

**Sixteenth Annual Report on Deaths
among Persons Experiencing Homelessness
(July 1, 2020 – June 30, 2021)
New York City Department of Health and Mental Hygiene
New York City Department of Homeless Services**

Prepared and submitted pursuant to Local Law 7 (LL7), which was originally named and passed as Local Law 63 (LL63) by the New York City Council in 2005 before being replaced in 2012 with LL7, requiring the City of New York to track and report deaths of persons experiencing homelessness in the City, this annual report provides detailed analyses of patterns and trends regarding deaths among New Yorkers experiencing homelessness.

Executive Summary

The City of New York, through the New York City (NYC) Department of Homeless Services (DHS) works to prevent homelessness, provide temporary emergency shelter, and help individuals and families transition into permanent and supportive housing. NYC Department of Social Services (DSS) programs, including Human Resources Administration (HRA) prevention programs and DHS transitional housing services, provide targeted assistance to help vulnerable New Yorkers experiencing homelessness stabilize their lives, including as relates to the status of their physical and mental health. Due to the transience and added stressors of housing instability, New Yorkers experiencing homelessness are at a greater likelihood of having pre-existing health and mental health conditions when compared to the general public, which often results in poor health outcomes for this more vulnerable population.

This report has been prepared and submitted pursuant to Local Law 7 (LL7), which was originally named and passed as Local Law 63 (LL63) by the New York City Council in 2005 before being replaced in 2012 with LL7, requiring the City of New York to track and report deaths of persons experiencing homelessness in the City. This annual report provides detailed analyses of patterns and trends regarding deaths among New Yorkers experiencing homelessness by fiscal year. This information provides critical insight into the health-related challenges faced by this vulnerable population and is essential to understanding how to better serve New Yorkers experiencing homelessness. DSS continues to gain a better understanding of the health status of persons experiencing homelessness in an effort to more effectively develop and implement services and interventions, including, for example, through the creation, implementation, and subsequent expansion of a comprehensive Opioid Overdose Prevention Program and naloxone administration trainings over the past several years.

Through the City's Department of Health and Mental Hygiene (DOHMH), the City of New York registers all deaths. At the same time, the Office of the Chief Medical Examiner (OCME) is responsible for investigating deaths in NYC that may be suspicious, unusual, violent, or criminal in nature. The OCME also investigates cases where the decedent's housing status is in question and leverages information from the death scene, DHS administrative data, the decedent's family, and the police to determine whether they are experiencing homelessness.

At this time, the NYC DSS, comprised of DHS and HRA, maintains all available records on the persons experiencing homelessness for whom they provide temporary housing in NYC. These include families with children under 18 years old, adult families with no minor children, and single adults experiencing

homelessness. These data exclude single individuals or families under the age of 18 who may be experiencing homelessness, as those populations are served by the City's Department of Youth and Community Development (DYCD) and other agencies.

Data presented within have been compiled and vetted by DSS-DHS-HRA, OCME, and DOHMH, including being cross-checked against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics. The FY21 report is the result of a collaborative effort informed by the programmatic activities of HRA and DHS, the investigations of the OCME and DHS, and the data on deaths reported to DOHMH.

Note: Initially, data were provided by the OCME, DHS, HRA, DOHMH, as well as the Department of Housing Preservation and Development (HPD). Until 2005, the Department of Housing Preservation and Development (HPD) housed a limited number of persons experiencing homelessness and provided data for this report. This HPD-administered program no longer exists, so related HPD data were no longer included in the report, as of FY18.

Summary

For the period July 1, 2020 through June 30, 2021 (Fiscal Year 2021, FY21), there were 640 deaths among persons experiencing homelessness, as identified by DHS and OCME.¹ In FY21, the highest number (n=192; 30%) of deaths were reported in the third quarter (January 1 - March 31, 2021). HRA separately reported 124 deaths during FY21. Per Article 27-F of the New York State Public Health Law, which prohibits disclosure of information that could reasonably identify someone as having an HIV-related illness or AIDS, HRA reported deaths are not linked to death certificates and this report does not include any identifiable information. As a result, findings from the two groups of deaths are reported separately.

Deaths among persons experiencing homelessness (excludes HRA data). The number of deaths among persons experiencing homelessness increased by 4% in FY21 (n=640), compared to the number of deaths reported in FY20 (n=613).

Of the 640 deaths, the majority were among males (83%; n=534), and persons aged 45 to 64 years (55%; n=354), similar to prior years. Non-sheltered individuals accounted for a quarter of decedents (24%; n=151); the remaining 489 deaths were among sheltered residents, half of whom died in a hospital (50%, n=243).

Location of death was categorized as those deaths occurring in a hospital, shelter, outdoors (see Table 1 in the Appendix), and all other places (such as the subway, abandoned buildings, friends' homes, etc.).

- Among all decedents, most people died in a hospital (50%; n=323), a 10% percentage point decrease from FY20 (60%, n=369); There were 71 deaths that occurred outdoors (11%), up from 67 (11%) in FY20, and 71 (11%) deaths at other locations, up from 57 (9%) in FY20.
- Among sheltered residents, 36% (n=174) died in shelters, up 10% from FY20 (26%, n=120). 51% died in a hospital (n=247), a 12-percentage point decline from FY20 (63%; n=290).
- Among non-sheltered decedents, 50% (n=76) died in a hospital, similar to FY20 (51%; n=79) and 46 (30%) died outdoors, similar to FY20 (29%; n=45).

¹ For the sixteenth annual report, no HPD deaths were included in the report per LL7's definition that HPD clients must also be DHS clients.

- There were 43 (9%) deaths in other locations among sheltered residents compared to 29 (19%) among non-sheltered persons. Refer to Table 1 in the Appendix for definitions of outdoor and other place of deaths.
- Drug-related deaths remained the leading cause of death among persons experiencing homelessness, consistent with citywide and national trends, increasing by 81%, from 131 in FY20 to 237 in FY21.
- In FY21, there were 30 confirmed and one probable COVID-19 deaths (n=31; 5%) making COVID-19 the fifth leading cause of death in this population in FY21. The majority (n=22; 85%) occurred in a hospital. Most COVID-19 deaths (87%; n=27) occurred among sheltered residents, and of shelter residents, 26 were laboratory confirmed.
- Deaths due to alcohol misuse/dependence were similar in FY21 (n=32; 5%), compared to FY20 (n=30; 5%), as were deaths due to heart disease.
- In FY21, the top five leading causes of death were drug-related (37%; n=237), heart disease (16%; n=105), accidents (excluding drug overdose) (7%; n=47), alcohol misuse/dependence (5%; n=32), and COVID-19-related (5%; n=31).
- The majority of deaths reported in this document were investigated by OCME (81%; n=519), an increase over the previous report but similar to prior years.

Deaths among persons experiencing homelessness reported by HRA. There were 124 deaths reported by HRA in FY21: 52 (72%) more than in FY20. The majority of decedents were male (72%; n=89) and between the ages of 45 to 64 years (63%; n=78). These individuals most commonly died in HIV/AIDS Services Administration (HASA) housing (61%; n=76) and hospitals (30%; n=37).

Methods

Definitions. LL7 defines a “person experiencing homelessness” as “a person who at the time of death did not have a known street address of a private residence at which he or she was known or reasonably believed to have resided,” a subset of which includes persons residing in NYC DSS-DHS homeless shelters, as well as those deemed to be experiencing unsheltered homelessness, which may also be known as “street homelessness,” as well as those persons living unstably housed who therefore had no fixed address.

The majority of persons defined by LL7 as experiencing homelessness were residing in “homeless shelters,” defined here as:

- (i) a residence operated by or on behalf of the Department of Social Services/Department of Homeless Services (DSS-DHS);
- (ii) an emergency residence operated by or on behalf of the Department of Social Services/Human Resources Administration (DSS-HRA) which is available primarily for persons experiencing homelessness with HIV or AIDS related illness.

Table M1 describes the criteria used for sheltered and non-sheltered homeless decedents reported by DHS and OCME.

Table M1: Criteria for Shelter Residency Status

Sheltered decedent	Non-Sheltered decedent
<ul style="list-style-type: none"> - A person who was a DHS shelter/Safe Haven resident at the time of death or was a DHS shelter resident within 30 days prior to death but intended to come back to the shelter/had not yet exited shelter to housing. <p><u>Exclusion Criteria</u></p> <ul style="list-style-type: none"> - Decedents placed in (based on case record) permanent housing, skilled nursing facility, hospice care, HASA housing (transitional housing), or family reunification, are not considered persons experiencing homelessness and are excluded from this group. 	<ul style="list-style-type: none"> - A person who was not a DHS shelter/Safe Haven resident at the time of death, but who also lacked a fixed permanent address. - A deceased person experiencing homelessness who was known to outreach team(s)/drop-in center(s). - OCME may categorize a person as experiencing unsheltered homelessness based on on-site investigation (location where deceased was found, appearance, personal hygiene etc.), hospital reports, or family confirmation, including confirming none of the ‘sheltered’ criteria were met.

