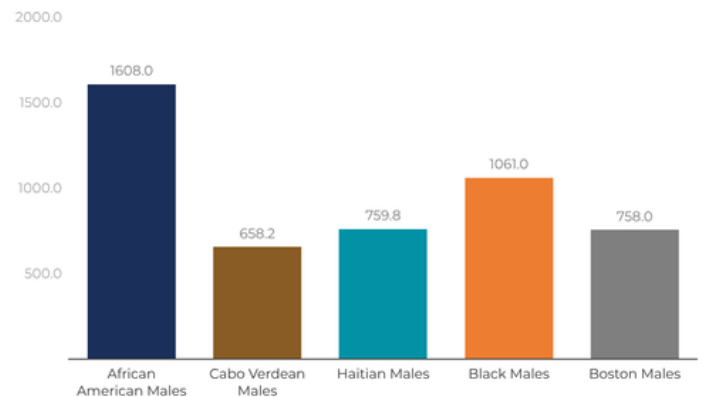
WHAT CHANGED?

- From 2015 to 2024, Black men consistently had a higher mortality rate when compared to white men and the rest of men in Boston.
- Despite an increase in mortality rate in 2020, the overall mortality trends for Black men reflect improvement.

WHO IS IMPACTED?

- African American men had the highest mortality rates compared to other Black ethnicities and the rest of men in Boston.
- Cabo Verdean men had the lowest age-adjusted rates for mortality.

Black Male All Cause Mortality[†] by Select Ethnicities, 2022-2024 Combined



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality[†] by Race and Sex, 2020-2024

Black Males

Rank	2020	2021	2022	2023	2024
1	COVID-19 (155)	Cancer (115)	Cancer (126)	Cancer (131)	Heart Disease (116)
2	Heart Disease (125)	Heart Disease (113)	Heart Disease (120)	Heart Disease (102)	Cancer (115)
3	Cancer (114)	Overdose (64)	Overdose (72)	Overdose (94)	Overdose (30)
4	Overdose (69)	COVID-19 (44)	COVID-19 (32)	Cerebrovascular Diseases (35)	Cerebrovascular Diseases (21)
5	Homicide (34)	Diabetes (36)	Homicide (24)	Diabetes (31)	Diabetes (20)

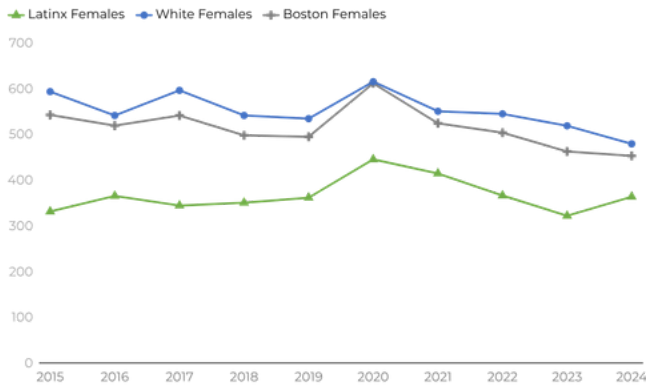
Rank is based on number of deaths. Counts is presented

[†]Age-adjusted rates per 100,000 Black male residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING MORTALITY AMONG LATINX WOMEN

Latinx Females All Cause Mortality[†], 2015-2024



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

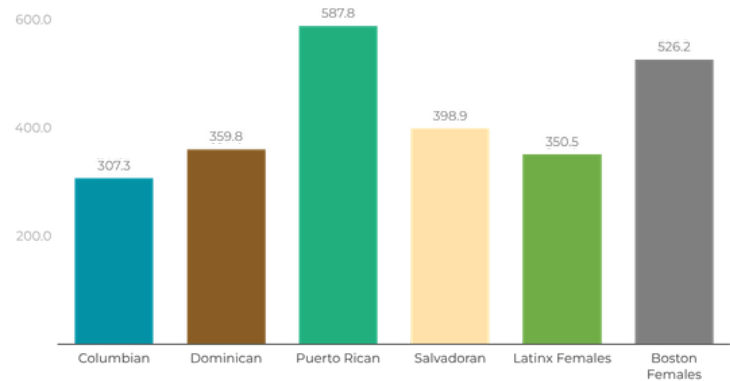
WHAT CHANGED?

- In 2024, Latinx women had lower mortality rates when compared to White women and the rest of women in Boston.
- Despite a temporary increase in 2020, Latinx women consistently had lower death rates than white women with a statistically significant decline between 2015 and 2024.

WHO IS IMPACTED?

- Puerto Rican women had the highest mortality rate compared to all Latinx ethnicities and the rest of women in Boston.
- Other ethnicities such as Colombian, Dominican, and Salvadoran women had a lower mortality rate compared to the rest of women in Boston.

Latinx Females All Cause Mortality[†] by Select Ethnicities, 2022-2024 Combined



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality[†] by Race and Sex, 2020-2024

Latinx Females

Rank	2020	2021	2022	2023	2024
1	COVID-19 (37)	Cancer (35)	Cancer (36)	Cancer (42)	Cancer (50)
2	Heart Disease (30)	Heart Disease (30)	Heart Disease (26)	Heart Disease (25)	Heart Disease (30)
3	Cancer (27)	COVID-19 (25)	COVID-19 (18)	Cerebrovascular Diseases (10)	Alzheimer's Disease (13)
4	Overdose (11)	Overdose (17)	Overdose (11)	Alzheimer's Disease (8)	Cerebrovascular Disease (10)
5	Cerebrovascular Diseases (10)	Cerebrovascular Diseases (11)	Alzheimer's Disease (10)	Accidents (5)	Diabetes (8)

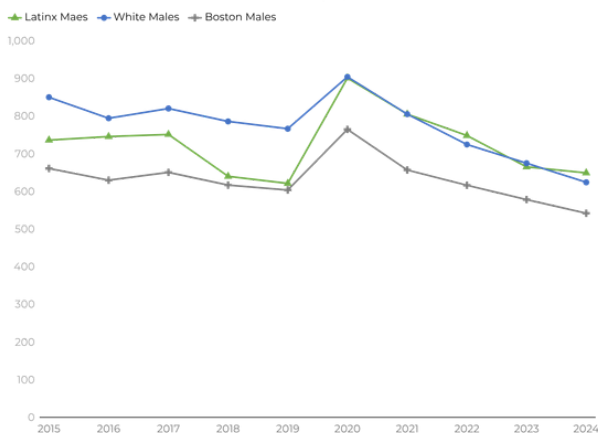
Rank is based on number of deaths. Counts is presented

[†]Age-adjusted rates per 100,000 Latinx female residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING MORTALITY AMONG LATINX MEN

Latinx Males All Cause Mortality[†], 2015-2024



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

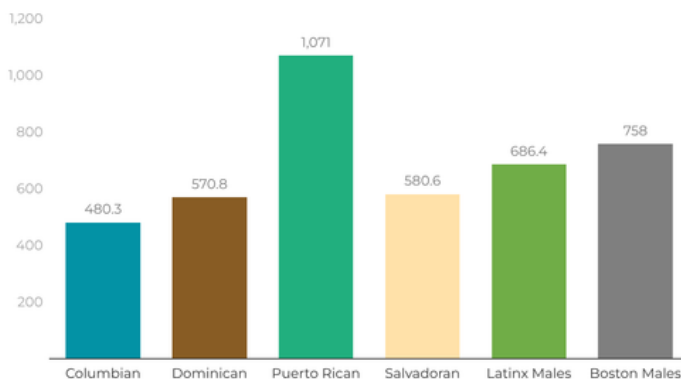
WHAT CHANGED?

- Between 2015 and 2019, Latinx men had a lower death rate compared to white men, but this sharply increased in 2020 and has been similar since.

WHO IS IMPACTED?

- As among women, Puerto Rican men had the highest mortality rate when compared to other Latinx ethnicities and the rest of Boston men.
- Dominican, Salvadoran and Colombian men had lower mortality rates compared to all Latinx men as well as the rest of men in Boston.

Latinx Males All Cause Mortality[†] by Select Ethnicities, 2022-2024 Combined



[†]Age-adjusted rates per 100,000 residents

Source: Boston resident deaths, Massachusetts Department of Public Health

WHAT IS DRIVING THESE DEATHS?

Leading Causes of Mortality[†] by Race and Sex, 2020-2024

Latinx Males

Rank	2020	2021	2022	2023	2024
1	COVID-19 (68)	Overdose (54)	Overdose (61)	Overdose (56)	Cancer (49)
2	Overdose (43)	Cancer (40)	Cancer (46)	Cancer (40)	Heart Disease (38)
3	Cancer (41)	COVID-19 (37)	Heart Disease (34)	Heart Disease (40)	Overdose (25)
4	Heart Disease (35)	Heart Disease (35)	Accidents (15)	Accidents (14)	Accidents (12)
5	Diabetes (15)	Accidents (14)	COVID-19 (10)	Cerebrovascular Diseases (11)	Nephritis/Nephrosis (12)

Rank is based on number of deaths. Counts is presented

[†]Age-adjusted rates per 100,000 Latinx male residents

Source: Boston resident deaths, Massachusetts Department of Public Health

CONCLUSION

This report identifies both meaningful progress and sobering realities. Several years out from the COVID-19 pandemic, Boston is seeing improvement: residents are gaining back years in life expectancy, and both overall mortality and premature mortality continue a downward trend across the decade. Yet even with this progress, strong inequities persist, and Black residents continue to experience the worst mortality outcomes. Black men, in particular, face lower life expectancy and higher premature mortality rates. Black women have life expectancy and mortality rates comparable to white men, despite the fact that, nationally, women live longer than men.

When we look more deeply at specific causes of death, additional concerning patterns emerge across age, sex, race, and ethnicity. These inequities stem from long-standing structural factors such as unequal access to economic

opportunity, safe housing, quality health care, and decades of disinvestment in communities of color. Throughout this report, we highlight several initiatives the Boston Public Health Commission is advancing to address these disparities, from community-driven prevention efforts to targeted investments in neighborhoods most affected.

Meaningful progress requires sustained commitment and investment from health care systems, community organizations, policymakers, and other sectors whose actions shape the conditions in which people live and age. We invite you to join us in this effort to ensure that every Boston resident, regardless of race, income, or neighborhood, has the opportunity to live a long, healthy, and thriving life.



References

- 1) Boston Planning & Development Agency. *Redlining in Boston: Black People, Place, and Policy*. Published February 21, 2023. Accessed August 7, 2026.
- 2) City of Boston. *Assessment of Fair Housing*. January 20, 2022. Accessed August 7, 2026. [City of Boston Assessment of Fair Housing PDF](#)
- 3) City of Boston. *Heat Resilience Solutions for Boston*. 2022. Accessed August 7, 2026. [Heat Resilience Solutions for Boston](#)
- 4) Millettich S, Bailey J, Coker E, et al. Historical redlining and community-reported housing quality: a spatial analysis. *J Urban Health*. 2025;102(1):49-60. doi:10.1007/s11524-024-00935-y.
- 5) Mehrtash F. Connections between redlining, food access, hypertension, diabetes, and obesity in Boston. *Front Public Health*. 2025;13:1505462. doi:10.3389/fpubh.2025.1505462.
- 6) Poulson M, Neufeld MY, Dechert T, Allee L, Kenzik KM. Historic redlining, structural racism, and firearm violence: a structural equation modeling approach. *Lancet Reg Health Am*. 2021;3:100052. doi:10.1016/j.lana.2021.100052.

MORTALITY REPORT: DATA COMPENDIUM

TABLE OF CONTENTS

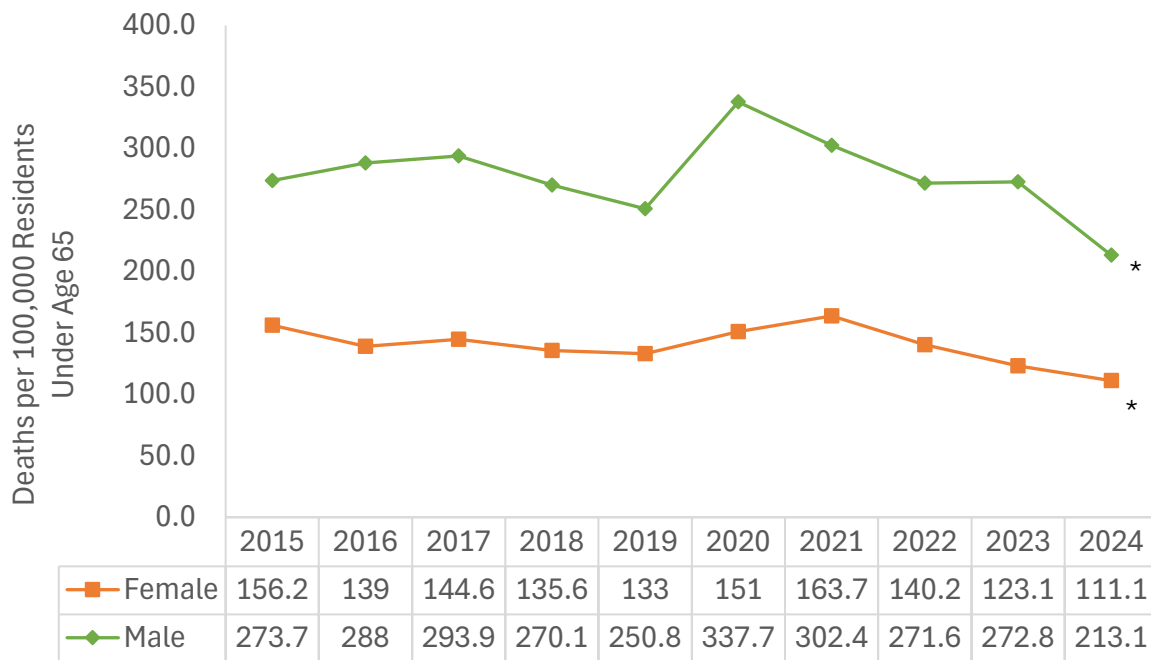
SECTION 1. PREMATURE MORTALITY	Page 3
Figure 1. Premature Mortality by Sex and Year	Page 3
Figure 2. Premature Mortality by Race/Ethnicity and Year	Page 4
Figure 3a. Premature Mortality by Race/Ethnicity and Year, Females.....	Page 5
Figure 3b. Premature Mortality by Race/Ethnicity and Year, Males.....	Page 6
Figure 4a. Premature Mortality by Asian Ethnicity.....	Page 7
Figure 4b. Premature Mortality by Black Ethnicity	Page 8
Figure 4c. Premature Mortality by Latinx Ethnicity.....	Page 9
Table 1. Leading Causes of Premature Mortality by Year	Page 10
Table 2a. Leading Causes of Premature Mortality by Year, Females	Page 12
Table 2b. Leading Causes of Premature Mortality by Year, Males.....	Page 14
Table 3. Leading Causes of Premature Mortality by Race/Ethnicity	Page 16
Table 4a. Leading Causes of Premature Mortality by Race/Ethnicity, Females.....	Page 17
Table 4b. Leading Causes of Premature Mortality by Race/Ethnicity, Males	Page 19
Figure 5. Premature Mortality by Neighborhood	Page 21
SECTION 2. MORTALITY	Page 22
Figure 6. All-cause Mortality by Sex and Year.....	Page 22
Figure 7. All-cause Mortality by Race/Ethnicity and Year	Page 23
Figure 8a. All-cause Mortality by Race/Ethnicity and Year, Females.....	Page 24
Figure 8b. All-cause Mortality by Race/Ethnicity and Year, Males.....	Page 25
Figure 9. All-cause Mortality by Age and Race/Ethnicity	Page 26
Figure 10a. All-cause Mortality by Asian Ethnicity	Page 28
Figure 10b. All-cause Mortality by Black Ethnicity	Page 29
Figure 10c. All-cause Mortality by Latinx Ethnicity.....	Page 30
Figure 11. All-cause Mortality by Neighborhood.....	Page 31
Table 5. Leading Causes of Mortality by Year	Page 32
Table 6a. Leading Causes of Mortality by Year, Females.....	Page 34

Table 6b. Leading Causes of Mortality by Year, Males	Page 36
Table 7 Leading Causes of Mortality by Race/Ethnicity	Page 38
Table 8a. Leading Causes of Mortality, Asian Residents	Page 40
Table 8b. Leading Causes of Mortality, Black Residents	Page 42
Table 8c. Leading Causes of Mortality, Latinx Residents.....	Page 44
Table 8d. Leading Causes of Mortality, White Residents.....	Page 46
Table 9a. Leading Causes of Mortality by Race/Ethnicity, Females	Page 48
Table 9b. Leading Causes of Mortality by Race/Ethnicity, Males.....	Page 50
Table 10a. Leading Causes of Mortality, Asian Female Residents	Page 52
Table 10b. Leading Causes of Mortality, Asian Male Residents.....	Page 54
Table 11a. Leading Causes of Mortality, Black Female Residents.....	Page 56
Table 11b. Leading Causes of Mortality, Black Male Residents.....	Page 58
Table 12a. Leading Causes of Mortality, Latinx Female Residents	Page 60
Table 12b. Leading Causes of Mortality, Latinx Male Residents	Page 62
Table 13a. Leading Causes of Mortality, White Female Residents.....	Page 64
Table 13b. Leading Causes of Mortality, White Male Residents.....	Page 66
Table 4. Leading Causes of Mortality, Asian Ethnicities.....	Page 68
Table 15. Leading Causes of Mortality, Black Ethnicities.....	Page 70
Table 16. Leading Causes of Mortality, Latinx Ethnicities.....	Page 72
Table 17. Leading Causes of Mortality by Age.....	Page 74
Section 3. LIFE EXPECTANCY.....	Page 76
Figure 12. Life Expectancy at Birth by Race/Ethnicity and Year.....	Page 76
Figure 13a. Life Expectancy at Birth by Race/Ethnicity and Year, Females	Page 77
Figure 13b. Life Expectancy at Birth by Race/Ethnicity and Year, Males	Page 78
Figure 14. Life Expectancy at Birth by Race/Ethnicity	Page 79
Figure 15. Life Expectancy at Birth by Neighborhood.....	Page 80
METHODS	Page 81
GLOSSARY OF STATISTICAL TERMS.....	Page 83
DATA SOURCES	Page 85

SECTION 1

PREMATURE MORTALITY

FIGURE 1. PREMATURE MORTALITY[†] BY SEX AND YEAR, 2015-2024



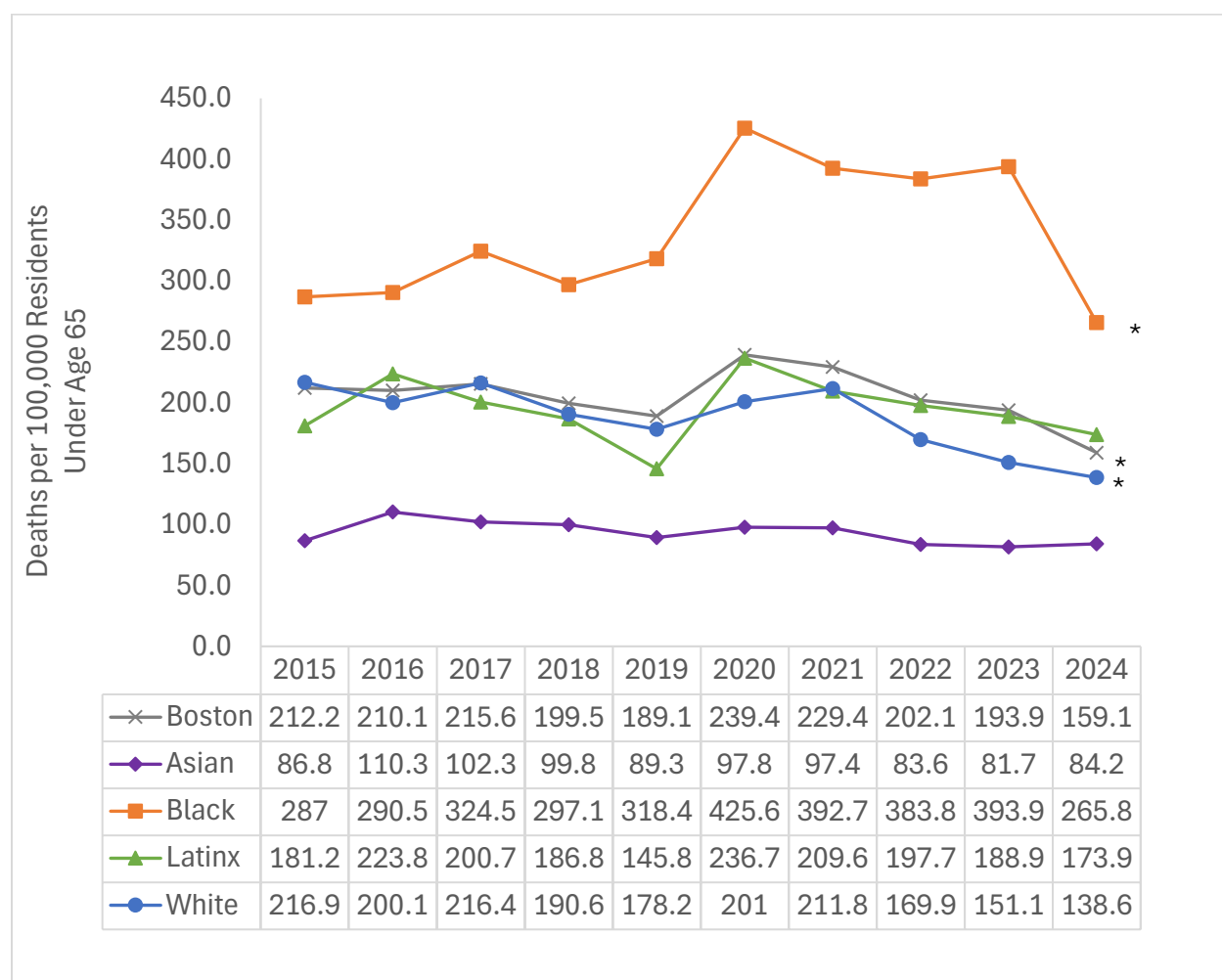
*Statistically significant change over time

[†]Age-adjusted rates per 100,000 residents under age 65

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted premature mortality rate per 100,000 female Boston residents decreased by 15.9%. The rate per 100,000 male Boston residents decreased by 11.0%.

