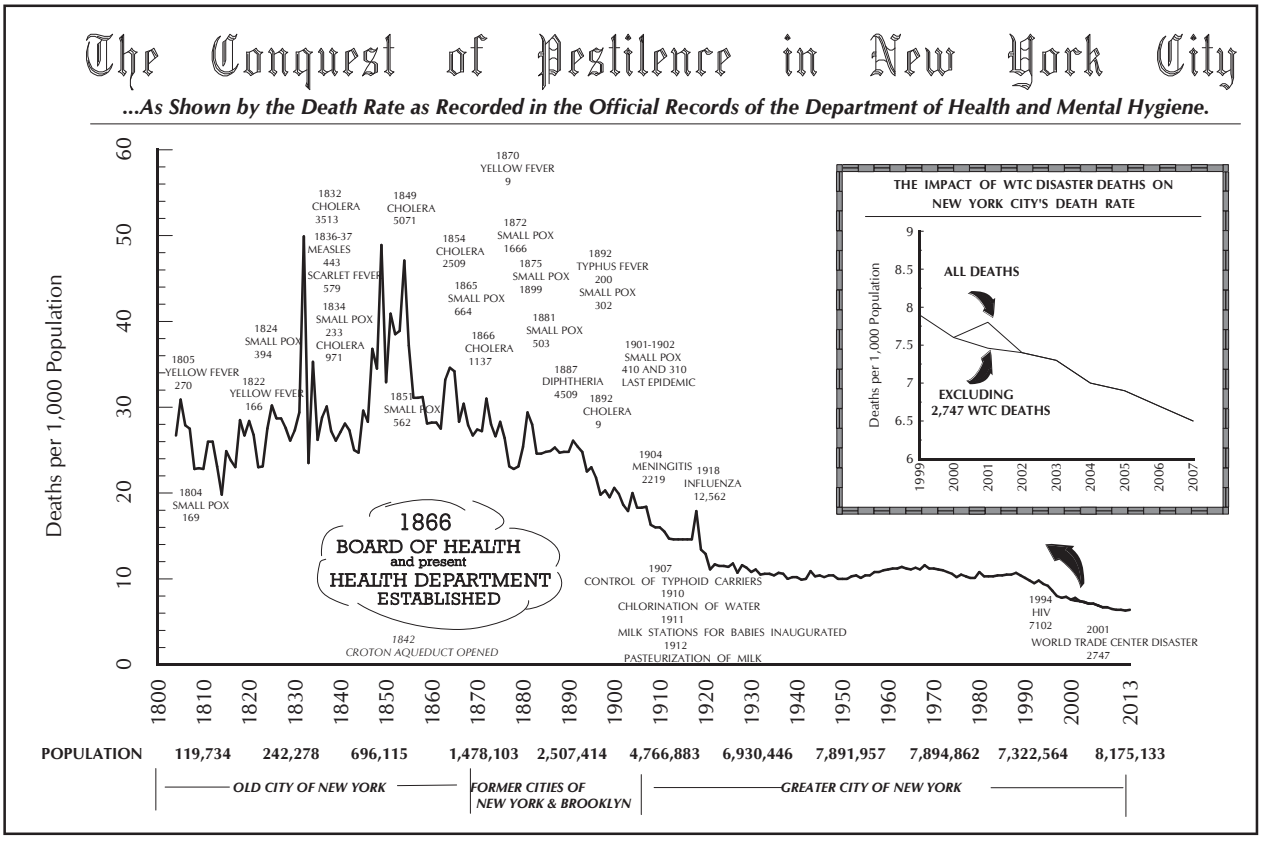
SUMMARY OF VITAL STATISTICS 2013
THE CITY OF NEW YORK
MORTALITY



BUREAU OF VITAL STATISTICS, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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SUMMARY OF VITAL STATISTICS 2013
THE CITY OF NEW YORK
MORTALITY

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2013 Mortality, Infant Mortality, Pregnancy Outcomes, and Executive Summary Reports are available online at http://www.nyc.gov/vitalstats.

MORTALITY CONTENTS

MORTALITY CONTENTS (CONTINUED)

SELECT KEY FINDINGS

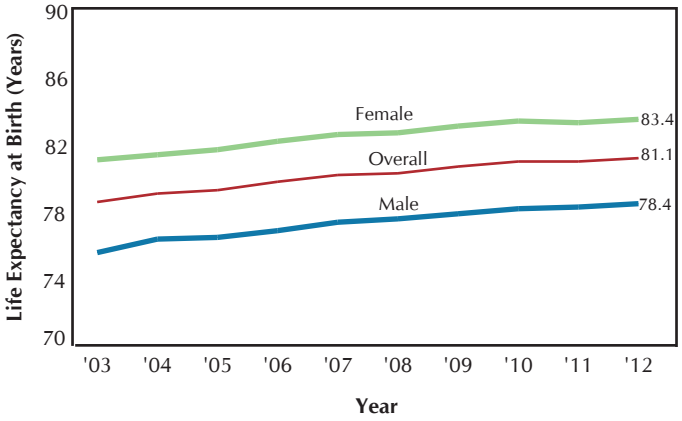
This section gives a broad understanding of New York City mortality by cause and examines leading and select causes by demographic characteristics. Mortality data are derived from death certificates, which contain demographic information such as the decedent's sex, race, and residence as well as information about the timing and cause of the death. In New York City, these certificates are completed by physicians and funeral directors. More than 93% are submitted electronically through the Electronic Death Registration System (EDRS). The Office of Chief Medical Examiner investigates all deaths not due to natural causes, such as accidents, homicides and suicides, and some natural causes, especially sudden deaths.

Select Key Findings:

- New York City's 2012 life expectancy at birth was 81.1 years (preliminary data for latest year available), a 2.6 year (two year, seven month) increase since 2003 and a 0.2 year (approximate two and one-half month) increase since 2011 (Figure 1).
- New York City's 2013 crude death rate was 6.4 deaths per 1,000, with 53,409 deaths in 2013 reflecting a statistically insignificant increase of 1.0%.This was an 11.1% decline from 2004 (Figure 3).
- Age-adjusted all-cause death rates decreased across all racial/ethnic groups from 2004 to 2013 narrowing the non-Hispanic black and non-Hispanic white gap by 34.1%, indicating some reduction in racial/ethnic health disparities (Figure 7).
- Regardless of the declining death rates, New York City neighborhoods with very high poverty maintain higher death rates than neighborhoods with low poverty. Age-adjusted all-cause death rates in 2004 and 2013 were 1.5 times greater in areas with very high poverty compared to areas with low poverty (Figure 4). Similarly, in 2004 and 2013, premature (age <65 years) age-adjusted death rates were 2.2 times greater in areas with very high vs. low poverty (Figure 5).
- Heart disease, cancer, and influenza/pneumonia continue to rank as the three leading causes of death in 2013; crude death rates for all three declined since 2004, down 28.9%, 5.7%, and 21.0%, respectively (Table 1).
- The three leading causes of premature death (age <65 years) in 2013 were cancer, heart disease, and drug use/ poisoning. Respective crude death rates declined 10.5%, 20.4%, and 4.2% since 2004 (Figure 13).

LIFE EXPECTANCY

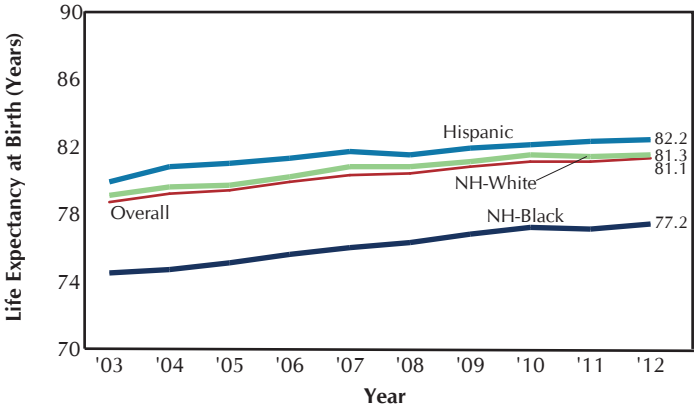
Figure 1. Life Expectancy at Birth, Overall and by Sex, New York City, 2003–2012



- New York City's 2012 life expectancy at birth was 81.1 years (preliminary data for latest year available), a 2.6 year (two year, seven month) increase since 2003 and a 0.2 year (approximate two and one-half month) increase since 2011.
- Among males, this reflects a 2.9 year increase to 78.4 years, and among females, a 2.4 year increase to 83.4 years since 2003.

- The New York City 2012 life expectancy at birth was 82.2 years among Hispanics, 81.3 years among non-Hispanic whites, and 77.2 years among non-Hispanic blacks.
- From 2003 to 2012 (10 years), life expectancy increased 2.5 years for Hispanics, 2.4 years for non-Hispanics whites, and 2.9 years for non-Hispanic blacks. From 2011 to 2102 (1 year), life expectancy increased approximately 1 month for Hispanics and non-Hispanic whites and 3.6 months for non-Hispanic blacks.

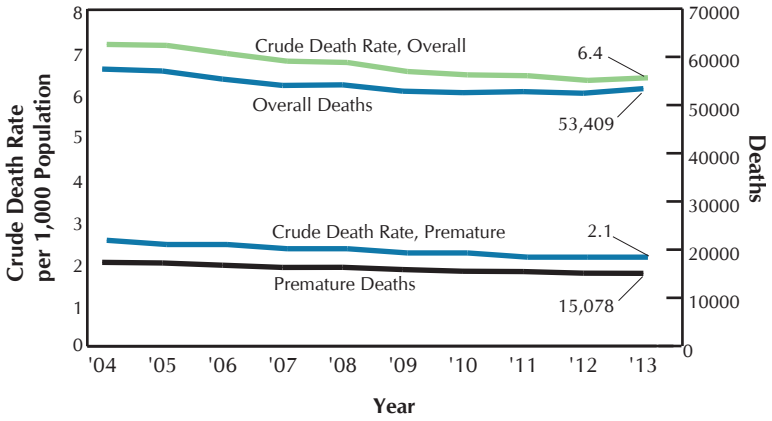
Figure 2. Life Expectancy at Birth by Racial/Ethnic* Group, New York City, 2003–2012



*Life expectancy for Asians and Pacific Islanders is not displayed because the required single year of age population denominators are too small to produce reliable estimates (Appendix B, Technical Notes: Population, Life Expectancy).

MORTALITY OVERVIEW

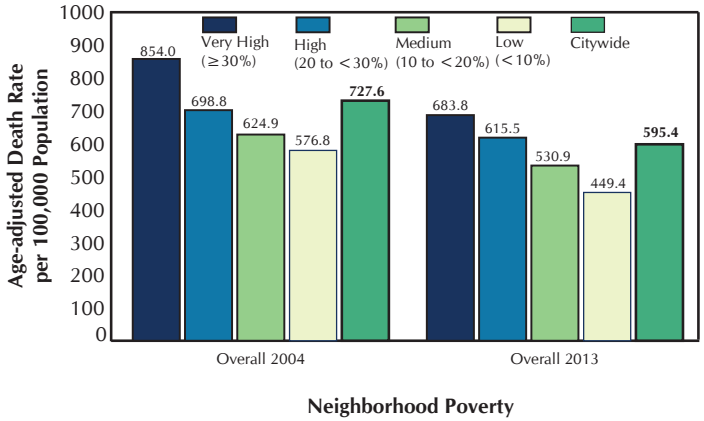
Figure 3. Number of Deaths and Crude Death Rates, Overall and Premature (Age <65 Years), New York City, 2004–2013



- New York City's 2013 crude death rate was 6.4 deaths per 1,000, with 53,409 deaths in 2013 reflecting a statistically insignificant increase of 1.0%.This was an 11.1% decline from 2004.
- New York City's 2013 premature death (age <65 years) rate declined 0.8% from 2012 to 2.1 deaths per 1,000 population, with 15,078 deaths in 2013. This is a 16.1% decline since 2004.

MORTALITY OVERVIEW

Figure 4. Age-adjusted Death Rates by Neighborhood Poverty, New York City Residents, 2004, 2013



- In 2004 and 2013, the age-adjusted all-cause death rates were 1.5 times greater in areas with very high poverty compared to areas with low poverty (854.0 vs 576.8 deaths per 100,000 population in 2004, and 683.8 vs. 449.4 in 2013, respectively).

- The disparity is even more evident for premature deaths (age <65 years). In 2004 and 2013 premature age-adjusted death rates were 2.2 times greater in very high poverty areas compared to low poverty areas (333.2 vs. 148.9 deaths per 100,000 population in 2004, and 255.1 vs. 114.7 in 2013, respectively).

Figure 5. Age-adjusted Premature Death (Age <65 years) Rates by Neighborhood Poverty, New York City Residents, 2004, 2013

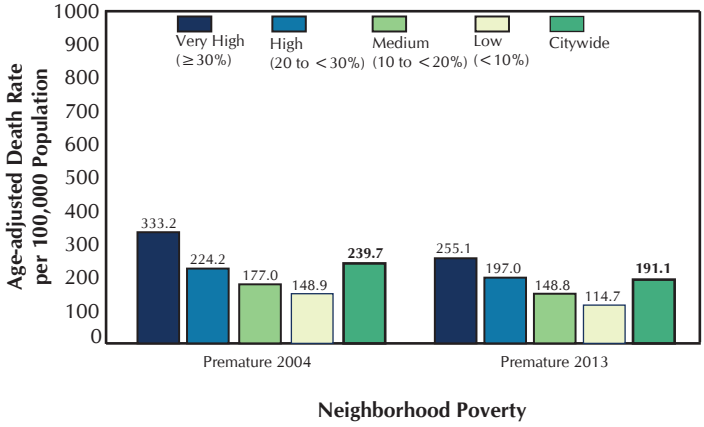
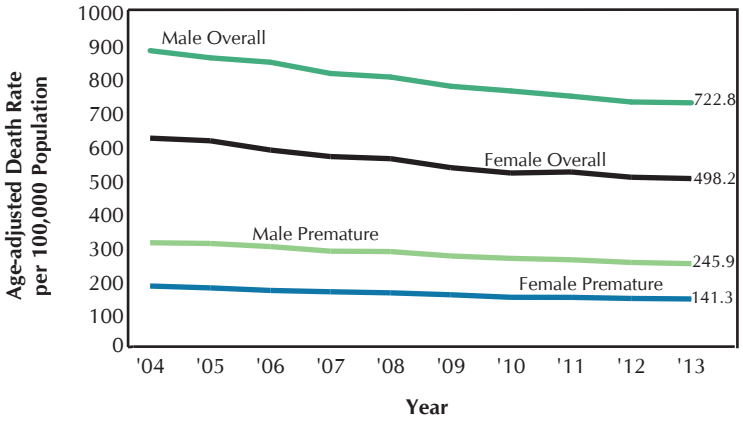


Figure 6. Age-adjusted Overall and Premature Death (Age <65) Rates by Sex, New York City, 2004–2013



- From 2004 to 2013, age-adjusted all-cause death rates declined 17.6% among males and 19.4% among females.
- From 2004 to 2013 age-adjusted premature death (age <65 years) rates declined 20.1% among males and 21.3% among females.

