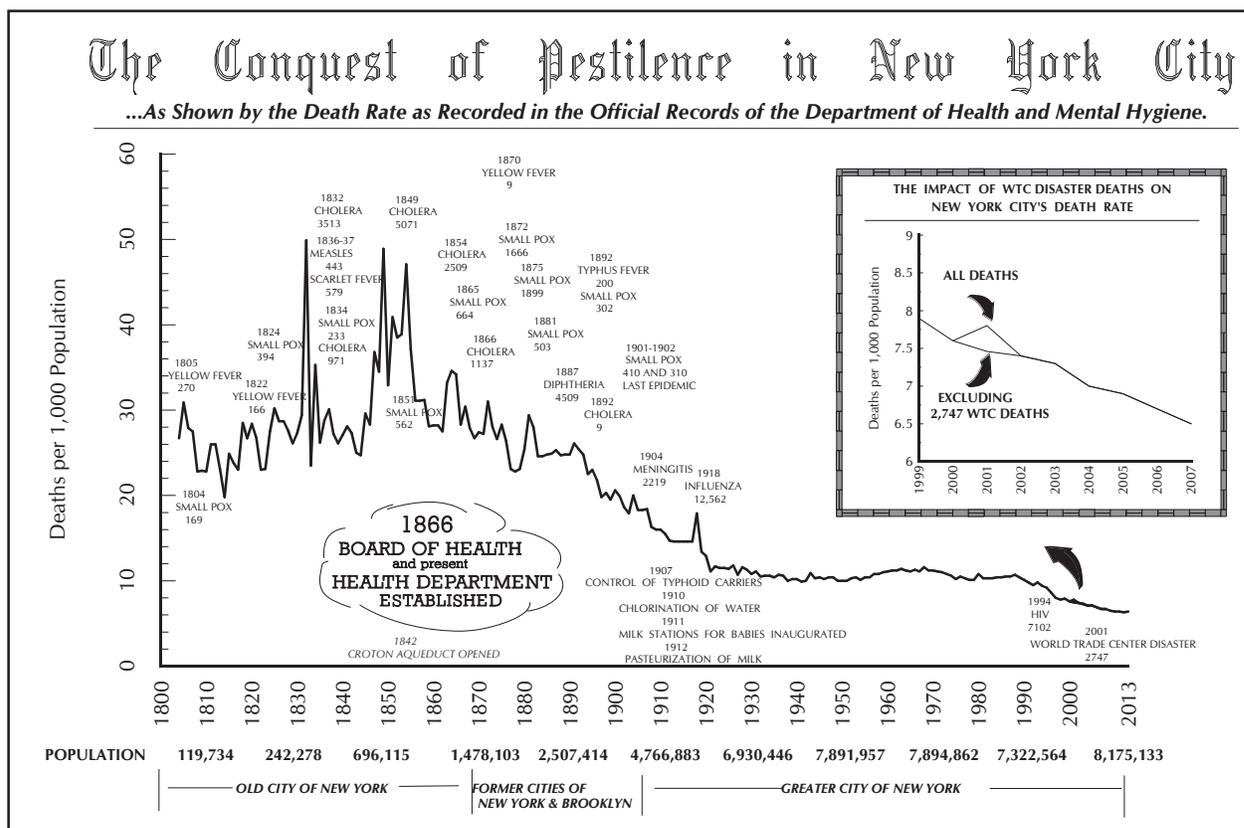


# SUMMARY OF VITAL STATISTICS 2013

## THE CITY OF NEW YORK

### EXECUTIVE SUMMARY



Health

April 2015



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH  
Commissioner

Dear Fellow New Yorker:

Each year, the New York City Department of Health and Mental Hygiene's *Summary of Vital Statistics* presents data on numerous, important health indicators, such as life expectancy, infant mortality, and leading causes of death, which are used to assess and compare the health of communities and nations. We use these vital statistics to monitor the health of New Yorkers, track our progress and identify areas that need additional attention.

We continue to see positive changes in core indicators of health including decreasing death rates, infant mortality rates, and teen birth rates, while life expectancy increases. However, disparities still exist, particularly racial/ethnic and neighborhood-level poverty disparities. The persistence of these disparities indicates the need for continued efforts so that all New Yorkers have the opportunity to live longer, healthier lives.

Highlights from our 2013 report, which begins on the next page, include:

- From 2004 to 2013, crude death rates declined 11.1% to 6.4 deaths per 100,000 population; all-cause age-adjusted death rates declined for each racial/ethnic group while also narrowing the non-Hispanic black and non-Hispanic white gap by 34.1%, indicating some reduction in racial/ethnic health disparities.
- New York City's crude premature death (age <65 years) also declined 16.1% since 2004. These decreases were evident among all racial ethnic groups, narrowing the non-Hispanic black and non-Hispanic white gap by 33.7% and indicative of some reduction in racial/ethnic health disparities.
- The 2013 infant mortality rate reached an historic low of 4.6 infant deaths per 1,000 live births, a 24.6% decline from 6.0 in 2004 and a 2.1% decline from 4.7 in 2012. However, infant mortality rates were 1.9 times greater in very high poverty areas compared to low poverty areas at 5.2 infant deaths per 1,000 live births and 2.8, respectively.
- From 2004 to 2013, teen birth rates declined 37.6% to 21.2 births per 1,000 teens aged 15-19; yet, teen birth rates were 4.6 times greater in very high poverty areas as compared to low poverty areas.
- Life expectancy was 81.1 years, a two year, seven month increase since 2003 and an approximate two and one half month (0.2%) increase since 2011.
- Overall, life expectancy in NYC remains higher than the US, which was 78.8 in 2012 (most recent US data available) years at birth. Non-Hispanic blacks have the lowest life expectancy among racial/ethnic groups at 77.2 years while Hispanics have the highest, at 82.2 years.

Although we have come a long way in building healthier communities, there is still much to do to ensure that all New Yorkers have the same opportunity to live a long and healthy life.

Sincerely,

A handwritten signature in black ink that reads 'Mary T. Bassett'.

Mary T. Bassett, MD, MPH  
Commissioner

# Recent Trends in New York City Vital Statistics

- New York City's 2012 life expectancy at birth was 81.1 years (preliminary data for latest year available), a new historical high, and 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 (page iv).
- 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 (page v).
- 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 (page v).
- 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 (page vii).
- New York City's 2013 premature death (age < 65 years) declined 16.1% since 2004. These decreases were evident among all racial ethnic groups, narrowing the non-Hispanic black and non-Hispanic white gap by 33.7% and indicative of some reduction in racial/ethnic health disparities (page x).
- 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 (page x).
- New York City's 2013 infant mortality rate reached an historic low of 4.6 infant deaths per 1,000 live births, a 24.6% decline from 6.0 in 2004 and a 2.1% decline from 4.7 in 2012. The Healthy People 2020 goal of 6.0 was met in 2005 (page xi).
- Infant mortality rates were highest in areas with very high poverty at 5.2 infant deaths per 1,000 live births as compared to areas with low poverty with 2.8 infant deaths per 1,000 live births (page xi).
- New York City's 2013 crude birth rate was 14.3 births per 1,000 population, the lowest rate since 1936 when, according to historical records, the rate was 13.6. The rate decreased 7.1% from 15.4 births per 1,000 population in 2004 and 3.4% from 14.8 births per 1,000 population in 2012. (Pregnancy Outcomes, Figure 1).
- In 2013, 40.2% of mothers were either overweight (23.8%) or obese (16.4%) pre-pregnancy. More than half of the non-Hispanic black (58.7%) and Hispanic (52.4%) mothers were overweight or obese pre-pregnancy (page xii).
- Since 2004, the teen birth rate continued its steady decline to a new low of 21.2 births per 1,000 females age 15-19 years in 2013. Decreasing rates among all racial/ethnic groups resulted in a 45.2% narrowing of the non-Hispanic black and non-Hispanic white gap, indicating some reduction in racial/ethnic disparities. (page xii).