Data Collection and Analysis

For FY21, DHS and OCME provided data on deaths among persons experiencing homelessness. OCME is responsible for investigating NYC deaths that may be due to external causes and/or unusual or suspicious circumstances (i.e., deaths that occurred outdoors). External causes of death are those which are not due to natural causes and include, but are not limited to, drug overdose, accidents, homicides, and suicides. Data presented herein were compiled from relevant City agencies and matched against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics.

The data consists of reported deaths among persons known to DHS at the time of death and autopsy reports from OCME for those individuals, as well as individuals not known to DHS at the time of death for reasons specified above (i.e., without a fixed address/residence, but not residing in NYC DHS shelter or known to NYC DHS outreach teams). These reported deaths are validated and deduplicated. Article 27-F of the New York State Public Health Law prohibits disclosure of information that could reasonably identify someone as having an HIV-related illness or AIDS, and, as a result, HRA decedents are reported separately.

Case reports from DHS, OCME, and HRA were compiled and analyzed to describe characteristics and trends. Only DHS and OCME case reports were matched against NYC DOHMH Vital Statistics death certificates as persons experiencing homelessness are no longer provided housing by HPD. DOHMH followed up with agencies to obtain any missing data elements. Some cases determined not to meet the LL7 case definition of persons experiencing homelessness were removed.

The LL7 report provides trends in the number of deaths by shelter status, OCME investigation status, and location of death, as well as by demographic factors such as age group and sex. The report also provides data on the leading cause of death. The cause of death is reported on the death certificate as text fields which are then coded by the Center for Disease Control’s National Center for Health Statistics’ Supermcar software, which classifies conditions according to the International Classification of Disease (ICD) published by the World Health Organization. Standardized codes allow for national and international comparisons. A single underlying cause is assigned based on the reported chain of events leading to death. See below for a table describing terminology used in this report to refer to drug-related deaths.

Table M2: Terminology for Drug-related Deaths

Terminology for Drug-related Deaths		
	Drug-related <i>Umbrella term to describe underlying cause of deaths due to Chronic Drug Use and Accidental Drug Overdose</i>	
	Chronic Drug Use	Accidental Drug Overdose
Definition	Chronic drug use, long-term impact	Accidental drug overdose, acute event, sudden, excess drug use
ICD 10 terminology	Mental and behavioral disorders due to the use of psychoactive substance excluding alcohol and tobacco	Accidental (unintentional) drug-poisoning
ICD 10 codes	F11-F16, F18-19	X40-X42, X44
Manner of Death	Natural	Accidental

COVID-19 Related Deaths

COVID-19 related deaths are categorized as laboratory-confirmed or probable. Laboratory-confirmed COVID deaths had a positive molecular SARS-CoV-2 test and are identified or confirmed via a daily match between death certificates and laboratory confirmed SARS-CoV-2 tests. Probable COVID deaths are deaths that have not matched to a positive laboratory confirmed SARS-CoV-2 test but COVID-19 or an equivalent is included in the cause of death literals in Part I or Part II of the death certificate.²

² Council for State and Territorial Epidemiologists (CSTE) Update to the standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19) ([Interim-20-ID-02_COVID-19.pdf](#) ([ymaws.com](#)))

Results

Overall, DHS and OCME reported 640 deaths among persons experiencing homelessness in NYC, representing an increase of 4% in the overall number of deaths compared to FY20 (613).

Trend in the Number of Deaths

Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2021

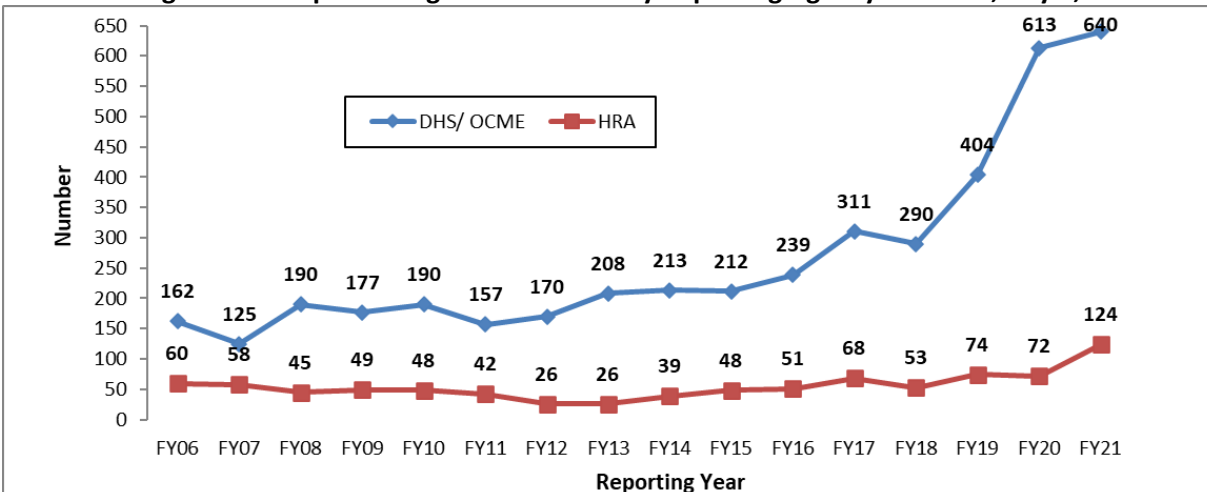
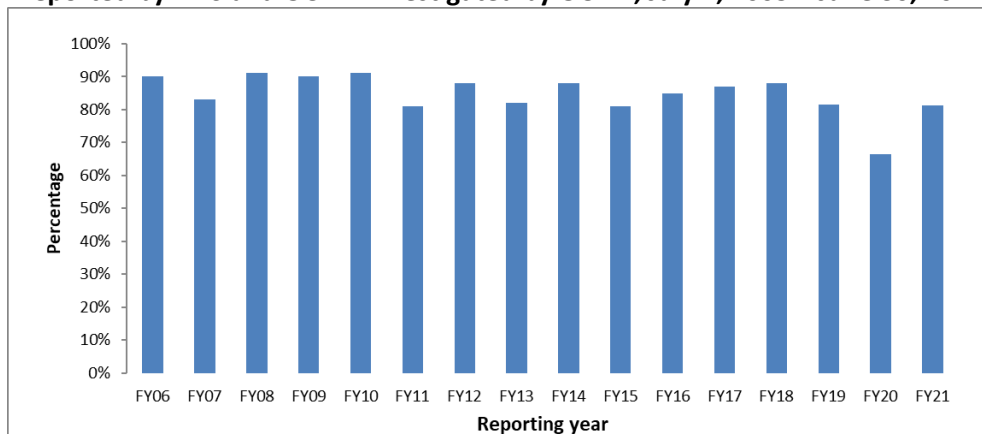
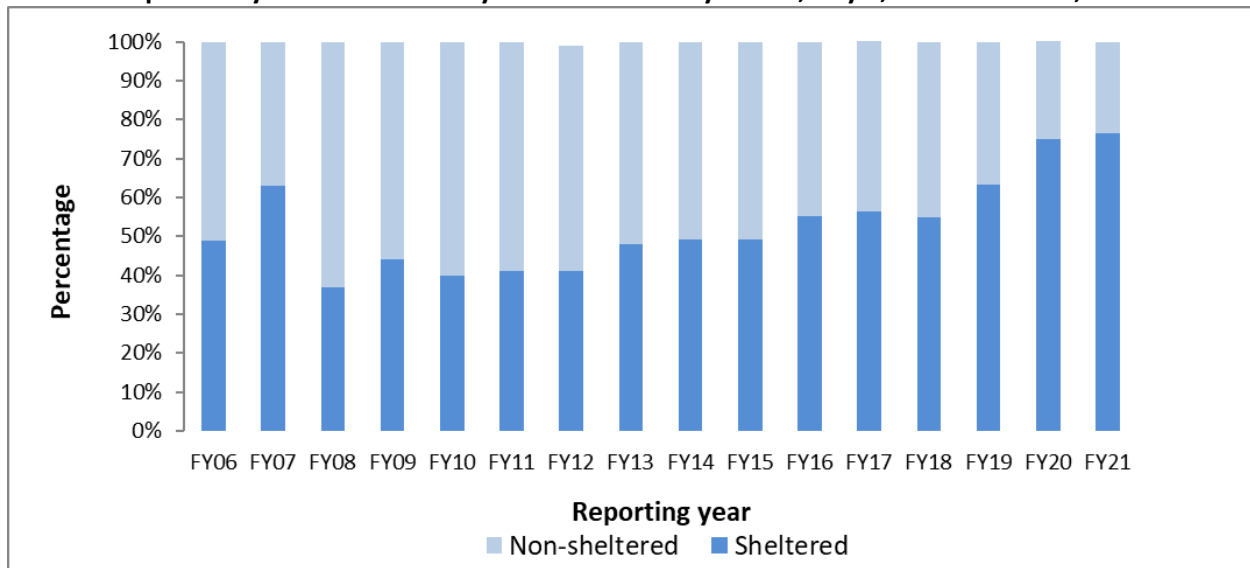


Figure 2. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME Investigated by OCME, July 1, 2005 – June 30, 2021



In FY21, OCME investigated the majority of deaths among persons experiencing homelessness (81%; n=519), in range with previous years (81% to 91%) (Figure 2). Among the 489 sheltered decedents, 77% (n=377) were investigated by OCME. Among the non-sheltered decedents, 94% (n=142) were investigated by OCME (Table 2).