FIGURE 2. PREMATURE MORTALITY[†] BY RACE/ETHNICITY AND YEAR, 2015-2024



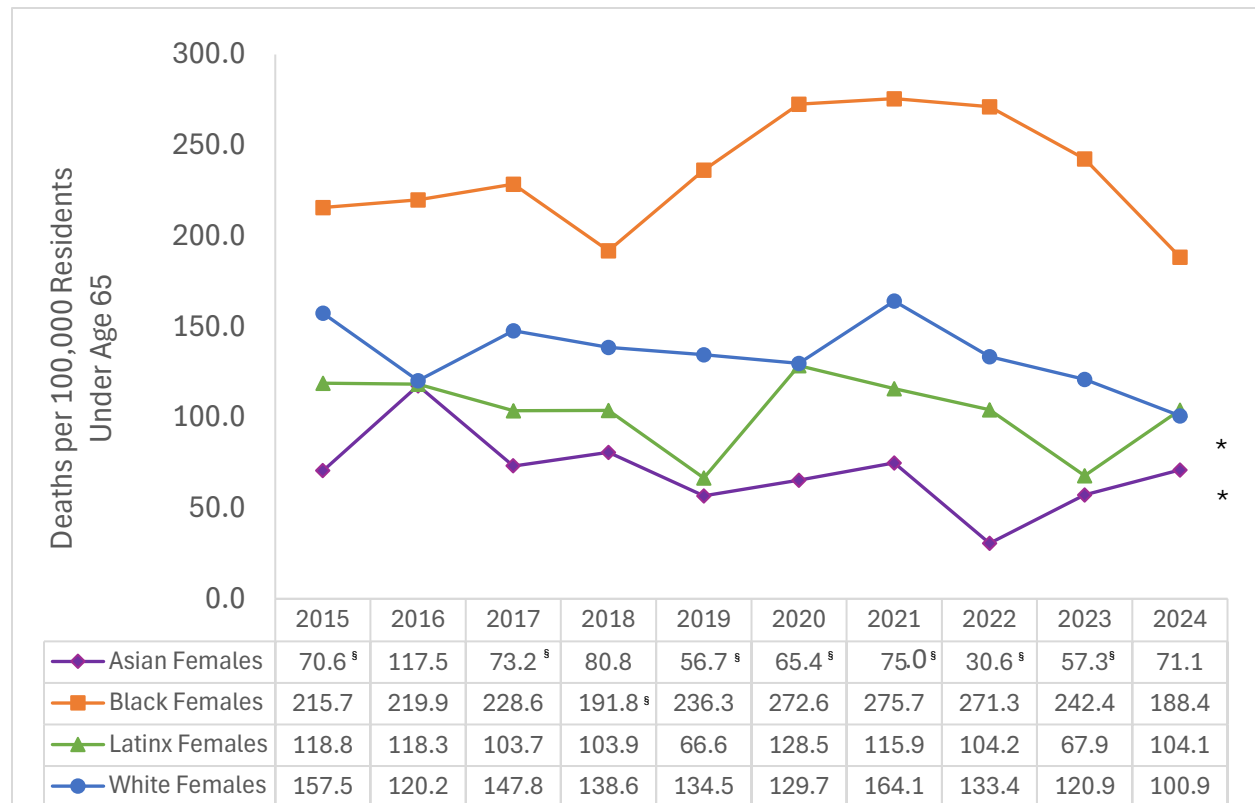
*Statistically significant change over time

[†]Age-adjusted rates per 100,000 residents under age 65

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted premature mortality rate per 100,000 Boston residents decreased by 13.1%. The rate for Black residents increased by 23.0% and the rate for white residents decreased by 29.5%.

FIGURE 3A. PREMATURE MORTALITY[†] BY SEX, RACE/ETHNICITY AND YEAR, 2015-2024, FEMALES



*Statistically significant change over time

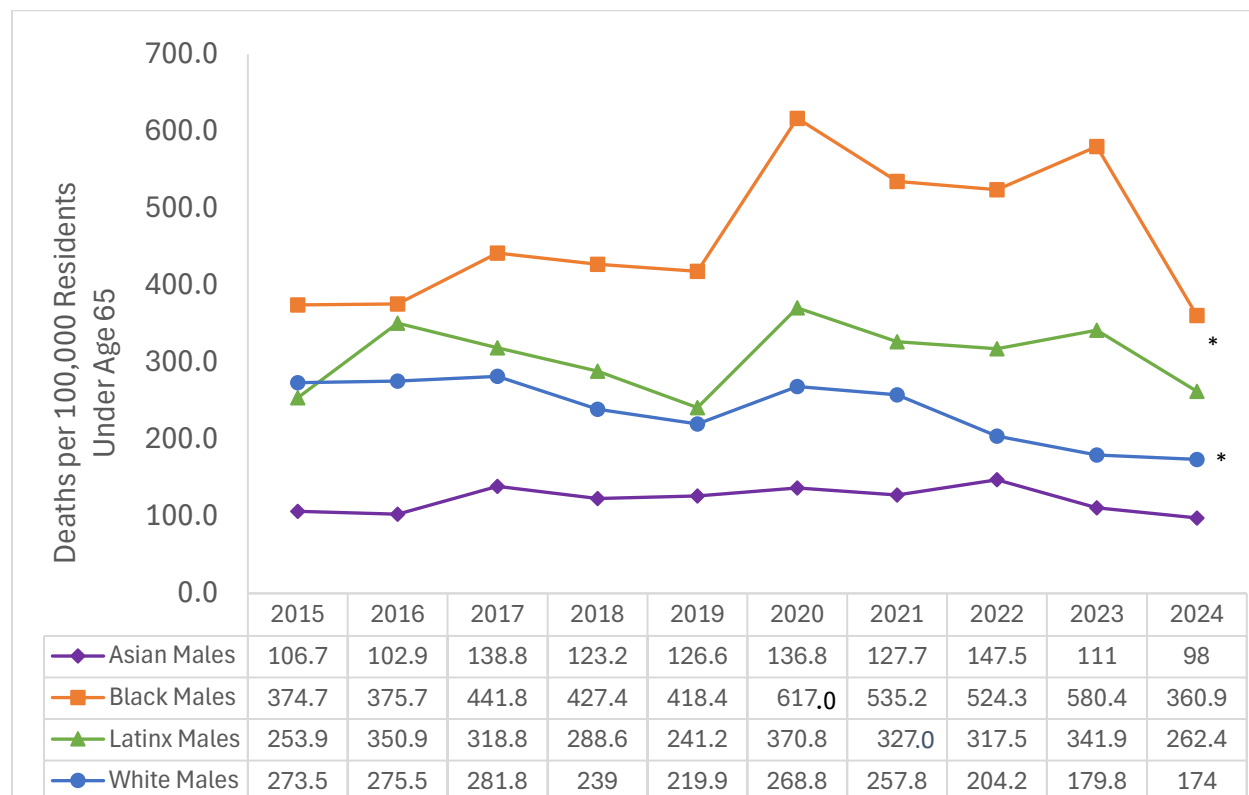
[†]Age-adjusted rates per 100,000 residents under age 65

[§]Indicates that rates are based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted premature mortality rate per 100,000 Asian female residents decreased by 38.8% and the rate for white residents decreased by 18.6%.

FIGURE 3B. PREMATURE MORTALITY[†] BY SEX, RACE/ETHNICITY AND YEAR, 2015-2024, MALES



*Statistically significant change over time

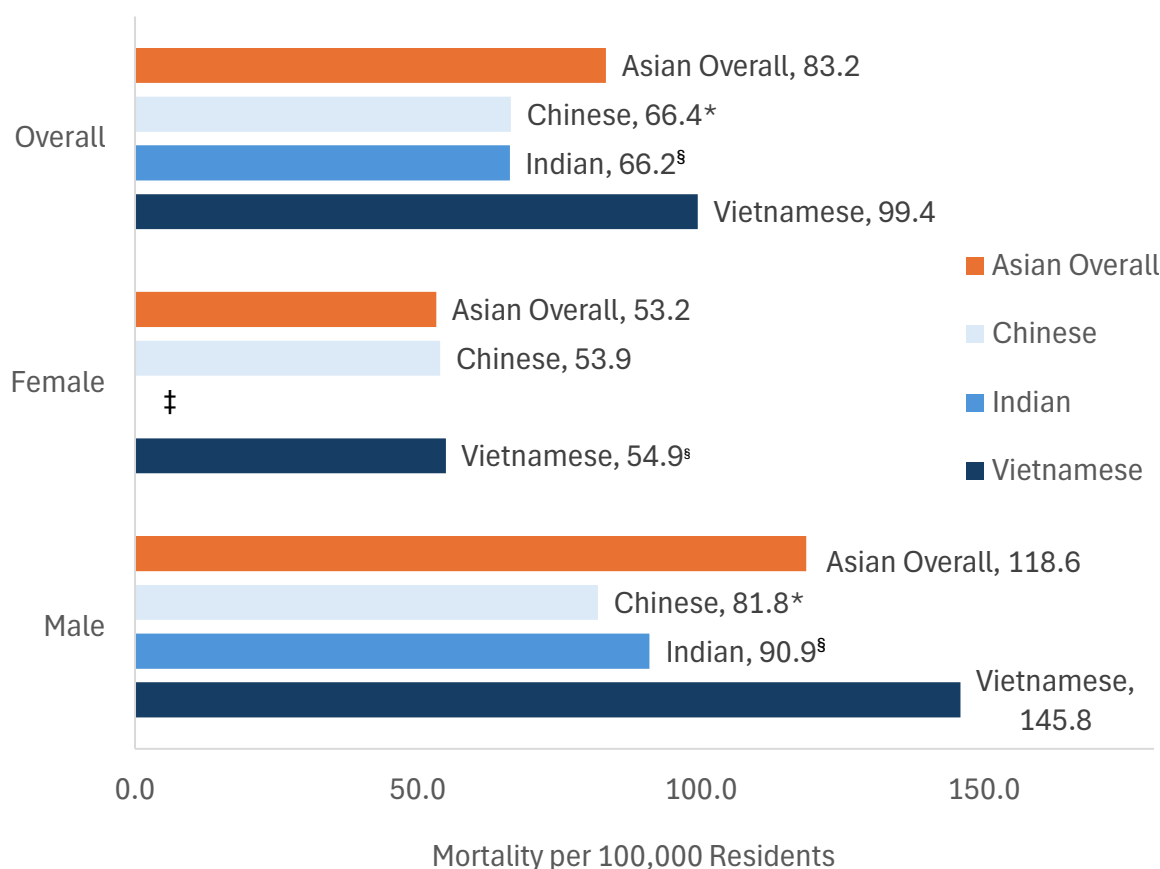
[†]Age-adjusted rates per 100,000 residents under age 65

[§]Indicates that rates are based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted premature mortality rate per 100,000 Black male residents increased by 31.4%. The rate for white male residents decreased by 34.7%.

FIGURE 4A. PREMATURE MORTALITY[†], ASIAN ETHNICITIES, 2022-2024 COMBINED



*Statistically significant when compared to rest of Asian residents

[†]Age-adjusted rates per 100,000 residents

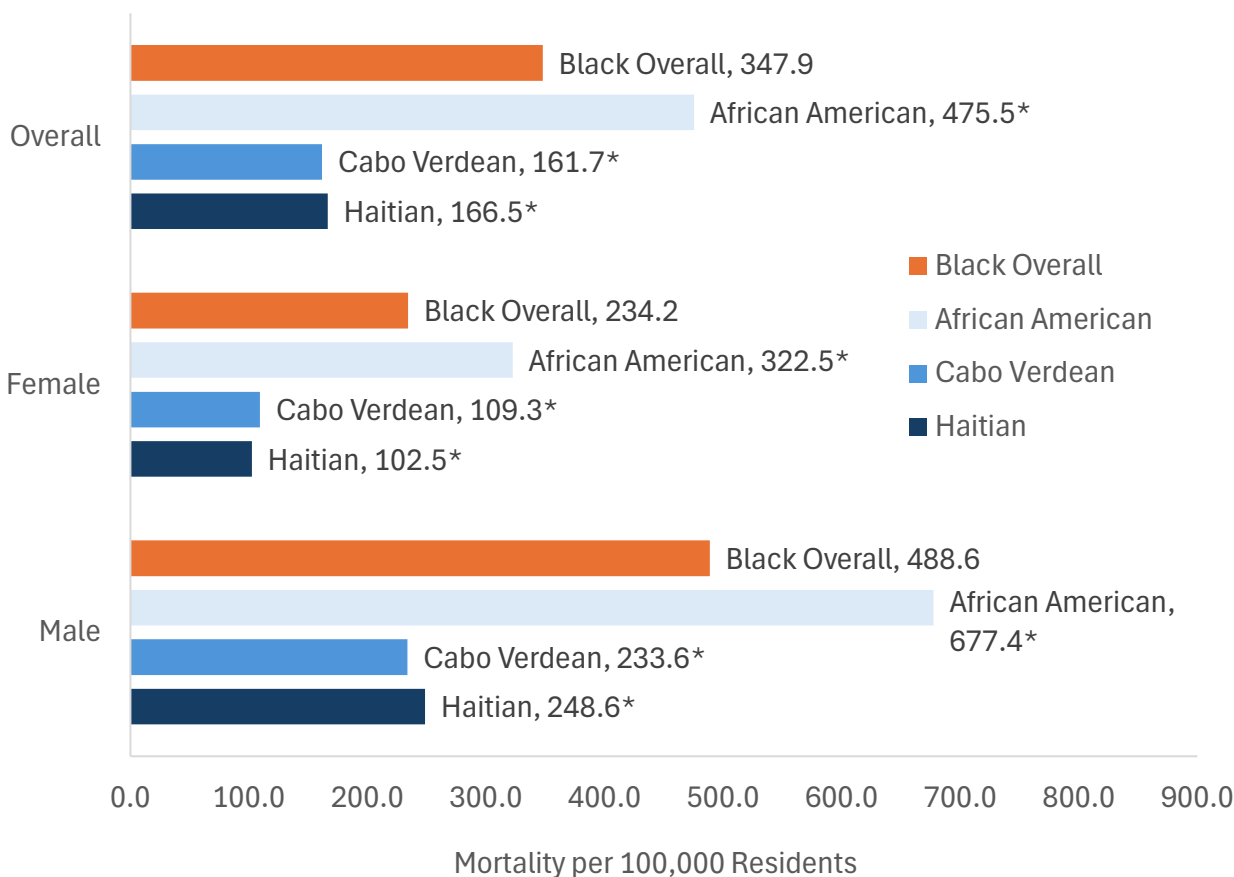
[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For the years 2022-2024 combined, the overall Asian premature mortality rate was 83.2 per 100,000 residents. The rate for Asian female residents was 53.2 and the rate for Asian male residents was 118.6. The rates for Chinese overall (66.4) and Chinese female (81.8) were lower in comparison to their other Asian counterparts.