For more detailed information please see [Vital Event Specific Reports](#): Mortality, Pregnancy Outcomes, and Infant Mortality or [EpiQuery](#). Please email [VSdata](#) for additional data needs.

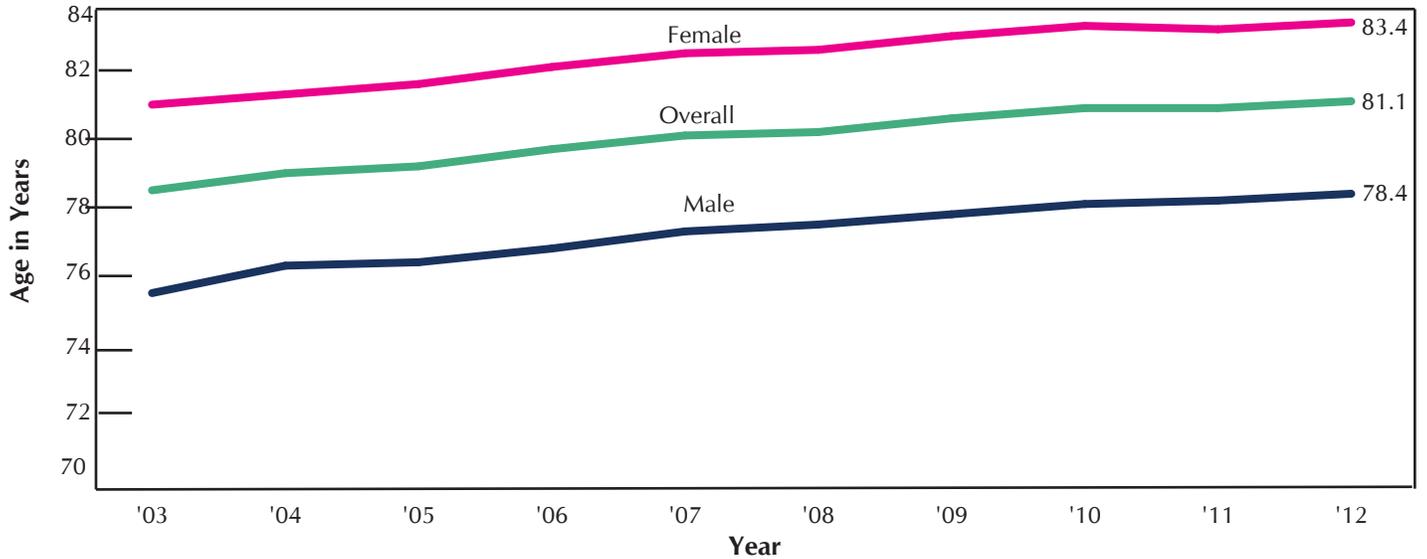
THIS REPORT WAS PREPARED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF VITAL STATISTICS STAFF UNDER THE DIRECTION OF REGINA ZIMMERMAN, PHD, MPH AND WENHUI LI, PHD.

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THIS PUBLICATION ALONG WITH THE 2013 INFANT MORTALITY, PREGNANCY OUTCOMES. AND MORTALITY REPORTS ARE AVAILABLE ONLINE AT [HTTP://WWW.NYC.GOV/VITALSTATS](http://www.nyc.gov/vitalstats).

# LIFE EXPECTANCY IN NEW YORK CITY

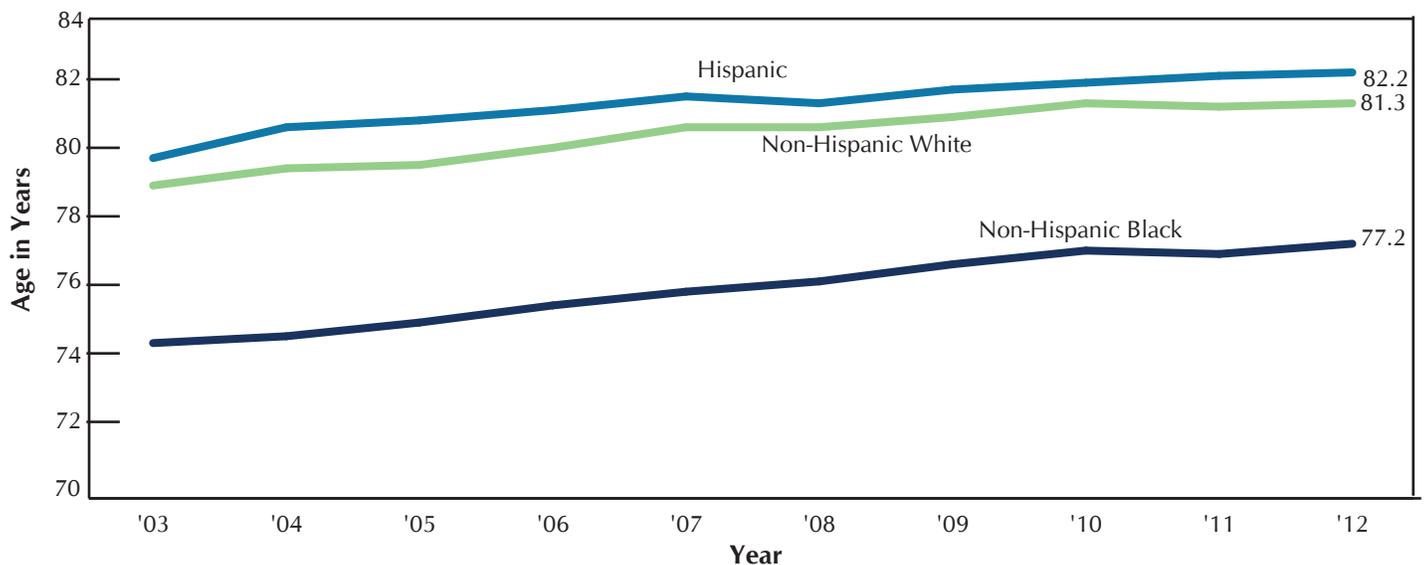
## Life Expectancy\* at Birth, Overall and by Sex, New York City, 2003–2012



\*See Appendix B, Technical Notes: Population, Life Expectancy.

- 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.