Figure 3. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME by Shelter Residency Status, July 1, 2005 – June 30, 2021



DHS and OCME reported decedents

Of the 640 deaths in FY21, 76% (n=489) of decedents were sheltered and 24% (n=151) were non-sheltered (Figure 3, Table 2). Of the non-sheltered decedents experiencing homelessness, 95 (63%) were known to DHS and confirmed by outreach teams to be experiencing unsheltered homelessness and residing on the streets. The proportion of deaths among sheltered decedents increased 1% in FY21, compared to FY20 (75%, n=459).

Location of death

The location of death (shelter, hospital, outdoors, or other place) stratified by borough, Community District, and shelter residency status are shown in Table 3 and 4a. Categories of outdoor and other place of death are provided in Table 1. HRA-reported deaths, stratified by location of death, are presented separately in Table 4b by borough only, as Community District is not available for these deaths.

Overall, 50% (n=323) of the persons experiencing homelessness died in a hospital in FY21, a 10-percentage point decline in proportion from FY20 (60%; n=369). The overall percent of outdoor deaths remained flat in FY21 (11%; n=71), compared to FY20 (11%; n=67).

Non-sheltered decedents

Among non-sheltered decedents, hospital deaths accounted for 50% (n=76) of deaths, followed by outdoors (30%; n=46), and other places (19%; n=29) (Figure 4, Table 4a). The proportion of outdoor deaths among non-sheltered individuals increased slightly in FY21 (30%; n=46) from FY20 (29%; n=45) (Figure 4). Of the 29 non-sheltered decedents who died in other places, the majority died in a subway car/subway platform/train station (n=10) followed by public space in a building (n=6), a friend or family member’s apartment (n=3), drop-in center (n=2), motel/hotel room (n=1) and seven in other, not elsewhere classified locations.

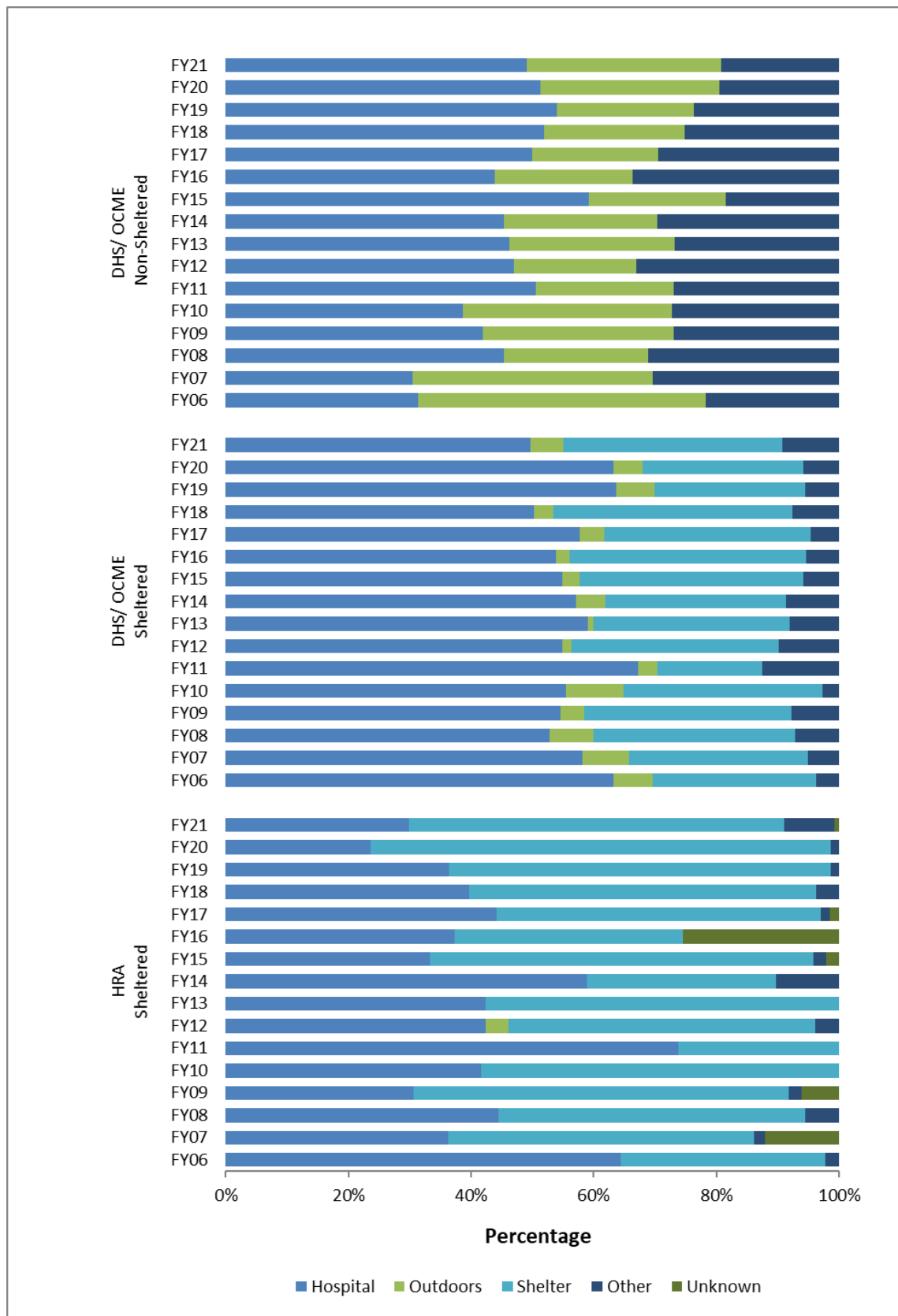
Sheltered decedents

Deaths in hospitals accounted for half (51%; n=247) of deaths among sheltered decedents, a decline of 12% by proportion from FY20 (63%; n=290) (Figure 4, Table 4a). The next most frequent location of death was shelter (36%; n=174), a 10% increase in proportion from FY20 (26%; n=120), followed by other places (9%; n=43) and outdoors (5%; n=25). The largest number of shelter decedents resided in shelters located in Manhattan (35%; n=171), followed by Brooklyn (27%; n=134), Queens (21%; n=102), Bronx (17%; n=81) and one in Staten Island (Table 3).

HRA reported decedents

The 124 HRA reported deaths died in HASA housing (61%; n=76), hospitals (30%; n=37), and other places (9%; n=11) (Table 4b). The largest number of deaths among HRA clients occurred in the Bronx (52%; n=64), followed by Brooklyn (23%, n=29), Manhattan (19%; n=24), Queens (4%, n=5), and Staten Island (3%, n=1) (Table 4b).

Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2021



Demographic Characteristics

DHS and OCME reported deaths

The majority (55%; n=354) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The proportion of decedents aged 65 years and older was 12% (n=77), a 5-percentage point decrease compared to FY20 (17%; n=106). Decedents aged 1 to 24 years accounted for 3% (n=16) of deaths, essentially flat compared to FY20. There were 7 infant deaths (1%) in FY21, the same as FY20 and a 59-percentage point decrease in infant deaths compared to FY19 (4%; n=17).

Male decedents accounted for the majority of deaths (83%; n=534), a 6-percentage point increase over FY20 (77%, n=469). In particular, males aged 45 to 64 years accounted for 47% of decedents (n=303) (Table 5), an increase of 5-percentage points in proportion from FY20 (42%; n=260). The proportion of male decedents aged 25 to 44 years was similar in FY21 (22%; n=143) compared to FY20 (19%; n=119). The proportion of female decedents aged 45 to 64 years declined 3-percentage points in FY21 (8%; n=51) compared to FY20 (11%; n=70). Female decedents aged 25 to 44 years were similar in FY21 (6%; n=37) compared to FY20 (6%; n=36). Female decedents aged 65+ declined to 11 (2%) from 30 (5%) in FY20.