FIGURE 4B. PREMATURE MORTALITY[†], BLACK ETHNICITIES, 2022-2024 COMBINED

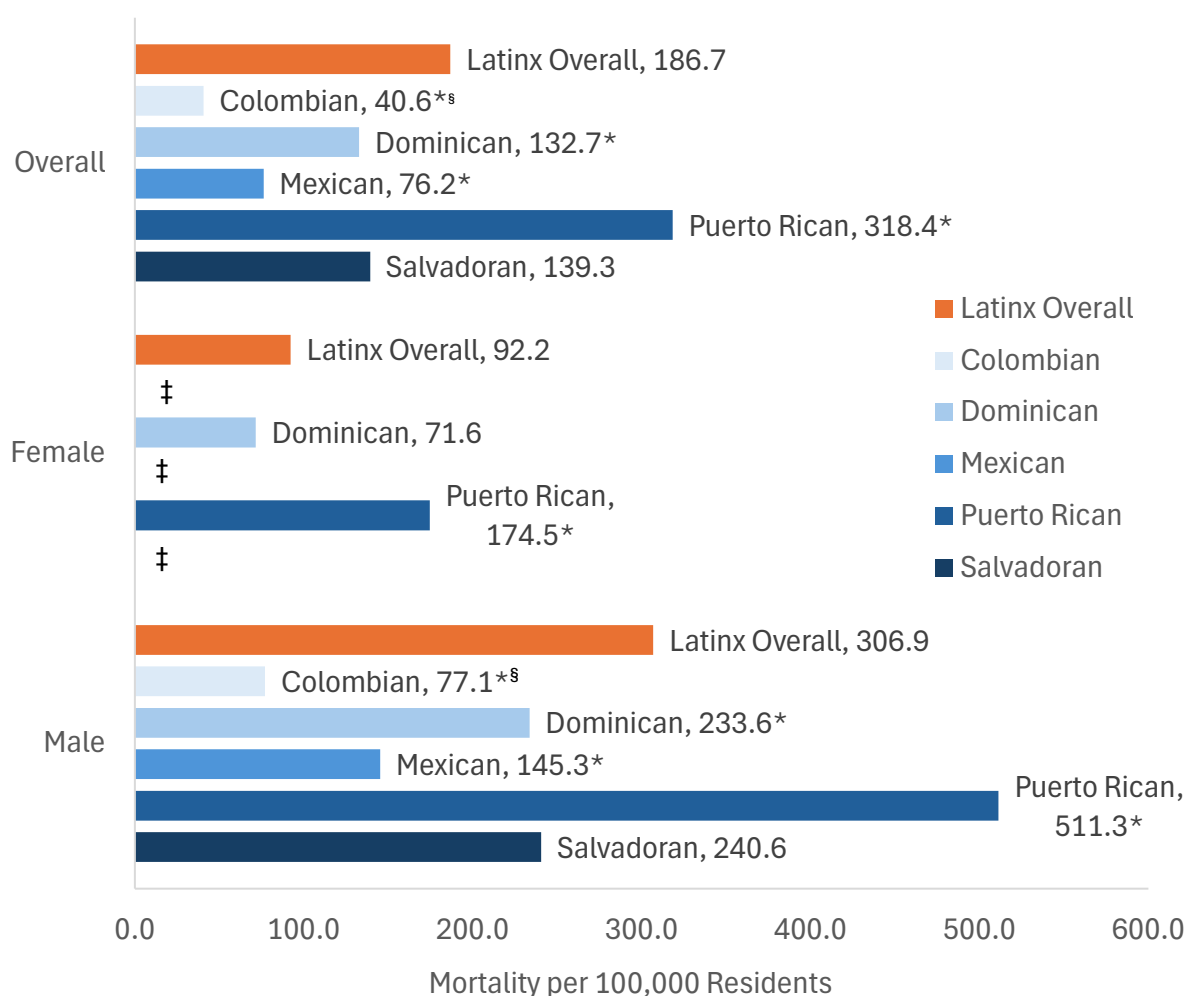


*Statistically significant change over time
[†]Age-adjusted rates per 100,000 residents under age 65
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For the years 2022-2024 combined, the overall Black premature mortality rate was 347.9 per 100,000 residents. The rate for Black female residents was 234.2 and the rate for Black male residents was 488.6. The rates for African American overall (475.5), female (322.5), and male (677.4) were higher in comparison to their other Black counterparts. The rates for Cabo Verdean overall (161.7), female (109.3) and male (233.6), and for Haitian overall (166.5), female (102.5), and male (248.6) were lower in comparison to their other Black counterparts.



FIGURE 4C. PREMATURE MORTALITY[†], LATINX ETHNICITIES, 2022-2024 COMBINED



*Statistically significant when compared to rest of Latinx residents

[†]Age-adjusted rates per 100,000 residents

[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For the years 2022-2024 combined, the overall Latinx premature mortality rate was 186.7 per 100,000 residents. The rate for Latinx female residents was 92.2 and the rate for Latinx male residents was 306.9.

The rates for Puerto Rican overall (318.4), female (174.5), and male (511.3) were higher in comparison to their other Latinx counterparts.

The rates for Colombian overall (40.6) and male (77.1) Dominican overall (132.7) and male (233.6), for Mexican overall (76.2) and male (145.3) were lower in comparison to their Latinx counterparts.

TABLE 1: LEADING CAUSES OF PREMATURE MORTALITY BY YEAR †, 2020-2024

Leading Causes of Premature Mortality† by Year, 2020-2024					
All Residents Under Age 65					
Rank	2020	2021	2022	2023	2024
1	Overdose 254 (45.8)	Overdose 268 (49.4)	Overdose 253 (44.8)	Overdose 279 (49.7)	Cancer 192 (32.8)
2	Cancer 214 (36.8)	Cancer 222 (39.0)	Cancer 213 (37.0)	Cancer 202 (33.8)	Overdose 138 (24.9)
3	Heart Disease 174 (30.2)	Heart Disease 176 (30.6)	Heart Disease 152 (27.6)	Heart Disease 147 (25.6)	Heart Disease 110 (18.3)
4	COVID-19 112 (19.1)	COVID-19 59 (10.3)	Diabetes 38 (6.5)	Accidents 43 (7.9)	Chronic Liver Disease 32 (5.6)
5	Homicide 52 (7.8)	Diabetes 49 (8.9)	Accidents 37 (6.5)	Diabetes 35 (6.0)	Accidents 28 5.2
Cause of Death, Count (Rates in Parentheses†)					

†Age-adjusted rates per 100,000 residents under age 65

NOTE: Rank is based on number of deaths. Both counts and rates are presented

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2020 to 2023, the first leading cause of premature death for all Boston residents was overdose while overdose was the second leading cause of premature death in 2024. Cancer replaced overdose as the first leading cause of premature death in 2024 and remained the second leading cause of premature death for 2020 to 2023.

Heart disease was the third leading cause of premature death for all Boston residents for 2020 to 2024. The fourth leading cause of premature death was COVID-19 in 2020 and 2021. The fourth leading cause of premature death was different for each year from 2022 to 2024 (diabetes in 2022, accidents in 2023 and chronic liver disease in 2024). Diabetes was the fifth leading cause of premature death for 2021 and 2023. Accidents were the fifth leading cause of premature death for 2022 and 2024. Homicide was the fifth leading cause of premature death for 2020.

TABLE 2A: LEADING CAUSES OF PREMATURE MORTALITY BY YEAR[†], FEMALE RESIDENTS, 2020-2024

Leading Causes of Premature Mortality [†] by Year, Female Residents, 2020-2024					
All Female Residents Under Age 65					
Rank	2020	2021	2022	2023	2024
1	Cancer 93 (31.2)	Cancer 120 (41.8)	Cancer 108 (36.9)	Cancer 98 (31.7)	Cancer 100 (33.6)
2	Overdose 59 (20.2)	Heart Disease 58 (19.8)	Overdose 69 (22.4)	Overdose 73 (24.2)	Heart Disease 32 (9.9)
3	Heart Disease 52 (17.3)	COVID-19 27 (9.0)	Heart Disease 49 (16.0)	Heart Disease 42 (14.1)	Overdose 31 (11.0)
4	COVID-19 37 (12.5)	Chronic Liver Disease 22 (7.8)	COVID-19 20 (6.0 [§])	Chronic Lower Respiratory Diseases 12 (4.0 [§])	Chronic Liver Disease 14 (4.4 [§])
5	Diabetes 16 (5.0 [§])	Chronic Lower Respiratory Diseases 14 (4.8 [§])	Nephritis/Nephrosis 16 (5.3 [§])	Chronic Liver Disease 10 (3.3 [§])	Cerebrovascular Diseases 11 (3.6 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents under age 65

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented

From 2020 to 2024, the first leading cause of premature death for female Boston residents was cancer. For 2020, 2022 and 2023, overdose was the second leading cause of premature death for female Boston residents and in 2024, overdose was the third leading cause of

premature death. However, for 2021 and 2024, heart disease was the second leading cause of premature death. Heart disease fell to the third leading cause of premature death for 2020, 2022 and 2023.

COVID-19 was the fourth leading cause of premature death for female Boston residents in 2020, was the third leading cause of premature death for 2021 and then returned to the fourth leading cause of premature death for 2022.

Chronic liver disease was the fourth leading cause of premature death for female Boston residents in 2021 and 2024 and the fifth leading cause of premature death in 2023. Chronic lower respiratory diseases were the fifth and fourth leading cause of premature death for 2021 and 2023, respectively.

Diabetes, nephritis/nephrosis and cerebrovascular diseases were the fifth leading cause of premature death for 2020, 2022 and 2024, respectively.

**TABLE 2B: LEADING CAUSES OF PREMATURE MORTALITY BY YEAR[†],
MALE RESIDENTS, 2020-2024**

Leading Causes of Premature Mortality [†] by Year, Male Residents, 2020-2024					
All Male Residents Under Age 65					
Rank	2020	2021	2022	2023	2024
1	Overdose 195 (74.3)	Overdose 196 (76.4)	Overdose 184 (70.0)	Overdose 206 (78.2)	Overdose 107 (40.5)
2	Heart Disease 122 (44.6)	Heart Disease 118 (42.7)	Cancer 105 (37.2)	Heart Disease 105 (38.6)	Cancer 92 (32.0)
3	Cancer 121 (43.2)	Cancer 102 (35.8)	Heart Disease 103 (40.7)	Cancer 104 (36.1)	Heart Disease 78 (27.7)
4	COVID-19 75 (26.4)	Diabetes 36 (13.8)	Accidents 30 (10.6)	Accidents 37 (14.0)	Accidents 22 (8.4)
5	Homicide 47 (14.6)	Accidents 35 (11.3)	Homicide 30 (10.4)	Diabetes 26 (9.1)	Suicide 20 (7.0 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents under age 65

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2020 to 2024, the first leading cause of premature death for male Boston residents was overdose. Heart disease was the second leading cause of premature death for male Boston residents in 2020, 2021 and 2023. Heart disease was the third leading cause of premature death for male Boston residents in 2022 and 2024.

Cancer was the third leading cause of premature death for male Boston residents in 2020, 2021 and 2023. Cancer was the second leading cause of premature death in 2022 and 2024.

COVID-19 only emerged as a leading cause of premature death for male Boston residents in 2020 (where it was the fourth leading cause of premature death). In 2021, diabetes replaced COVID-19 as the fourth leading cause of premature death for male Boston residents and resurfaced as the fifth leading cause of premature death in 2023.

Accidents rose to the fourth leading cause of premature death for male Boston residents in 2022, 2023 and 2024 from the fifth leading cause of premature death in 2021.

Homicide was the fifth leading cause of premature death for male Boston residents in 2020 and 2022. Suicide was the fifth leading cause of premature death for male Boston residents in 2024.

TABLE 3: LEADING CAUSES OF PREMATURE MORTALITY[†] BY RACE/ETHNICITY 2020-2024 COMBINED

Leading Causes of Premature Mortality [†] by Race/Ethnicity, 2020-2024 Combined				
All Residents Under Age 65				
Rank	Asian	Black	Latinx	White
1	Cancer 105 (38.2)	Overdose 397 (67.7)	Overdose 274 (50.0)	Overdose 472 (41.7)
2	Heart Disease 32 (11.6)	Cancer 376 (55.8)	Cancer 146 (26.8)	Cancer 398 (32.0)
3	Overdose 19 (6.8 ^s)	Heart Disease 342 (52.6)	Heart Disease 99 (18.4)	Heart Disease 274 (22.7)
4	Suicide 16 (3.5 ^s)	Homicide 119 (21.9)	COVID-19 58 (10.5)	Suicide 87 (7.0)
5	COVID-19 10 (3.5 ^s)	COVID-19 94 (14.5)	Accidents 53 (9.2)	Chronic Liver Disease 77 (6.8)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents under age 65

NOTE: Rank is based on number of deaths. Both counts and rates are presented

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2020 to 2024 combined, cancer, overdose and heart disease were among the top three leading causes of premature mortality across all racial/ethnic groups presented.

Among Asian residents, cancer was the first leading cause of premature death, followed by heart disease, overdose, suicide and COVID-19.

Among Black residents, overdose was the first leading cause of premature death followed by cancer, heart disease, homicide and COVID-19.

Among Latinx and white residents, overdose was the first leading cause of premature death followed by cancer and heart disease. Fourth and fifth leading causes of premature mortality were COVID-19 and accidents for Latinx residents and suicide and chronic liver disease for white residents.

TABLE 4A: LEADING CAUSES OF PREMATURE MORTALITY[†] BY RACE/ETHNICITY, FEMALE RESIDENTS 2020-2024 COMBINED

Leading Causes of Premature Mortality [†] by Race/Ethnicity, Female Residents, 2020-2024 Combined				
Female Residents Under Age 65				
Rank	Asian	Black	Latinx	White
1	Cancer 50 (34.7)	Cancer 189 (51.4)	Cancer 66 (22.2)	Cancer 207 (35.7)
2	Heart Disease 8 (5.2 [§])	Heart Disease 118 (32.6)	Overdose 54 (18.1)	Overdose 138 (25.3)
3	Suicide 6 (2.8 [§])	Overdose 102 (31.1)	Heart Disease 30 (9.9)	Heart Disease 71 (12.2)
4	‡	COVID-19 42 (11.6)	COVID-19 20 (6.3 [§])	Chronic Liver Disease 31 (5.6)
5	‡	Diabetes 32 (9.1)	Chronic Liver Disease 14 (4.8 [§])	Chronic Lower Respiratory Diseases 25 (4.4)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents under age 65

[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2020 to 2024 combined, cancer, overdose and heart disease were among the top three leading causes of premature mortality across the female Black, Latinx and white racial/ethnic groups presented. Cancer, heart disease and suicide were the top three leading causes of premature mortality for Asian female residents.

Among Black female residents, cancer was the first leading cause of premature death followed by heart disease, overdose, COVID-19 and diabetes.

Among Latinx female residents, cancer was the first leading cause of premature death followed by overdose, heart disease, COVID-19 and chronic liver disease.

Among white female residents, cancer was the first leading cause of premature death followed by overdose, heart disease, chronic liver disease and chronic lower respiratory diseases.

TABLE 4B: LEADING CAUSES OF PREMATURE MORTALITY[†] BY RACE/ETHNICITY, MALE RESIDENTS, 2020-2024 COMBINED

Leading Causes of Premature Mortality [†] by Race/Ethnicity, Male Residents, 2020-2024 Combined				
Male Residents Under Age 65				
Rank	Asian	Black	Latinx	White
1	Cancer 55 (42.5)	Overdose 295 (114.0)	Overdose 220 (89.9)	Overdose 334 (57.2)
2	Heart Disease 24 (19.3)	Heart Disease 224 (78.0)	Cancer 80 (32.7)	Heart Disease 203 (32.6)
3	Suicide 10 (4.1 [§])	Cancer 187 (61.5)	Heart Disease 69 (29.4)	Cancer 191 (28.6)
4	COVID-19 6 (4.7 [§])	Homicide 104 (41.6)	Accidents 48 (18.4)	Suicide 64 (10.0)
5	Diabetes 5 (4.6 [§])	Diabetes 58 (20.0)	COVID-19 38 (15.9)	Accidents 49 (7.2)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents under age 65

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2020 to 2024 combined, cancer, overdose and heart disease were among the top three leading causes of premature mortality across the male Black, Latinx and white racial/ethnic groups presented. Cancer, heart disease and suicide were the top three leading causes of premature mortality for Asian male residents.

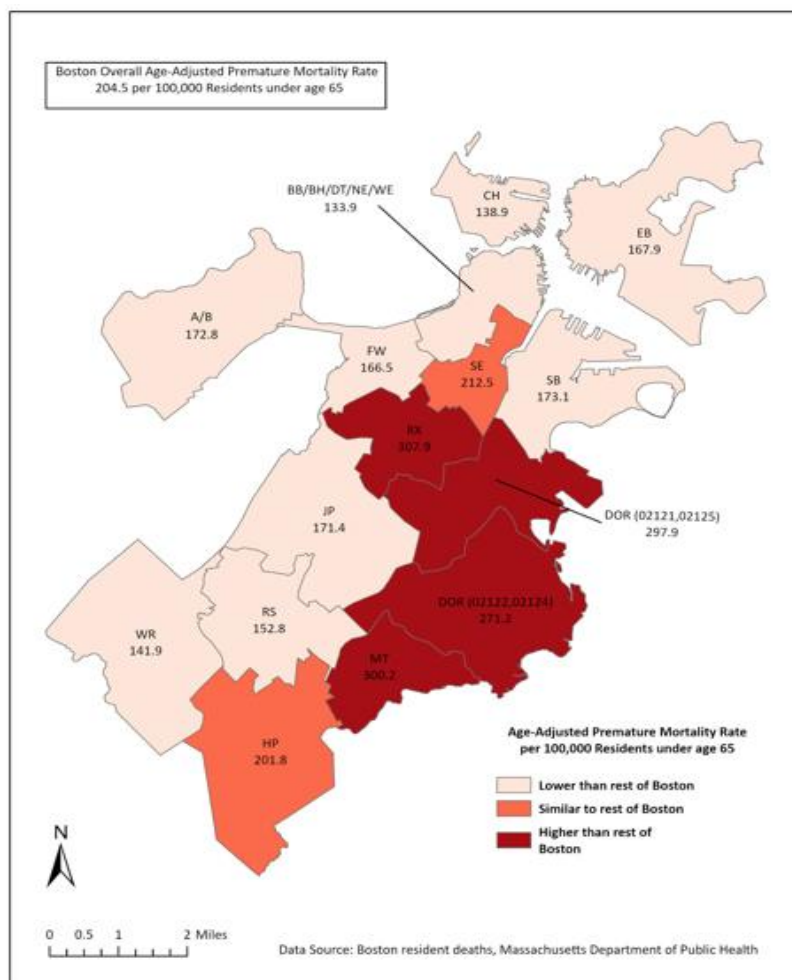
Among Asian male residents, cancer was the first leading cause of premature death followed by heart disease, suicide, COVID-19 and diabetes.

Among Black male residents, overdose was the first leading cause of premature death followed by heart disease, cancer, homicide and diabetes.

Among Latinx male residents, overdose was the first leading cause of premature death followed by cancer, heart disease, accidents and COVID-19.

Among white male residents, overdose was the first leading cause of premature death followed by heart disease, cancer, suicide and accidents.

FIGURE 5: PREMATURE MORTALITY BY NEIGHBORHOOD, 2020-2024 COMBINED



†Age-adjusted rates per 100,000 residents under age 65

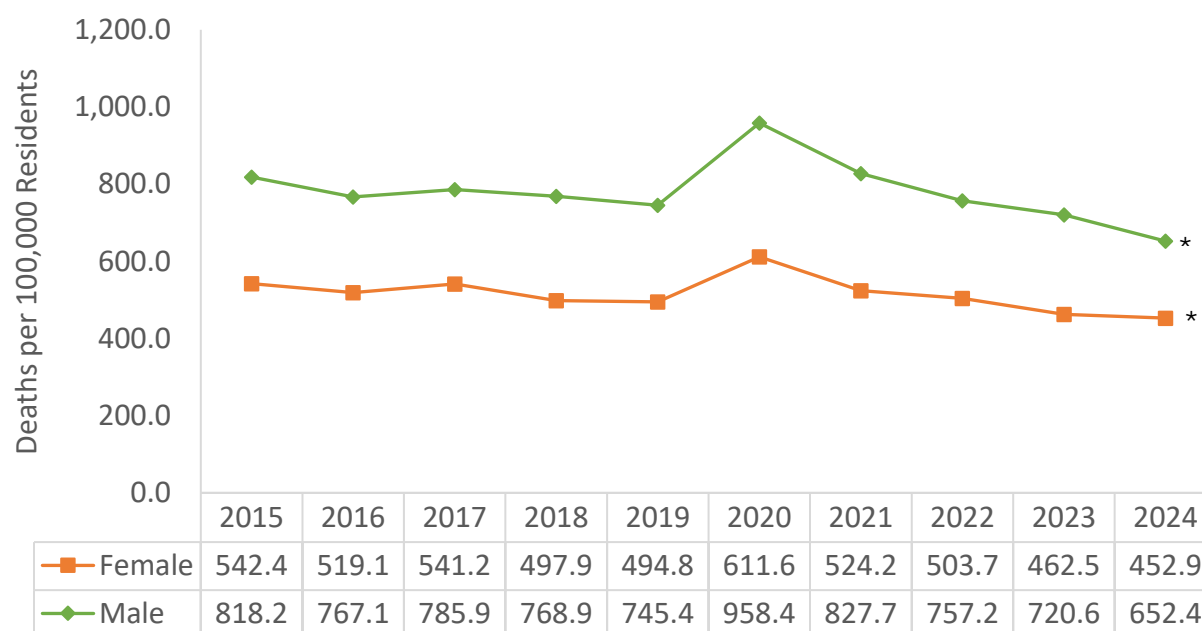
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2019, 2021 and 2023 combined, the age-adjusted premature mortality rate was higher compared to the rest of Boston for Roxbury, Dorchester (02121, 02125), Dorchester (02122,02124) and Mattapan. The rate was lower compared to the rest of Boston for Allston/Brighton, Back Bay (includes Back Bay, Downtown, Beacon Hill, West End), Charlestown, East Boston, South Boston, Fenway, Jamaica Plain, Roslindale and West Roxbury.