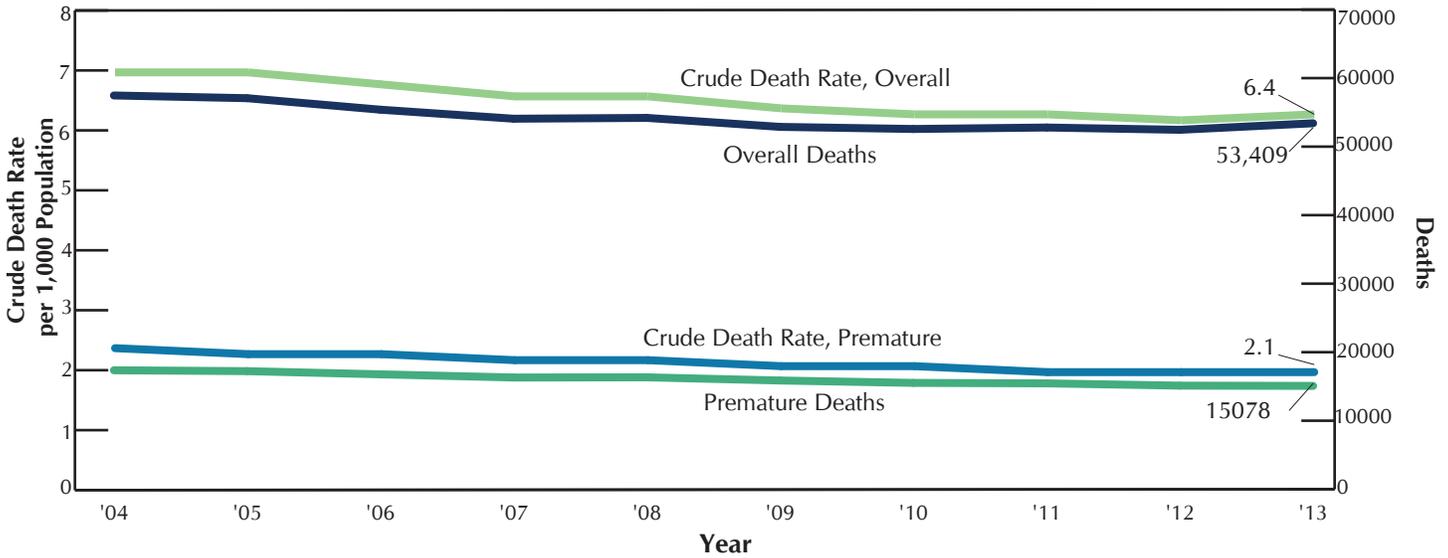
## Life Expectancy at Birth by Racial/Ethnic Group, New York City, 2003–2012



- The 2012 life expectancy increased among all racial/ethnic groups for which reliable results could be estimated. 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 2012 (1 year), life expectancy increased approximately 1 month for Hispanics and non-Hispanic whites and 3.6 months for non-Hispanic blacks.

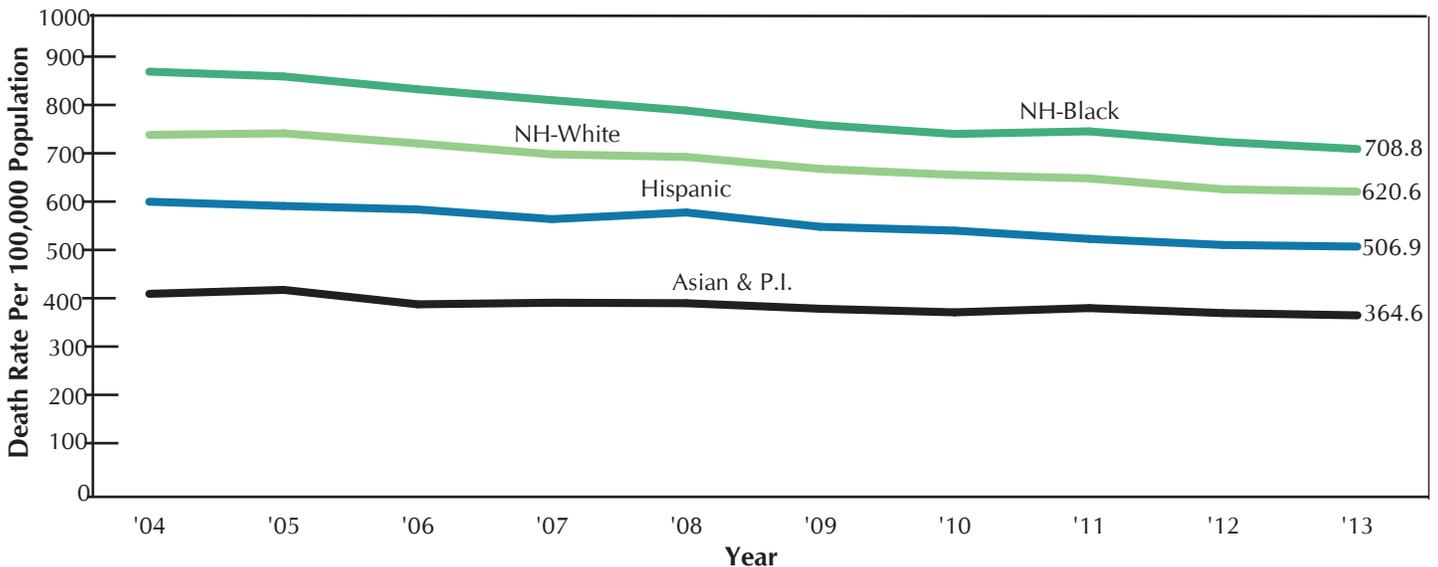
# DEATHS IN NEW YORK CITY

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

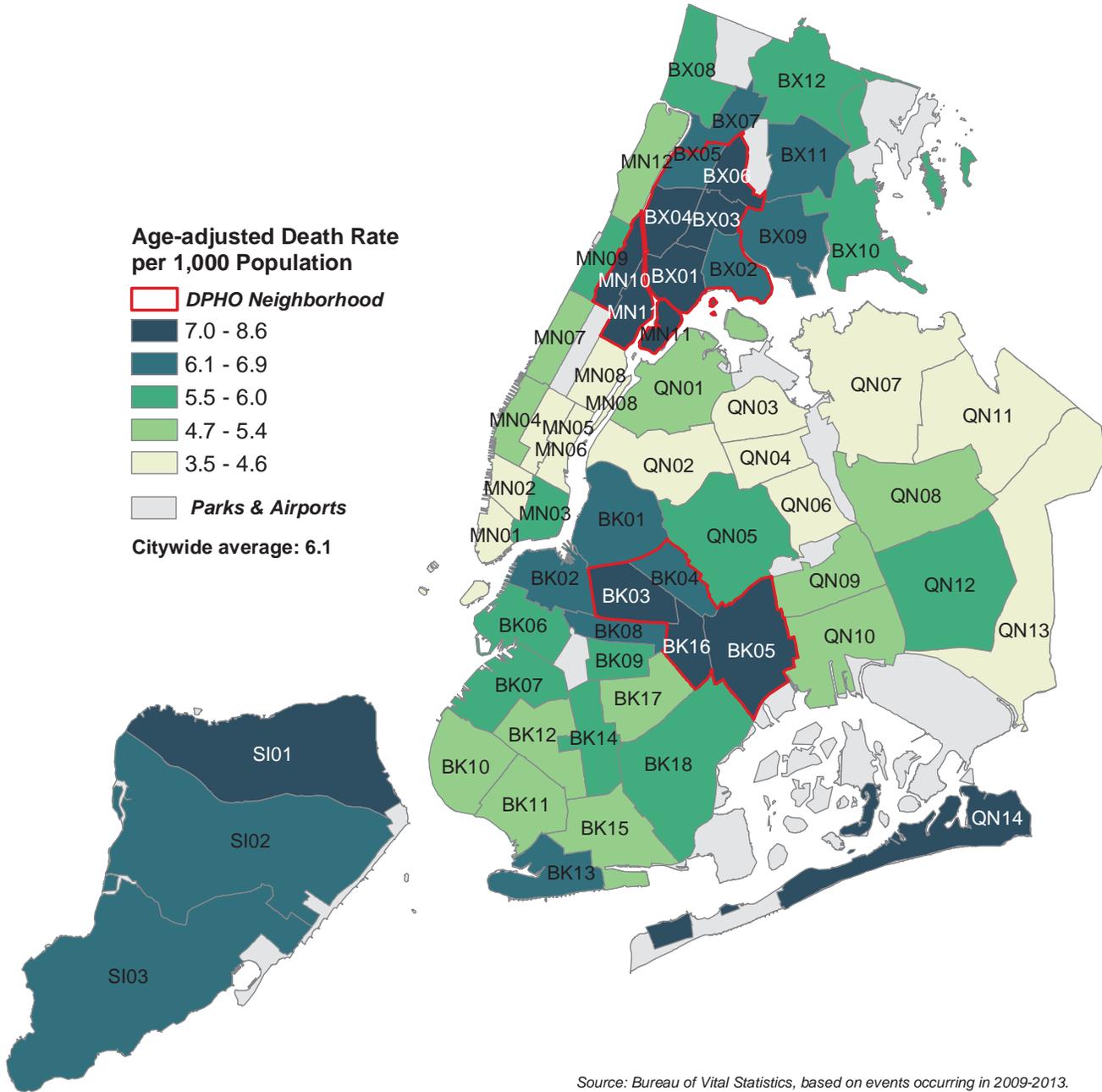
Age-adjusted Death Rates by Racial/Ethnic Group, New York City, 2004–2013