MORTALITY OVERVIEW

- Age-adjusted all-cause death rates declined among all racial/ethnic groups from 2004 to 2013: 18.3% among non-Hispanic blacks, 15.4% among non-Hispanic whites, 15.3% among Hispanics, and 10.4% among Asians and Pacific Islanders.
- These decreases narrowed the non-Hispanic black and non-Hispanic white gap by 34.1%, indicating some reduction in racial/ethnic health disparities.

Figure 7. Age-adjusted Death Rates by Racial/Ethnic Group, New York City, 2004–2013

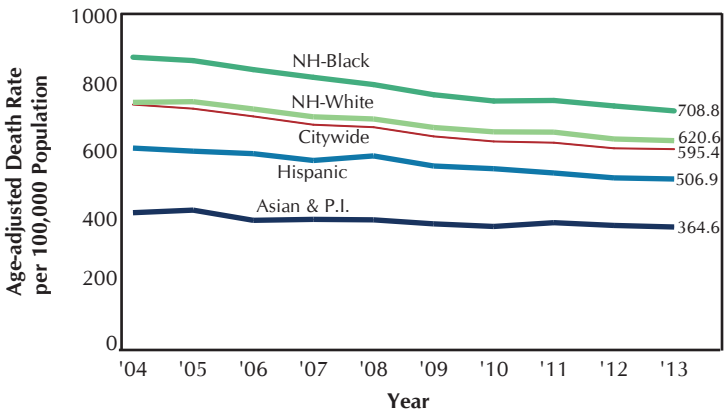
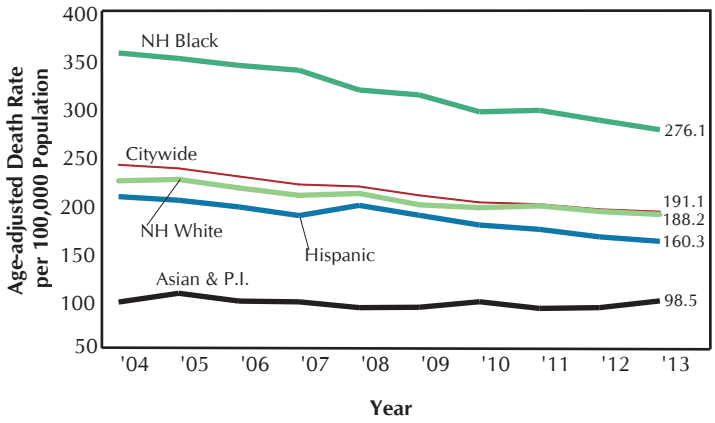


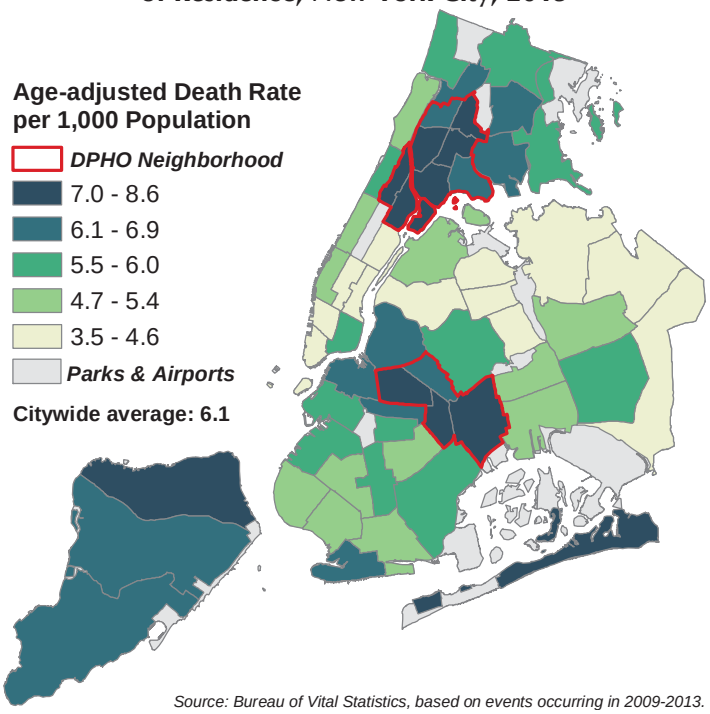
Figure 8. Age-adjusted Premature Death (Age <65 years) Rates by Racial/Ethnic Group, New York City, 2004–2013



- From 2004 to 2013, age-adjusted premature death (age <65 years) rates declined 22.4% each among both non-Hispanic blacks and Hispanics and 15.6% among non-Hispanic whites; it increased 1.2% among Asians and Pacific Islanders.
- The decreases narrowed the non-Hispanic black and non-Hispanic white gap by 33.7%, indicating some reduction in racial/ethnic health disparities.

- The 2013 age-adjusted death rate was the highest in Morrisania at 8.7 deaths per 1,000 population, followed by 8.4 in Brownsville, 8.1 in Central Harlem, 7.5 in Bedford Stuyvesant, East Tremont, and Mott Haven and 7.4 in The Rockaways.
- In 2013, New York City's age-adjusted death rate was lowest in both Battery Park/Tribeca and Bayside at 3.4 deaths per 1,000 population, followed by 3.5 in Greenwich Village/Soho, 3.7 in Queens Village, 4.0 in Upper East Side and 4.1 in Sunnyside/Woodside, Jackson Heights and Elmhurst/ Corona.

Figure 9. Age-adjusted Death Rates by Community District of Residence, New York City, 2013



Source: Bureau of Vital Statistics, based on events occurring in 2009-2013.

LEADING CAUSES OF DEATH

Table 1. Ten Leading Causes of Death, Crude Death Rates per 100,000 Population, New York City, 2013, 2012, and 2004

	2013		2012			2004		
Cause	Rank	Crude Death Rate	Rank	Crude Death Rate	Change to 2013 (%)	Rank	Crude Death Rate	Change to 2013 (%)
Diseases of Heart*	1	199.4	1	200.7	-0.6%	1	280.4	-28.9%
Malignant Neoplasms	2	159.0	2	160.8	-1.1%	2	168.6	-5.7%
Influenza and Pneumonia	3	29.4	3	26.9	9.3%	3	37.2	-21.0%
Diabetes Mellitus	4	21.9	4	21.7	0.9%	4	21.5	1.9%
Chronic Lower Respiratory Diseases	5	21.9	5	19.8	10.6%	6	20.7	5.8%
Cerebrovascular Diseases	6	20.3	6	19.8	2.5%	5	22.2	-8.6%
Essential Hypertension and Hypertensive Renal Diseases	7	12.6	8	11.8	6.8%	8	9.0	40.0%
Accidents Except Poisoning by Psychoactive Substances†	8	12.3	7	12.4	-0.8%	10	12.9	-4.7%
Use of or Poisoning by Psychoactive Substance†	9	10.4	9	9.7	7.2%	9	10.6	-1.9%
Alzheimer's Disease	10	8.8	10	8.3	6.0%	20	3.0	193.3%

*See the *2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative* for information on the recent trends in cause of death reporting, particularly heart disease.

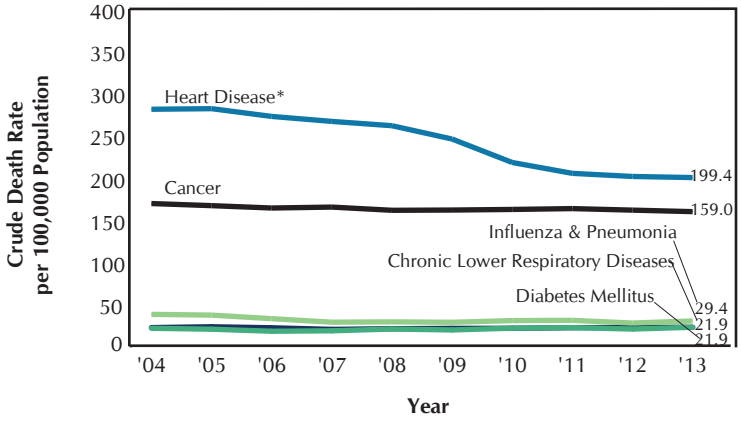
†Appendix B Technical Notes: Drug-Related Deaths.

- Heart disease, malignant neoplasms (cancer), and influenza/pneumonia continued to rank as the three leading causes of death; crude death rates for all three declined since 2004, down 28.9%, 5.7%, and 21.0%, respectively.
- Diabetes mellitus ranked fourth, at 21.9 deaths per 100,000 population up 1.9% since 2004, followed by chronic lower respiratory diseases, fifth, at 21.9 (appears the same rate as diabetes due to rounding) up 5.8%, and cerebrovascular diseases (mostly stroke), sixth, at 20.3, down 8.6%. These death rates have remained relatively stable since 2004, ranging from a low of 19.5, 17.3 and 17.3 to a high of 22.6, 21.9 and 23.2 deaths per 100,000 population, respectively.
- The rate of essential hypertension and hypertensive renal disease death, now shifted from eighth to seventh and increased 40.0% from 2004 to 2013. Most of that increase occurred prior to 2009, and has since remained relatively stable, at 12.6 deaths per 100,000 population in 2013.
- Use of or poisoning by psychoactive substance (drug-related deaths) ranked ninth, up 7.2%, since 2012.
- Alzheimer's disease again ranked tenth among the top ten leading causes, at 8.8 deaths per 100,000, up 193.3% since 2004. The sharp increase in Alzheimer's disease occurred since 2008, coinciding with efforts to improve cause of death reporting accuracy in New York City.*

LEADING CAUSES OF DEATH

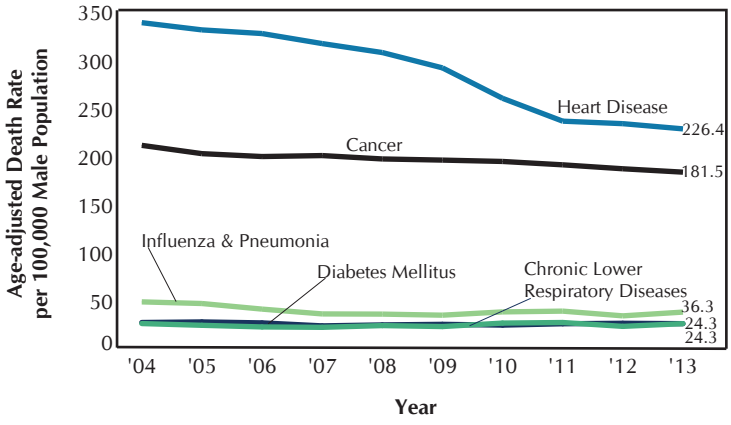
- Heart disease, cancer, and influenza/pneumonia continued to rank as the three leading causes of death; crude death rates for all three declined since 2004, down 28.9%, 5.7%, and 21.0%, respectively.
- The decline in heart disease death rate since 2008 is partly due to efforts to improve the accuracy of cause of death reporting.*
- Crude death rates for diabetes mellitus and chronic lower respiratory diseases remained relatively stable, both at 21.9 deaths per 100,000 population, respectively in 2013.

Figure 10. Crude Death Rates among Leading Causes, New York City, 2004–2013



*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative.*

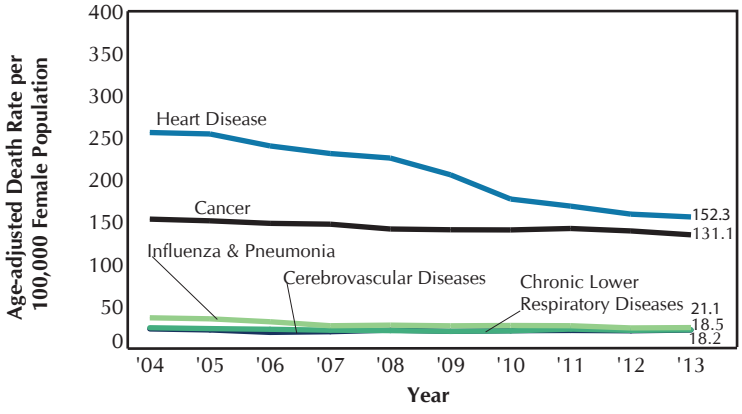
Figure 11. Age-adjusted Death Rates for Leading Causes among Males, New York City, 2004–2013



- In 2013, the five leading causes of death among males mirrored citywide leading causes of death.
- From 2004 to 2013, rates of the five leading causes of death among males decreased: heart disease decreased 32.7%; cancer 13.3%; influenza and pneumonia 22.6%, diabetes mellitus 4.7% and chronic lower respiratory diseases 0.4%.