SECTION 2

MORTALITY

FIGURE 6: ALL-CAUSE MORTALITY BY † BY SEX AND YEAR, 2015-2024



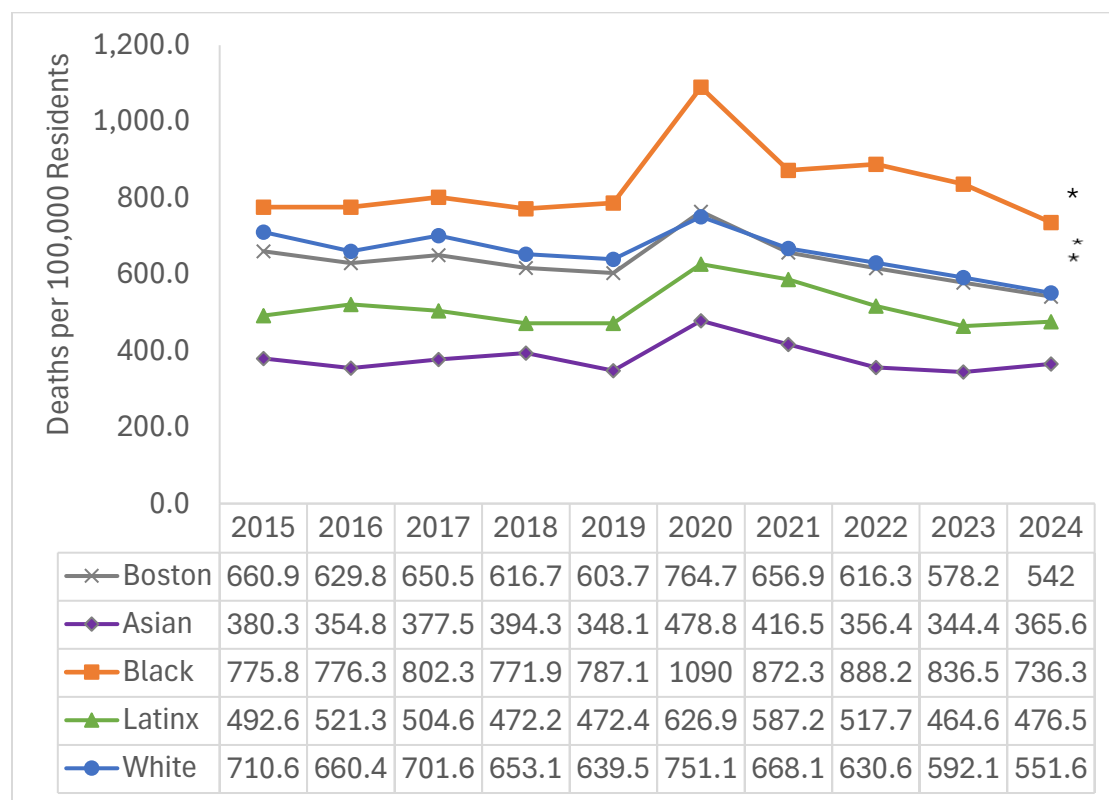
*Statistically significant change over time

†Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted mortality rate per 100,000 female Boston residents decreased by 12.1%. The rate for male residents decreased by 10.7%.

FIGURE 7: ALL-CAUSE MORTALITY BY RACE/ETHNICITY AND YEAR, 2015-2024



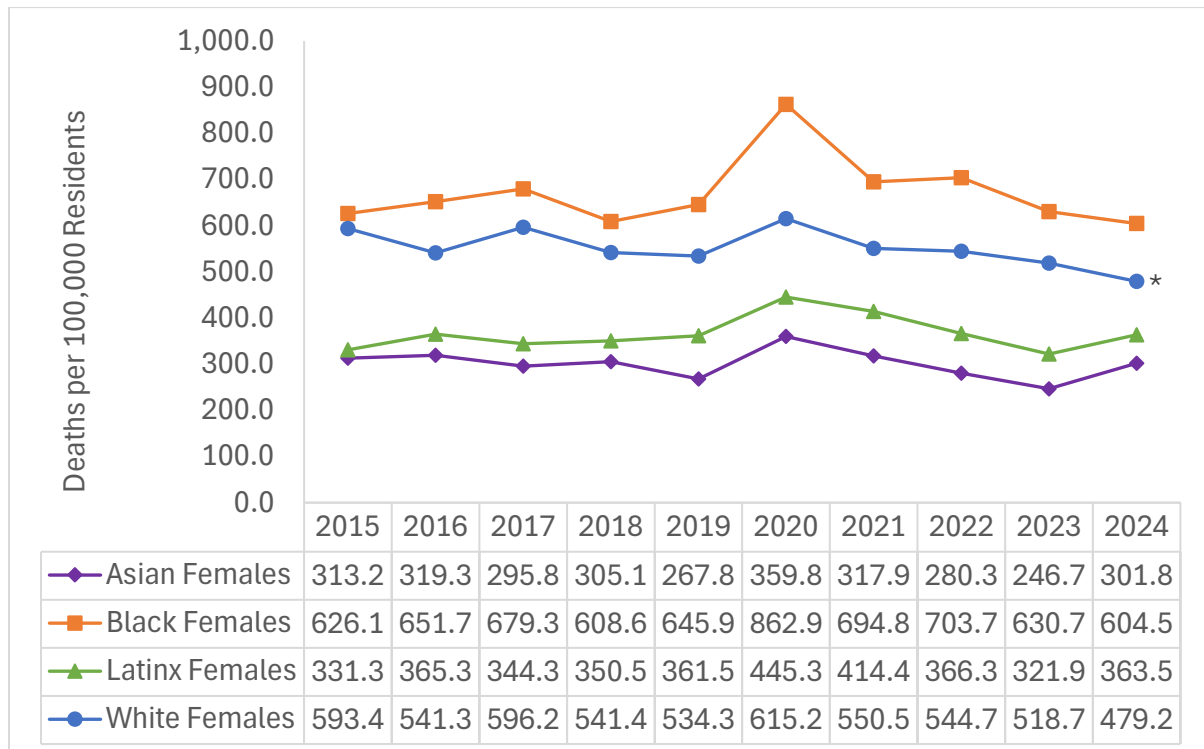
*Statistically significant change over time

†Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted mortality rate per 100,000 Boston residents decreased by 11.0%. From 2015 to 2024, the age-adjusted mortality rate per 100,000 Black Boston residents increased by 7.8%. The rate for white residents decreased by 16.2%.

FIGURE 8A: ALL-CAUSE MORTALITY BY RACE/ETHNICITY AND YEAR, FEMALE RESIDENTS, 2015-2024



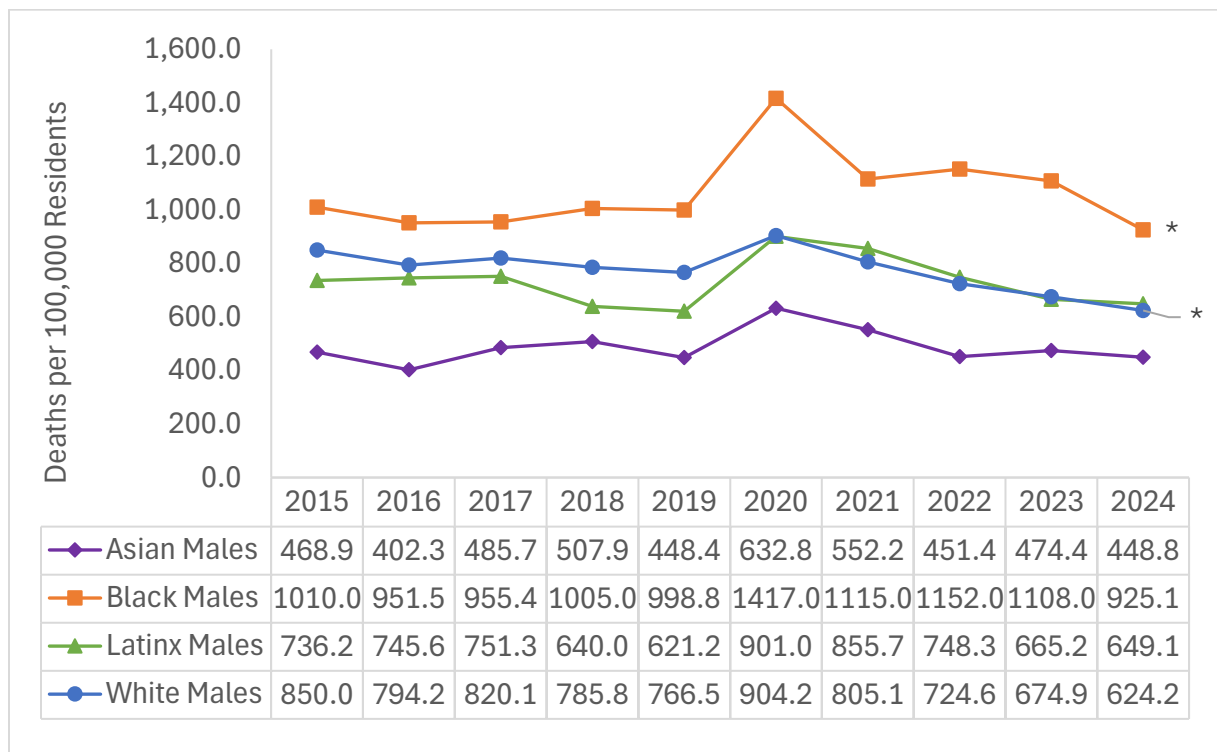
*Statistically significant change over time

†Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted mortality rate per 100,000 white female residents decreased by 12.5%.

FIGURE 8B: ALL-CAUSE MORTALITY BY RACE/ETHNICITY AND YEAR, MALE RESIDENTS, 2015-2024



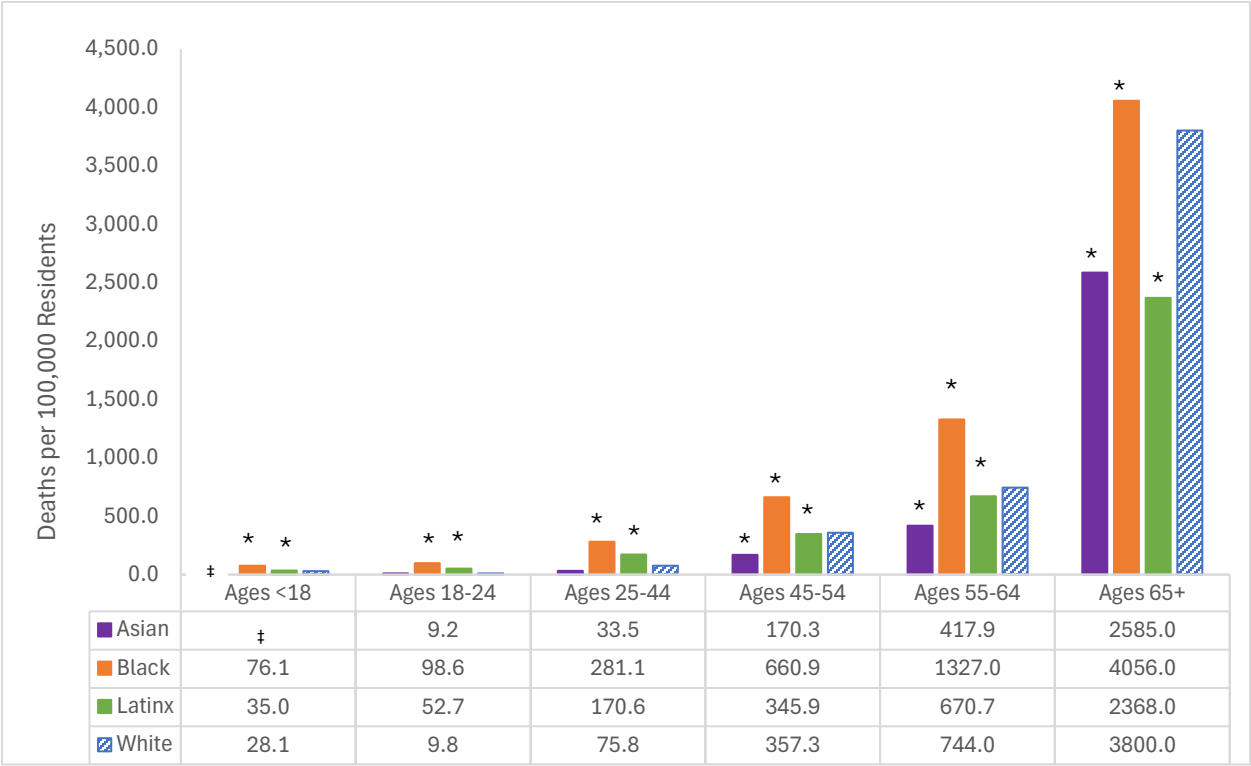
*Statistically significant change over time

†Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2015 to 2024, the age-adjusted mortality rate per 100,000 Black male residents increased by 11.5%. The rate for white male residents decreased by 20.0%.

**FIGURE 9: ALL-CAUSE MORTALITY BY AGE AND RACE/ETHNICITY
2020-2024 COMBINED**



*Statistically significant difference when compared to reference group
†Age-specific rates per 100,000 residents
§Rates based on 20 or fewer cases and should be interpreted with caution
NOTE: Bars with hatch marks indicate the reference group within each selected indicator
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

From 2020-2024, the all-cause mortality for Black residents ages less than 18 years old (76.1) was higher compared to that of white residents ages less than 18 years old (28.1). The rate for Latinx residents ages less than 18 years old (35.0) was higher compared to that of white residents ages less than 18 years old (28.1).

From 2020-2024, the all-cause mortality for Black residents ages 18-24 years old (98.6) was higher compared to that of white residents ages 18-



24 years old (9.8). The rate for Latinx residents ages 18-24 years old (52.7) was higher compared to that of white residents ages 18-24 years old (9.8).

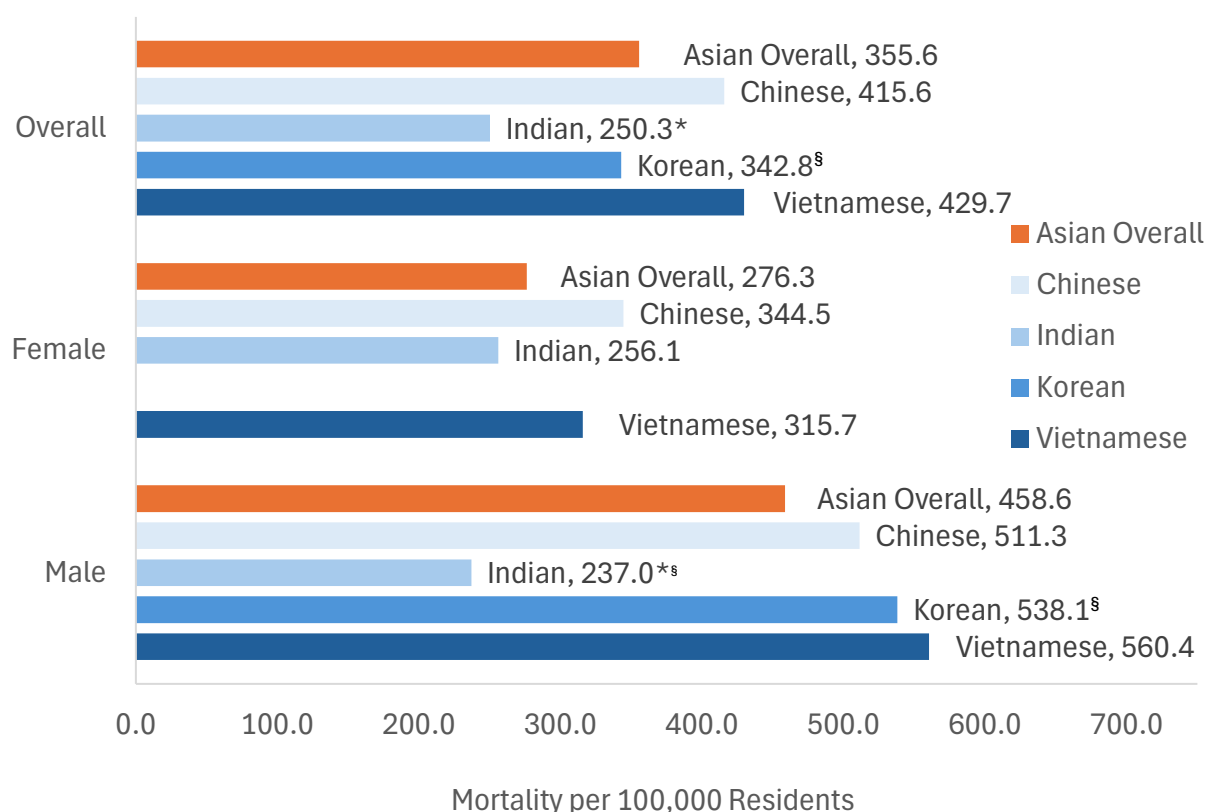
From 2020-2024, the all-cause mortality for Black residents ages 25-44 years old (281.1) was higher compared to that of white residents ages 25-44 years old (75.8). The rate for Latinx residents ages 25-44 years old (170.6) was higher compared to that of white residents ages 25-44 years old (75.8).

From 2020-2024, the all-cause mortality for Asian residents ages 45-54 years old (170.3) was lower compared to that of white residents ages 45-54 years old (357.3). The rate for Black residents ages 45-54 years old (660.9) was higher compared to that of white residents ages 45-54 years old (357.3). The rate for Latinx residents ages 45-54 years old (345.9) was lower compared to that of white residents ages 45-54 years old (357.3).

From 2020-2024, the all-cause mortality for Asian residents ages 55-64 years old (417.9) was lower compared to that of white residents ages 55-64 years old (744.0). The rate for Black residents ages 55-64 years old (1327.0) was higher compared to that of white residents ages 55-64 years old (744.0). The rate for Latinx residents ages 55-64 years old (670.7) was lower compared to that of white residents ages 55-64 years old (744.0).

From 2020-2024, the all-cause mortality for Asian residents ages 65 years old and over (2585.0) was lower compared to that of white residents ages 65 years old and over (3800.0). The rate for Black residents ages 65 years old and over (4056.0) was higher compared to that of white residents ages 65 years old and over (3800.0). The rate for Latinx residents ages 65 years old and over (2368.0) was lower compared to that of white residents ages 65 years old and over (3800.0).