Figure 5a. Male Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Age Group (in years), July 1, 2005 - June 30, 2021

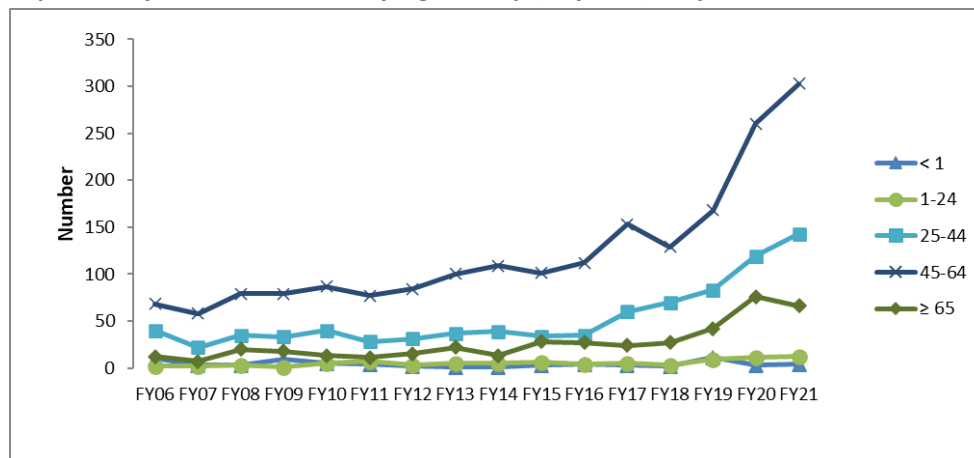
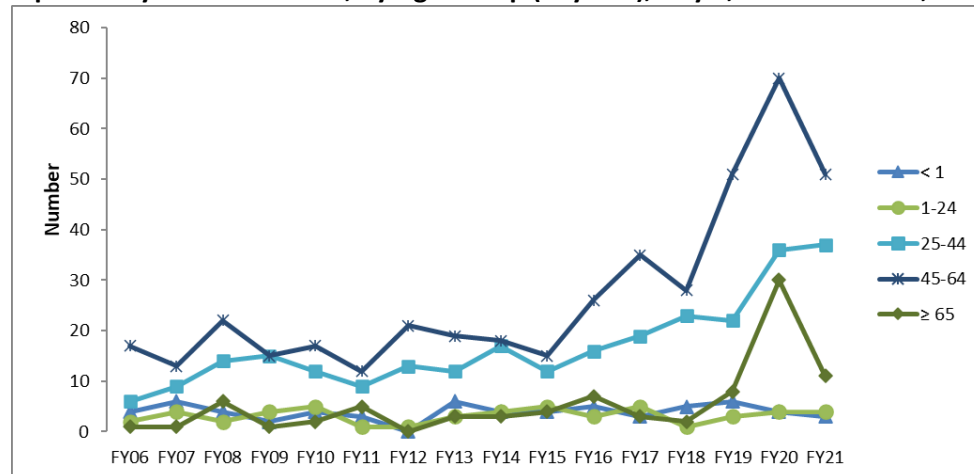


Figure 5b. Female Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Age Group (in years), July 1, 2005 - June 30, 2021



HRA Reported Deaths

Among the 124 HRA reported deaths, 72% (n=89) were male and 28% (n=35) were female. The age group 45 to 64 years accounted for 63% (n=78) of decedents, those aged 25 to 44 years, 29% (n=36), and 65 years and older, 8% (n=10) (Table 5).

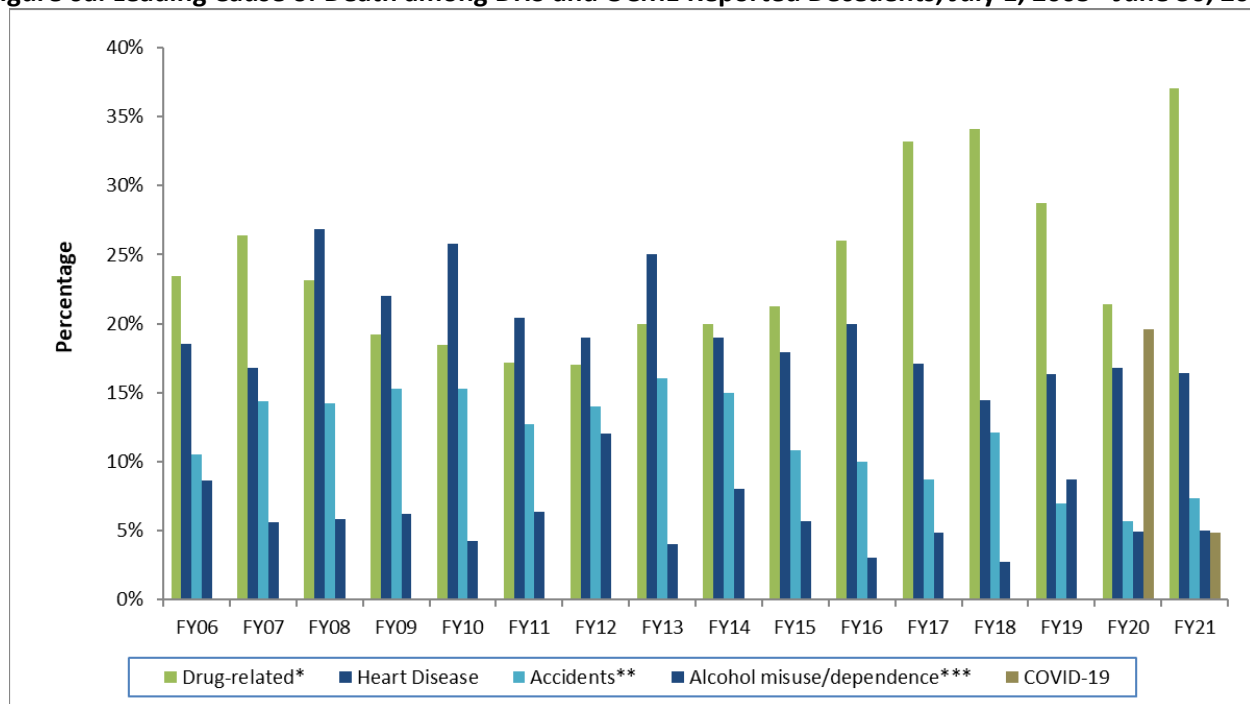
Leading Cause of Death (DHS and OCME reported)

In FY21, the proportion of drug-related deaths increased to 37% (n=237) from 21% (n=131) in FY20, an 81% increase, and remains the leading cause of death (Figure 6a, Table 6a). Drug-related deaths include underlying cause of death codes that capture deaths due to chronic and/or unspecified drug use and/or accidental drug intoxication (overdose) (see table M2 in Methods). The number of accidental drug overdose deaths increased by 95 (74% increase) from 128 in FY20 to 223 in FY21 (Figure 6d, Table 7).

COVID-19 (including laboratory-confirmed (n=30) and probable deaths (n=1)) were the fifth leading cause of death in FY21, accounting for 5% of deaths (n=31) (Table 6a).

Heart disease ranked as the second leading cause of death with a similar proportion in FY21 (16%; n=105) compared to FY20 (17%; n=103). Accidents (excluding overdose) were third (7%; n=47), similar to FY20 (6%; n=35). Alcohol misuse/dependence (n=32; 5%) was the fourth leading cause of death, a similar proportion as in FY20 (n=30; 5%). The proportion of deaths due to homicide remained similar (3%; n=22) in FY21, compared to FY20 (3%; n=16). At the time of this report, cause of death had not yet been determined for 28 decedents in FY21. See Table 6a for the complete list of leading causes of death.

Figure 6a. Leading Cause of Death among DHS and OCME Reported Decedents, July 1, 2005 - June 30, 2021



*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

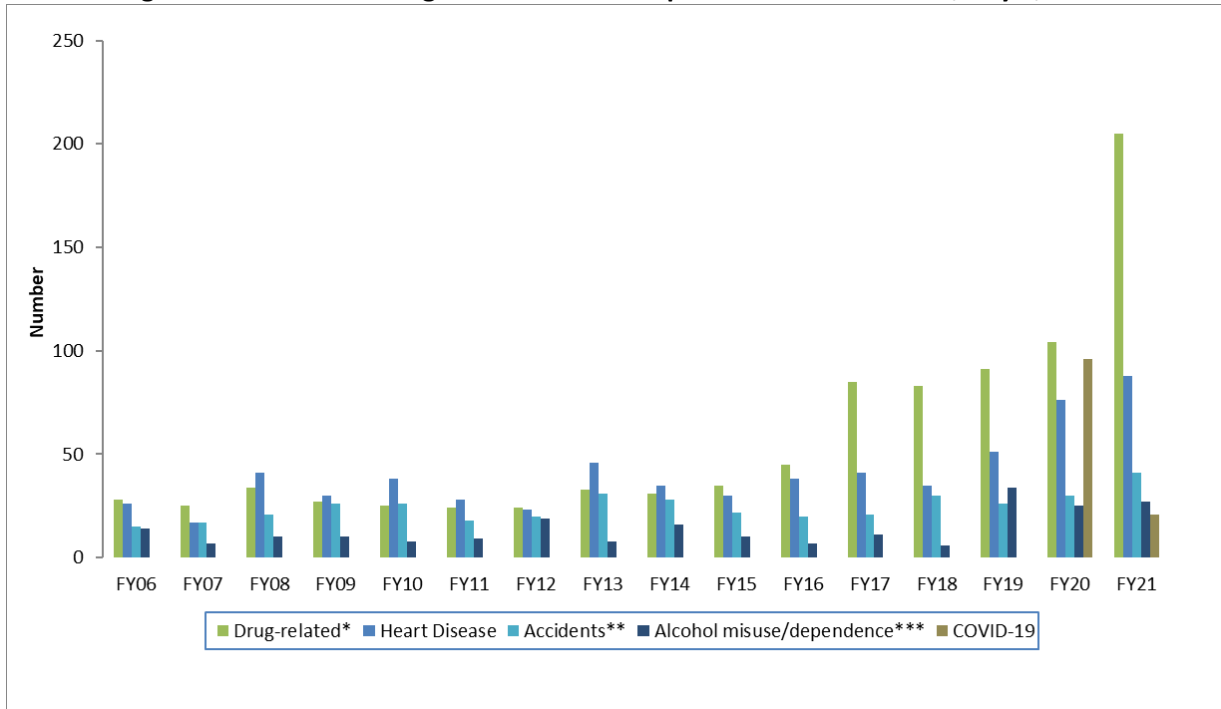
**Excluding Accidental Drug Overdose

†Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

Leading Causes of Death by Sex (DHS and OCME reported)