- In 2013, the five leading causes of death among females mirrored those among males and citywide except cerebrovascular disease replaced diabetes mellitus as the fourth leading cause of death among females.
- From 2004 to 2013, death rates of the five leading causes of death among females decreased: heart disease decreased 39.7%; cancer 12.4%; influenza and pneumonia 35.5%; cerebrovascular disease 11.5%; and chronic lower respiratory diseases 6.7%.

Figure 12. Age-adjusted Death Rates for Leading Causes among Females, New York City, 2004–2013



LEADING CAUSES OF DEATH

Table 2. Leading Causes of Death by Age Group and Sex, New York City, 2013

		All		Male		Female	
Rank	ALL AGES	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	16,760	31.4	8,015	30.5	8,745	32.2
2	Malignant Neoplasms	13,362	25.0	6,637	25.3	6,725	24.8
3	Influenza and Pneumonia	2,472	4.6	1,259	4.8	1,213	4.5
4	Diabetes Mellitus	1,844	3.5	890	3.4	954	3.5
5	Chronic Lower Respiratory Diseases	1,838	3.4	854	3.3	984	3.6
6	Cerebrovascular Diseases	1,707	3.2	686	2.6	1,021	3.8
7	Essential Hypertension and Hypertensive Renal Disease	1,055	2.0	441	1.7	614	2.3
8	Accidents Except Poisoning by Psychoactive Substance	1,036	1.9	697	2.7	339	1.2
9	Use of or Poisoning by Psychoactive Substance	872	1.6	628	2.4	244	0.9
10	Alzheimer's Disease	740	1.4	228	0.9	512	1.9
	All Other Causes	11,723	21.9	5,931	22.6	5,792	21.3
	Total	53,409	100.0	26,266	100.0	27,143	100.0
Rank	< 1 YEAR	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Short Gestation and Low Birthweight	115	20.9	66	20.4	49	21.5
2	Congenital Malformations, Deformations	112	20.3	59	18.3	53	23.2
3	Cardiovascular Disorders Originating in the Perinatal Period	62	11.3	39	12.1	23	10.1
4	External Causes	53	9.6	30	9.3	23	10.1
5	Respiratory Distress of Newborn	23	4.2	15	4.6	8	3.5
6	Newborn Affected by Complications of Placenta	11	2.0	10	3.1	1	0.4
7	Bacterial Sepsis of Newborn	10	1.8	7	2.2	3	1.3
8	Neonatal Hemorrhage	8	1.5	3	0.9	5	2.2
9	Other Respiratory Conditions Originating in the Perinatal Period	8	1.5	4	1.2	4	1.8
10	Newborn Affected by Complications of Pregnancy	7	1.3	5	1.5	2	0.9
10	Influenza and Pneumonia	7	1.3	5	1.5	2	0.9
10	Necrotizing Enterocolitis Of Newborn	7	1.3	4	1.2	3	1.3
10	Pulmonary Hemorrhage In Perinatal Period	7	1.3	4	1.2	3	1.3
	All Other Causes	121	22.0	72	22.3	49	21.5
	Total	551	100.0	323	100.0	228	100.0
Rank	1 - 14 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	49	22.3	29	24.8	20	19.4
2	Accidents Except Poisoning by Psychoactive Substance	30	13.6	20	17.1	10	9.7
3	Congenital Malformations, Deformations	26	11.8	12	10.3	14	13.6
4	Assault (Homicide)	15	6.8	7	6.0	8	7.8
5	Diseases of Heart	11	5.0	6	5.1	5	4.9
6	Chronic Lower Respiratory Diseases	8	3.6	4	3.4	4	3.9
7	Influenza and Pneumonia	7	3.2	5	4.3	2	1.9
7	Intentional Self-harm (Suicide)	7	3.2	3	2.6	4	3.9
	All Other Causes	67	30.5	31	26.5	36	35.0
	Total	220	100.0	117	100.0	103	100.0
Rank	15 - 24 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Assault (Homicide)	93	18.2	83	23.2	10	6.5
2	Accidents Except Poisoning by Psychoactive Substance	91	17.8	64	17.9	27	17.6
3	Malignant Neoplasms	53	10.4	34	9.5	19	12.4
4	Intentional Self-harm (Suicide)	52	10.2	37	10.3	15	9.8
5	Use of or Poisoning by Psychoactive Substance	48	9.4	36	10.1	12	7.8
6	Diseases of Heart	21	4.1	13	3.6	8	5.2
7	Congenital Malformations, Deformations	12	2.3	5	1.4	7	4.6
8	Chronic Lower Respiratory Diseases	11	2.2	6	1.7	5	3.3
9	Anemias	9	1.8	6	1.7	3	2.0
10	Influenza and Pneumonia	8	1.6	3	0.8	5	3.3
10	Human Immunodeficiency Virus (HIV) Disease	8	1.6	6	1.7	2	1.3
	All Other Causes	105	20.5	65	18.2	40	26.1
	Total	511	100.0	358	100.0	153	100.0
Rank	25 - 34 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Use of or Poisoning by Psychoactive Substance	146	15.1	108	16.3	38	12.4
2	Malignant Neoplasms	131	13.5	67	10.1	64	20.9
3	Intentional Self-harm (Suicide)	107	11.1	89	13.4	18	5.9
4	Assault (Homicide)	99	10.2	87	13.1	12	3.9
5	Accidents Except Poisoning by Psychoactive Substance	93	9.6	80	12.1	13	4.2
6	Diseases of Heart	73	7.5	50	7.6	23	7.5
7	Human Immunodeficiency Virus (HIV) Disease	29	3.0	27	4.1	2	0.7
8	Diabetes Mellitus	22	2.3	13	2.0	9	2.9
9	Congenital Malformations, Deformations	19	2.0	8	1.2	11	3.6
10	Pregnancy, Childbirth, and the Puerperium	17	1.8	-	-	17	5.6
	All Other Causes	232	24.0	133	20.1	99	32.4
	Total	968	100.0	662	100.0	306	100.0

Continued on next page.

LEADING CAUSES OF DEATH

Table 2. Leading Causes of Death by Age Group and Sex, New York City, 2013 (Continued)

Rank	35 - 44 YEARS	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	331	20.9	144	14.3	187	32.1
2	Diseases of Heart	244	15.4	174	17.3	70	12.0
3	Use of or Poisoning by Psychoactive Substance	171	10.8	130	12.9	41	7.0
4	Accidents Except Poisoning by Psychoactive Substance	101	6.4	80	8.0	21	3.6
5	Intentional Self-harm (Suicide)	94	5.9	67	6.7	27	4.6
6	Human Immunodeficiency Virus (HIV) Disease	73	4.6	45	4.5	28	4.8
7	Assault (Homicide)	58	3.7	48	4.8	10	1.7
8	Diabetes Mellitus	46	2.9	28	2.8	18	3.1
9	Chronic Liver Disease and Cirrhosis	43	2.7	31	3.1	12	2.1
10	Cerebrovascular Diseases	39	2.5	18	1.8	21	3.6
10	Mental Disorder Due to Use of Alcohol	39	2.5	34	3.4	5	0.9
	All Other Causes	348	21.9	206	20.5	142	24.4
	Total	1,587	100.0	1,005	100.0	582	100.0
Rank	45 - 54 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,132	28.6	540	22.6	592	37.8
2	Diseases of Heart	775	19.6	542	22.7	233	14.9
3	Use of or Poisoning by Psychoactive Substance	275	7.0	186	7.8	89	5.7
4	Human Immunodeficiency Virus (HIV) Disease	215	5.4	140	5.9	75	4.8
5	Chronic Liver Disease and Cirrhosis	142	3.6	91	3.8	51	3.3
6	Diabetes Mellitus	139	3.5	81	3.4	58	3.7
7	Accidents Except Poisoning by Psychoactive Substance	138	3.5	107	4.5	31	2.0
8	Cerebrovascular Diseases	130	3.3	65	2.7	65	4.2
9	Intentional Self-harm (Suicide)	91	2.3	66	2.8	25	1.6
10	Chronic Lower Respiratory Diseases	87	2.2	51	2.1	36	2.3
	All Other Causes	830	21.0	520	21.8	310	19.8
	Total	3,954	100.0	2,389	100.0	1,565	100.0
Rank	55 - 64 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	2,632	36.1	1,377	31.5	1,255	43.0
2	Diseases of Heart	1,741	23.9	1,189	27.2	552	18.9
3	Diabetes Mellitus	284	3.9	169	3.9	115	3.9
4	Chronic Lower Respiratory Diseases	223	3.1	99	2.3	124	4.3
5	Cerebrovascular Diseases	206	2.8	132	3.0	74	2.5
6	Influenza and Pneumonia	204	2.8	136	3.1	68	2.3
7	Chronic Liver Disease and Cirrhosis	191	2.6	133	3.0	58	2.0
8	Use of or Poisoning by Psychoactive Substance	190	2.6	136	3.1	54	1.9
9	Human Immunodeficiency Virus (HIV) Disease	172	2.4	118	2.7	54	1.9
10	Viral Hepatitis	170	2.3	106	2.4	64	2.2
	All Other Causes	1,274	17.5	776	17.8	498	17.1
	Total	7,287	100.0	4,371	100.0	2,916	100.0
Rank	65 - 74 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	3,344	35.8	1,732	33.0	1,612	39.5
2	Diseases of Heart	2,638	28.3	1,611	30.7	1,027	25.2
3	Diabetes Mellitus	437	4.7	237	4.5	200	4.9
4	Influenza and Pneumonia	371	4.0	234	4.5	137	3.4
5	Chronic Lower Respiratory Diseases	335	3.6	163	3.1	172	4.2
6	Cerebrovascular Diseases	264	2.8	128	2.4	136	3.3
7	Essential Hypertension and Hypertensive Renal Disease	183	2.0	98	1.9	85	2.1
8	Accidents Except Poisoning by Psychoactive Substance	127	1.4	81	1.5	46	1.1
9	Chronic Liver Disease and Cirrhosis	112	1.2	87	1.7	25	0.6
10	Viral Hepatitis	88	0.9	49	0.9	39	1.0
	All Other Causes	1,430	15.3	828	15.8	602	14.8
	Total	9,329	100.0	5,248	100.0	4,081	100.0
Rank	75 - 84 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	4,095	33.5	2,041	33.7	2,054	33.3
2	Malignant Neoplasms	3,384	27.7	1,725	28.5	1,659	26.9
3	Influenza and Pneumonia	651	5.3	364	6.0	287	4.7
4	Chronic Lower Respiratory Diseases	525	4.3	268	4.4	257	4.2
5	Diabetes Mellitus	498	4.1	230	3.8	268	4.3
6	Cerebrovascular Disease	459	3.8	182	3.0	277	4.5
7	Essential Hypertension and Hypertensive Renal Disease	260	2.1	113	1.9	147	2.4
8	Alzheimer's Disease	191	1.6	73	1.2	118	1.9
9	Accidents Except Poisoning by Psychoactive Substance	153	1.3	92	1.5	61	1.0
10	Septicemia	149	1.2	77	1.3	72	1.2
	All Other Causes	1,863	15.2	1,005	16.3	858	14.2
	Total	12,228	100.0	6,058	100.0	6,170	100.0
Rank	≥85 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	7,157	42.7	2,386	41.6	4,771	43.2
2	Malignant Neoplasms	2,303	13.7	987	17.2	1,316	11.9
3	Influenza and Pneumonia	1,110	6.6	441	7.7	669	6.1
4	Chronic Lower Respiratory Diseases	614	3.7	244	4.3	370	3.4
5	Cerebrovascular Diseases	584	3.5	149	2.6	435	3.9
6	Alzheimer's Disease	504	3.0	131	2.3	373	3.4
7	Essential Hypertension and Hypertensive Renal Disease	446	2.7	132	2.3	314	2.8
8	Diabetes Mellitus	411	2.5	128	2.2	283	2.6
9	Septicemia	190	1.1	55	1.0	135	1.2
10	Nephritis, Nephrotic Syndrome, and Nephrosis	176	1.0	80	1.4	96	0.9
	All Other Causes	3,277	19.5	1,001	17.5	2,276	20.6
	Total	16,772	100.0	5,734	100.0	11,038	100.0

LEADING CAUSES OF DEATH

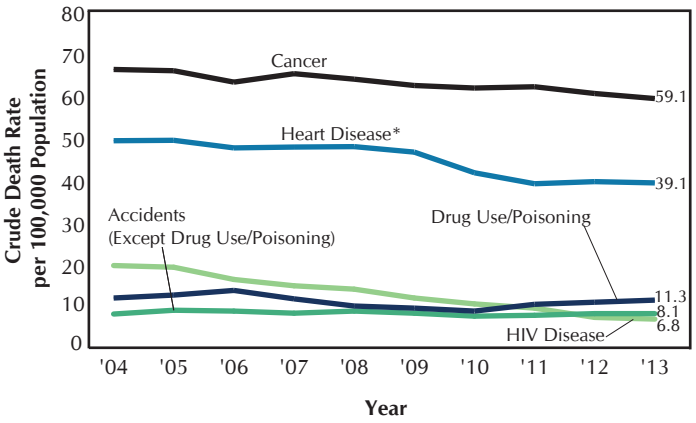
Table 3. Leading Causes of Death by Racial/Ethnic Group* and Sex, New York City, 2013