- All-cause age-adjusted 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 are indicative of reductions in racial/ethnic health disparities having narrowed the non-Hispanic black and Non-Hispanic white gap by 34.1%.

# DEATHS IN NEW YORK CITY

Age-adjusted Death Rates by Community District of Residence, New York City, 2004–2013



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

## Age-adjusted Death Rates per 1,000 Population by community District (CD), New York City, 2013

CD	MANHATTAN	Age-Adjusted Death Rate	CD	BRONX	Age-Adjusted Death Rate	CD	BROOKLYN	Age-Adjusted Death Rate	CD	QUEENS	Age-Adjusted Death Rate
MN01	Battery Park, Tribeca	3.4	BX01	Mott Haven	7.5	BK01	Williamsburg, Greenpoint	6.2	QN01	Astoria, Long Island City	4.7
MN02	Greenwich Village, SOHO	3.5	BX02	Hunts Point	6.1	BK02	Fort Green, Brooklyn Heights	6.1	QN02	Sunnyside, Woodside	4.1
MN03	Lower East Side	5.7	BX03	Morrisania	8.7	BK03	Bedford Stuyvesant	7.5	QN03	Jackson Heights	4.1
MN04	Chelsea, Clinton	5.5	BX04	Concourse, Highbridge	6.8	BK04	Bushwick	6.6	QN04	Elmhurst, Corona	4.1
MN05	Midtown Business District	4.3	BX05	University /Morris Heights	6.2	BK05	East New York	6.9	QN05	Ridgewood, Glendale	5.7
MN06	Murray Hill	4.2	BX06	East Tremont	7.5	BK06	Park Slope	5.7	QN06	Rego Park, Forest Hills	4.5
MN07	Upper West Side	4.7	BX07	Fordham	7.0	BK07	Sunset Park	5.2	QN07	Flushing	4.3
MN08	Upper East Side	4.0	BX08	Riverdale	5.7	BK08	Crown Heights North	6.7	QN08	Fresh Meadows, Briarwood	4.6
MN09	Manhattanville	5.9	BX09	Unionport, Soundview	6.2	BK09	Crown Heights South	5.5	QN09	Woodhaven	5.0
MN10	Central Harlem	8.1	BX10	Throgs Neck	5.7	BK10	Bay Ridge	5.0	QN10	Howard Beach	4.9
MN11	East Harlem	7.3	BX11	Pelham Parkway	6.4	BK11	Bensonhurst	5.2	QN11	Bayside	3.4
MN12	Washington Heights	5.1	BX12	Williamsbridge	5.8	BK12	Borough Park	5.3	QN12	Jamaica, St. Albans	5.4
CD	<b>STATEN ISLAND</b>					BK13	Coney Island	6.1	QN13	Queens Village	3.7
SI01	Port Richmond	6.9				BK14	Flatbush, Midwood	5.8	QN14	The Rockaways	7.4
SI02	Willowbrook, South Beach	6.2				BK15	Sheepshead Bay	5.2			
SI03	Tottenville	6.4				BK16	Brownsville	8.4			
						BK17	East Flatbush	5.2			
						BK18	Canarsie	5.4			

# DEATHS IN NEW YORK CITY

## LEADING CAUSES OF DEATH

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

Cause	2013		2012			2004		
	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%

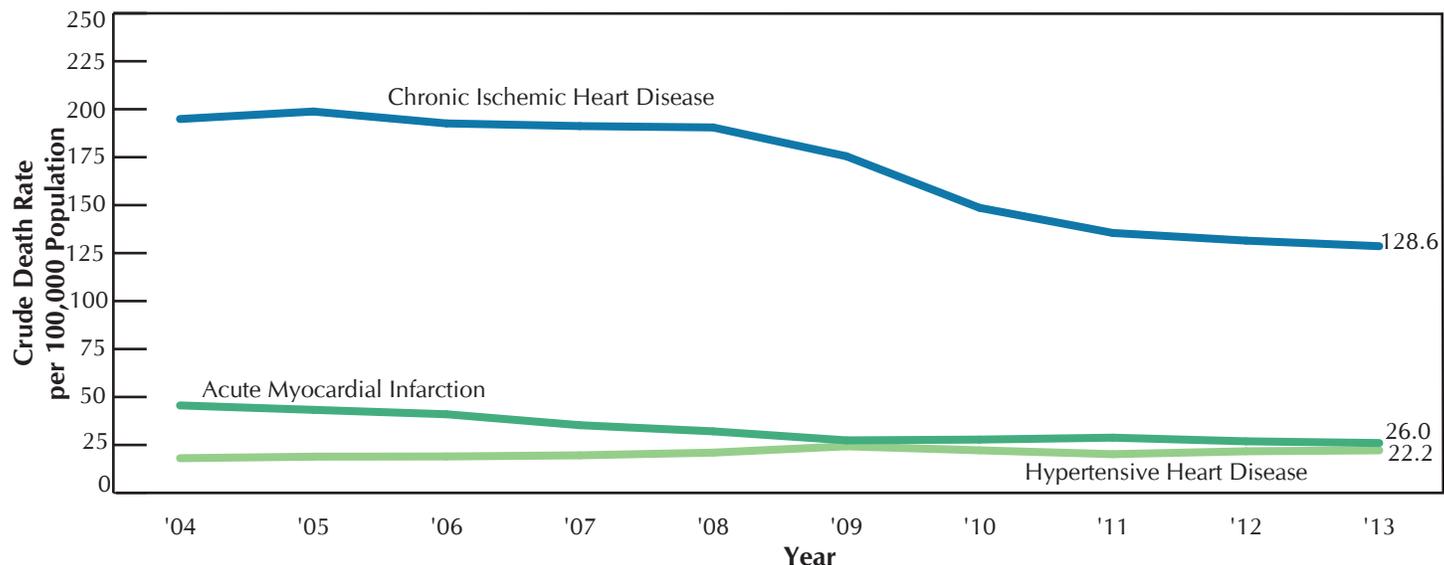
\*See the 2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the recent trends in cause of death reporting, particularly heart disease.