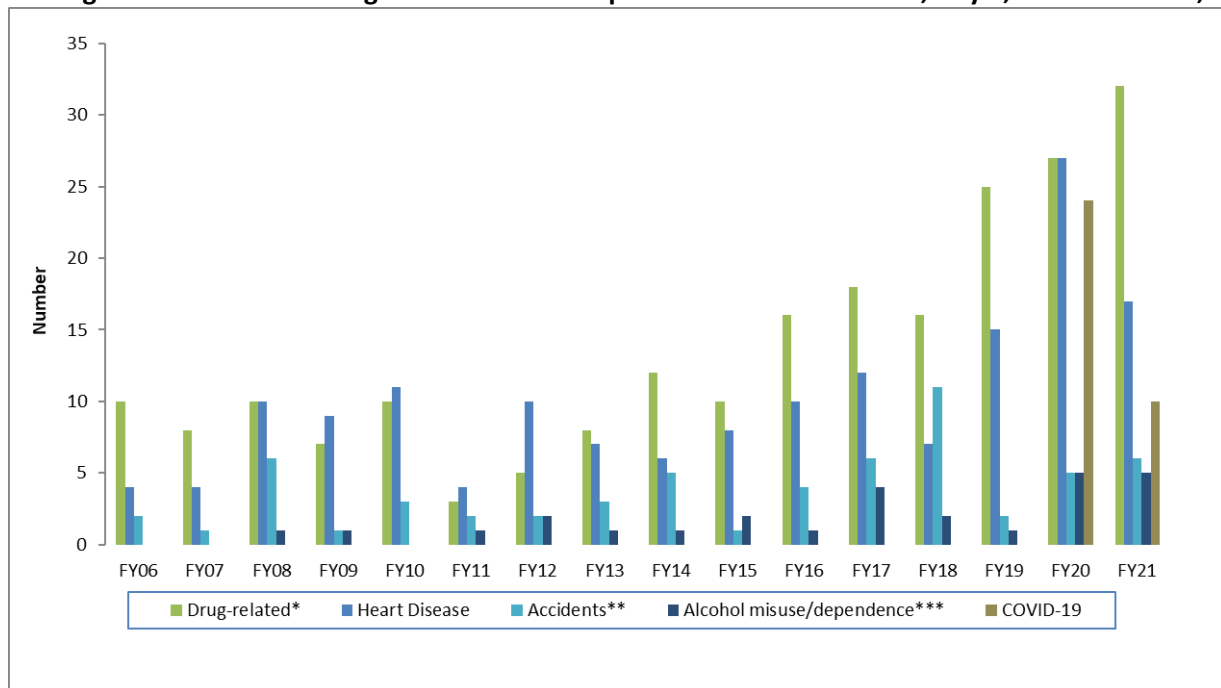
Among both males (n=205; 38%) and females (n=32; 30%), drug-related deaths were the leading cause of death in FY21 (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

Figure 6b. Leading Cause of Death among DHS and OCME Reported Male Decedents, July 1, 2005 – June 30, 2021



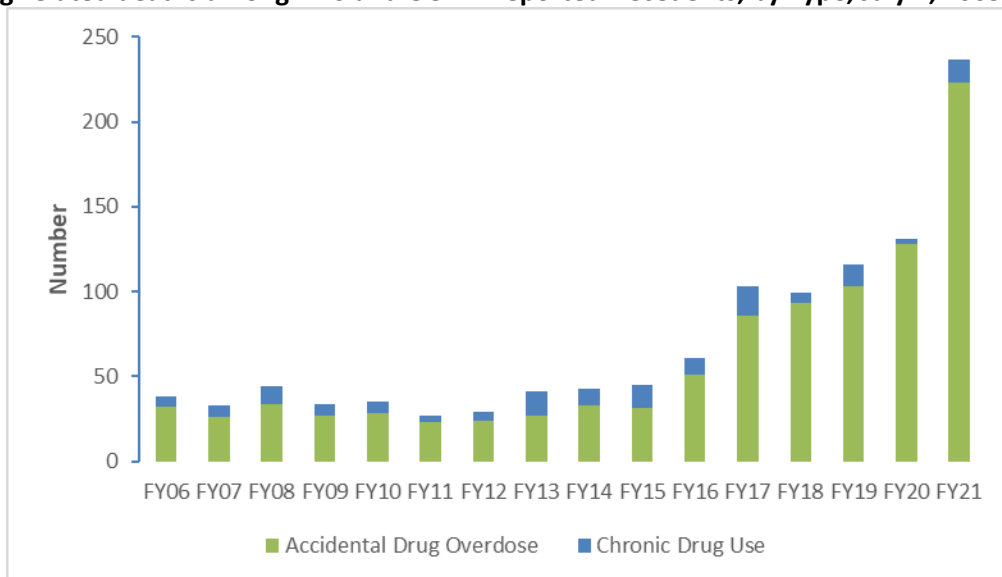
**Excluding Accidental Drug Overdose

Figure 6c. Leading Cause of Death among DHS and OCME Reported Female Decedents, July 1, 2005 – June 30, 2021



**Excluding Accidental Drug Overdose

Figure 6d. Drug-related deaths among DHS and OCME Reported Decedents, by Type, July 1, 2005 – June 30, 2021



Leading Causes of Death by Shelter Status (DHS and OCME reported)

In FY21, the leading causes of death among sheltered decedents were drug-related (40%; n=194), followed by heart disease (16%; n=77), COVID-19 (6%; n=27; including 26 confirmed and 1 probable COVID-19 deaths), accidents (excluding overdose) (5%; n=24), homicide (4%; n=18), and alcohol misuse/dependence (3%; n=16) (Table 6b).

Among non-sheltered/unsheltered decedents, the leading causes of death were drug-related (28%; n=43), followed by heart disease (19%; n=28), accidents (excluding drug overdose) (15%; n=23), and alcohol misuse/dependence (11%; n=16) (Table 6b).

Leading Causes of Death by Shelter Status and Location of Death (DHS and OCME reported)

Among the 151 non-sheltered persons who died in FY21:

- Almost a third, or 46 deaths, occurred outdoors (Table 4a), including deaths from drug-related causes (30%; n=14), heart disease (17%; n=8), alcohol misuse/dependence (13%; n=6), accidents (excluding drug overdose) (11%; n=5), two each (4%) from both chronic liver disease and suicide, and one each (2%) from COVID-19, homicide, cancer and gallstones & disorders of the gallbladder, in addition to other causes not statistically significant as leading causes of death (13%; n=6).
- A total of 29 deaths (19%) occurred in other locations (not outdoors or in a hospital) (Table 4a), including deaths from drug-related causes (28%; n=8), heart disease (21%; n=6), accidents (excluding drug overdose) (14%; n=4), alcohol misuse/dependence (7%; n=2), homicide (3%; n=1) and other causes not statistically significant as leading causes of death (28%; n=8).
- The remaining deaths (50%; n=76), occurred in hospitals, including 21 drug-related deaths, 14 each from heart disease and accidents (excluding drug overdose), eight from alcohol misuse/dependence, four from COVID-19, two each from homicide, suicide, diabetes, and chronic liver disease, one from chronic lower respiratory disease, and six from other causes not statistically significant as leading causes of death.

Among the 489 decedents who were living in a shelter at the time of death:

- Approximately one-third (36%; n=174) of deaths occurred in a shelter, including 100 (57%) drug-related deaths (all of which were accidental overdoses), 37 (21%) from heart disease, six (3%) from alcohol misuse/dependence, and five (3%) from COVID-19-related complications;
- Most deaths (51%; n=247) occurred in a hospital (more than any other setting), including 63 (26%) drug-related, 32 (13%) from heart disease, 22 (9%) COVID-19-related, 16 (6%) homicide, 13 each (5%) for accidents (excluding drug overdose) and cancer, and 9 (4%) for diabetes;
- 25 (5%) deaths occurred outdoors: ten (40%) were drug related, four (16%) due to suicide, three (12%) each were from heart disease & accidents (excluding drug overdose), two (8%) due to alcohol misuse/dependence, and one each (4%) due to homicide, aortic aneurysms, and other causes not statistically significant;
- 43 deaths occurred in other places (excluding outdoor or hospital:). Of those, 21 (47%) were drug-related, five (11%) each were from heart disease and accidents (excluding drug overdose), three (7%) were from suicide, two (4%) were from alcohol misuse/dependence, one (2%) from homicide, and six (14%) were not statistically significant as leading causes of death;
- Of the 27 deaths due to COVID-19 (probable and confirmed) among those living in a shelter, most died in hospital (81%; n=22) and shelter (19%; n=5).