Rank	Puerto Rican	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	1,404	27.5	712	27.1	692	27.9
2	Malignant Neoplasms	1,116	21.8	567	21.6	549	22.1
3	Influenza and Pneumonia	230	4.5	115	4.4	115	4.6
4	Diabetes Mellitus	228	4.5	103	3.9	125	5.0
5	Chronic Lower Respiratory Diseases	195	3.8	84	3.2	111	4.5
6	Use of or Poisoning by Psychoactive Substance	170	3.3	122	4.6	48	1.9
7	Cerebrovascular Diseases	166	3.2	71	2.7	95	3.8
8	Human Immunodeficiency Virus (HIV) Disease	138	2.7	94	3.6	44	1.8
9	Chronic Liver Disease and Cirrhosis	113	2.2	82	3.1	31	1.2
10	Alzheimer's Disease	112	2.2	39	1.5	73	2.9
	All Other Causes	1,239	24.2	639	24.3	600	24.2
	Total	5,111	100.0	2,628	100.0	2,483	100.0
Rank	Other Hispanic	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,179	25.8	579	24.2	600	27.6
2	Diseases of Heart	1,164	25.5	595	24.9	569	26.2
3	Cerebrovascular Diseases	214	4.7	87	3.6	127	5.9
4	Influenza and Pneumonia	207	4.5	118	4.9	89	4.1
5	Diabetes Mellitus	185	4.1	89	3.7	96	4.4
6	Accidents Except Poisoning by Psychoactive Substance	151	3.3	122	5.1	29	1.3
7	Chronic Lower Respiratory Diseases	115	2.5	58	2.4	57	2.6
8	Essential Hypertension and Hypertensive Renal Disease	95	2.1	45	1.9	50	2.3
9	Chronic Liver Disease and Cirrhosis	86	1.9	67	2.8	19	0.9
10	Use of or Poisoning by Psychoactive Substance	81	1.8	66	2.8	15	0.7
	All Other Causes	1,084	23.8	565	23.6	519	23.9
	Total	4,561	100.0	2,391	100.0	2,170	100.0
Rank	Asian and Pacific Islander	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,103	30.2	635	30.7	468	29.5
2	Diseases of Heart	969	26.5	532	25.8	437	27.6
3	Influenza and Pneumonia	180	4.9	102	4.9	78	4.9
4	Diabetes Mellitus	156	4.3	96	4.6	60	3.8
5	Cerebrovascular Diseases	151	4.1	71	3.4	80	5.0
6	Chronic Lower Respiratory Diseases	99	2.7	72	3.5	27	1.7
7	Accidents Except Poisoning by Psychoactive Substance	98	2.7	63	3.0	35	2.2
8	Essential Hypertension and Hypertensive Renal Disease	83	2.3	33	1.6	50	3.2
9	Intentional Self-harm (Suicide)	55	1.5	41	2.0	14	0.9
10	Septicemia	43	1.2	27	1.3	16	1.0
	All Other Causes	714	19.6	394	19.1	320	20.2
	Total	3,651	100.0	2,066	100.0	1,585	100.0
Rank	Non-Hispanic White	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	8,620	34.6	4,085	34.1	4,535	35.2
2	Malignant Neoplasms	6,320	25.4	3,133	26.1	3,187	24.7
3	Influenza and Pneumonia	1,240	5.0	618	5.2	622	4.8
4	Chronic Lower Respiratory Diseases	958	3.8	437	3.6	521	4.0
5	Cerebrovascular Diseases	676	2.7	249	2.1	427	3.3
6	Diabetes Mellitus	503	2.0	265	2.2	238	1.8
7	Accidents Except Poisoning by Psychoactive Substance	437	1.8	271	2.3	166	1.3
8	Use of or Poisoning by Psychoactive Substance	381	1.5	286	2.4	95	0.7
9	Alzheimer's Disease	363	1.5	100	0.8	263	2.0
10	Essential Hypertension and Hypertensive Renal Disease	362	1.5	156	1.3	206	1.6
	All Other Causes	5,031	20.2	2,396	20.0	2,635	20.4
	Total	24,891	100.0	11,996	100.0	12,895	100.0
Rank	Non-Hispanic Black	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	4,233	30.4	1,868	29.0	2,365	31.6
2	Malignant Neoplasms	3,376	24.3	1,592	24.7	1,784	23.9
3	Diabetes Mellitus	711	5.1	301	4.7	410	5.5
4	Influenza and Pneumonia	559	4.0	274	4.3	285	3.8
5	Cerebrovascular Diseases	462	3.3	191	3.0	271	3.6
6	Chronic Lower Respiratory Diseases	442	3.2	184	2.9	258	3.5
7	Essential Hypertension and Hypertensive Renal Disease	388	2.8	148	2.3	240	3.2
8	Human Immunodeficiency Virus (HIV) Disease	311	2.2	204	3.2	107	1.4
9	Accidents Except Poisoning by Psychoactive Substance	231	1.7	159	2.5	72	1.0
10	Assault (Homicide)	211	1.5	174	2.7	37	0.5
	All Other Causes	2,987	21.5	1,340	20.8	1,647	22.0
	Total	13,911	100.0	6,435	100.0	7,476	100.0

* Decedents of other or multiple races or with unknown ethnicities are not shown.

LEADING CAUSES OF PREMATURE DEATH

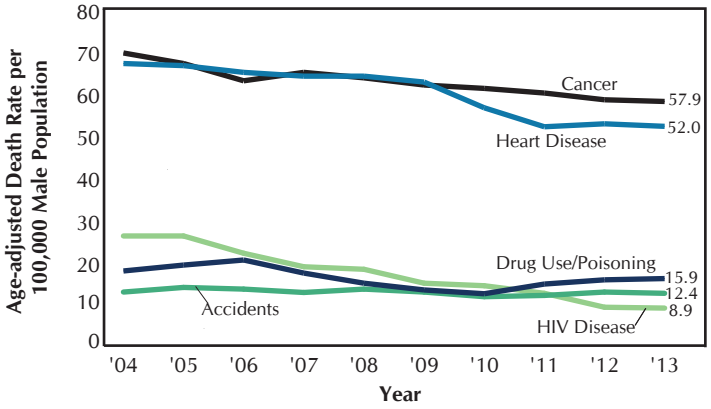
Figure 13. Crude Death Rates for Leading Causes of Premature Death (Age < 65 Years), New York City, 2004–2013



*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative*.

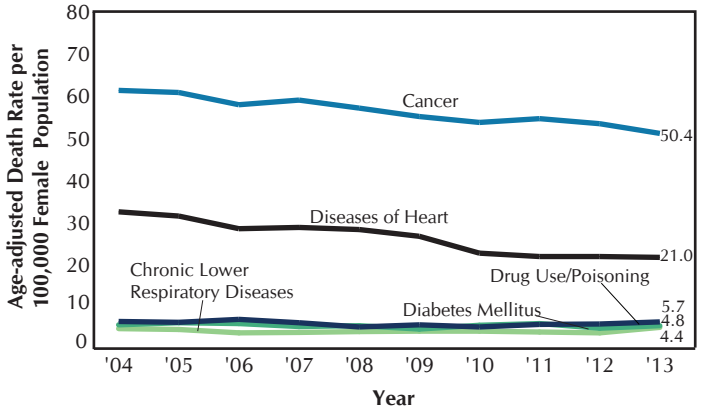
- In 2013, the five leading causes of premature death (age <65 years) were cancer, down 10.5% since 2004, heart disease, down 20.4%, use of or poisoning by psychoactive substance (drug use/poisoning), down 4.2%, accidents except drug use/poisoning, up 1.3% and HIV disease, down 65.1% since 2004.
- The decline in HIV-related mortality is attributed to HIV prevention efforts and increased use and effectiveness of antiretroviral drugs.
- The sharper decline in heart disease death rates from 2008 to 2011 is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 14. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65 Years) among Males, New York City, 2004–2013



- In 2013, the five leading causes of premature deaths among males mirrored citywide leading causes of premature death (age <65 years).
- Age-adjusted death rates of all five leading causes of premature death among males declined since 2004: cancer by 16.8%, heart disease by 22.5%, drug use/poisoning by 10.7%, accidents except drug use/poisoning by 2.4%, and HIV disease by 65.8%.

Figure 15. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65 Years) among Females, New York City, 2004–2013



- In 2013, the three leading causes of premature deaths (age <65 years) among females mirrored the citywide leading causes of premature death: cancer, heart disease and use of or poisoning by psychoactive substance (drug use/poisoning). They were followed by diabetes mellitus, and chronic lower respiratory diseases.
- Age-adjusted rates for the four leading causes of premature death among females decreased since 2004: cancer by 16.8%, heart disease by 34.0%, drug use/poisoning by 1.7% and diabetes mellitus by 4.0%. Chronic lower respiratory disease increased by 7.3%.

LEADING CAUSES OF PREMATURE DEATH

Table 4. Leading Causes of Premature Death (Age < 65 Years) by Racial/Ethnic Group and Sex, New York City. 2013

		All		Male		Female	
Rank	Puerto Rican	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	380	21.4	204	18.1	176	27.1
2	Diseases of Heart	313	17.6	215	19.1	98	15.1
3	Use of or Poisoning by Psychoactive Substance	161	9.1	113	10.0	48	7.4
4	Human Immunodeficiency Virus (HIV) Disease	124	7.0	86	7.6	38	5.9
5	Viral Hepatitis	76	4.3	55	4.9	21	3.2
6	Diabetes Mellitus	69	3.9	33	2.9	36	5.5
7	Chronic Liver Disease and Cirrhosis	67	3.8	51	4.5	16	2.5
8	Accidents Except Poisoning by Psychoactive Substance	65	3.7	48	4.3	17	2.6
9	Chronic Lower Respiratory Diseases	60	3.4	29	2.6	31	4.8
10	Cerebrovascular Diseases	40	2.3	20	1.8	20	3.1
	All Other Causes	419	23.6	271	24.1	148	22.8
	Total	1,774	100.0	1,125	100.0	649	100.0
Rank	Other Hispanic	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	445	27.1	216	20.0	229	40.5
2	Diseases of Heart	249	15.1	194	18.0	55	9.7
3	Accidents Except Poisoning by Psychoactive Substance	110	6.7	95	8.8	15	2.7
4	Use of or Poisoning by Psychoactive Substance	78	4.7	64	5.9	14	2.5
5	Chronic Liver Disease and Cirrhosis	65	4.0	51	4.7	14	2.5
6	Cerebrovascular Diseases	60	3.6	36	3.3	24	4.2
7	Intentional Self-harm (Suicide)	55	3.3	38	3.5	17	3.0
8	Diabetes Mellitus	50	3.0	33	3.1	17	3.0
9	Assault (Homicide)	48	2.9	40	3.7	8	1.4
10	Influenza and Pneumonia	43	2.6	33	3.1	10	1.8
	All Other Causes	442	26.9	279	25.9	163	28.8
	Total	1,645	100.0	1,079	100.0	566	100.0
Rank	Asian and Pacific Islander	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	458	40.7	258	36.4	200	48.1
2	Diseases of Heart	195	17.3	146	20.6	49	11.8
3	Accidents Except Poisoning by Psychoactive Substance	51	4.5	37	5.2	14	3.4
4	Intentional Self-harm (Suicide)	47	4.2	35	4.9	12	2.9
5	Diabetes Mellitus	41	3.6	30	4.2	11	2.6
6	Cerebrovascular Diseases	37	3.3	19	2.7	18	4.3
7	Influenza and Pneumonia	20	1.8	8	1.1	12	2.9
8	Chronic Liver Disease and Cirrhosis	18	1.6	15	2.1	3	0.7
9	Congenital Malformations, Deformations	14	1.2	6	0.8	8	1.9
9	Use of or Poisoning by Psychoactive Substance	14	1.2	12	1.7	2	0.5
	All Other Causes	230	20.4	143	20.2	87	20.9
	Total	1,125	100.0	709	100.0	416	100.0
Rank	Non-Hispanic White	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,638	33.4	832	27.1	806	44.0
2	Diseases of Heart	876	17.9	650	21.2	226	12.3
3	Use of or Poisoning by Psychoactive Substance	369	7.5	278	9.1	91	5.0
4	Intentional Self-harm (Suicide)	211	4.3	152	5.0	59	3.2
5	Accidents Except Poisoning by Psychoactive Substance	196	4.0	140	4.6	56	3.1
6	Chronic Liver Disease and Cirrhosis	140	2.9	91	3.0	49	2.7
7	Chronic Lower Respiratory Diseases	112	2.3	58	1.9	54	2.9
8	Influenza and Pneumonia	106	2.2	74	2.4	32	1.7
9	Diabetes Mellitus	104	2.1	68	2.2	36	2.0
10	Cerebrovascular Diseases	100	2.0	62	2.0	38	2.1
	All Other Causes	1,045	21.3	660	21.5	385	21.0
	Total	4,897	100.0	3,065	100.0	1,832	100.0
Rank	Non-Hispanic Black	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,307	25.4	634	21.8	673	30.1
2	Diseases of Heart	1,136	22.1	689	23.7	447	20.0
3	Human Immunodeficiency Virus (HIV) Disease	264	5.1	168	5.8	96	4.3
4	Diabetes Mellitus	213	4.1	117	4.0	96	4.3
5	Assault (Homicide)	204	4.0	169	5.8	35	1.6
6	Use of or Poisoning by Psychoactive Substance	180	3.5	109	3.7	71	3.2
7	Accidents Except Poisoning by Psychoactive Substance	159	3.1	122	4.2	37	1.7
8	Cerebrovascular Diseases	158	3.1	88	3.0	70	3.1
9	Chronic Lower Respiratory Diseases	140	2.7	60	2.1	80	3.6
10	Influenza and Pneumonia	124	2.4	70	2.4	54	2.4
	All Other Causes	1,263	24.5	683	23.5	580	25.9
	Total	5,148	100.0	2,909	100.0	2,239	100.0

* Decedents of other or multiple races or with unknown ethnicities are not shown.

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75

- Years of Potential Life Lost (YPLL) estimates the number of years of life lost due to a person dying before age 75, e.g., a person dying at age 65 would have lost 10 years of life. The estimates for each premature death are added together to get the total YPLL for the population.
- Cancer and heart disease, the two leading causes of death, were responsible for 41.3% of YPLL in 2013.
- Use of or poisoning by psychoactive substance, accidents except drug poisoning, suicide and homicide are responsible for another 17.5% of YPLL in 2013.
- Because of the higher likelihood of males dying at a younger age and longer life expectancy among females, we find that over 60% (61.3%) of YPLL are among males while 38.7% are among females.
- Mental and Behavioral Disorders due to use of alcohol (alcohol abuse), homicide and accidents, except drug poisoning account for 5.6, 4.9 and 3.0 times more YPLLS among men than among women, respectively.