†Appendix B Technical Notes: Drug-Related Deaths.

- Heart disease, 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.
- Diabetes mellitus ranks 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 as 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 the 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) ranks 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.\*

# DEATHS IN NEW YORK CITY HEART DISEASE DEATHS

Crude Death Rates for 3 Leading Causes of Heart Disease\* Death, New York City, 2004–2013

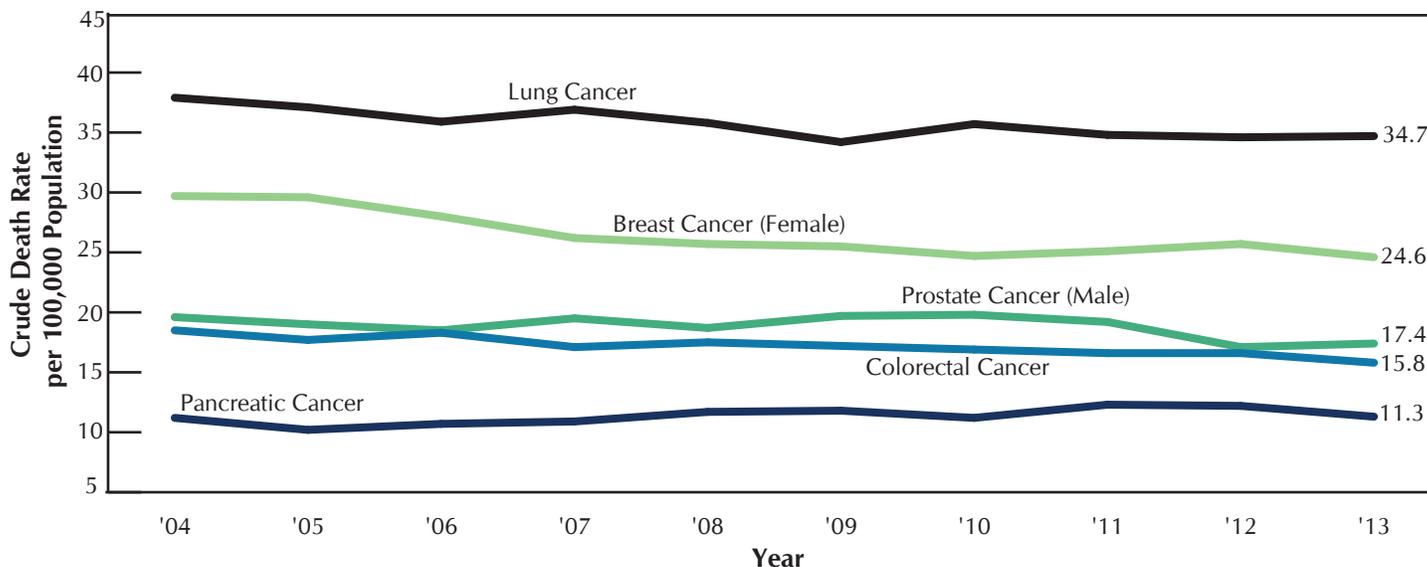


\*See the 2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative

- The 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 also decreased 43.0% to 26.0 deaths per 100,000 population, while hypertensive heart disease increased 22.7% to 22.2.

# CANCER DEATHS

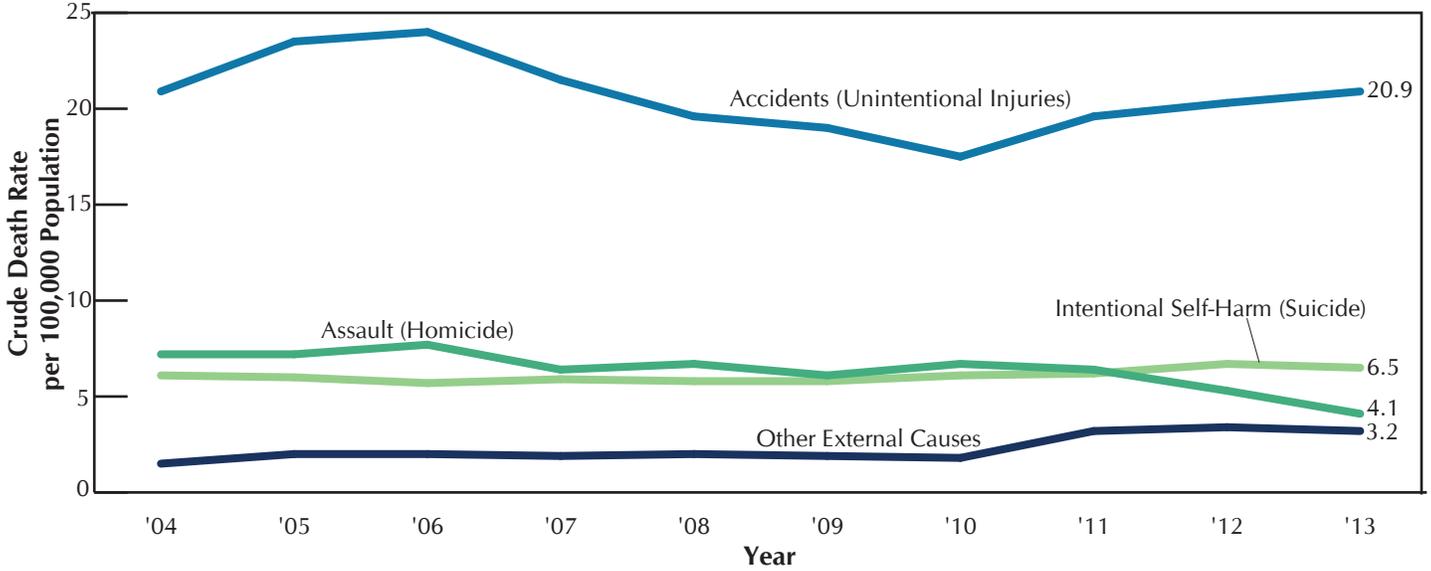
Crude Death Rates for 5 Leading Causes of Cancer Death, New York City, 2004–2013



- Since 2004, rates of the four leading causes of cancer death declined: lung cancer (includes trachea, bronchus, and/or lung), declined 8.4% to 34.7 deaths per 100,000 population, female breast cancer declined 17.2% to 24.6, prostate cancer declined 11.2% to 17.4, and colorectal cancer declined 14.6% to 15.8.
- Pancreatic cancer, the fifth leading cause of cancer death continues to hover near 11 deaths per 100,000, at 11.3 in 2013.