FIGURE 10A: ALL CAUSE MORTALITY[†], ASIAN ETHNICITIES, 2022-2024 COMBINED



*Statistically significant when compared to rest of Asian residents

[†]Age-adjusted rates per 100,000 residents

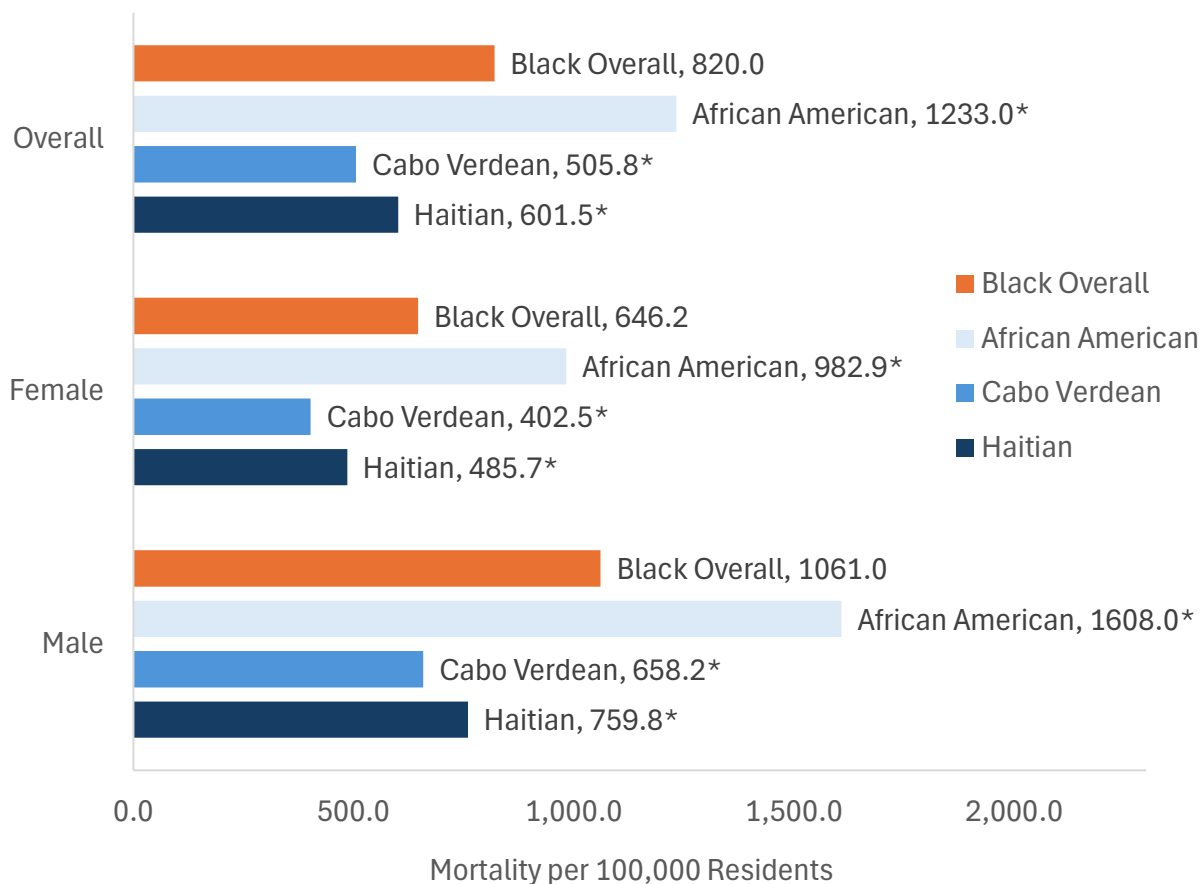
[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For the years 2022-2024 combined, the overall Asian mortality rate was 355.6 per 100,000 residents. The rate for Asian female residents was 276.3 and the rate for Asian male residents was 458.6. The rates for Indian overall (250.3) and male (237.0) were lower in comparison to their other Asian counterparts.

FIGURE 10B: ALL CAUSE MORTALITY[†], BLACK ETHNICITIES, 2022-2024 COMBINED

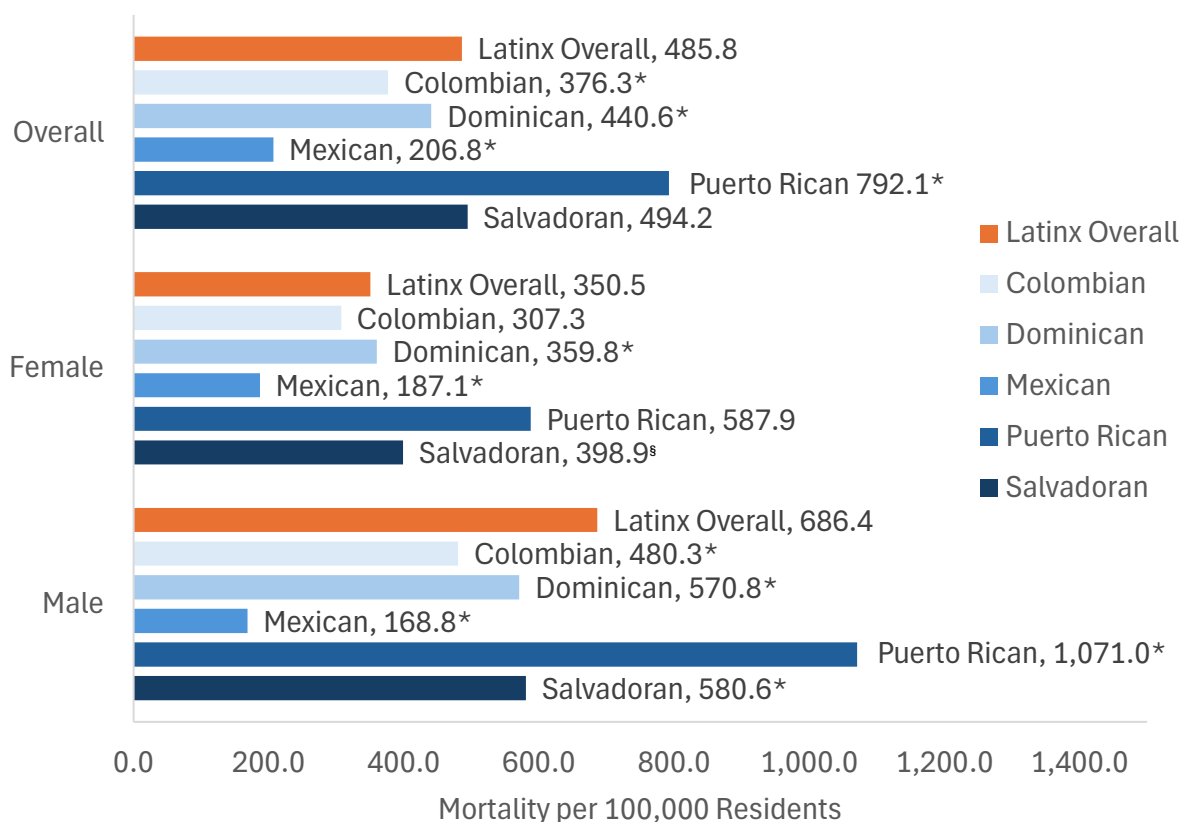


*Statistically significant when compared to rest of Latinx residents
[†]Age-adjusted rates per 100,000 residents
[§]Rates based on 20 or fewer cases and should be interpreted with caution

For the years 2022-2024 combined, the overall Black mortality rate was 820.0 per 100,000 residents. The rate for Black female residents was 646.2 and the rate for Black male residents was 1061.0. The rates for African American overall (1233.0), female (982.9), and male (1608.0) were higher in comparison to their other Black counterparts. The rates for Cabo Verdean overall (505.8), female (402.5), and male (658.2), and for Haitian overall (601.5), female (485.7), and male (759.8) were lower in comparison to their other Black counterparts.



FIGURE 10C: ALL CAUSE MORTALITY[†], LATINX ETHNICITIES, 2022-2024 COMBINED



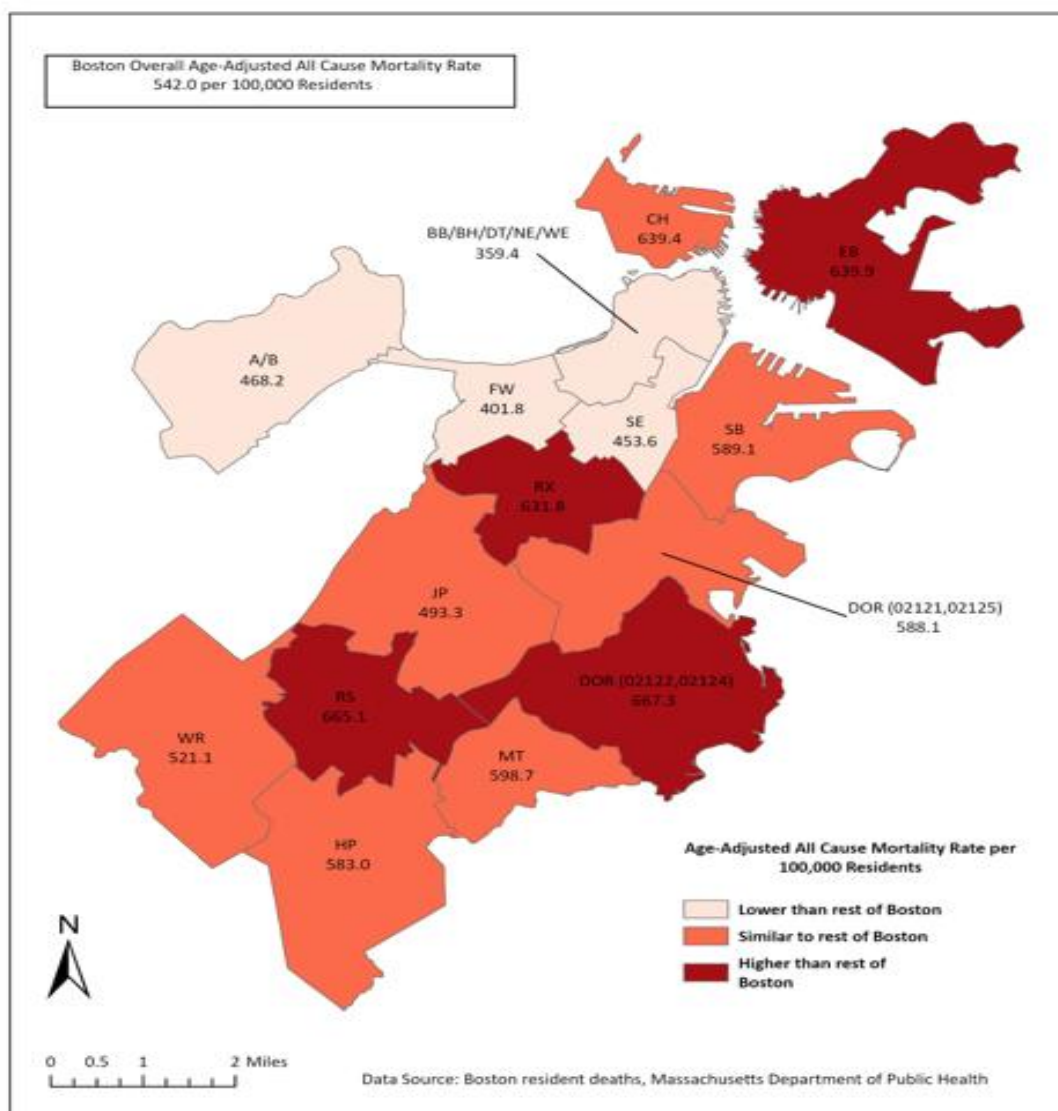
*Statistically significant when compared to rest of Latinx residents

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

For the years 2022-2024 combined, the overall Latinx mortality rate was 485.8 per 100,000 residents. The rate for Latinx female residents was 350.5 and the rate for Latinx male residents was 686.4. The rates for Puerto Rican overall (792.1), female (587.9), and male (1071.0) were higher in comparison to their other Latinx counterparts. The rates for Colombian overall (376.3) and male (480.3), for Dominican overall (440.6), female (359.8), and male (570.8), for Mexican overall (206.8), female (187.1), and male (168.8), and for Salvadoran male (580.6) were lower in comparison to their other Latinx counterparts.

FIGURE 11: ALL CAUSE MORTALITY[†] BY NEIGHBORHOOD, 2024



[†]Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2019, 2021 and 2023 combined, the age-adjusted mortality rate was higher compared to the rest of Boston for East Boston, Roxbury, Roslindale and Dorchester (02122, 02124). The rate was lower compared to the rest of Boston for Allston/Brighton, the South End, Back Bay (includes Back Bay, Downtown, Beacon Hill, West End) and Fenway.

TABLE 5: LEADING CAUSES OF MORTALITY[†] BY YEAR, 2020-2024

Leading Causes of Mortality [†] by Year, 2020-2024					
All Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 850 (133.3)	Cancer 794 (121.6)	Cancer 826 (123.8)	Cancer 839 (123.0)	Cancer 797 (116.0)
2	Cancer 806 (125.2)	Heart disease 733 (112.7)	Heart disease 693 (105.6)	Heart disease 645 (95.3)	Heart disease 637 (91.7)
3	Heart Disease 734 (114.0)	COVID-19 330 (50.9)	Overdose 271 (41.5)	Overdose 306 (46.8)	Cerebrovascular Diseases 186 (27.1)
4	Overdose 269 (42.1)	Overdose 287 (45.7)	COVID-19 204 (30.2)	Cerebrovascular Diseases 158 (23.7)	Overdose 160 (24.6)
	Cerebrovascular Diseases 173 (27.4)	Cerebrovascular Diseases 182 (28.3)	Cerebrovascular Diseases 174 (26.5)	Chronic Lower Respiratory Diseases 125 (18.4)	Nephritis/ Nephrosis 108 (15.9)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for all Boston residents. COVID-19 fell to the third leading cause of death in 2021 and the fourth leading cause of death in 2022. From 2021 to 2024, cancer replaced COVID-19 as the first leading cause of death for all Boston residents. In 2020, cancer was the second leading cause of death. In 2020, heart disease was the third leading cause of death for all Boston residents and rose to the second leading cause of death for 2021 to 2024.

In 2020, 2021 and 2024, overdose was the fourth leading cause of death for all Boston residents while in 2022 and 2023, overdose was the third leading cause of death.

Cerebrovascular diseases remained the fifth leading cause of death for all Boston residents from 2020 to 2022 and then rose to the fourth and third leading cause of death in 2023 and 2024, respectively.

Chronic lower respiratory diseases and nephritis/nephrosis were the fifth leading causes of death for all Boston residents in 2023 and 2024, respectively.

TABLE 6A: LEADING CAUSES OF MORTALITY[†] BY YEAR, FEMALE RESIDENTS 2020-2024

Leading Causes of Mortality [†] by Year, Female Residents, 2020-2024					
Rank	Female Residents				
	2020	2021	2022	2023	2024
1	COVID-19 389 (101.0)	Cancer 387 (105.8)	Cancer 401 (106.3)	Cancer 411 (105.7)	Cancer 403 (103.6)
2	Cancer 380 (103.1)	Heart Disease 338 (87.6)	Heart Disease 307 (78.0)	Heart Disease 292 (73.5)	Heart Disease 295 (70.7)
3	Heart Disease 342 (88.4)	COVID-19 162 (42.5)	Cerebrovascular Diseases 106 (26.8)	Cerebrovascular Diseases 79 (19.8)	Cerebrovascular Diseases 104 (25.0)
4	Cerebrovascular Diseases 98 (25.4)	Cerebrovascular Diseases 100 (25.3)	COVID-19 97 (23.9)	Alzheimer's Disease 76 (18.0)	Alzheimer's Disease 78 (18.1)
5	Alzheimer's Disease 81 (19.8)	Overdose 75 (22.7)	Alzheimer's Disease 79 (18.9)	Overdose 75 (21.6)	Nephritis/Nephrosis 58 (14.9)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for female Boston residents and fell to the second and third leading cause of death in 2021 and 2022, respectively.

In 2020, cancer was the second leading cause of death for female Boston residents and remained the first leading cause of death for 2021 to 2024. In 2020, heart disease was the third leading cause of death for female Boston residents and rose to the second leading cause of death, where it remained for 2021 to 2024.

Cerebrovascular diseases were the fourth leading cause of death for female Boston residents in 2020 and 2021 and rose to the third leading

cause of death for 2022 to 2024. Alzheimer's disease was the fifth leading cause of death for female Boston residents in 2020 and 2022. In 2023 and 2024, however, Alzheimer's disease was the fourth leading cause of death for female Boston residents.

Overdose was the fifth leading cause of death for female Boston residents in 2021 and 2023. Nephritis/Nephrosis was the fifth leading cause of death for female Boston residents in 2024.

TABLE 6B: LEADING CAUSES OF MORTALITY[†] BY YEAR, MALE RESIDENTS 2020-2024

Leading Causes of Mortality [†] by Year, Male Residents, 2020-2024					
Male Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 461 (179.8)	Cancer 407 (144.9)	Cancer 425 (148.7)	Cancer 428 (148.0)	Cancer 394 (134.8)
2	Cancer 426 (156.5)	Heart Disease 395 (144.4)	Heart Disease 386 (141.6)	Heart Disease 353 (123.1)	Heart Disease 342 (117.7)
3	Heart Disease 392 (146.7)	Overdose 212 (71.4)	Overdose 196 (64.5)	Overdose 231 (75.2)	Overdose 119 (38.7)
4	Overdose 209 (69.3)	COVID-19 168 (64.3)	COVID-19 107 (39.2)	Cerebrovascular Diseases 79 (28.4)	Cerebrovascular Diseases 82 (30.0)
5	Cerebrovascular Diseases 75 (29.3)	Diabetes 87 (30.9)	Cerebrovascular Diseases 68 (25.7)	Accidents 67 (23.2)	Accidents 52 (17.9)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for male Boston residents and fell to the fourth leading cause of death in 2021 and 2022, respectively.

In 2020, cancer was the second leading cause of death for male Boston residents and remained the first leading cause of death from 2021 to 2024. In 2020, heart disease was the third leading cause of death for male Boston residents and remained the second leading cause of death for male Boston residents from 2021 to 2024.

Overdose was the fourth leading cause of death for male Boston residents in 2020 and remained the third leading cause of death from 2021 to 2024. Cerebrovascular diseases were the fifth leading cause of death for male Boston residents in 2020 and 2022 and were the fourth leading cause of death for 2023 and 2024.

Diabetes was the fifth leading cause of death for male Boston residents in 2021; while accidents were the fifth leading cause of death for male Boston residents in 2023 and 2024.

TABLE 7: LEADING CAUSES OF MORTALITY[†] BY RACE/ETHNICITY, 2024

Leading Causes of Mortality [†] , by Race/Ethnicity, 2024				
All Residents				
Rank	Asian	Black	Latinx	White
1	Cancer 84 (108.3)	Cancer 237 (145.7)	Cancer 99 (98.5)	Cancer 365 (117.0)
2	Heart Disease 44 (54.1)	Heart Disease 211 (131.7)	Heart Disease 68 (75.4)	Heart Disease 307 (94.0)
3	Cerebrovascular Diseases 30 (32.6)	Cerebrovascular Diseases 63 (40.3)	Overdose 32 (24.9)	Overdose 76 (29.1)
4	Diabetes 11 (15.9 [§])	Nephritis/Nephrosis 54 (34.9)	Cerebrovascular Diseases 20 (20.9 [§])	Cerebrovascular Diseases 68 (21.0)
5	Nephritis/Nephrosis 10 (10.7 [§])	Overdose 43 (29.2)	Accidents 18 (16.9 [§])	Chronic Lower Respiratory Diseases 64 (20.0)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2024, cancer and heart disease were among the top two leading causes of premature mortality across all racial/ethnic groups presented.