Leading Causes of Death among Infants Experiencing Homelessness (DHS and OCME reported)

There were 7 infant deaths reported in FY21, the same number as in FY20 and a 59-percentage point decrease in infant deaths compared to FY 19 (n=17). Leading causes of infant deaths includes congenital malformations (n=2), one each for homicide,

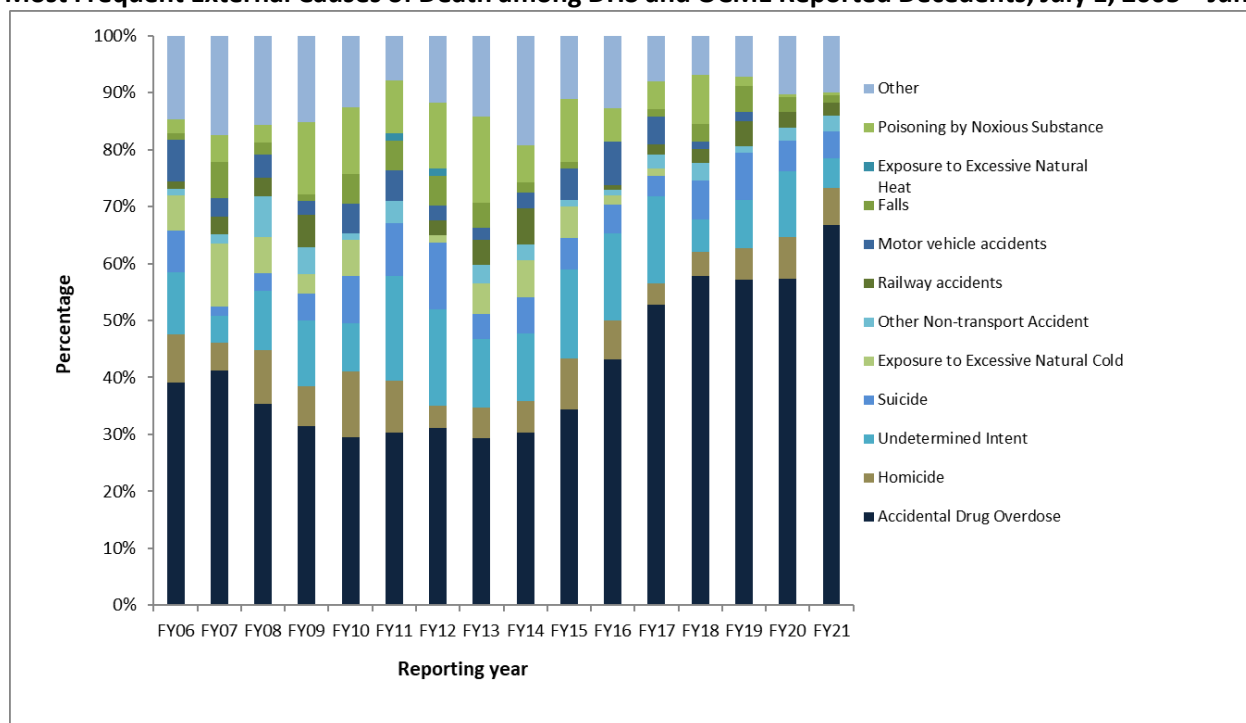
accidents (excluding drug overdose) and kidney disease, as well as two in which cause of death is still pending. Since reporting began in 2005, 131 deaths among infants experiencing homelessness have been reported.

External Causes of Death (DHS and OCME reported)

External causes of death are those which are not due to natural causes and include, but are not limited to, drug overdose, accidents, homicides, and suicides. The annual number of deaths due to external causes has ranged between 52 in FY07 and 326 in this report (FY21) (Figure 7). Of the 326 deaths due to external causes, 77% (n=250) occurred among residents of shelters and 23% (n=76) among non-sheltered persons (Figure 7, Table 6d). Among deaths due to external causes, most (68%; n=223) were due to accidental drug overdose, followed by homicide (7%; n=22), suicide (5%; n=16), exposure to excessive natural cold (5%; n=16), other non-transportation accidents (i.e. any other accident-related deaths that does not relate to transportation and are not already included in the table) (3%; n=9), railway accidents (2%; n=8), motor vehicle accidents (2%; n=6), falls (1%; n=4), two (1%) each due to poisoning by noxious substance and exposure to excessive natural heat, and one due to complications of medical and surgical care. (Figure 7, Table 6c, 6d). Additionally, for 5% (n=17) of the deaths, it could not be determined if the intent was homicide, suicide, or accidental.

Causes of external deaths varied somewhat between sheltered and non-sheltered persons. Among sheltered persons, 75% (n=187) of external deaths were due to accidental drug overdose versus 47% (n=36) among non-sheltered persons. Among non-sheltered persons, 12% (n=9) of deaths were due to exposure to excessive natural cold versus 3% (n=7) among sheltered persons. Proportions of death due to suicide and homicide were similar between sheltered and non-sheltered persons in FY21 (Table 6d).

Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported Decedents, July 1, 2005 – June 30, 2021



*Prior to 2007, the manner of some overdose deaths was coded as natural rather than external, underestimating those due to external causes. As a result, we have used cause of death codes provided by the National Center for Health Statistics (NCHS) to correct the first and second reporting year data for this change in coding. See Special Section: New York City Changes from Manual to Automated Cause-of-Death Coding (page 75): <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2007sum.pdf> for more information.

TABLES

Table 1: LL7 Categories for Classifying Location of Deaths

Outdoor Deaths	Other Deaths
Sidewalk/Street	Friend or Family Member's Apartment
Expressway	Subway Car/ Subway Platform/Train Station
Outside of Building Entrance	Abandoned Building
Park Area	Public Space in a Building†
Street Homeless Condition	Motel/Hotel Room
Vehicle	Drop-in Center
Vacant Lot	Building Vestibule
Bank/Shore of in Body of Water	Place of Employment
Construction Site	Storage Facility
Roof of Building	Other, not otherwise specified

* In the 1st annual report, subway and train deaths were categorized as outdoor; this was changed in the 2nd annual report based on discussions between agencies reporting these deaths.

†Public spaces in buildings include lobbies, stairwells, elevators, and roofs.

Table 2: Deaths by Shelter Residency Status and Month of Death, July 1, 2020 – June 30, 2021

Month of Death	Deaths Reported by DHS and OCME									Deaths Reported by HRA*
	Total			Shelter Residency Status						
				Sheltered			Non-Sheltered			
	All	OCME	Non-OCME	All	OCME	Non-OCME	All	OCME	Non-OCME	
Total	640	519	121	489	377	112	151	142	9	
JUL20	43	38	5	31	26	5	12	12	0	
AUG20	36	25	11	26	17	9	10	8	2	
SEP20	46	38	8	34	27	7	12	11	1	
OCT20	44	37	7	32	25	7	12	12	0	
NOV20	44	33	11	33	23	10	11	10	1	
DEC20	71	62	9	52	43	9	19	19	0	
JAN21	59	50	9	49	41	8	10	9	1	
FEB21	61	50	11	46	35	11	15	15	0	
MAR21	72	53	19	57	38	19	15	15	0	
APR21	59	50	9	48	39	9	11	11	0	
MAY21	54	45	9	40	33	7	14	12	2	
JUN21	51	38	13	41	30	11	10	8	2	

* All HRA deaths occurred to homeless placed in Single Room Occupancy (SRO). SROs are not considered homeless shelters by HRA, but they are included in this report because they are homeless shelter residents according to Local Law No. 63 of 2005 (codified at New York City Administrative Code Section 17-190) definitions #2 Homeless shelter resident and #3 Homeless shelter were classified as homeless sheltered residents. See: <http://webdocs.nycouncil.info/attachments/66681.htm>

HRA homeless sheltered deaths are reported separately and should not be added to other homeless sheltered deaths as there may be duplication. To comply with Article 27-F of the New York state Public Health Law which prohibits disclosure of any information that could reasonably identify someone having an HIV related illness or AIDS, personal identifiers on HRA homeless deaths were not provided; hence corresponding death certificates could not be reviewed to determine whether deaths were also reported by OCME.