Figure 16. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2013

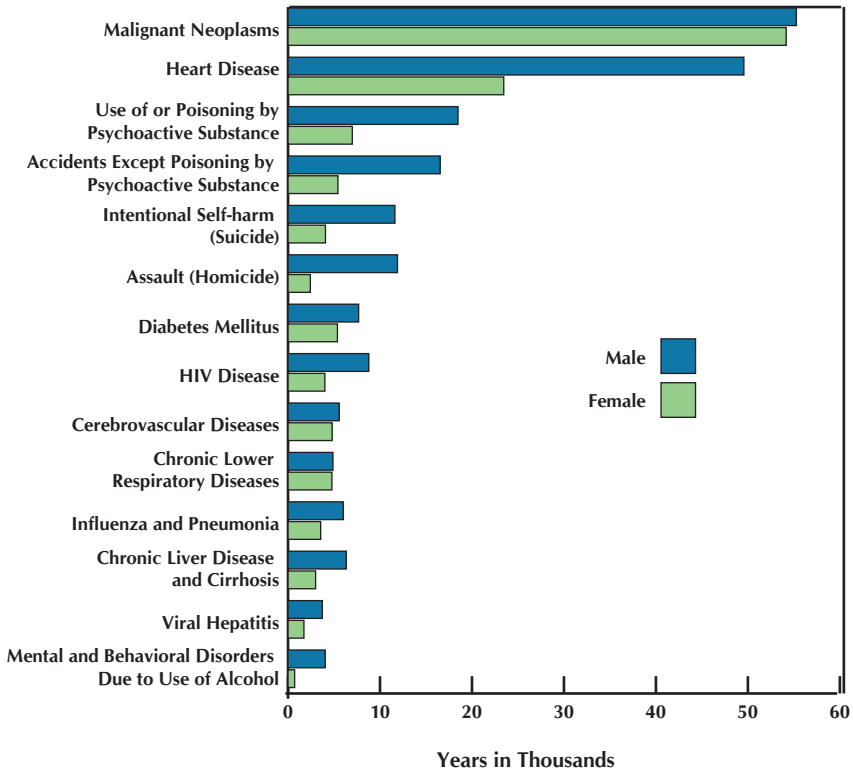


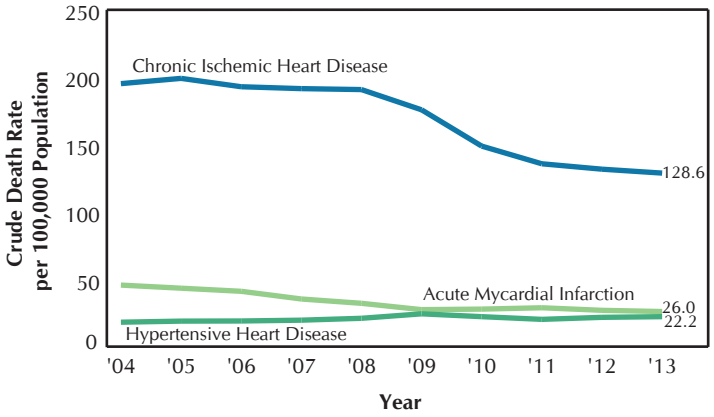
Table 5. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2013

	All		Male		Female	
Cause of Death	YPLL	%	YPLL	%	YPLL	%
Total	441,821	100.0	270,786	100.0	171,035	100.0
Malignant Neoplasms	109,435	24.8	55,274	20.4	54,161	31.7
Trachea, bronchus, and lung	19,500	4.4	10,629	3.9	8,871	5.2
Colon, rectum, and anus	10,064	2.3	5,849	2.2	4,215	2.5
Breast	11,446	2.6	125	0.0	11,321	6.6
Pancreas	6,151	1.4	3,523	1.3	2,628	1.5
Liver & intrahepatic bile ducts	6,501	1.5	4,844	1.8	1,657	1.0
Heart Disease	73,022	16.5	49,565	18.3	23,457	13.7
Use of or Poisoning by Psychoactive Substance	25,471	5.8	18,483	6.8	6,988	4.1
Accidents Except Poisoning by Psychoactive Substance	21,957	5.0	16,533	6.1	5,424	3.2
Motor vehicle	8,888	2.0	6,712	2.5	2,176	1.3
Intentional Self-harm (Suicide)	15,690	3.6	11,621	4.3	4,069	2.4
Assault (Homicide)	14,325	3.2	11,900	4.4	2,425	1.4
Diabetes Mellitus	13,047	3.0	7,676	2.8	5,371	3.1
HIV Disease	12,785	2.9	8,782	3.2	4,003	2.3
Cerebrovascular Diseases	10,343	2.3	5,552	2.1	4,791	2.8
Chronic Lower Respiratory Diseases	9,650	2.2	4,881	1.8	4,769	2.8
Influenza and Pneumonia	9,556	2.2	6,008	2.2	3,548	2.1
Chronic Liver Disease and Cirrhosis	9,329	2.1	6,331	2.3	2,998	1.8
Viral Hepatitis	5,457	1.2	3,729	1.4	1,728	1.0
Mental and Behavioral Disorders Due to Use of Alcohol	4,758	1.1	4,040	1.5	718	0.4
All Other Causes	106,996	24.2	60,411	22.3	46,585	27.2

See Technical Notes: Deaths, Years of Potential Life Lost for detailed calculation.

HEART DISEASE MORTALITY

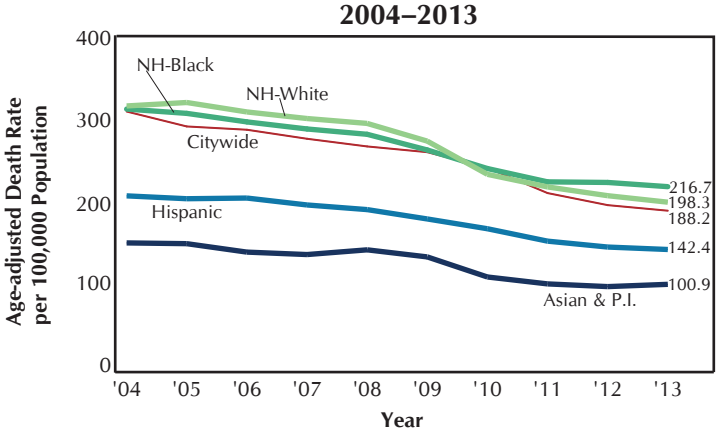
Figure 17. Crude Death Rates among Leading Causes of Heart Disease* Death, New York City, 2004–2013



*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative.*

- The 2013 crude heart disease death rate was 199.4 deaths per 100,000 population, down 28.9% since 2004 (Table 1, Figure 10).
- The crude rate of the leading cause of heart disease deaths, chronic ischemic heart disease, decreased 34.0% since 2004. The sharper decline from 2008 to 2011 is partly due to efforts to improve the accuracy of cause of death reporting.*
- Since 2003, acute myocardial infarction declined 43.0% to 26.0 deaths per 100,000 population, while hypertensive heart disease increased 22.7% to 22.2.

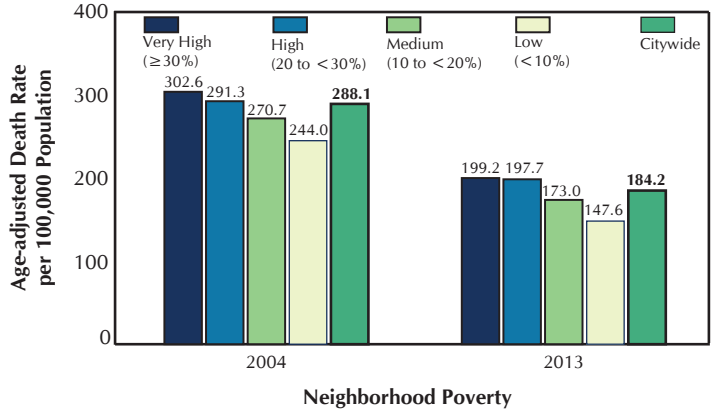
Figure 18. Age-adjusted Heart Disease* Death Rates by Racial/Ethnic Group, New York City, 2004–2013



*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative.*

- In 2013, non-Hispanic blacks had the highest age-adjusted heart disease death rates, at 216.7 deaths per 100,00 population, having surpassed the non-Hispanic white age-adjusted heart disease death rate in 2010.
- Age-adjusted heart disease death rates continued to decline among all racial/ethnic groups: 29.7% among non-Hispanic blacks, 36.2% among non-Hispanic whites, 30.8% among Hispanics, and 32.4% among Asians and Pacific Islanders, from 2004 to 2013.
- The sharper decline from 2008 to 2011 is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 19. Age-adjusted Heart Disease* Death Rates by Neighborhood Poverty, New York City Residents, 2004, 2013



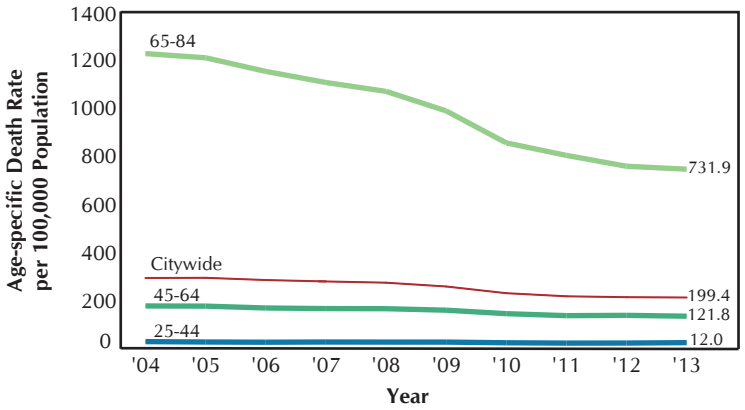
*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative*

- From 2004 to 2013, age-adjusted heart disease death rates declined across all poverty areas: 39.5% in low poverty areas, followed by 36.1% in medium poverty areas, 34.2% in very high poverty areas, and 32.1% in high poverty areas.
- Regardless of the decrease, disparities persist. In 2013, the age adjusted heart disease death rates were 1.3 times greater in very high poverty areas compared with low poverty areas (199.2 vs. 147.6 deaths per 100,000 population).

HEART DISEASE MORTALITY

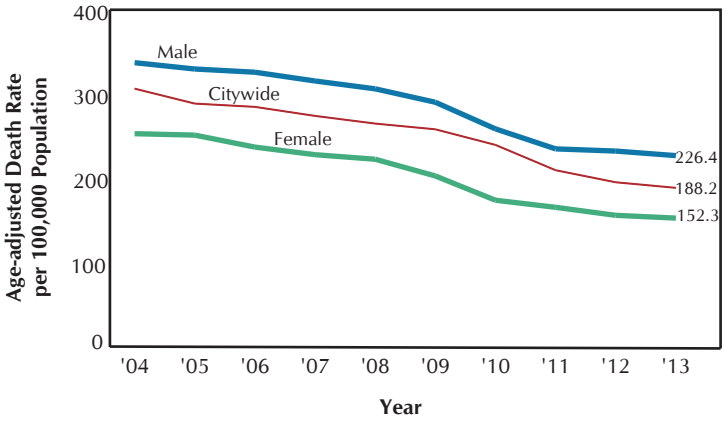
- In 2013, age-adjusted heart disease death rates were 6.0 times higher among 65 to 84 year olds than among 45 to 64 year olds, and 61.0 times higher than among 25 to 44 year olds.
- Since 2004, heart disease death rates decreased 39.6% among 65 to 84 years olds, 25.9% among 45 to 64 year olds, and 26.4% among 25 to 44 year olds.
- The sharper decline from 2008 to 2011 is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 20. Age-specific Heart Disease* Death Rates, New York City, 2004–2013



*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative.*

Figure 21. Age-adjusted Heart Disease* Death Rates by Sex, New York City, 2004–2013

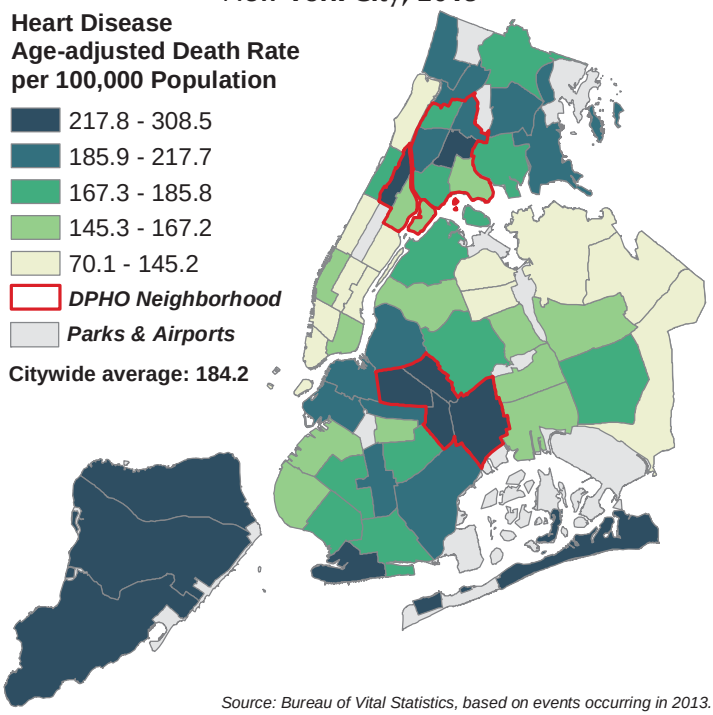


*See the 2010 Summary of Vital Statistics: Mortality – Special Section: *Cause of Death Quality Improvement Initiative.*

- Since 2004, heart disease death rates declined 32.7% among males to 226.4 deaths per 100,000 population and 39.7% among females to 152.3 deaths per 100,000 population.
- Age-adjusted heart disease death rates were 1.5 times higher among males than females in 2013.
- The sharper decline from 2008 to 2011 is partly due to efforts to improve the accuracy of cause of death reporting.*

- In 2013, the community district with the highest age adjusted heart disease death rate was the Rockaways at 308.5 deaths per 100,000 population, followed by 280.5 in Brownsville, 246.9 in Port Richmond, 239.1 in Morrisania, and 236.9 in Willowbrook/South Beach.
- In 2013, the community district with the lowest age adjusted heart disease death rate was Battery Park/Tribeca at 70.1 deaths per 100,000 population followed by 95.0 in Greenwich Village/Soho, 106.7 in Murray Hill, 109.6 in the Upper East Side, and 120.0 in Queens Village.