# DEATHS IN NEW YORK CITY

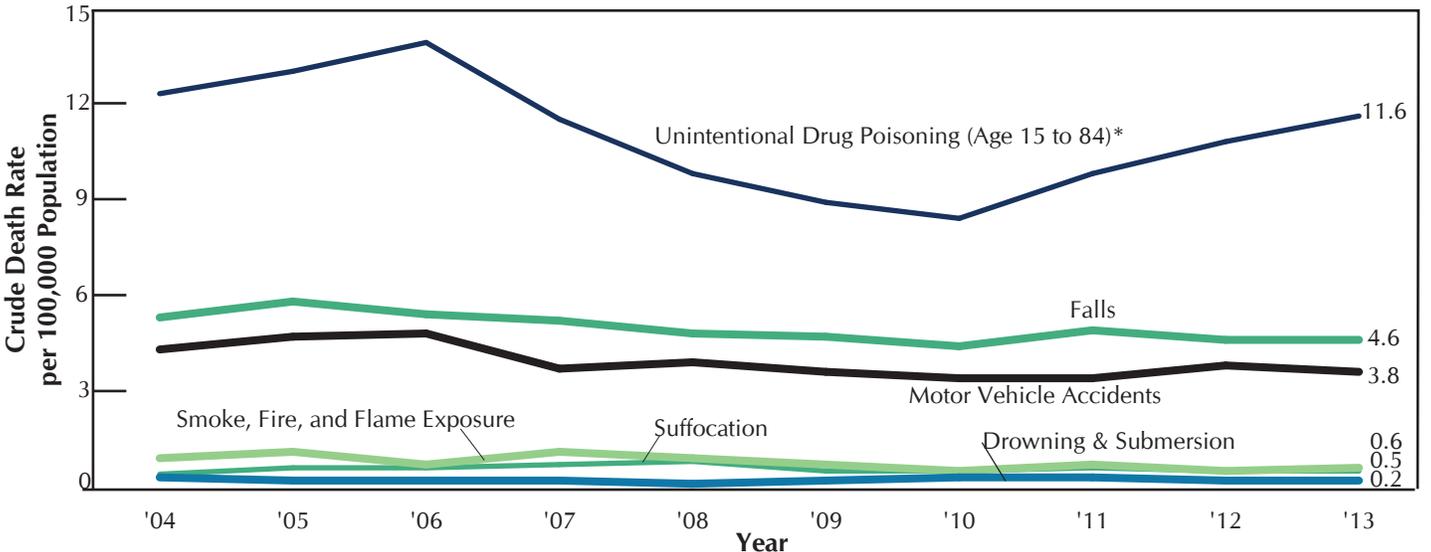
## Crude Death Rates for External Causes of Death, New York City, 2004–2013



- 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.

# ACCIDENTS

## Crude Death Rates for Selected Accidental Deaths, New York City, 2004–2013

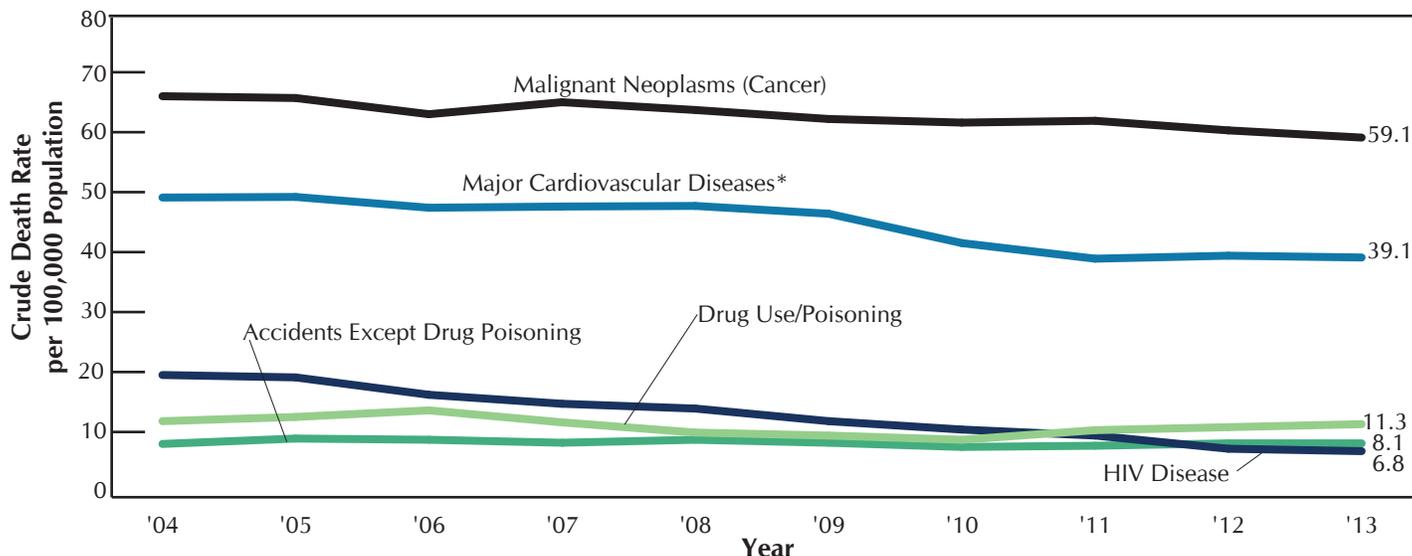


\*Appendix B, Technical Notes: Drug-Related Deaths

- From 2004 to 2013, crude death rates for the three leading causes of accidental death fluctuated with overall declines of 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.

# DEATHS IN NEW YORK CITY PREMATURE DEATHS

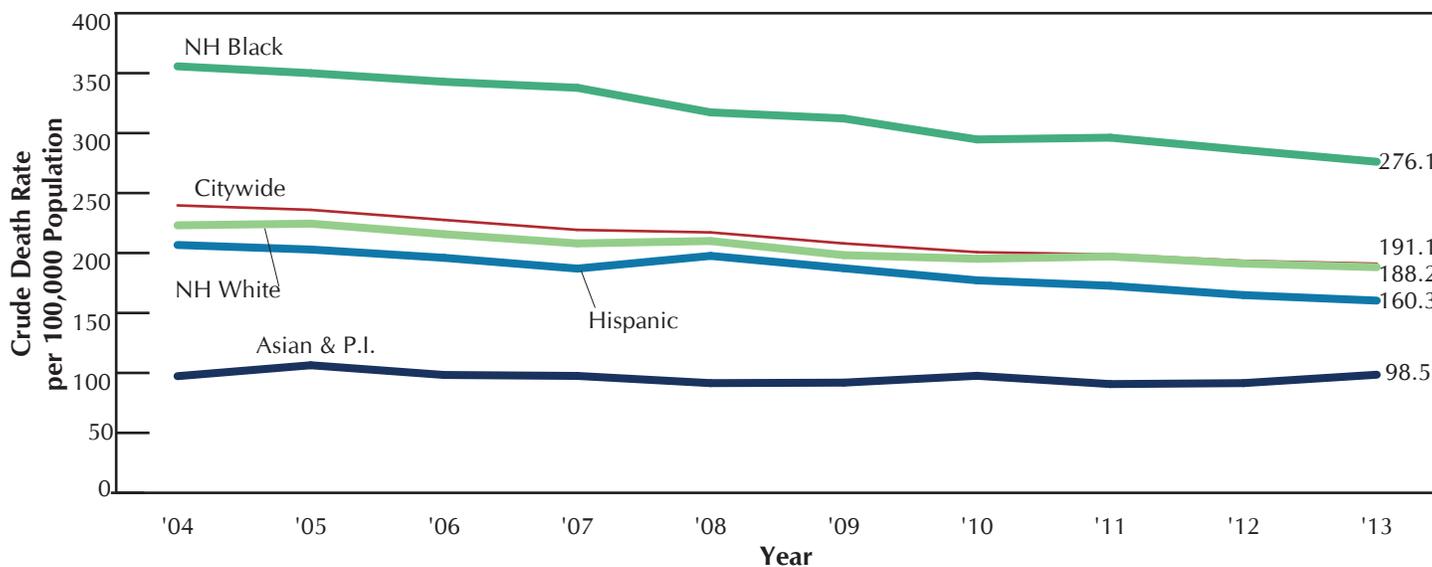
Crude Premature Death (Age < 65 Years) Rates by Leading Causes, New York City, 2004–2013



