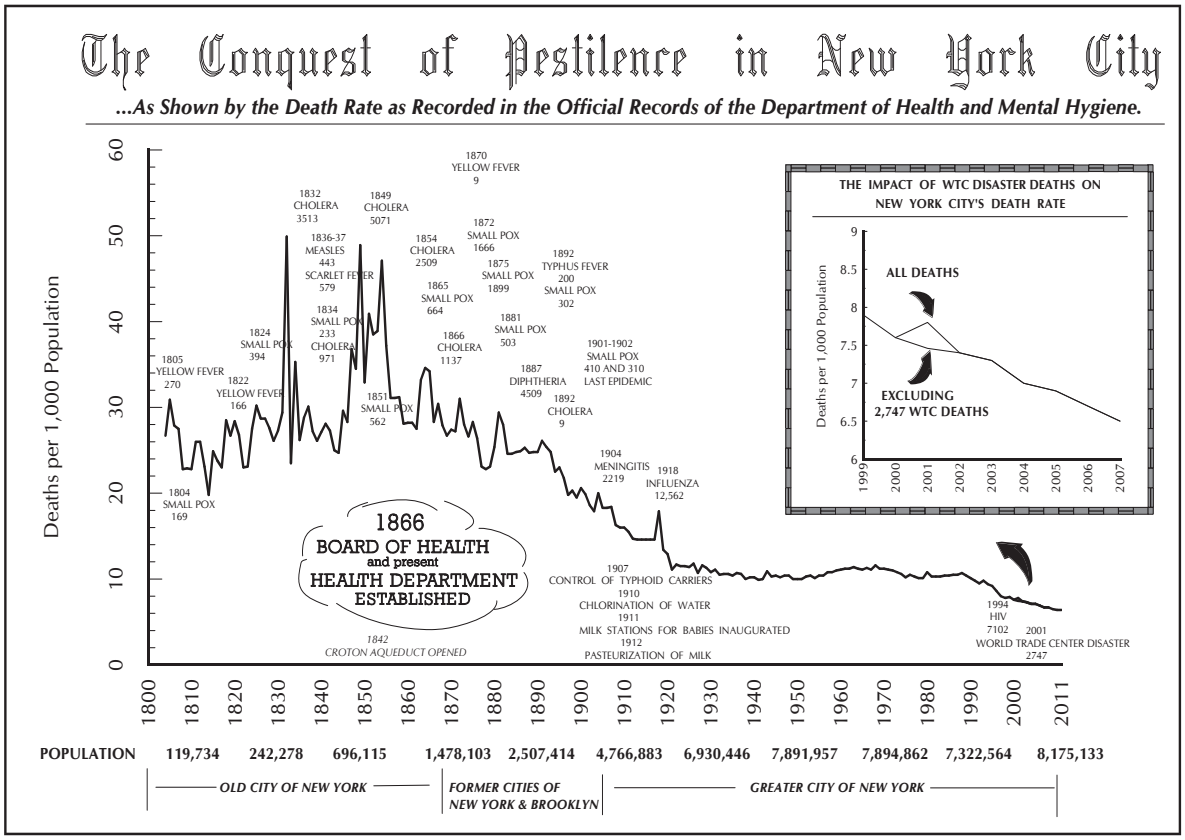
SUMMARY OF VITAL STATISTICS 2011
THE CITY OF NEW YORK
MORTALITY



BUREAU OF VITAL STATISTICS, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
125 WORTH STREET, CN 7, NEW YORK, NEW YORK 10013

Michael R. Bloomberg, Mayor Thomas Farley, MD, MPH, Commissioner

SUMMARY OF VITAL STATISTICS 2011
THE CITY OF NEW YORK
MORTALITY

New York City Department of Health and Mental Hygiene

Division of Epidemiology
Carolyn Greene, MD, Deputy Commissioner

Bureau of Vital Statistics
Elizabeth Begier, MD, MPH, Assistant Commissioner
Regina Zimmerman, PhD, MPH, Director, Office of Vital Statistics
Steven Schwartz, PhD, Registrar
Kevin Koshar, MPP, Director, Office of Vital Records
Wenhui Li, PhD, Director, Statistical Analysis and Reporting Unit
Flor Betancourt, MA, CHES, Director, Birth and Death Registration Unit
Tara Das, PhD, MPH, Director, Registrar Unit
Ann Madsen, PhD, MPH, Director, Quality Assurance Unit

January 2013

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.

Suggested citation: Zimmerman R, Li W, Begier E, Davis K, Gambatese M, Kelley D, Kennedy J, Lasner-Frater L, Madsen A, Maduro G, Sun Y. *Summary of Vital Statistics, 2011:Mortality*. New York, NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2013.

This publication along with the 2011 Infant Mortality, Pregnancy Outcomes and Executive Summary Reports are available online at http://www.nyc.gov/vitalstats.