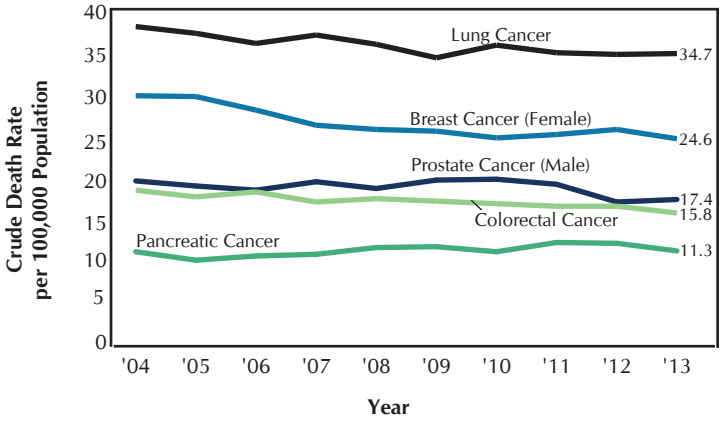
Figure 22. Age-adjusted Heart Disease Death Rates by Community District of Residence, New York City, 2013



Source: Bureau of Vital Statistics, based on events occurring in 2013.

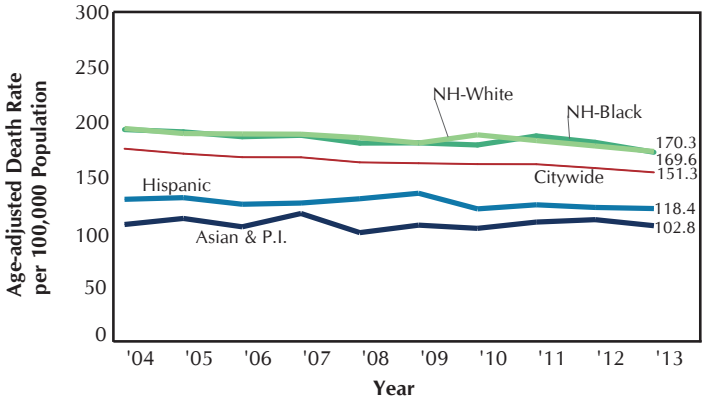
CANCER MORTALITY

Figure 23. Crude Death Rates for 5 Leading Causes of Cancer Death, New York City, 2004–2013



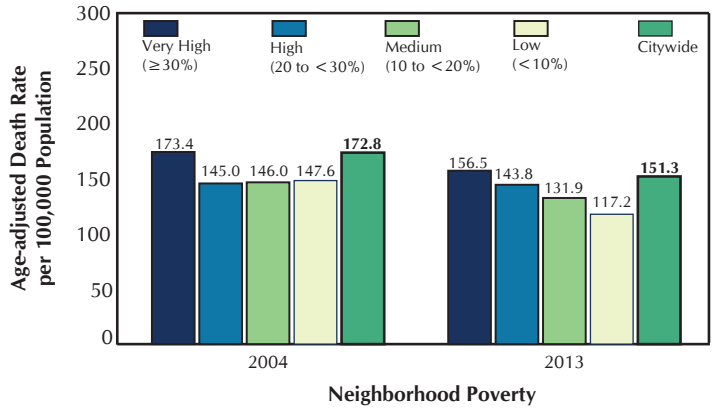
- The 2013 crude cancer mortality rate was 159.0 deaths per 100,000 population, a 5.7% decline since 2004 (Table 1, Figure 10).
- Since 2004, rates of the four leading causes of cancer death declined: lung cancer (includes trachea, bronchus, and/or lung) declined 8.4%, female breast cancer declined 17.2%, prostate cancer declined 11.2%, and colorectal cancer declined 14.6%.
- Pancreatic cancer, the fifth leading cause of cancer death continued to hover near 11 deaths per 100,000 population, at 11.3 in 2013.

Figure 24. Age-adjusted Cancer Death Rates by Racial/Ethnic Group, New York City, 2004–2013



- The age-adjusted cancer death rates among non-Hispanic blacks and whites continued to be relatively similar at 169.6 and 170.3 deaths per 100,000 population in 2013 respectively, down 10.8% and 10.9% respectively since 2004.
- Age-adjusted cancer death rates among Hispanics followed at 118.4 deaths per 100,000 population, in 2013 down 6.6% since 2004. Age-adjusted cancer death rates among Asian and Pacific Islanders has remained stable, hovering near 100 deaths per 100,000 population, at 102.8 in 2013.

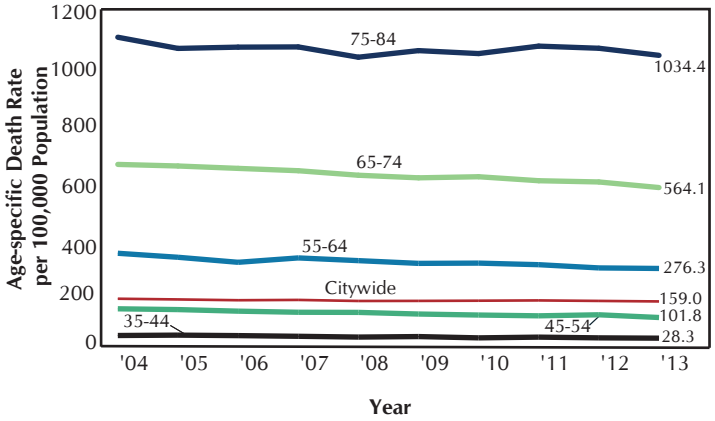
Figure 25. Age-adjusted Cancer Death Rates by Neighborhood Poverty, New York City Residents, 2004, 2013



- In 2013, the age-adjusted cancer death rates was 1.3 times greater in areas with very high poverty compared to areas with low poverty (156.5 vs. 117.2 deaths per 100,000 population respectively).
- From 2004 to 2013, age-adjusted cancer death rates declined in all poverty defined neighborhoods: 20.6% in low poverty areas, 9.7% in both the medium and very high poverty areas, and 0.8% in the high poverty areas.

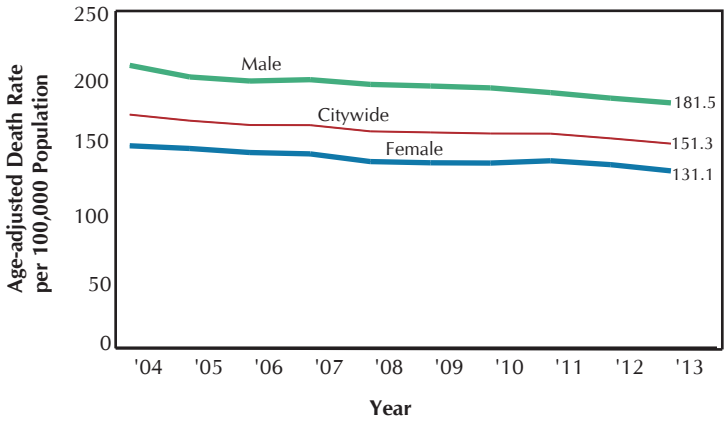
CANCER MORTALITY

Figure 26. Age-specific Cancer Death Rates, New York City, 2004–2013



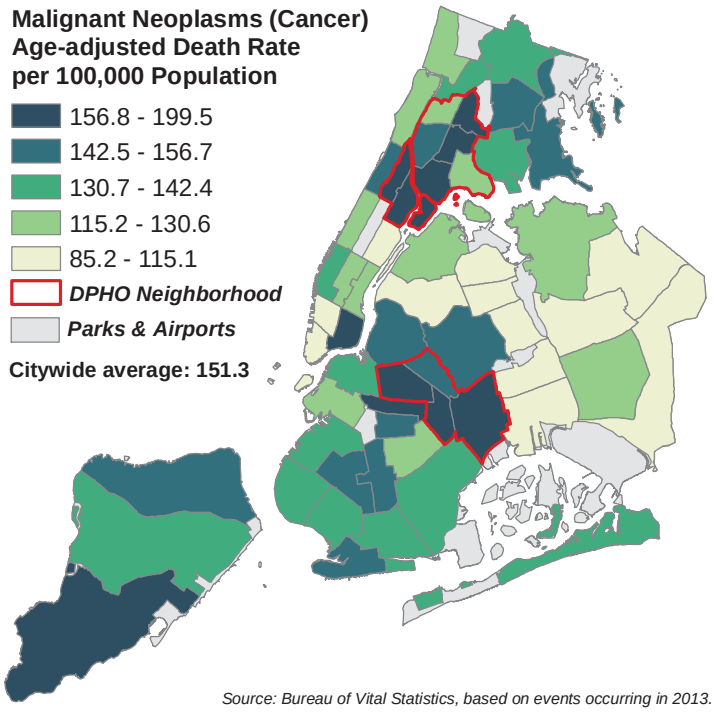
- In 2013, cancer death rates increase with age from a low of 28.3 deaths per 100,000 population among 35 to 44 year olds to a high of 1034.4 among those 75 and older.
- Since 2004, cancer death rates have declined in all age groups: 25.1% among 35 to 44 year olds, 23.3% among 45 to 54 year olds, 16.3% among 55 to 64 year olds, 12.7% among 65 to 74 year olds, and 5.9% among those 75 and older.

Figure 27. Age-adjusted Cancer Death Rates by Sex, New York City, 2004–2013



- Since 2004, age-adjusted cancer death rates declined 13.3% among males to 181.5 deaths per 100,000 population and 12.4% among females to 131.1 deaths per 100,000 population.
- Age-adjusted cancer death rates were 1.4 times greater among males than females in 2004 and 2013.

Figure 28. Age-adjusted Cancer Death Rates by Community District of Residence, New York City, 2013

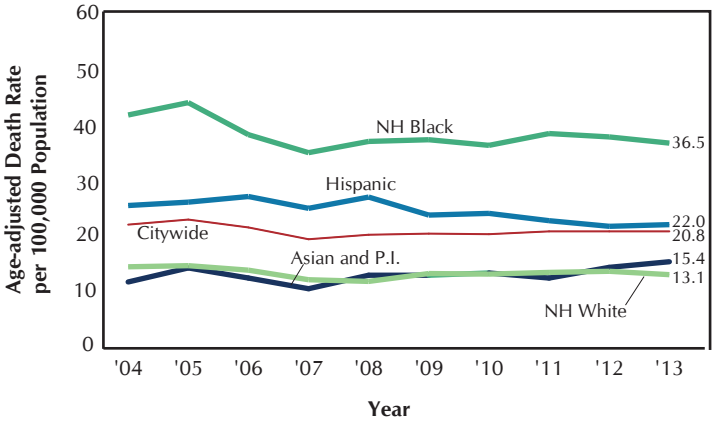


Source: Bureau of Vital Statistics, based on events occurring in 2013.

- In 2013, the community district with the highest age adjusted cancer death rate was Central Harlem at 199.5 deaths per 100,000 population, followed by 187.3 in Brownsville, 178.7 in Bedford Stuyvesant, 178.3 in East Tremont, and 174.2 in Mott Haven.
- In 2013, the community district with the lowest age adjusted cancer death rate was Battery Park/Tribeca at 85.2 deaths per 100,000 population followed by 90.0 in Queens Village, 90.6 in Bayside, 92.2 in Elmhurst/Corona, and 96.5 in Sunnyside/Woodside.

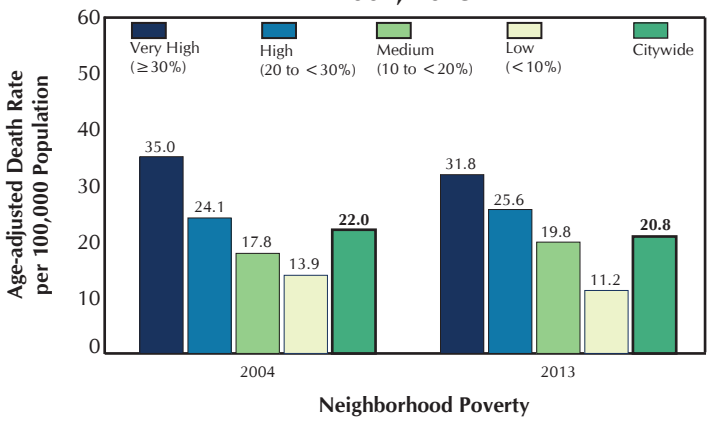
DIABETES MORTALITY

Figure 29. Age-adjusted Diabetes Death Rates by Racial/Ethnic Group, New York City, 2004–2013



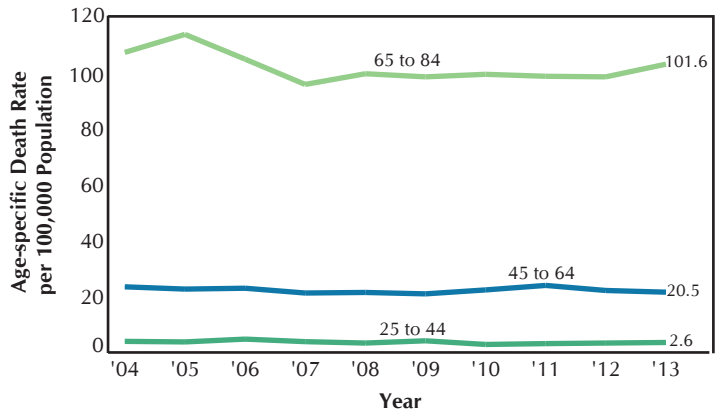
- The 2013 crude diabetes mellitus death rate was 21.9 deaths per 100,000 population, a 1.9% increase since 2004 (Table 1, Figure 10).
- The age-adjusted diabetes death rate was the highest among non-Hispanic blacks, at 36.5 deaths per 100,000 population in 2013, 2.8 times greater than among non-Hispanic whites in 2013 (36.5 vs. 13.1 deaths per 100,000 population).
- Age-adjusted diabetes death rates declined 12.0% among non-Hispanic blacks, 13.4% among Hispanics, and 9.7% among non-Hispanic whites. The rate increased 30.5% to 15.4 deaths per 100,000 population among Asian and Pacific Islanders.