\*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.\*

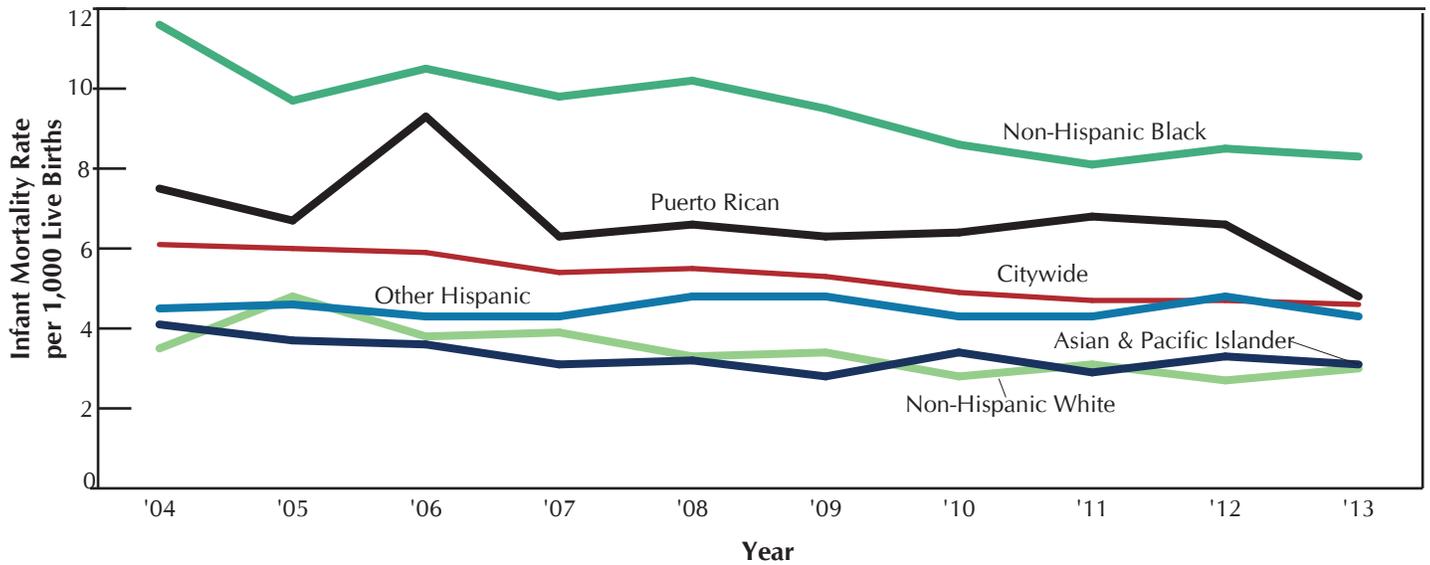
## Age-adjusted Premature Death (Age < 65 years) Rates by Racial/Ethnic Group, New York City, 2013



- Age-adjusted premature death (age < 65 years) rates declined 22.4% 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.

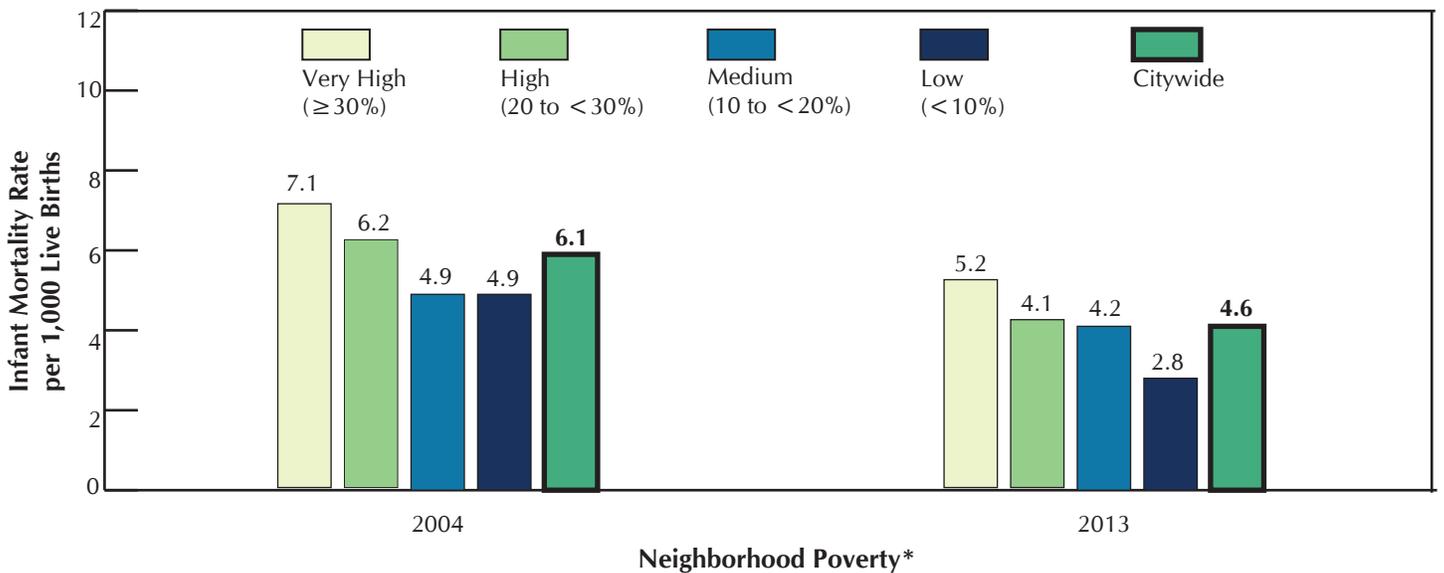
# INFANT MORTALITY

## Infant Mortality Rate by Mother's Racial/Ethnic Group, New York City, 2004–2013



- The 2013 New York City infant mortality rate reached an historic low of 4.6 infant deaths per 1,000 live births, a 24.6% decline from 6.0 in 2004 and a 2.1% decline from 4.7 in 2012. The Healthy People 2020 goal of 6.0 was met in 2005.
- Since 2004, infant mortality rates declined for each racial/ethnic group (36.0% among Puerto Ricans, 28.4% among non-Hispanic blacks, 24.4% among Asian and Pacific Islanders, 14.3% among non-Hispanic whites and 4.4% among Hispanics) while also narrowing the non-Hispanic black and non-Hispanic white gap by 16.5%, indicating some racial/ethnic reduction in health disparities.