Table 3: Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2020 – June 30, 2021

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homlessness Reported by DHS and OCME
Total		489
Manhattan	Total	171
	Battery Park, Tribeca (01)	2
	Greenwich Village, SOHO (02)	1
	Lower East Side (03)	12
	Chelsea, Clinton (04)	37
	Midtown Business District (05)	25
	Murray Hill (06)	32
	Upper West Side (07)	15
	Upper East Side (08)	6
	Manhattanville (09)	2
	Central Harlem (10)	11
	East Harlem (11)	23
	Washington Heights (12)	5
Bronx	Total	81
	Mott Haven (01)	9
	Hunts Point (02)	11
	Morrisania (03)	18
	Concourse, Highbridge (04)	22
	University/Morris Heights (05)	2
	East Tremont (06)	9
	Fordham (07)	2
	Riverdale (08)	1
	Unionport, Soundview (09)	5
	Throgs Neck (10)	0
	Pelham Parkway (11)	0
	Williamsbridge (12)	2
Brooklyn	Total	134
	Williamsburg, Greenpoint (01)	18
	Fort Greene, Brooklyn Heights (02)	4
	Bedford Stuyvesant (03)	1
	Bushwick (04)	6
	East New York (05)	24
	Park Slope (06)	15
	Sunset Park (07)	15
	Crown Heights North (08)	7
	Crown Heights South (09)	10
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	2
	Coney Island (13)	1
	Flatbush, Midwood (14)	1
	Sheepshead Bay (15)	0
	Brownsville (16)	21
	East Flatbush (17)	2
Canarsie (18)	7	

Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2020 – June 30, 2021

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME
Total		489
Queens	Total	102
	Astoria, Long Island City (01)	28
	Sunnyside, Woodside (02)	11
	Jackson Heights (03)	9
	Elmhurst, Corona (04)	3
	Ridgewood, Glendale (05)	2
	Rego Park, Forest Hills (06)	0
	Flushing (07)	4
	Fresh Meadows, Briarwood (08)	0
	Woodhaven (09)	0
	Howard Beach (10)	7
	Bayside (11)	0
	Jamaica, St. Albans (12)	18
	Queens Village (13)	16
The Rockaways (14)	4	
Staten Island	Total	1
	Port Richmond (01)	1
	Willowbrook, South Beach (02)	0
	Tottenville (03)	0

Table 4a: Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Location of Death (Community District), July 1, 2020 – June 30, 2021

Borough	Community District of Death	Deaths Reported by DHS and OCME															
		Total					Shelter Residency Status										
							Total					Sheltered				Non-Sheltered	
		Total	Shelter	Hospital	Outdoors	Other						Location of Death				Location of Death	
Shelter	Hospital						Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other				
Total		640	175	323	71	71	489	174	247	25	43	151	1	76	46	28	
Manhattan	Total	267	77	136	30	24	208	77	99	14	18	59	0	37	16	6	
	Battery Park, Tribeca (01)	14	2	10	2	0	10	2	7	1	0	4	0	3	1	0	
	Greenwich Village, SOHO	8	0	5	2	1	5	0	4	0	1	3	0	1	2	0	
	Lower East Side (03)	13	5	0	5	3	11	5	0	3	3	2	0	0	2	0	
	Chelsea, Clinton (04)	41	19	18	2	2	36	19	15	1	1	5	0	3	1	1	
	Midtown Business District	23	16	0	5	2	17	16	0	1	0	6	0	0	4	2	
	Murray Hill (06)	58	14	40	3	1	44	14	27	2	1	14	0	13	1	0	
	Upper West Side (07)	14	9	0	2	3	11	9	0	1	1	3	0	0	1	2	
	Upper East Side (08)	13	3	9	0	1	12	3	8	0	1	1	0	1	0	0	
	Manhattanville (09)	10	0	6	3	1	7	0	4	2	1	3	0	2	1	0	
	Central Harlem (10)	29	4	15	2	8	23	4	11	1	7	6	0	4	1	1	
	East Harlem (11)	29	5	20	2	2	23	5	15	1	2	6	0	5	1	0	
Washington Heights (12)	15	0	13	2	0	9	0	8	1	0	6	0	5	1	0		
Bronx	Total	104	24	46	11	23	76	23	39	2	12	28	1	7	9	11	
	Mott Haven (01)	27	4	18	1	4	20	3	16	0	1	7	1	2	1	3	
	Hunts Point (02)	8	4	0	1	3	4	4	0	0	4	0	0	1	3		
	Morrisania (03)	12	7	2	1	2	10	7	2	0	1	2	0	0	1	1	
	Concourse, Highbridge (04)	16	5	9	1	1	14	5	9	0	0	2	0	0	1	1	
	University/Morris Heights	4	0	0	1	3	4	0	0	1	3	0	0	0	0	0	
	East Tremont (06)	12	2	8	0	2	10	2	7	0	1	2	0	1	0	1	
	Fordham (07)	9	0	4	1	4	9	0	4	1	4	0	0	0	0	0	
	Riverdale (08)	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	
	Unionport, Soundview (09)	3	0	0	2	1	0	0	0	0	0	3	0	0	2	1	
	Throgs Neck (10)	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	
	Pelham Parkway (11)	4	0	3	0	1	2	0	1	0	1	2	0	2	0	0	
	Williamsbridge (12)	6	2	2	1	1	2	2	0	0	0	4	0	2	1	1	
	Van Cortlandt Park (26)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	
	Brooklyn	Total	139	32	79	14	14	112	32	67	5	8	27	0	12	9	6
		Williamsburg, Greenpoint	5	4	0	0	1	5	4	0	0	1	0	0	0	0	0
		Fort Greene, Brooklyn	6	1	1	1	3	4	1	1	1	1	2	0	0	0	2
		Bedford Stuyvesant (03)	17	0	15	0	2	16	0	14	0	2	1	0	1	0	0
Bushwick (04)		7	1	5	0	1	4	1	3	0	0	3	0	2	0	1	
East New York (05)		11	8	0	1	2	11	8	0	1	2	0	0	0	0	0	
Park Slope (06)		13	4	8	0	1	12	4	7	0	1	1	0	1	0	0	
Sunset Park (07)		12	5	5	1	1	8	5	3	0	0	4	0	2	1	1	
Crown Heights North (08)		3	3	0	0	0	3	3	0	0	0	0	0	0	0	0	
Crown Heights South (09)		17	0	16	1	0	14	0	14	0	0	3	0	2	1	0	
Bay Ridge (10)		1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	
Bensonhurst (11)		2	0	0	2	0	1	0	0	1	0	1	0	0	1	0	
Borough Park (12)		6	0	4	2	0	4	0	3	1	0	2	0	1	1	0	
Coney Island (13)		6	0	3	3	0	2	0	2	0	0	4	0	1	3	0	
Flatbush, Midwood (14)		3	0	2	0	1	1	0	1	0	0	2	0	1	0	1	
Sheepshead Bay (15)		1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	
Brownsville (16)		6	3	0	1	2	5	3	0	1	1	1	0	0	0	1	
East Flatbush (17)		19	1	18	0	0	19	1	18	0	0	0	0	0	0	0	
Canarsie (18)	4	2	2	0	0	3	2	1	0	0	1	0	1	0	0		

Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Location of Death (Community District), July 1, 2020 – June 30, 2021

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
		Total	Location of Death				Total	Location of Death				Total	Location of Death			
Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other		
Total	Total	640	175	317	74	74	489	175	243	26	45	151	0	74	48	29
Queens	Total	122	43	56	15	8	92	43	41	4	4	30	0	15	11	4
	Astoria, Long Island City (01)	23	13	9	1	0	20	13	7	0	0	3	0	2	1	0
	Sunnyside, Woodside (02)	5	5	0	0	0	5	5	0	0	0	0	0	0	0	0
	Jackson Heights (03)	8	6	0	1	1	7	6	0	0	1	1	0	0	1	0
	Elmhurst, Corona (04)	15	1	13	1	0	8	1	7	0	0	7	0	6	1	0
	Ridgewood, Glendale (05)	3	1	0	1	1	2	1	0	1	0	1	0	0	0	1
	Rego Park, Forest Hills (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Flushing (07)	8	1	4	3	0	3	1	1	1	0	5	0	3	2	0
	Fresh Meadows, Briarwood	6	0	5	1	0	4	0	4	0	0	2	0	1	1	0
	Woodhaven (09)	21	1	20	0	0	18	1	17	0	0	3	0	3	0	0
	Howard Beach (10)	3	1	0	2	0	1	1	0	0	0	2	0	0	2	0
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	14	5	1	4	4	10	5	1	2	2	4	0	0	2	2
	Queens Village (13)	11	8	2	1	0	10	8	2	0	0	1	0	0	1	0
The Rockaways (14)	5	1	2	0	2	4	1	2	0	1	1	0	0	0	1	
Staten Island	Total	8	0	4	2	2	1	0	0	0	1	7	0	4	2	1
	Port Richmond (01)	6	0	2	2	2	1	0	0	0	1	5	0	2	2	1
	Willowbrook, South Beach	2	0	2	0	0	0	0	0	0	2	0	2	0	0	0
	Tottenville (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4b. Deaths among HRA Persons Experiencing Homelessness by Location of Death, July 1, 2020 – June 30, 2021*

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
Shelter		Hospital	Other	
Total	124	76	37	11
Manhattan	24	14	9	1
Bronx	64	44	14	6
Brooklyn	29	16	12	1
Queens	5	2	1	2
Staten Island	1	0	1	0

Table 5: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2020 – June 30, 2021*

Age Category	Deaths Reported by DHS and OCME						Deaths Reported by HRA*					
	Total		Male		Female		Total		Male		Female	
	All	%	All	%	All	%	All	%	All	%	All	%
All Ages	640	100	534	83	106	17	124	100	89	72	35	28
<1	7	1	4	1	3	0	0	0	0	0	0	0
1-24	16	3	12	2	4	1	0	0	0	0	0	0
25-44	180	28	143	22	37	6	36	29	24	19	12	10
45-64	354	55	303	47	51	8	78	63	57	46	21	17
≥65	77	12	66	10	11	2	10	8	8	6	2	2
Unknown	6	1	6	1	0	0	0	0	0	0	0	0

“Homeless shelter resident” and #3 “Homeless shelter”. See: <http://webdocs.nyccouncil.info/attachments/66681.htm>
HRA homeless sheltered deaths are reported separately and should not be added to other homeless sheltered deaths as there may be duplication. To comply with Article 27-F of the New York state Public Health Law which prohibits disclosure of any information that could reasonably identify someone having an HIV related illness or AIDS, personal identifiers on HRA homeless deaths were not provided, including community district of death.