Figure 30. Age-adjusted Diabetes Death Rates by Neighborhood Poverty, New York City Residents, 2004, 2013



- The 2013 age adjusted diabetes death rates were 2.8 times greater in areas with very high poverty vs. areas with low poverty (31.8 vs. 11.2 deaths per 100,000 population.
- From 2004 to 2013, age-adjusted diabetes death rates declined 19.4% in low poverty areas and 9.1% in very high poverty areas, and increased 6.2% in high poverty areas and 11.2% in medium poverty areas.

Figure 31. Age-Specific Diabetes Death Rates, New York City, 2004–2013



- Diabetes death rates increase with age from a low of 2.6 deaths per 100,000 population among 25 to 44 year olds to a high of 101.6 among those 65 to 84 years of age in 2013.
- From 2004 to 2013, diabetes death rates declined 13.3% among 25 to 44 year olds, 8.5% among 45 to 64 year olds, and 4.0% among those 65 to 84 years of age.

DIABETES MORTALITY

- From 2004 to 2013, age-adjusted diabetes death rates declined 4.7% among males to 24.3 deaths per 100,000 population and 7.2% among females to 18.0.
- Age-adjusted diabetes death rates were 1.4 times higher among males than females in 2013, an increased disparity from 1.3 in 2004.

Figure 32. Age-adjusted Diabetes Death Rates by Sex, New York City, 2004–2013

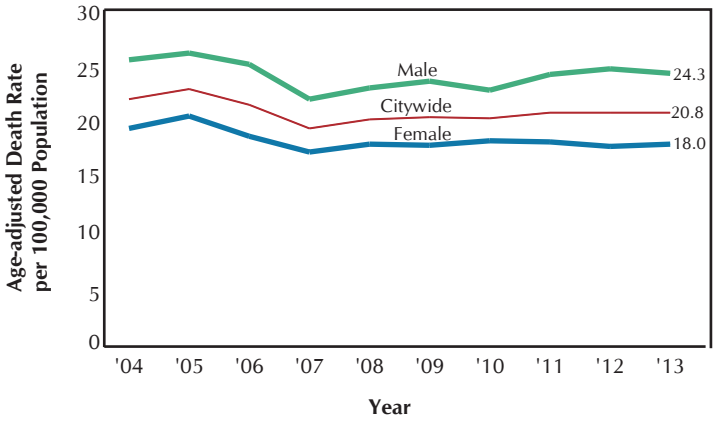
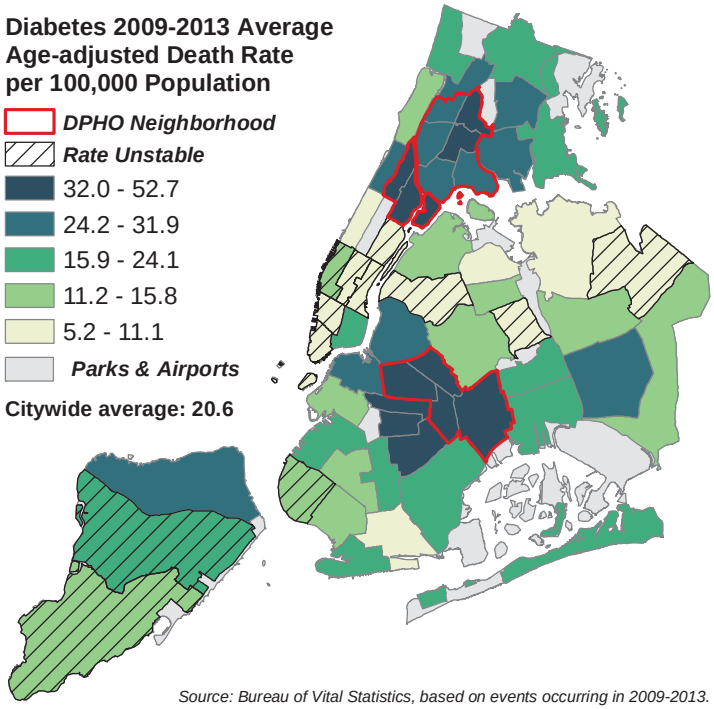


Figure 33. Age-adjusted Diabetes Death Rates (Five-year Averages) by Community District of Residence, New York City, 2009-2013



Source: Bureau of Vital Statistics, based on events occurring in 2009-2013.

- The community district with the highest five-year average age-adjusted diabetes death rate was Brownsville at 52.6 deaths per 100,000 population, followed by 46.5 in Crown Heights South, 45.2 in Bedford Stuyvesant, 44.5 in East Tremont, and 40.7 in Morrisania.
- Due to the small number of diabetes deaths in numerous community districts, the five-year average age-adjusted death rates are unstable. Regardless, those with the lowest rates include the following districts: Midtown Business District at 5.2 deaths per 100,000 population followed by 6.4 in Upper East Side, 7.5 in Bayside, 7.9 in Murray Hill, and 8.7 in Rego Park/Forest Hills.

HIV MORTALITY

- At 6.9 deaths per 100,000 population in 2013, HIV declined 63.0% since 2004 and has not been among the 10 leading causes of death since 2012 (data not shown).
- From 2004 to 2013, age-adjusted HIV death rates declined 62.8% among non-Hispanic blacks, 63.5% among Hispanics, and 62.3% among non-Hispanic whites. Age adjusted death rates among Asians and Pacific Islanders remained stable over the 10 year period, at 0.6 deaths per 100,000 population in 2004 and 2013.

Figure 34. Age-adjusted HIV Death Rates by Racial/ Ethnic Group, New York City, 2004–2013

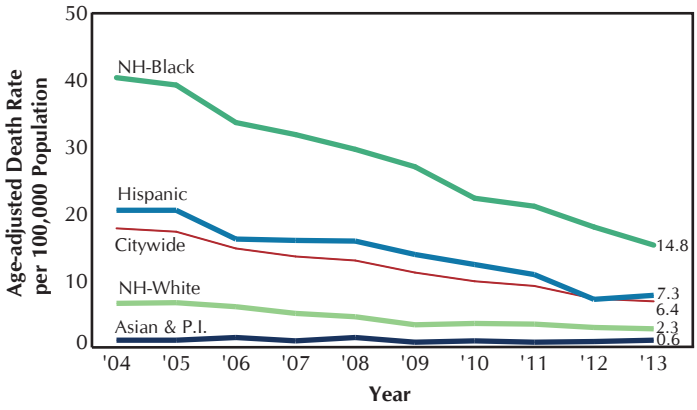
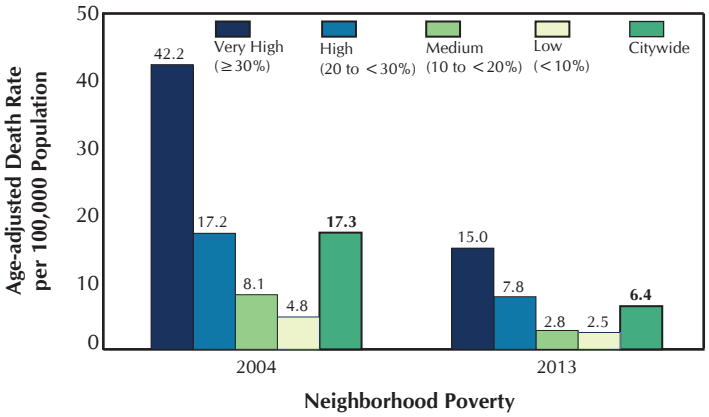


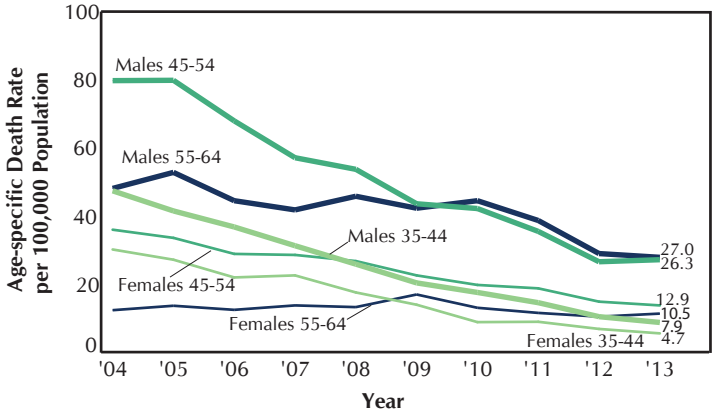
Figure 35. Age-adjusted HIV Deaths by Neighborhood Poverty, New York City Residents, 2004, 2013



- In 2013, the age adjusted HIV death rates were 6.0 times greater in areas with very high poverty compared to areas with low poverty (15.0 vs. 2.5 deaths per 100,000 population). This reflects a decrease in disparity, from 8.8 in 2004.
- From 2004 to 2013, age-adjusted HIV death rates declined in all poverty defined neighborhoods: 64.5% in the very high poverty areas, 54.7% in the high poverty areas, 65.4% in the medium high poverty areas, and 47.9% in low poverty areas.

- In 2013, HIV age specific death rates continued to be higher among males than females.
- From 2004 to 2013, the HIV male death rate declined 83.0% among those age 35 to 44, 66.6% among those age 45 to 54, and 42.8% among those age 55 to 64. Among females, the HIV death rate declined 84.0% among those age 35 to 44, 63.3% among those age 45 to 54, and 8.5% among those age 55 to 64.
- The continuing decline in HIV-related mortality is attributed to HIV prevention efforts and the increased use and effectiveness of antiretroviral drugs.

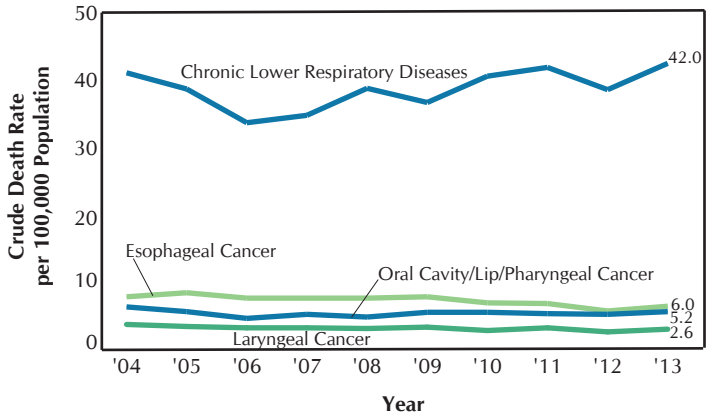
Figure 36. Age-specific HIV Death Rates by Sex, New York City, 2004–2013



SMOKING-RELATED MORTALITY

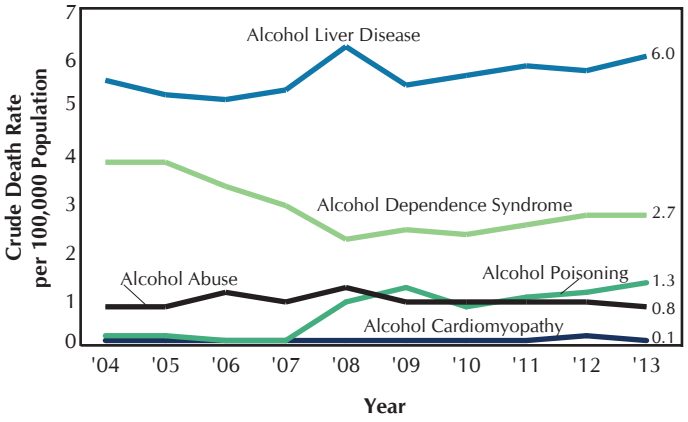
- Causes of death known to be highly attributable to smoking or tobacco use include the following cancers: lung (Figure 23), esophageal, lip, oral cavity and pharyngeal, and laryngeal cancer. Chronic respiratory diseases are also highly attributable to smoking. The causes displayed do not include all deaths related to smoking or tobacco use. In particular, smoking is known to be a major risk factor for cardiovascular disease.
- Since 2004, rates displayed have fluctuated: chronic lower respiratory disease in 2013 was up 3.4% at 42.0 deaths per 100,000 population, esophageal cancer, lip, oral cavity and pharyngeal cancer and laryngeal cancer were all down 18.9%, 11.9% and 21.2%, at 6.0, 5.2, and 2.6 deaths per 100,000 population, respectively.

Figure 37. Crude Death Rates for Selected Smoking-related Causes of Death (Age ≥ 35 Years), New York City, 2004–2013



ALCOHOL-RELATED MORTALITY

Figure 38. Crude Death Rates for Selected Alcohol-related Causes* of Death (Age > 20 Years), New York City, 2004–2013

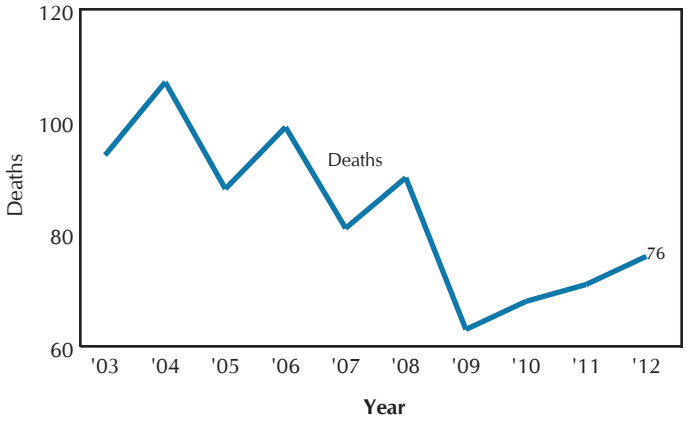


*See Appendix B. Technical Notes: Deaths, Alcohol Related Deaths.