## Infant Mortality Rate by Neighborhood Poverty\*, New York City Residents, 2004, 2013

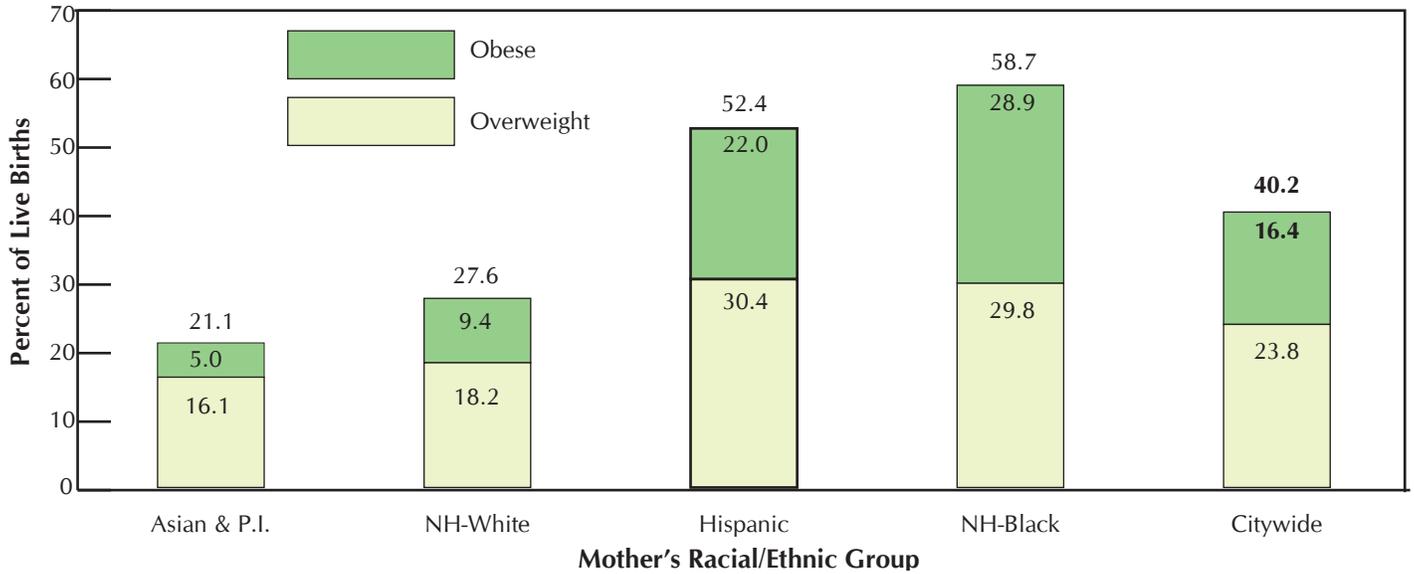


\*Appendix B, Technical Notes: Geographic Units, Neighborhood Poverty.

- In 2013, infant mortality rates were 1.9 times greater in areas with very high poverty compared to areas with low poverty (5.2 infant deaths per 1,000 live births vs. 2.8, respectively). The relative difference in rates will fluctuate due to small numbers.
- From 2004 to 2013, the infant mortality rate declined in all groups: 42.9% in low poverty areas, followed by 32.3% in high poverty areas, 26.8% in very high poverty areas and 16.3% in medium poverty areas.

# BIRTHS

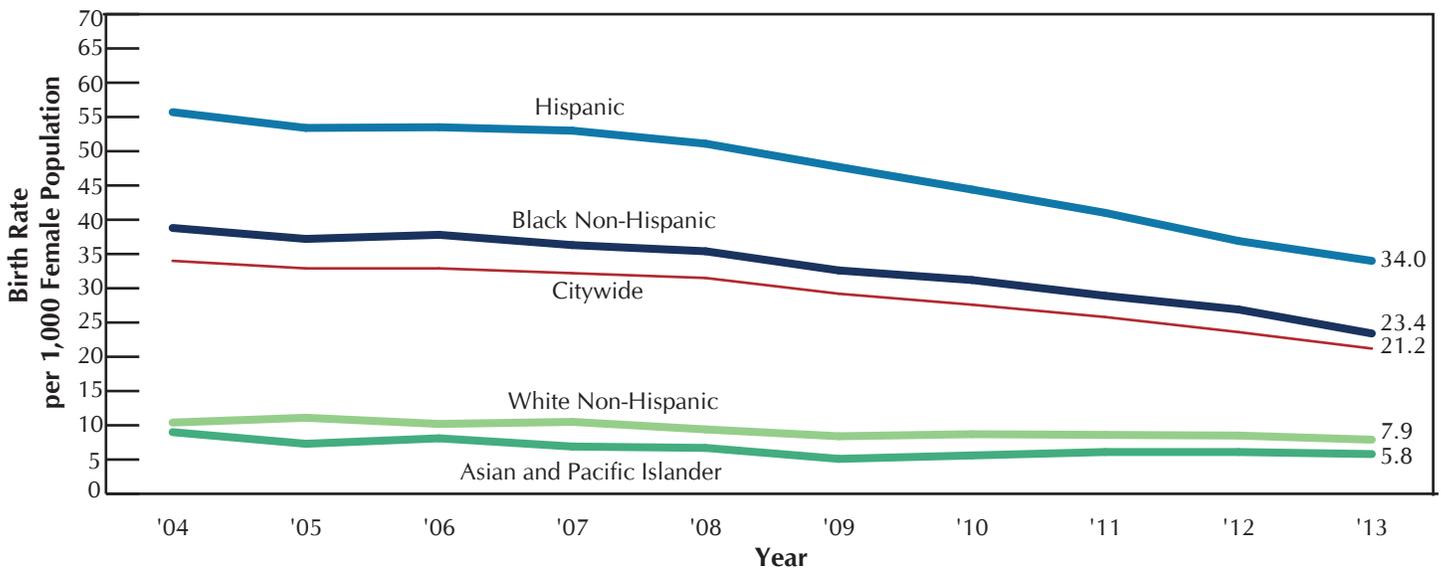
**Pre-pregnancy Body Mass Index (BMI)\* by Mother's Racial/Ethnic group, New York City, 2013**



\*Body Mass Index (BMI): Overweight: ( $25 \leq \text{BMI} < 30$ ), Obese: ( $\text{BMI} \geq 30$ ).

- In 2013, 40.2% of mothers were either overweight (23.8%) or obese (16.4%) pre-pregnancy.
- More than half of the non-Hispanic black (58.7%) and Hispanic (52.4%) mothers were overweight or obese pre-pregnancy.
- Asians and Pacific Islanders and non-Hispanic whites had the lowest levels of pre-pregnancy overweight and obesity at 21.1% and 27.6%, respectively.

**Teen Birth Rate by Racial/Ethnic Group, New York City, 2004–2013**



- From 2004 to 2013, teen birth rates (ages 15-19 year) declined 37.8% to 21.2 births per 1,000 teen population.
- The teen birth rate decreased 39.1% among Hispanics, 39.7% among non-Hispanic blacks, 24.8% among non-Hispanic whites and 36.1% among Asian and Pacific Islanders. These decreases narrowed the non-Hispanic black and non-Hispanic white gap by 45.2%, indicating some reduction in health disparities.