Among Asian residents, cancer was the first leading cause of death, followed by heart disease, cerebrovascular diseases, diabetes and nephritis/nephrosis.

Among Black residents, cancer was the first leading cause of death followed by heart disease, cerebrovascular diseases, nephritis/nephrosis and overdose.

Among Latinx and white residents, cancer was the first leading cause of death followed by heart disease, overdose and cerebrovascular diseases. The fifth leading cause of mortality was accidents for Latinx residents and chronic lower respiratory diseases for white residents.

TABLE 8A: LEADING CAUSES OF MORTALITY[†] BY YEAR, ASIAN RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Asian Residents, 2020-2024					
Asian Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 80 (108.1)	Cancer 80 (112.3)	Cancer 79 (106.0)	Cancer 84 (113.7)	Cancer 84 (108.3)
2	Cancer 77 (110.7)	Heart Disease 53 (68.2)	Heart Disease 40 (52.9)	Heart Disease 47 (55.8)	Heart Disease 44 (54.1)
3	Heart disease 42 (59.7)	COVID-19 34 (46.3)	Cerebrovascular Diseases 26 (34.3)	Cerebrovascular Diseases 13 (15.7 [§])	Cerebrovascular Diseases 30 (32.6)
4	Cerebrovascular Diseases 18 (24.3 [§])	Cerebrovascular Diseases 24 (31.6)	COVID-19 17 (21.1 [§])	Nephritis/Nephrosis 11 (11.6 [§])	Diabetes 11 (15.9 [§])
5	Chronic Lower Respiratory Diseases 10 (15.0 [§])	Nephritis/Nephrosis 13 (17.1 [§])	Accidents 9 (12.0 [§])	Diabetes 9 (11.1 [§])	Nephritis/Nephrosis 10 (10.7 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Asian residents and fell to the third and fourth leading cause of death in 2021 and 2022, respectively. In 2020, cancer was the second leading cause of death for Asian residents and remained the first leading cause of death for 2021 to 2024.

Heart disease was the third leading cause of death for Asian residents in 2020 and remained the second leading cause of death for 2021 to

2024. Cerebrovascular diseases were the fourth leading cause of death for Asian residents in 2020 and 2021; cerebrovascular diseases then emerged as the third leading cause of death for 2022 to 2024.

Chronic lower respiratory diseases were the fifth leading cause of death for Asian residents in 2020. Nephritis/nephrosis was the fifth leading cause of death for Asian residents in 2021 and 2024. In 2023, nephritis/nephrosis was the fourth leading cause of death for Asian residents.

Accidents were the fifth leading cause of death for Asian residents in 2022; diabetes replaced accidents as the fifth leading cause of death in 2023 and nephritis/nephrosis was the fifth leading cause of death for Asian residents in 2024.

TABLE 8B: LEADING CAUSES OF MORTALITY[†] BY YEAR, BLACK RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Black Residents, 2020-2024					
Black Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 295 (206.3)	Cancer 228 (149.3)	Cancer 254 (163.6)	Cancer 260 (161.2)	Cancer 237 (145.7)
2	Cancer 241 (158.8)	Heart Disease 211 (139.6)	Heart Disease 218 (143.9)	Heart Disease 186 (123.9)	Heart Disease 211 (131.7)
3	Heart Disease 238 (163.6)	COVID-19 105 (69.7)	Overdose 99 (70.4)	Overdose 128 (95.3)	Cerebrovascular Diseases 63 (40.3)
4	Overdose 89 (64.7)	Overdose 88 (62.9)	Cerebrovascular Diseases 67 (45.9)	Cerebrovascular Diseases 62 (40.8)	Nephritis/Nephrosis 54 (34.9)
5	Cerebrovascular Diseases 66 (46.2)	Diabetes 68 (44.6)	COVID-19 58 (38.7)	Diabetes 54 (34.7)	Overdose 43 (29.2)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the leading cause of death among Black residents which fell to third and fifth leading cause of death in 2021 and 2022 respectively.

In 2020, Cancer was the second leading cause of death among Black residents and remained the leading cause of death from 2021-2024.

In 2020, Heart disease was the third leading cause of death among Black residents and rose to and remained the second leading cause of death from 2021-2024.

Overdose was the fourth leading cause of death for Black residents in 2020-2021, which rose to the third leading cause of death in 2022- 2023 and fell to the fifth leading cause of death in 2024. In 2020,

Cerebrovascular diseases were the fifth leading cause of death among Black residents and rose to the fourth leading cause of death in 2022-2023 and third leading cause of death in 2024.

In 2021 and 2023, Diabetes was the fifth leading cause of death among Black residents. In 2024, Nephritis was the fourth leading cause of death among Black residents.

TABLE 8C: LEADING CAUSES OF MORTALITY[†] BY YEAR, LATINX RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Latinx Residents, 2020-2024					
Latinx Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 105 (131.0)	Cancer 75 (87.0)	Cancer 82 (87.4)	Cancer 82 (89.8)	Cancer 99 (98.5)
2	Cancer 68 (79.7)	Overdose 71 (59.0)	Overdose 62 (49.9)	Overdose 66 (51.2)	Heart Disease 68 (75.4)
3	Heart Disease 65 (78.6)	Heart Disease 65 (81.3)	Heart Disease 60 (67.3)	Heart Disease 65 (73.5)	Overdose 32 (24.9)
4	Overdose 54 (44.2)	COVID-19 62 (73.5)	COVID-19 28 (32.0)	Cerebrovascular Diseases 21 (21.8)	Cerebrovascular Diseases 20 (20.9 [§])
5	Diabetes 23 (24.7)	Diabetes 22 (26.1)	Diabetes 18 (22.2 [§])	Accidents 19 (18.2 [§])	Accidents 18 (16.9 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the leading cause of death among Latinx residents, which fell to and remained the fourth leading cause of death in 2021-2022.

In 2020, cancer was the second leading cause of death among Latinx residents and remained the leading cause of death from 2021-2024. heart disease remained the third leading cause of death among Latinx residents from 2020- 2023 and rose to the second leading cause of death for 2024.

In 2020, overdose was the fourth leading cause of death among Latinx residents and remained the second leading cause of death from 2021-2023 and fell to third leading cause of death in 2024.

Diabetes was the fifth leading cause of death from 2020-2022 among Latinx residents. Cerebrovascular diseases and accidents were the fourth and fifth leading causes of death in 2023 and 2024, respectively.

TABLE 8D. LEADING CAUSES OF MORTALITY BY YEAR, WHITE RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, White Residents, 2020-2024					
White Residents					
Rank	2020	2021	2022	2023	2024
1	Cancer 404 (130.2)	Cancer 392 (127.1)	Cancer 404 (128.0)	Cancer 402 (126.8)	Cancer 365 (117.0)
2	Heart Disease 383 (119.8)	Heart Disease 383 (121.4)	Heart Disease 366 (117.7)	Heart Disease 343 (105.6)	Heart Disease 307 (94.0)
3	COVID-19 353 (108.8)	COVID-19 124 (39.0)	Overdose 102 (38.4)	Overdose 101 (37.1)	Overdose 76 (29.1)
4	Overdose 114 (42.9)	Overdose 116 (44.7)	COVID-19 100 (30.4)	Chronic Lower Respiratory Diseases 80 (24.9)	Cerebrovascular Diseases 68 (21.0)
5	Chronic Lower Respiratory Diseases 77 (25.0)	Chronic Lower Respiratory Diseases 78 (25.8)	Chronic Lower Respiratory Diseases 82 (25.4)	Accidents 65 (20.7)	Chronic Lower Respiratory Diseases 64 (20.0)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Cancer was the leading cause of death among white residents from 2020-2024. Heart Disease was the second leading cause of death among white residents from 2020-2024.

In 2020 and 2021, COVID-19 was the third leading cause of death among white residents and fell to the fourth leading cause of death in 2022.

In 2020 and 2021, Overdose was the fourth leading cause of death among white residents and remained the third leading cause of death from 2022- 2024.

Cerebrovascular diseases were the fifth leading cause of death among white residents in 2020, 2021, 2022 and 2024, and rose to the fourth leading cause of death in 2023.

Accidents were the fifth leading cause of death among white residents in 2023.

TABLE 9A. LEADING CAUSES OF MORTALITY BY RACE/ETHNICITY, FEMALES

Leading Causes of Mortality [†] by Race/Ethnicity, Female Residents , 2024				
Female Residents				
Rank	Asian	Black	Latinx	White
1	Cancer 40 (94.3)	Cancer 122 (125.2)	Cancer 50 (82.0)	Cancer 184 (110.1)
2	Heart Disease 25 (52.2)	Heart Disease 95 (96.4)	Heart Disease 30 (52.1)	Heart Disease 144 (73.0)
3	Cerebrovascular Diseases 13 (23.3 [§])	Cerebrovascular Diseases 42 (42.5)	Alzheimer's Disease 13 (24.9 [§])	Alzheimer's Disease 44 (21.4)
4	Diabetes 6 (13.2 [§])	Nephritis/Nephrosis 35 (36.2)	Cerebrovascular Diseases 10 (16.2 [§])	Cerebrovascular Diseases 37 (19.8)
5	Accidents 5 (8.8 [§])	Alzheimer's Disease 16 (15.8 [§])	Diabetes 8 (13.9 [§])	Chronic Lower Respiratory Diseases 32 (17.1)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2024, Cancer and heart disease were the top two leading causes of death across all female racial/ethnic groups presented.

Among Asian female residents cancer was the first leading cause of death, followed by heart disease, cerebrovascular diseases, diabetes and accidents.

Among Black female residents, cancer was the leading cause of death followed by heart disease, cerebrovascular diseases, nephritis/nephrosis and Alzheimer's disease.

Among Latinx and white female residents, cancer was the first leading cause of death, followed by heart disease, Alzheimer's disease and cerebrovascular diseases. The fifth leading cause of death was diabetes for Latinx female residents and chronic lower respiratory diseases for white female residents.

TABLE 9B. LEADING CAUSES OF MORTALITY BY RACE/ETHNICITY, MALES

Leading Causes of Mortality [†] by Race/Ethnicity, Male Residents, 2024				
Male Residents				
Rank	Asian	Black	Latinx	White
1	Cancer 44 (128.4)	Heart Disease 116 (181.4)	Cancer 49 (131.9)	Cancer 181 (127.2)
2	Heart Disease 19 (56.1 [§])	Cancer 115 (180.6)	Heart Disease 38 (118.8)	Heart Disease 163 (115.2)
3	Cerebrovascular Diseases 17 (46.2 [§])	Overdose 30 (46.8)	Overdose 25 (43.5)	Overdose 56 (41.2)
4	Chronic Lower Respiratory Diseases 7 (19.1 [§])	Cerebrovascular Diseases 21 (36.0)	Nephritis/Nephrosis 12 (34.9 [§])	Chronic Lower Respiratory Diseases 32 (22.8)
5	Nephritis/Nephrosis 6 (15.9 [§])	Diabetes 20 (30.3 [§])	Accidents 12 (26.4 [§])	Cerebrovascular Diseases 31 (22.1)
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2024, Cancer, heart disease and overdose were among the top three leading causes of death across all male racial/ethnic groups presented.

Among Asian male residents, cancer was the first leading cause of death, followed by heart disease, cerebrovascular diseases, chronic lower respiratory diseases and nephritis/nephrosis.

Among Black male residents, Heart disease was the first leading cause of death, followed by cancer, overdose, cerebrovascular diseases, and diabetes.

Among Latinx and white male residents, cancer was the first leading cause of death, followed by heart disease and overdose. Fourth and fifth leading causes of death were nephritis/nephrosis and accidents for Latinx residents and chronic lower respiratory diseases and cerebrovascular diseases for white male residents.

TABLE 10A. LEADING CAUSES OF MORTALITY, ASIAN FEMALE RESIDENTS

Leading Causes of Mortality [†] by Year, Asian Female Residents, 2020-2024					
Asian Female Residents					
Rank	2020	2021	2022	2023	2024
1	Cancer 35 (89.9)	Cancer 33 (81.6)	Cancer 36 (86.2)	Cancer 34 (82.2)	Cancer 40 (94.3)
2	COVID-19 29 (63.4)	Heart Disease 26 (56.2)	Heart Disease 19 (42.1 [§])	Heart Disease 18 (34.5 [§])	Heart Disease 25 (52.2)
3	Heart Disease 20 (46.7 [§])	Cerebrovascular Diseases 16 (36.1 [§])	Cerebrovascular Diseases 11 (26.3 [§])	Cerebrovascular Diseases 9 (18.5 [§])	Cerebrovascular Diseases 13 (23.3 [§])
4	Cerebrovascular Diseases 11 (25.4 [§])	COVID-19 14 (32.8 [§])	Accidents 6 (12.3 [§])	Alzheimer's disease 6 (11.8 [§])	Diabetes 6 (13.2 [§])
5	Septicemia 6 (14.7 [§])	Nephritis/Nephrosi s 5 (11.0 [§])	COVID-19 6 (12.3 [§])	Nephritis/Nephrosi s 5 (9.2 [§])	‡
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Cancer was the first leading cause of death for Asian female residents for 2020 to 2024. In 2020, COVID-19 was the second leading cause of death for Asian female residents and fell to the fourth and fifth leading cause of death in 2021 and 2022, respectively.

In 2020, heart disease was the third leading cause of death for Asian female residents. Heart disease was the second leading cause of death for Asian female residents from 2021 to 2024.

In 2020, cerebrovascular disease was the fourth leading cause of death for Asian female residents and remained the third leading cause of death from 2021 to 2024. In 2020, septicemia was the fifth leading cause of death for Asian female residents. In 2024, diabetes was the fourth leading cause of death for Asian female residents.

In 2021 and 2023, the fifth leading cause of death for Asian female residents was nephritis/nephrosis. In 2023, Alzheimer's disease was the fourth leading cause of death for Asian female residents.

TABLE 10B. LEADING CAUSES OF MORTALITY, ASIAN MALE RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Asian Male Residents, 2020-2024					
Asian Male Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 51 (166.7)	Cancer 47 (151.7)	Cancer 43 (132.5)	Cancer 50 (156.5)	Cancer 44 (128.4)
2	Cancer 42 (139.3)	Heart Disease 27 (82.6)	Heart Disease 21 (67.3)	Heart Disease 29 (83.8)	Heart Disease 19 (56.1 [§])
3	Heart disease 22 (76.1)	COVID-19 20 (65.0 [§])	Cerebrovascular Diseases 15 (46.4 [§])	Nephritis/Nephrosis 6 (15.0 [§])	Cerebrovascular Diseases 17 (46.2 [§])
4	Chronic lower respiratory diseases 8 (28.1 [§])	Cerebrovascular Diseases 8 (25.3 [§])	COVID-19 11 (33.0 [§])	Overdose 5 (17.8 [§])	Chronic Lower Respiratory Diseases 7 (19.1 [§])
5	Cerebrovascular Diseases 7 (22.7 [§])	Nephritis/Nephrosis 8 (25.2 [§])	‡	‡	Nephritis/Nephrosis 6 (15.9 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[‡]Rates not presented due to small number of cases

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Asian male residents and fell to the third and fourth leading cause of death for Asian male residents in 2021 and 2022. In 2020, cancer was the second leading cause of death for Asian male residents and rose to the first leading cause of death for Asian male residents for 2021 to 2024.

In 2020, heart disease was the third leading cause of death for Asian male residents and remained the second leading cause of death from 2021 to 2024. In 2022 and 2024, cerebrovascular diseases were the third leading cause of death for Asian male residents and in 2023, nephritis/nephrosis was the third leading cause of death for Asian male residents. In 2021 and 2024, nephritis/nephrosis was the fifth leading cause of death for Asian male residents.

In 2020 and 2024, chronic lower respiratory diseases was the fourth leading cause of death for Asian male residents. Overdose only ranked as the fourth leading cause of death in 2023.

TABLE 11A. LEADING CAUSES OF MORTALITY, BLACK FEMALE RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Black Female Residents, 2020-2024					
Black Female Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 140 (155.4)	Cancer 113 (125.9)	Cancer 128 (139.6)	Cancer 129 (133.2)	Cancer 122 (125.2)
2	Cancer 127 (140.3)	Heart Disease 98 (108.4)	Heart Disease 98 (103.8)	Heart Disease 84 (94.3)	Heart Disease 95 (96.4)
3	Heart Disease 113 (127.4)	COVID-19 61 (66.5)	Cerebrovascular Diseases 46 (50.4)	Overdose 34 (42.7)	Cerebrovascular Diseases 42 (42.5)
4	Cerebrovascular Diseases 41 (44.6)	Diabetes 32 (35.1)	Diabetes 34 (38.8)	Cerebrovascular Diseases 27 (29.3)	Nephritis/Nephroses 35 (36.2)
5	Diabetes 27 (31.0)	Cerebrovascular Diseases 31 (34.6)	Overdose 27 (35.8)	Nephritis/Nephroses 24 (25.4)	Alzheimer's Disease 16 (15.8 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Black female residents and fell to the third leading cause of death for Black female

residents in 2021. In 2020, cancer was the second leading cause of death for Black female residents and rose to the first leading cause of death for Black female residents for 2021 to 2024.

In 2020, heart disease was the third leading cause of death for Black female residents and rose to the second leading cause of death in 2021 to 2024. In 2020 and 2021, cerebrovascular diseases were the fourth and fifth leading causes of death for Black female residents, respectively. In 2022 and 2024, cerebrovascular diseases was the third leading cause of death for Black female residents, while in 2023 cerebrovascular diseases was the fourth leading cause of death for Black female residents.

Diabetes ranked as the fifth leading cause of death in 2020 and as the fourth leading cause of death for Black female residents in 2021 and 2022. Overdoses ranked as the fifth leading cause of death in 2022 and as the third leading cause of death in 2023. Nephritis/Nephrosis was the fifth and fourth leading cause of death for Black female residents in 2023 and 2024, respectively. Alzheimer's disease was the fifth leading cause of death in 2024 for Black female residents.

TABLE 11B. LEADING CAUSES OF MORTALITY, BLACK MALE RESIDENTS, 2020- 2024

Leading Causes of Mortality [†] by Year, Black Male Residents, 2020-2024					
Black Male Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 155 (291.5)	Cancer 115 (190.3)	Cancer 126 (201.7)	Cancer 131 (201.4)	Heart Disease 116 (181.4)
2	Heart Disease 125 (215.1)	Heart Disease 113 (179.7)	Heart Disease 120 (201.0)	Heart Disease 102 (166.2)	Cancer 115 (180.6)
3	Cancer 114 (193.2)	Overdose 64 (106.3)	Overdose 72 (114.4)	Overdose 94 (162.2)	Overdose 30 (46.8)
4	Overdose 69 (111.9)	COVID-19 44 (77.2)	COVID-19 32 (53.4)	Cerebrovascular Diseases 35 (56.7)	Cerebrovascular Diseases 21 (36.0)
5	Homicide 34 (55.1)	Diabetes 36 (57.2)	Homicide 24 (41.4)	Diabetes 31 (50.4)	Diabetes 20 (30.3 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Black male residents and fell to the fourth leading cause of death in 2021 and 2022.

In 2020, heart disease and cancer were the second and third leading causes of death for Black male residents, respectively. Heart disease remained the second leading cause of death from 2021 to 2023 for Black male residents and rose to the first leading cause of death in 2024. In 2021, 2022 and 2023, cancer was the first leading cause of death for Black male residents and fell to the second leading cause of death in 2024.