- The World Health Organization's Mortality Reference Group revised and implemented new International Classification of Disease codes in 2008*. The increase in deaths coded as alcohol poisoning and alcohol liver disease deaths from 2007 to 2008 and corresponding decrease in alcohol dependence syndrome were the result from this change. Similar trend changes are seen in nationwide data.
- From 2004 to 2013, rates of alcohol liver disease remained relatively stable, between 5.1 and 6.2 deaths per 100,000 population. Alcohol dependence syndrome decreased 28.9% since 2004, remaining stable at 2.7 in 2012 and 2013. Alcohol abuse and alcohol cardiomyopathy hover near one and 0.1 death per 100,000 population, respectively, since 2004; alcohol poisoning hovered near one since 2008.

OCCUPATIONAL INJURY DEATHS

Figure 39. Fatal Occupational Injuries, New York City, 2003–2012



- Fatal occupational injuries have decreased 19.1% since 2003, with 76 deaths in 2012. This includes a 7.0% increase since 2011.
- These data are available through 2012 and are permitted to be displayed by the Bureau of Labor Statistics: Fatal Occupational Injuries in New York City (http://www.bls.gov/iif/oshwc/cfoi/tgs/2012/iiffw68.htm)

Table 6. Selected Characteristics of Deaths Due to Fatal Occupational Injuries*, New York City, 2012*

Characteristics	All Deaths	Selected Event or exposure†‡				
		Contact with objects and equipment	Exposure to harmful substances or environments	Falls, slips or trips	Transportation incident	Violence and other injuries by persons or animals
Total	76	7	7	21	13	26
Selected Industries						
Government§ (Federal, State, Local)	7					4
Private industries§	69	6	6	20	13	22
Goods producing (construction only)	20	4	3	11		
Service providing	49		3	9	11	22
Education and health services (health care and social assistance)	4					
Financial activities	3					
Information	4					
Leisure and hospitality (Accommodation and food services)	3					
Professional and business services	4			3		
Trade, transportation, and utilities (Retail trade, wholesale trade, transportation and warehouse)	26				8	14
Other services	4					
Race or ethnic origin‖						
Non-Hispanic White	28		5	6	5	11
Non-Hispanic Black	14					9
Hispanic	23	4		9	3	4
Asian	11			5	3	
Age						
< 25 years	5					
25-34 years	17					9
35-44 years	13			6		
45-54 years	13			3	4	4
55 - 64 years	15			4	5	4
> 65 years	13			5		5

*Source Bureau of Labor Statistics: Fatal Occupational Injuries in New York City http://www.bls.gov/iif/oshwc/cfoi/tgs/2012/iiffw68.htm

†Based on the BLS Occupational Injury and Illness Classification System (OIICS) 2.01 implemented for 2011 data forward.

‡Empty cells are either zero or censored fatalities; rows or columns may not sum to totals.

§Includes all fatal occupational injuries meeting this ownership criterion across all specific years, regardless on industry classification system.

‖Persons identified as Hispanic or Latino may be of any race. The individual race categories shown other than Hispanic exclude data for Hispanic and Latino workers.

EXTERNAL CAUSES OF DEATH

- Deaths due to external causes are those deaths occurring from objects or processes outside the body and include accidents, suicide, assault, legal intervention, events of undetermined intent, operations of war and complications of medical and surgical care.
- From 2004 to 2013, death rates due to external causes declined 5.1%.
- These rates fluctuated among all ethnic groups during the 10 year span, resulting in an overall decline of 12.6%, 6.4% and 5.2% among non-Hispanic blacks, Asian and Pacific Islanders and Hispanics, respectively, and a 5.3% increase among non-Hispanic whites.

Figure 40. External Causes of Death by Race/ Ethnicity, New York City, 2004, 2013

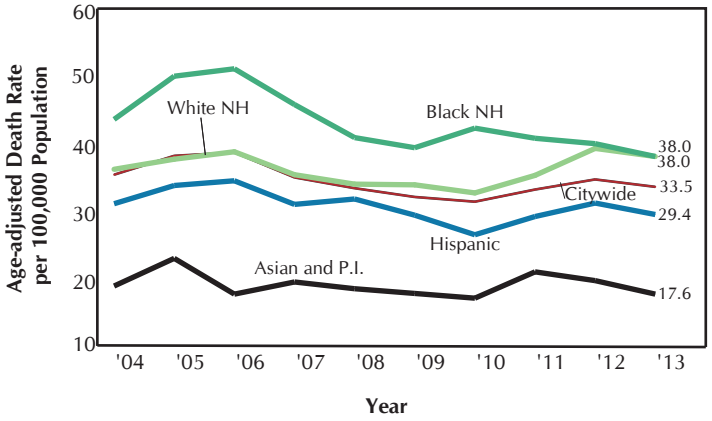
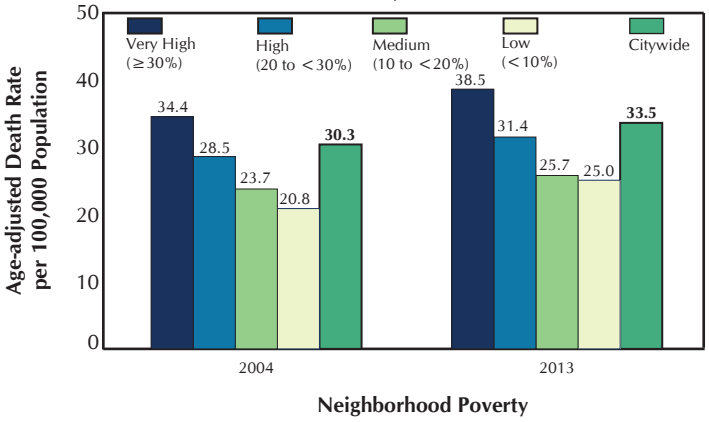


Figure 41. External Causes of Death* by Neighborhood Poverty, New York City Residents, 2004, 2013

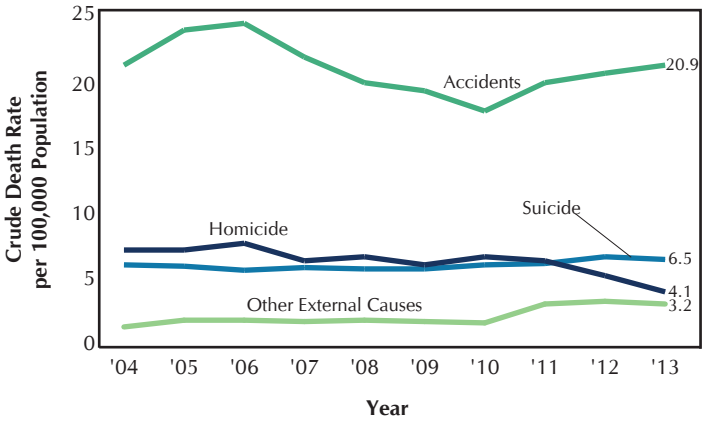


*Appendix B. Technical Notes: Deaths, External Causes of Death.

- In 2013, external causes of death were 1.5 times greater in very high poverty areas compared to low poverty areas with age-adjusted rates of 38.5 and 25.0 deaths per 100,000 population, respectively.
- From 2004 to 2013, externals causes of death increased 10.6%: 11.9% in very high poverty areas, 10.2% in high poverty areas, 8.4% in medium poverty areas and 20.2% in low poverty areas.

- Among external causes of death, the accidental death rate is consistently higher than homicide, suicide or other external causes†.
- Since 2004, accidental death rates have fluctuated, hovering near 20 deaths per 100,000 population, at 20.9 in 2013. Homicide rates declined 43.1% to 4.1, and suicides rates increased to 6.5, surpassing the homicide rate in 2012. Death rates from other external causes have hovered between 3.2 and 3.4 deaths per 100,000 population since 2011.

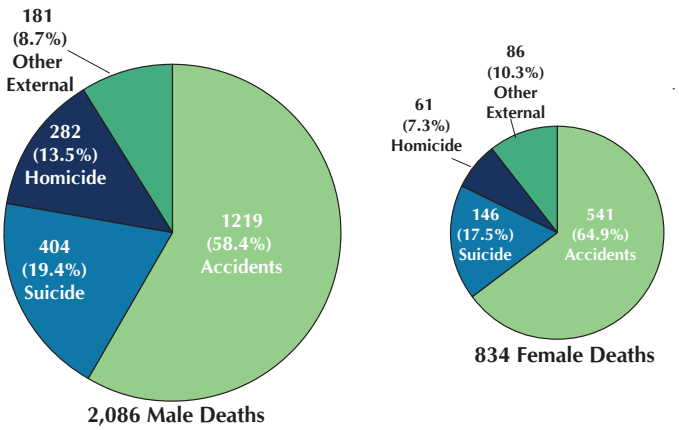
Figure 42. Crude Death Rates for External Causes of Death*, New York City, 2004–2013



*Appendix B. Technical Notes: Deaths, Cause of Death International Classification of Disease (ICD) Coding.
†Other external causes include medical and/or surgical care complications and deaths due to undetermined intent.

EXTERNAL CAUSES OF DEATH

Figure 43. Distribution of External Causes of Death* among Males and Females, New York City, 2013

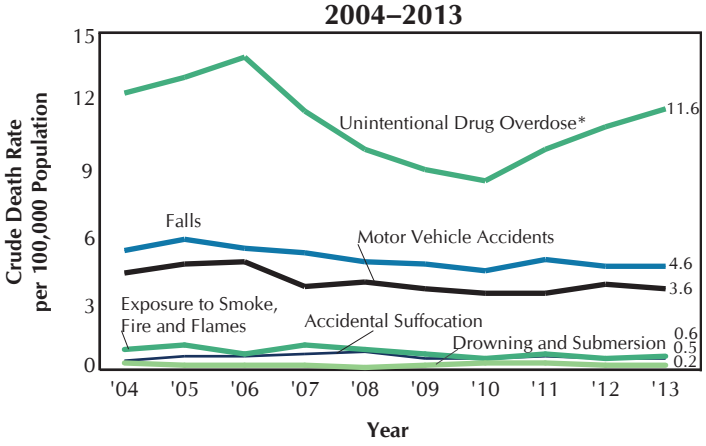


*Appendix B. Technical Notes: Deaths, External Causes of Death.

- In 2013, 2,086 males and 834 females died from external causes in New York City.
- Accident was the most frequent (58.49%) category of external death among males, followed by suicide (19.4%), homicide (13.5%) and other external causes (8.7%).
- Accident was the most frequent (64.9%) category of external deaths among females, followed by suicide (17.5%), other external causes (10.3%) and homicide (7.3%).

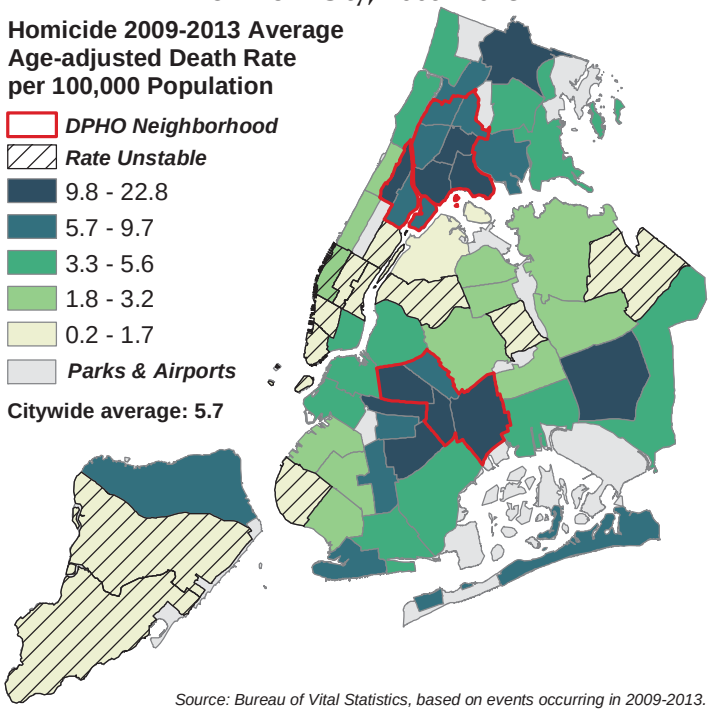
- The three leading causes of accidental deaths continue to be unintentional drug overdose*, followed by falls, and motor vehicle accidents.
- Since 2004 crude death rates for all three declined: 5.7% for unintended drug overdose, 13.2% for falls and 16.3% for motor vehicle accidents.
- Rates of accidental death due to smoke, fire and/or flame exposure, suffocation, and drowning and submersion were all less than one death per 100,000 population in 2013.

Figure 44. Crude Death Rates for Selected Accidental Causes of Death, New York City, 2004–2013



*Appendix B. Technical Notes: Drug-Related Deaths.

Figure 45. Age-adjusted Homicide Death Rates (Five-year-averages) by Community District of Residence, New York City, 2009–2013



Source: Bureau of Vital Statistics, based on events occurring in 2009-2013.

- Five-year-average age-adjusted homicide rate was highest in Brownsville at 22.8 deaths per 100,000 population, followed by 15.6 in Bedford Stuyvesant, 14.7 in Morrisania, 13.8 in Mott Haven, and 13.2 in East New York.
- Due to the small number of homicides in numerous community districts, the five-year- average age-adjusted death rates are unstable. Regardless, the numbers indicate very low rates. Community districts with fewer than 1 death per 100,000 population over the five years include Battery Park/Tribeca, Bayside, Upper East Side, Midtown Business District and Murray Hill.