**Female includes transgender females

Table 6a: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2020 – June 30, 2021

Cause of Death		Sex					
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	640	100	534	100	106	100
1	Drug related	237	37	205	38	32	30
2	Heart disease	105	16	88	16	17	16
3	Accidents (excluding drug overdose)	47	7	41	8	6	6
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	32	5	27	5	5	5
5	COVID-19	31	5	21	4	10	9
	Lab-Confirmed	30	5	20	4	10	9
	Probable	1	0	1	0	0	0
6	Homicide	22	3	21	4	1	1
7	Suicide	16	3	15	3	1	1
8	Cancer	15	2	13	2	2	2
9	Diabetes	14	2	10	2	4	4
10	Chronic liver disease	12	2	9	2	3	3
11	Influenza/pneumonia	8	1	8	1	0	0
12	Stroke	7	1	4	1	3	3
13	Hypertension	5	1	3	1	2	2
14	Aortic aneurysms	4	1	4	1	0	0
15	Septicemia	3	0	2	0	1	1
15	Chronic lower respiratory diseases	3	0	2	0	1	1
17	Hepatitis	2	0	2	0	0	0
17	Congenital malformations	2	0	0	0	2	2
19	Complications of Medical and Surgical Care	1	0	0	0	1	1
19	Cholelithiasis and Disorders of Gallbladder	1	0	1	0	0	0
19	Nephritis, Nephrotic Syndrome and Nephrosis	1	0	1	0	0	0
19	Peptic Ulcer	1	0	0	0	1	1
	Pending final determination	28	4	25	5	3	3
	All other causes	43	7	32	6	11	10

*Because of ties some ranks do not appear.

Table 6b: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2020 – June 30, 2021

Cause of Death		Shelter Residency Status					
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	640	100	489	100	151	100
1	Drug related	237	37	194	40	43	28
2	Heart disease	105	16	77	16	28	19
3	Accidents (excluding drug overdose)	47	7	24	5	23	15
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	32	5	16	3	16	11
5	COVID-19	31	5	27	5	4	3
	Lab-Confirmed	30	5	26	5	4	3
	Probable	1	0	1	0	0	0
6	Homicide	22	3	18	4	4	3
7	Suicide	16	3	12	2	4	3
8	Cancer	15	2	14	3	1	1
9	Diabetes	14	2	12	2	2	1
10	Chronic liver disease	12	2	8	2	4	3
11	Influenza/pneumonia	8	1	8	2	0	0
12	Stroke	7	1	7	1	0	0
13	Hypertension	5	1	5	1	0	0
14	Aortic aneurysms	4	1	4	1	0	0
15	Septicemia	3	0	3	1	0	0
15	Chronic lower respiratory diseases	3	0	2	0	1	1
17	Hepatitis	2	0	2	0	0	0
17	Congenital malformations	2	0	2	0	0	0
19	Complications of Medical and Surgical Care	1	0	1	0	0	0
19	Cholelithiasis and Disorders of Gallbladder	1	0	0	0	1	1
19	Nephritis, Nephrotic Syndrome and Nephrosis	1	0	1	0	0	0
19	Peptic Ulcer	1	0	1	0	0	0
	Pending final determination	28	4	23	5	5	3
	All other causes	43	7	28	6	15	10

*Because of ties some ranks do not appear.

Table 6c: External Causes of Death Among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2020 – June 30, 2021**

Rank*	Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
Rank*	Total	326	100	283	100	43	100
1	Accidental drug overdose	223	68	192	68	31	72
2	Homicide	22	7	21	7	1	2
3	Undetermined intent	17	5	14	5	3	7
4	Suicide	16	5	15	5	1	2
4	Exposure to excessive natural cold	16	5	16	6	0	0
6	Other non-transport accidents	9	3	7	2	2	5
7	Railway accidents	8	2	7	2	1	2
8	Motor vehicle accidents	6	2	4	1	2	5
9	Falls	4	1	4	1	0	0
10	Exposure to excessive natural heat	2	1	1	0	1	2
10	Poisoning by noxious substance	2	1	2	1	0	0
12	Complications of Medical and Surgical Care	1	0	0	0	1	2

*Because of ties some ranks do not appear.

Table 6d: External Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2020 – June 30, 2021

Rank*	Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	326	100	250	100	76	100
1	Accidental drug overdose	223	68	187	75	36	47
2	Homicide	22	7	18	7	4	5
3	Undetermined intent	17	5	8	3	9	12
4	Suicide	16	5	12	5	4	5
4	Exposure to excessive natural cold	16	5	7	3	9	12
6	Other non-transport accidents	9	3	8	3	1	1
7	Railway accidents	8	2	4	2	4	5
8	Motor vehicle accidents	6	2	3	1	3	4
9	Falls	4	1	2	1	2	3
10	Exposure to excessive natural heat	2	1	0	0	2	3
10	Poisoning by noxious substance	2	1	0	0	2	3
12	Complications of Medical and Surgical	1	0	1	0	0	0

*Because of ties some ranks do not appear.

Table 7: Select Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status and Location of Death, July 1, 2016 – June 30, 2021

Cause / Location of Death	FY18			FY19			FY20			FY21		
	Total	Shelter Residency Status		Total	Shelter Residency Status		Total	Shelter Residency Status		Total	Shelter Residency Status	
		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered
<i>Drug Related Total</i>	99	63	36	116	75	41	131	100	31	237	194	43
In shelter	35	35	0	32	32	0	47	47	0	100	100	0
In hospital	35	21	14	57	36	21	42	33	9	84	63	21
Outdoor	11	2	9	8	1	7	22	8	14	24	10	14
Other location	18	5	13	19	6	13	20	12	8	29	21	8
<i>Accidental Drug</i>	93	59	34	103	68	35	128	98	30	223	187	36
In shelter	34	34	0	31	31	0	47	47	0	99	99	0
In hospital	32	18	14	48	31	17	40	32	8	71	57	14
Outdoor	10	2	8	7	0	7	22	8	14	24	10	14
Other location	17	5	12	17	6	11	19	11	8	29	21	8
<i>Chronic Drug Use</i>	6	4	2	13	7	6	3	2	1	14	7	7
In shelter	1	1	0	1	1	0	0	0	0	1	1	0
In hospital	3	3	0	9	5	4	2	1	1	13	6	7
Outdoor	1	0	1	1	1	0	0	0	0	0	0	0
Other location	1	0	1	2	0	2	1	1	0	0	0	0
<i>Homicide Total</i>	7	5	2	10	5	5	16	11	5	22	18	4
In shelter	0	0	0	0	0	0	1	1	0	0	0	0
In hospital	5	4	1	8	4	4	10	9	1	18	16	2
Outdoor	1	0	1	2	1	1	4	1	3	2	1	1
Other location	1	1	0	0	0	0	1	0	1	2	1	1
<i>Cold-related Total</i>	4	0	4	4	1	3	4	0	4	16	7	9
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	2	0	2	2	1	1	3	0	3	12	5	7
Outdoor	2	0	2	1	0	1	1	0	1	4	2	2
Other location	0	0	0	1	0	1	0	0	0	0	0	0
<i>Heart disease Total</i>	42	27	15	66	42	24	103	83	20	105	77	28
In shelter	13	13	0	18	18	0	37	37	0	38	37	1
In hospital	24	14	10	35	20	15	56	44	12	46	32	14
Outdoor	2	0	2	7	1	6	7	1	6	11	3	8
Other location	3	0	3	6	3	3	3	1	2	10	5	5
<i>Accidents Total</i>	36	14	22	28	8	20	35	19	16	47	24	23
In shelter	2	2	0	1	1	0	0	0	0	3	3	0
In hospital	19	8	11	14	4	10	22	14	8	27	13	14
Outdoor	7	0	7	6	2	4	6	2	4	8	3	5
Other location	8	4	4	7	1	6	7	3	4	9	5	4
<i>Suicides Total</i>	11	8	3	15	13	2	12	8	4	16	12	4
In shelter	2	2	0	3	3	0	1	1	0	1	1	0
In hospital	3	2	1	2	2	0	3	1	2	6	4	2
Outdoor	3	3	0	6	6	0	2	2	0	6	4	2
Other location	3	1	2	4	2	2	6	4	2	3	3	0