In 2020, overdose was the fourth leading cause of death for Black male residents and rose to the third leading cause of death for 2021 to 2024. Homicide was the fifth leading cause of death for Black male residents in 2020 and 2022; diabetes took its place as the fifth leading cause of death for 2021, 2023 and 2024. Cerebrovascular diseases remained the fourth leading cause of death for Black male residents for 2023 and 2024.

TABLE 12A. LEADING CAUSES OF MORTALITY, LATINX FEMALE RESIDENTS, 2020- 2024

Leading Causes of Mortality [†] by Year, Latinx Female Residents, 2020-2024					
Latinx Female Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 37 (75.9)	Cancer 35 (70.4)	Cancer 36 (64.9)	Cancer 42 (74.5)	Cancer 50 (82.0)
2	Heart Disease 30 (62.6)	Heart Disease 30 (62.6)	Heart Disease 26 (47.5)	Heart Disease 25 (47.1)	Heart Disease 30 (52.1)
3	Cancer 27 (49.5)	COVID-19 25 (47.0)	COVID-19 18 (33.0 [§])	Cerebrovascular Diseases 10 (18.6 [§])	Alzheimer's Disease 13 (24.9 [§])
4	Overdose 11 (17.0 [§])	Overdose 17 (25.4 [§])	Overdose 11 (16.8 [§])	Alzheimer's Disease 8 (16.6 [§])	Cerebrovascular Diseases 10 (16.2 [§])
5	Cerebrovascular Diseases 10 (19.8 [§])	Cerebrovascular Diseases 11 (25.0 [§])	Alzheimer's Disease 10 (21.0 [§])	Accidents 5 (10.0 [§])	Diabetes 8 (13.9 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Latinx female residents and fell to the third leading cause of death in 2021 and

2022. Heart disease remained the second leading cause of death for Latinx female residents from 2020 to 2024.

In 2020, cancer was the third leading cause of death for Latinx female residents and rose to and remained the first leading cause of death for 2021 to 2024. From 2020 to 2022, overdose was the fourth leading cause of death for Latinx female residents. In 2020 and 2021, cerebrovascular diseases were the fifth leading cause of death for Latinx female residents while in 2023 and 2024, cerebrovascular diseases were the third and fourth leading causes of death, respectively.

Alzheimer's disease was the fourth and third leading cause of death for Latinx female residents in 2023 and 2024, respectively. In 2023, accidents were the fifth leading cause of death for Latinx female residents. In 2024, diabetes was the fifth leading cause of death for Latinx female residents.

TABLE 12B. LEADING CAUSES OF MORTALITY, LATINX MALE RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, Latinx Male Residents, 2020-2024					
Latinx Male Residents					
Rank	2020	2021	2022	2023	2024
1	COVID-19 68 (228.9)	Overdose 54 (101.9)	Overdose 51 (92.3)	Overdose 56 (98.2)	Cancer 49 (131.9)
2	Overdose 43 (77.4)	Cancer 40 (109.2)	Cancer 46 (119.8)	Cancer 40 (119.2)	Heart Disease 38 (118.8)
3	Cancer 41 (136.7)	COVID-19 37 (125.0)	Heart Disease 34 (96.1)	Heart Disease 40 (118.9)	Overdose 25 (43.5)
4	Heart Disease 35 (97.4)	Heart Disease 35 (110.6)	Accidents 15 (33.7 [§])	Accidents 14 (28.2 [§])	Accidents 12 (26.4 [§])
5	Diabetes Mellitus 15 (37.5 [§])	Accidents 14 (34.0 [§])	COVID-19 10 (27.6 [§])	Cerebrovascular Diseases 11 (24.4 [§])	Nephritis/Nephrosis 12 (34.9 [§])
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, COVID-19 was the first leading cause of death for Latinx male residents and fell to the third leading cause of death in 2021 and fifth

leading cause in 2022. Overdose remained the leading cause of death for Latinx male residents from 2021 to 2023.

In 2020, cancer was the third leading cause of death for Latinx male residents and rose to and remained the second leading cause of death for 2021 to 2023. From 2020 to 2021, Heart disease was the fourth leading cause of death for Latinx male residents which rose to third leading cause of death between 2022-2023 and in 2024 to the second leading cause of death.

In 2020, diabetes was the fifth leading cause of death for Latinx male residents while in 2021 Accidents were the fifth leading cause of death. From 2022- 2024, Accidents rose to the fourth leading cause of death among the Latinx male residents. Cerebrovascular diseases and Nephritis were the fifth leading causes of death for Latinx male residents in 2023 and 2024, respectively.

TABLE 13A. LEADING CAUSES OF MORTALITY, WHITE FEMALE RESIDENTS, 2020- 2024

Leading Causes of Mortality [†] by Year, White Female Residents, 2020-2024					
White Female Residents					
Rank	2020	2021	2022	2023	2024
1	Cancer 184 (105.3)	Cancer 195 (119.8)	Cancer 198 (116.7)	Cancer 202 (118.2)	Cancer 184 (110.1)
2	Heart Disease 175 (90.6)	Heart Disease 175 (93.9)	Heart Disease 160 (86.2)	Heart Disease 161 (86.1)	Heart Disease 144 (73.0)
3	COVID-19 169 (87.5)	COVID-19 57 (29.6)	Chronic Lower Respiratory Diseases 53 (29.5)	Chronic Lower Respiratory Diseases 44 (24.7)	Alzheimer's Disease 44 (21.4)
4	Alzheimer's Disease 50 (23.3)	Cerebrovascular diseases 42 (20.5)	COVID-19 47 (25.0)	Alzheimer's Disease 40 (19.5)	Cerebrovascular diseases 37 (19.8)
5	Chronic Lower Respiratory Diseases 40 (23.3)	Alzheimer's Disease 38 (18.4)	Alzheimer's Disease 43 (20.6)	Accidents 37 (19.5)	Chronic Lower Respiratory Diseases 32 (17.1)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Cancer was the first leading cause of death for white female residents from 2020- 2024. Heart disease was the second leading cause of death from 2020- 2024 for white female residents. COVID-19 was the third leading cause of death from 2020-2021 and fell to the fourth leading cause of death in 2022.

In 2020 Alzheimer's disease was the fourth leading cause of death and fell to fifth leading cause of death in 2021 and 2022 but rose in 2023 and 2024 to fourth and third positions respectively.

Chronic lower respiratory diseases were the fifth leading cause of death in 2020 and rose to third leading cause of death from 2022- 2023, falling to the fifth leading cause of death in 2024.

Cerebrovascular diseases were the fourth leading cause of death in 2021 and 2024. In 2023, accidents were the fifth leading cause of death for white female residents.

TABLE 13B. LEADING CAUSES OF MORTALITY, WHITE MALE RESIDENTS, 2020-2024

Leading Causes of Mortality [†] by Year, White Male Residents, 2020-2024					
White Male Residents					
Rank	2020	2021	2022	2023	2024
1	Cancer	Heart Disease	Cancer	Cancer	Cancer
	220	208	206	200	181
	(160.4)	(153.3)	(145.1)	(140.6)	(127.2)
2	Heart Disease	Cancer	Heart Disease	Heart Disease	Heart Disease
	208	197	206	182	163
	(154.7)	(139.9)	(154.5)	(126.7)	(115.2)
3	COVID-19	Overdose	Overdose	Overdose	Overdose
	184	83	67	72	56
	(138.7)	(61.8)	(51.0)	(49.6)	(41.2)
4	Overdose	COVID-19	COVID-19	Chronic Lower Respiratory Diseases	Chronic lower respiratory diseases
	89	67	53	36	32
	(64.3)	(51.6)	(38.3)	(25.5)	(22.8)
5	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Accidents	Cerebrovascular Diseases	Accidents
	37	41	31	31	22
	(27.3)	(30.8)	(21.3)	(22.1)	(15.6)
Cause of Death, Count (Rates in Parentheses [†])					

[†]Age-adjusted rates per 100,000 residents

[§]Rates based on 20 or fewer cases and should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

In 2020, Cancer was the first leading cause of death for white male residents which fell to the second leading cause of death in 2021 and rose to and remained the leading cause of death from 2022-2024.

In 2020 Heart Disease was the second leading cause of death for white male residents and rose to the leading cause of death in 2021, but fell to and remained the second leading cause of death from 2022- 2024.

In 2020, COVID-19 was the third leading of cause of death for white male residents and fell to fourth leading cause of death in 2021-2022. In 2020, overdose was the fourth leading cause of death which rose to and remained the third leading cause of death from 2021- 2024 for white male residents.

Chronic lower respiratory diseases were the fifth leading cause of death from 2020-2021 and rose to the fourth leading cause of death in 2023-2024. Accidents were the fifth leading cause of death in 2022 and 2024. In 2023, Cerebrovascular diseases were the fifth leading cause of death for white male residents.

TABLE 14. LEADING CAUSES OF MORTALITY, ASIAN ETHNICITIES, 2020– 2024 COMBINED

Leading Causes of Mortality†, Asian Ethnicities, 2022-2024 Combined				
Rank	Asian Indian	Chinese	Korean	Vietnamese
1	Heart Disease 8 (102.0 [§])	Cancer 155 (125.2)	‡	Cancer 59 (142.4)
2	Cancer 5 (61.1 [§])	Heart Disease 76 (55.3)	‡	Heart Disease 26 (65.8)
3	‡	Cerebrovascular Diseases 53 (38.8)	‡	Cerebrovascular Diseases 9 (24.0 [§])
4	‡	Kidney diseases 21 (15.0)	‡	Diabetes 9 (23.7 [§])
5	‡	COVID-19 19 (13.6 [§])	‡	Chronic Lower Respiratory Diseases 7 (18.2 [§])
Cause of Death, Count (Rates in Parentheses†)				

†Age-adjusted rates per 100,000 residents

‡Rates not presented due to small number of cases

§Based on 20 or fewer cases, should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For Asian Indian, Chinese, and Vietnamese residents, the top two leading causes of death for 2022–2024 combined were heart disease

and cancer, with heart disease being the top cause for Asian Indian residents and cancer being the top cause for Vietnamese residents. The third leading cause for Chinese and Vietnamese residents was cerebrovascular diseases.

For Chinese residents, the fourth leading cause was kidney diseases and the fifth leading cause was COVID-19.

Chinese residents had a higher age-adjusted death rate for cerebrovascular diseases in comparison with the rest of Boston.

For Vietnamese residents, the fourth leading cause was diabetes and the fifth leading cause was chronic lower respiratory diseases.

All leading causes for Korean residents, and third and lower leading causes for Asian Indian residents, are not presented due to there being too few cases.

TABLE 15. LEADING CAUSES OF MORTALITY, BLACK ETHNICITIES, 2020- 2024 COMBINED

Leading Causes of Mortality [†] , Black Ethnicities, 2022-2024 Combined			
Rank	African American	Cabo Verdean	Haitian
1	Cancer 396 (219.9)	Cancer 40 (99.7)	Cancer 96 (137.0)
2	Heart Disease 360 (207.9)	Heart Disease 34 (86.4)	Heart Disease 65 (92.1)
3	Overdose 187 (107.8)	Overdose 13 (29.7 [§])	Cerebrovascular Diseases 34 (50.1)
4	Cerebrovascular Diseases 100 (58.9)	Alzheimer's Disease 7 (20.2 [§])	Diabetes 21 (28.3)
5	Kidney diseases 98 (57.6)	Cerebrovascular Diseases 7 (18.0 [§])	Accidents 13 (20.0 [§])
Cause of Death, Count (Rates in Parentheses [†])			

[†]Age-adjusted rates per 100,000 residents

[‡]Rates not presented due to small number of cases

[§]Based on 20 or fewer cases, should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For African American, Cabo Verdean, and Haitian residents, the leading cause of death for 2022–2024 combined was cancer, and the second leading cause of death was heart disease.

The third leading cause for African American and Cabo Verdean residents was overdose.

For African American residents, the fourth leading cause was cerebrovascular diseases, and the fifth leading cause was kidney diseases.

African American residents had higher age-adjusted death rates for all five of these causes when compared with the rest of Boston.

For Cabo Verdean residents, the fourth leading cause was Alzheimer's disease and the fifth leading cause was cerebrovascular diseases.

For Haitian residents, the third leading cause was cerebrovascular diseases, the fourth was diabetes, and the fifth was accidents.

Haitian residents had higher age-adjusted death rates for cerebrovascular diseases and diabetes when compared with the rest of Boston.

TABLE 16. LEADING CAUSES OF MORTALITY, LATINX ETHNICITIES, 2022- 2024 COMBINED

Leading Causes of Mortality [†] , Latinx Ethnicities, 2022-2024 Combined				
Rank	Colombian	Dominican	Puerto Rican	Salvadoran
1	Cancer 10 (79.3 [§])	Cancer 89 (102.7)	Cancer 86 (134.4)	Heart Disease 11 (111.4 [§])
2	Heart Disease 6 (59.4 [§])	Heart Disease 60 (72.6)	Overdose 69 (89.5)	Cancer 10 (75.4 [§])
3	Overdose 5 (15.8 [§])	Overdose 37 (33.5)	Heart Disease 57 (95.8)	Cerebrovascular Diseases 7 (46.1 [§])
4	‡	Cerebrovascular Diseases 13 (15.6 [§])	Diabetes 22 (35.1)	Overdose 5 (16.3 [§])
5	‡	Alzheimer's disease 12 (17.5 [§])	Accidents 21 (33.7)	‡
Cause of Death, Count (Rates in Parentheses [†])				

[†]Age-adjusted rates per 100,000 residents

[‡]Rates not presented due to small number of cases

[§]Based on 20 or fewer cases, should be interpreted with caution

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For Colombian residents, the leading cause of death for 2022-2024 combined was cancer, the second leading cause was heart disease, and

the third was overdose. Other leading causes are not presented due to low case numbers.

For Dominican residents, the leading cause of death was cancer, the second leading cause was heart disease, the third was overdose, the fourth was cerebrovascular diseases, and the fifth was Alzheimer's disease.

For Puerto Rican residents, the leading cause of death was cancer, the second leading cause was overdose, the third was heart disease, the fourth was diabetes, and the fifth was accidents.

Puerto Rican residents had higher age-adjusted death rates for overdose, diabetes, and accidents when compared with the rest of Boston.

For Salvadoran residents, the leading cause of death was heart disease, the second leading cause was cancer, the third was cerebrovascular diseases, and the fourth was overdose. A fifth cause is not presented due to low case numbers.

TABLE 17. LEADING CAUSES OF MORTALITY BY AGE, 2019-2024 COMBINED

Leading Causes of Mortality [†] by Age, Among Boston Residents, 2019-2024 Combined								
All Residents								
Rank	Ages <1	Ages 1-17	Ages 18-24	Ages 25-44	Ages 45-54	Ages 55-64	Ages 65-74	Ages 75+
1	Perinatal Conditions 101 (240.5)	Cancer 15 (2.6)	Overdose 50 (7.5)	Overdose 598 (39.8)	Overdose 323 (85.1)	Cancer 811 (199.9)	Cancer 1317 (430.2)	Heart Disease 2,425 (1124.0)
2	Congenital Malformations, Chromosomal Abnormalities 26 (61.9)	Homicide 13 (2.3)	Homicide 48 (7.2)	Cancer 154 (10.3)	Cancer 253 (66.6)	Heart Disease 569 (140.3)	Heart Disease 814 (265.9)	Cancer 2,272 (1053.0)
3	‡	Accidents 11 (1.9)	Suicide 22 (3.3)	Heart disease 145 (9.7)	Heart disease 199 (52.4)	Overdose 413 (101.8)	COVID-19 291 (95.1)	COVID-19 965 (447.3)
4	‡	Congenital Malformations, Chromosomal Abnormalities 6 (1.1 [§])	Accidents 19 (2.9)	Homicide 106 (7.1)	Chronic Liver Diseases 58 (15.3)	COVID-19 131 (32.3)	Cerebrovascular Diseases 181 (59.1)	Cerebrovascular Diseases 711 (329.6)
5	‡	‡	Cancer 7 (1.1 [§])	Suicide 102 (6.8)	Diabetes Mellitus 50 (13.2)	Diabetes Mellitus 127 (31.3)	Diabetes Mellitus 180 (58.8)	Alzheimer's Disease 590 (273.5)
Cause of Death, Count (Rates in Parentheses [†])								

†Age-specific rates per 100,000 residents

§Based on 20 or fewer cases, should be interpreted with caution

‡Data suppressed due to too few cases (n<5)

NOTE: Rank is based on number of deaths. Both counts and rates are presented.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2019–2024, among residents ages less than 1 year, conditions originating in the perinatal period were the leading cause of death, followed by congenital malformations.

Among residents ages 1–17 years, cancer was the leading cause of death, followed by homicide, accidents and congenital malformations.

Among residents ages 18–24 years, overdose was the leading cause of death, followed by homicide, suicide, accidents and cancer.

Among residents ages 25–44 years, overdose was the leading cause of death, followed by cancer, heart disease, homicide and then suicide.

Among residents ages 45–54 years, overdose was the leading cause of death, followed by cancer and then heart disease, chronic liver diseases, and diabetes mellitus.

Among residents ages 55–64 years, cancer was the leading cause of death, followed by heart disease, overdose, COVID-19 and then diabetes.

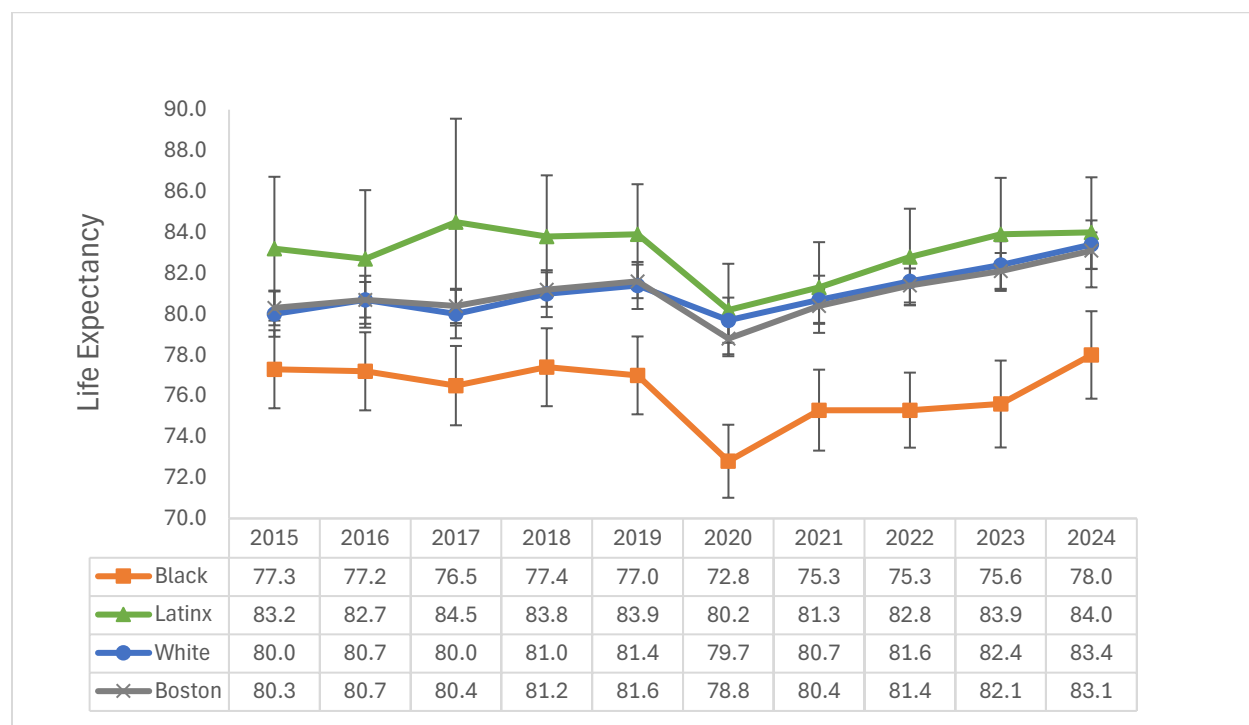
Among residents ages 65–74 years, cancer was the leading cause of death, followed by heart disease, COVID-19, cerebrovascular diseases and then diabetes mellitus.

Among residents ages 75 and over, heart disease was the leading cause of death, followed by cancer, COVID-19, cerebrovascular diseases and then Alzheimer's disease.

SECTION 3

LIFE EXPECTANCY

FIGURE 12. LIFE EXPECTANCY BY RACE/ETHNICITY AND YEAR, 2015-2024

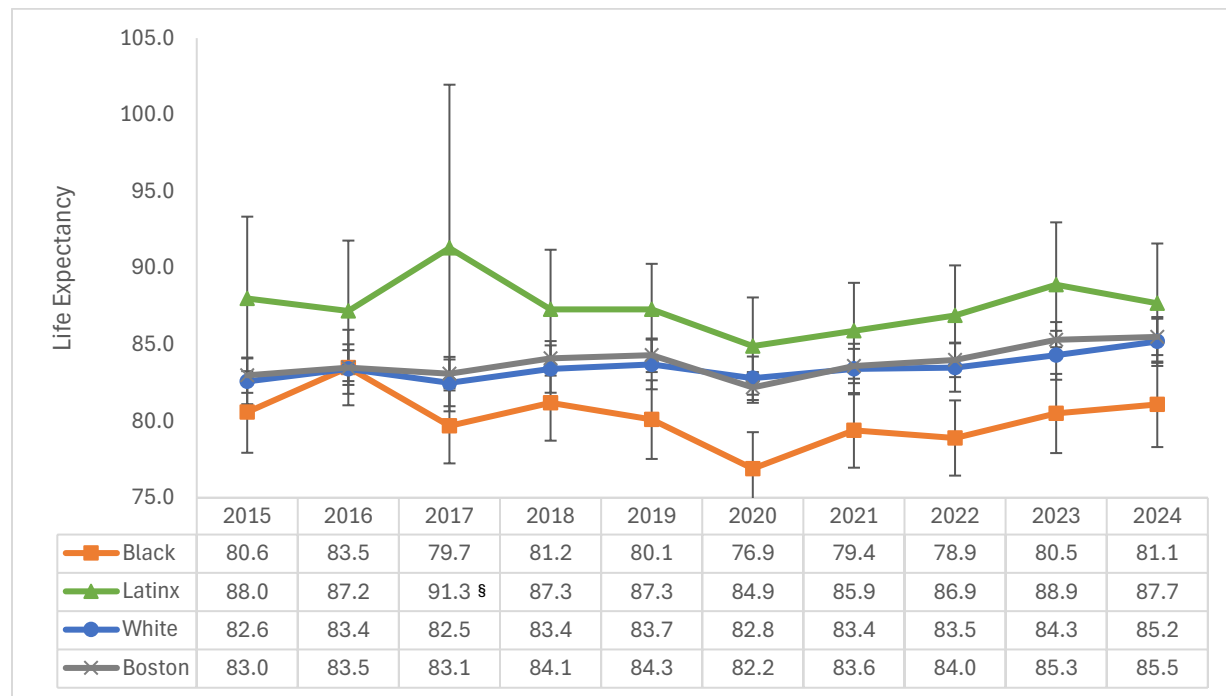


NOTE: Data not presented for Asian residents due to too few deaths.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Black residents had the lowest life expectancy across all racial/ethnic groups, with a 5.4-year difference compared to white residents. All racial/ethnic groups saw an improvement from 2015 to 2024, despite each experiencing a decrease during the COVID-19 pandemic.

FIGURE 13A. LIFE EXPECTANCY BY RACE/ETHNICITY AND YEAR, 2015-2024, FEMALES

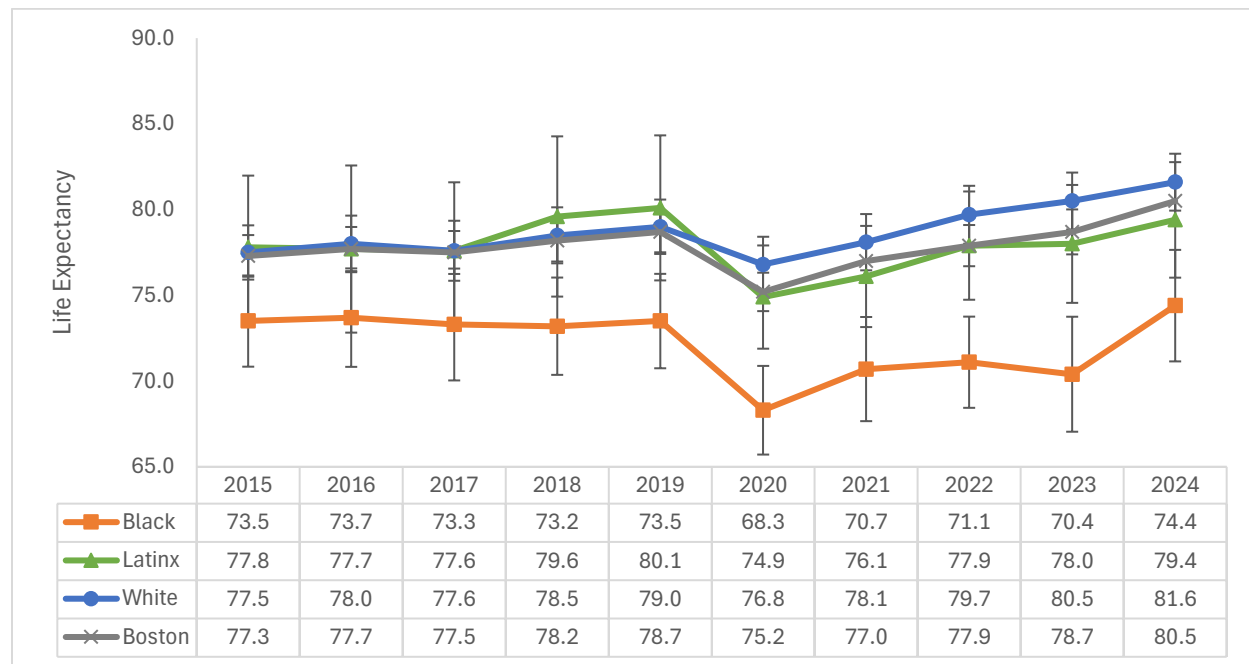


NOTE: Data not presented for Asian residents due to too few deaths.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

§ Estimate is unstable based on standard error, should be interpreted with caution.

FIGURE 13B. LIFE EXPECTANCY BY RACE/ETHNICITY AND YEAR, 2015-2024, MALES



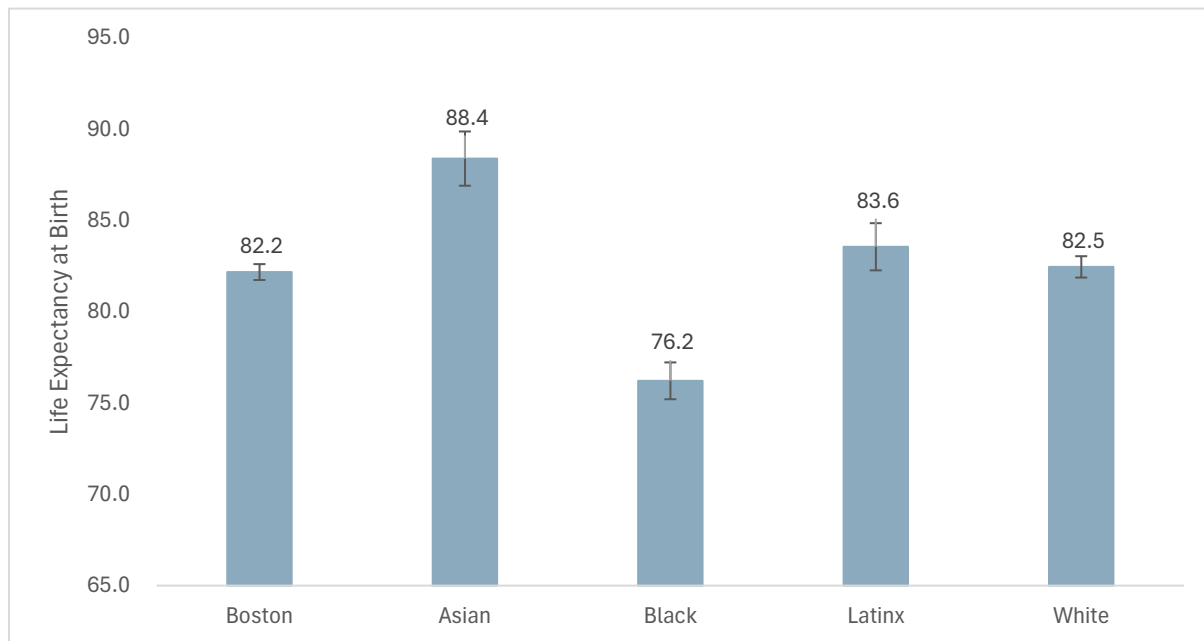
NOTE: Data not presented for Asian residents due to too few deaths.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

§ Estimate is unstable based on standard error, should be interpreted with caution.

All racial/ethnic groups among males and females experienced an increase in life expectancy from 2015-2024, despite experiencing a decrease during 2020. In 2024, Black men had the lowest life expectancy, followed by Latinx men and Black women. In contrast, Latinx women had the highest life expectancy.

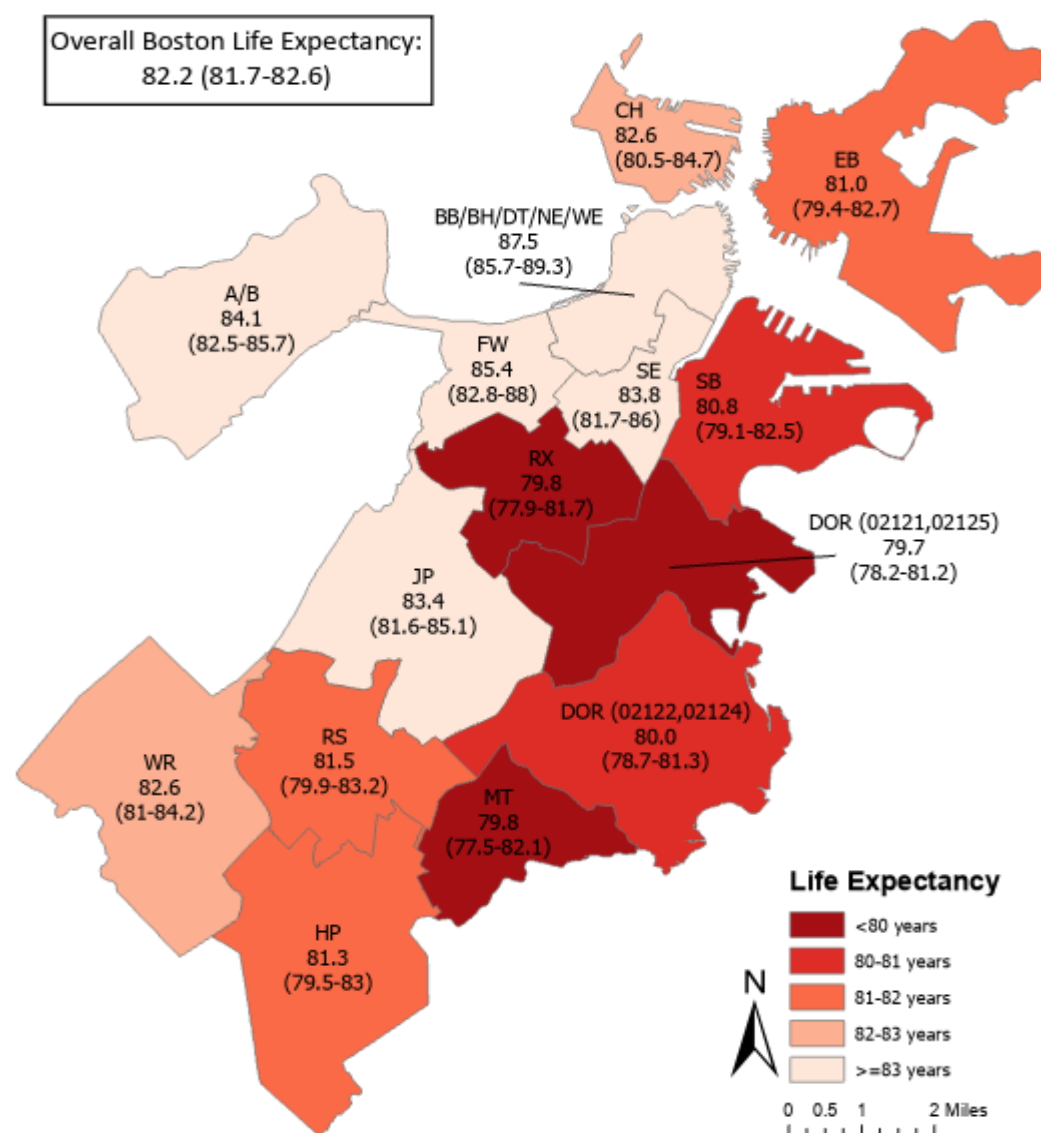
FIGURE 14. LIFE EXPECTANCY AT BIRTH BY RACE/ETHNICITY, 2022-2024 COMBINED



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

For 2022-2024, the life expectancy at birth was 88.4 for Asian residents, 76.2 for Black residents, 83.6 for Latinx residents, and 82.5 for white residents.

FIGURE 15. LIFE EXPECTANCY AT BIRTH BY NEIGHBORHOOD, 2022-2024 COMBINED



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

Dorchester (02121, 02125), Mattapan, and Roxbury all had a life expectancy of <80 years. Allston/Brighton, Back Bay, Fenway, Jamaica Plain and the South End all had life expectancies of over 83 years.

METHODS

This report presents mortality-related data among Boston residents from 2015 to 2024 derived mainly from the Boston resident mortality data from the Massachusetts Resident Death files, Massachusetts Department of Public Health.

Mortality rates within this report are age-adjusted to permit comparisons that mitigate the impact of differences in age distributions of their respective underlying populations. The resulting comparisons allow consideration of observed differences in terms of factors other than population age differences.

For Boston mortality comparisons, rate changes over time for the last ten years (2015–2024) and rate differences between two demographic groups for the most recent year or time period were assessed using statistical procedures. Whether mortality rates increased or decreased was determined by assessing linear change across the entire 10-year time period using Poisson regression ($p < .05$).

Similarly, a rate for a given demographic group is described as higher or lower than the comparison group (i.e., reference group) only when the comparison test indicated statistical significance. When two rates were compared and the difference was not found to be statistically significant, the two rates are described as “similar” if mentioned in text. Demographic group differences for mortality were based on a comparison of single-year rates for the most recent data year, 2024.

Boston population data used as denominators in the rate calculations were produced internally by the BPHC Population Health and Research Boston Population Estimates Project (B-PEP). B-PEP uses 2010 and 2020 U.S. Census data and 2019 American Community Survey (ACS) data for Boston to generate population estimates for years between the 2010 and 2020 censuses via interpolation and extrapolation of age, race/ethnicity, sex, and neighborhood population change from 2010 to 2020. For more information on B-PEP, please contact the BPHC

Population Health and Research Office. Of note, B-PEP population estimates will be revised as the U.S. Census Bureau releases further detailed 2020 population data.

Several cautions should be kept in mind when using data reported by race/ethnicity. Race and ethnicity are social constructs, not biological facts. There is often more genetic variation between members of the same race than between members of different races. In addition, the meanings of these designations are highly subject to historical, cultural, and political forces. Not only do these designations change over time, but there is also a very subjective element that influences who is considered a member of one group or another. The concept of race can be notably broad: the term “Black,” for example, includes people describing themselves as African American, African diaspora, or Caribbean, groups with distinct histories and differing health risks. Nevertheless, racial designations are useful in that they are nearly universally used by people in the U.S. to describe themselves, and they permit us to identify and address health inequities that exist across racial and ethnic groups.

In order to identify these inequities, racial/ethnic group comparisons involved using white residents as the reference group and assessing the difference between each non-white resident group rate (e.g., rate for Black residents) and the white resident (reference group) rate. For sex-based comparisons, males are the reference group. Neighborhood comparisons involved assessing the difference between a given neighborhood’s rate and the rate for the rest of Boston (those residents not living in the specified neighborhood). These comparisons are considered more accurate than comparisons to Boston overall.

Latinx people can be of any race. In this report, data for persons of Hispanic and/or Latin descent are described as Latinx and presented alongside non-Hispanic racial groups. Boston-specific data by race and ethnicity are presented for non-Hispanic Asian residents, non-Hispanic Black residents, non-Hispanic white residents, and Latinx residents of any race. Additionally, small case numbers limit the ability to identify and describe health disparities for Indigenous people.

For additional information regarding the analytical methods used within this report, please contact the Boston Public Health Commission Population Health and Research (PHAR) Office at populationhealth@bphc.org.

GLOSSARY OF STATISTICAL TERMS

Age-Adjusted Rate (AAR): Age-adjustment is a statistical process applied to rates of disease and death which allows populations or groups with different age structures to be compared. The occurrence of disease and death is often associated with age, and the age distribution between populations may differ considerably. Thus, AARs are helpful when comparing rates over time and between groups or populations. An AAR is derived by: (1) calculating the age-specific rates (ASRs) across all age groups (2) multiplying by age-specific weights that come from a proportion of the 2000 U.S. standard population within each age group (3) summing the adjusted age-specific rates. All AARs are based on a standard population distribution that covers all ages.

Confidence Interval: A range of values based on a chosen probability level within which the true value of a population parameter is likely found. With a 95% confidence interval, one can assume the true value has a high probability of being contained within the interval (i.e., falling between the two values that define the endpoints of the interval).

Rates: A rate is a measure of a type of event, disease, or condition occurring among a population per unit(s) of time, for instance, the number of deaths due to diabetes per 100,000 population for a given year or across multiple years. Two types of rates are presented in this report: crude rates and age-adjusted rates (AARs). In this report, death rates are based on the primary cause only. The population denominators used for calculating rates are derived through interpolation or extrapolation using data from the 2020 and 2010 U.S. Census. Linear interpolation/extrapolation involves the calculation of an average annual percent

change for use in estimating population denominators. Linear interpolation is preferred to using a single year of U.S. Census data when calculating rates for intercensal years.

Statistical Significance: An attribute of data based on statistical testing. A statistical test examines differences between rates or percentages to help determine if that observed difference reflects a true difference in the actual population experience, as opposed to one observed simply due to chance. Statistical significance means that an observed difference is most likely true; it does not mean that the difference is necessarily clinically meaningful or important.

DATA SOURCES

Boston Resident Deaths, Registry of Vital Records and Statistics, Office of Data Management and Outcomes Assessment, Massachusetts Department of Public Health: Death data used by the Boston Public Health Commission pertains only to Boston residents. This report used death data from 2015 to 2024. Death records are completed with the assistance of an informant, typically a family member or funeral director, which may result in errors (for example, in race/ethnicity reporting) that would not occur in self-reported data. Please be advised that 2023-2024 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events.