MORTALITY CONTENTS

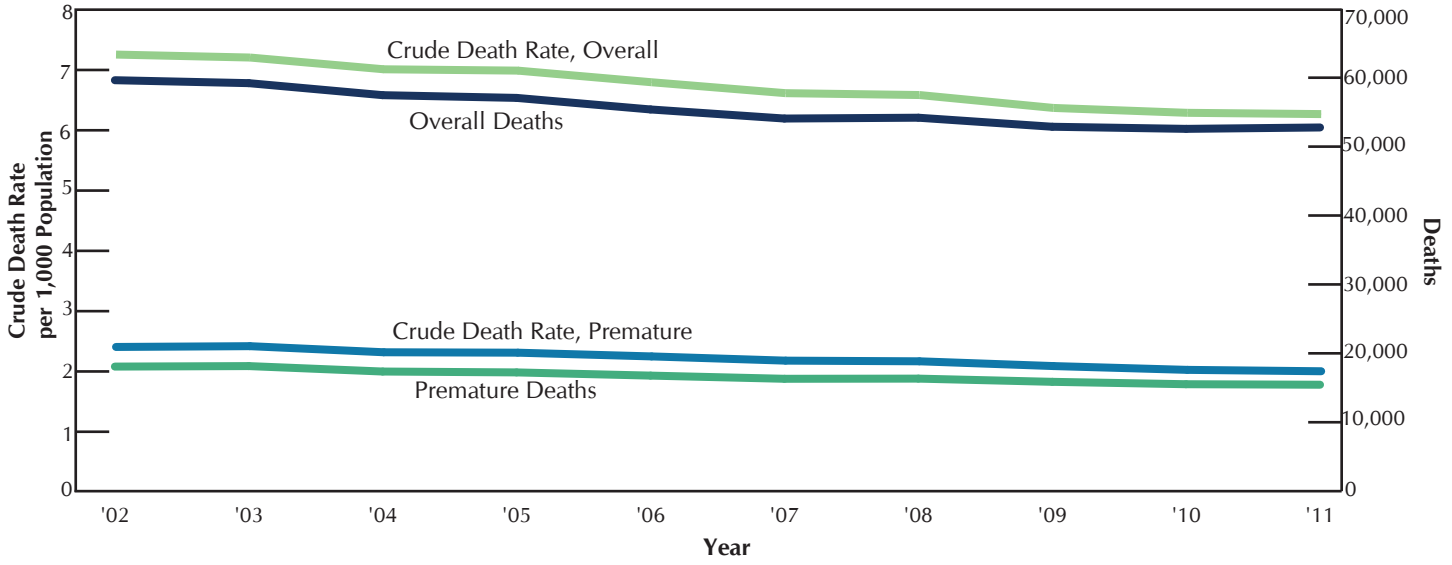
MORTALITY OVERVIEW

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 decedents' 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:

- In 2010, NYC's life expectancy at birth reached 80.9 years (preliminary data for latest year available). This is a 3.9% (3 year) increase since 2001 and a 0.4% (5 month) increase since 2009. The greatest increase across the major racial/ethnic groups was in non-Hispanic blacks, whose life expectancy at birth increased 3 years, 10 months from 2001 to 2010 to 77.2 years, exceeding the gains seen among non-Hispanic whites and Hispanics (Figures 4 and 5).
- In 2011, the NYC death rate stabilized at its 2010 historic low of 6.4 deaths per 1,000 population, with 52,789 deaths in 2011. This is a 13.5% decline since 2002 (Figure 1).
- From 2002 to 2011, all-cause age-adjusted death rates decreased across all racial/ethnic groups. These rates were consistently highest among non-Hispanic blacks followed by non-Hispanic whites, Hispanics, and Asians and Pacific Islanders. However, gaps between these rates have narrowed, indicative of some reduction in health disparities (Figure 2).
- Heart disease, cancer, and influenza/pneumonia continue to rank as the 3 leading causes of death; they decreased 32.5%, 4.2% and 2.9%, respectively, from 2002 to 2011. Heart disease decreased 17% since 2009, in part due to efforts to improve the accuracy of cause of death reporting (Table 1).
- Overall, the crude rate of premature death (before age 65) has declined 16.0% since 2002 to 2.1 deaths per 1,000 population (Figure 1). The leading causes of premature deaths are cancer, followed by heart disease and, for the first time ranking 3rd, drug-related deaths (drug use/poisoning), replacing HIV infection. (Figure 9).
- The HIV-related mortality rate continues to decline at a faster rate than other causes of death, down 8.8%, since 2010, and 56.1% since 2002 to 9.3 deaths per 100,000 population in 2011 (Table 1).

Figure 1. Number of Deaths and Crude Death Rates, Overall and Premature (<65 Years), New York City, 2002–2011



MORTALITY OVERVIEW (CONTINUED)

- From 2002 to 2011, all-cause age-adjusted death rates decreased across all racial/ethnic groups. These rates were consistently highest among non-Hispanic blacks followed by non-Hispanic whites, Hispanics, and Asians and Pacific Islanders. However, gaps between these rates have narrowed, indicative of some reduction in health disparities.
- From 2002 to 2011, the largest percent declines were seen among non-Hispanic whites (18.9%), followed by non-Hispanic blacks (18.3%), Hispanics (12.1%), and then Asians and Pacific Islanders (9.5%).

Figure 2. Age-adjusted Death Rates by Racial/ Ethnic Group, New York City, 2002–2011

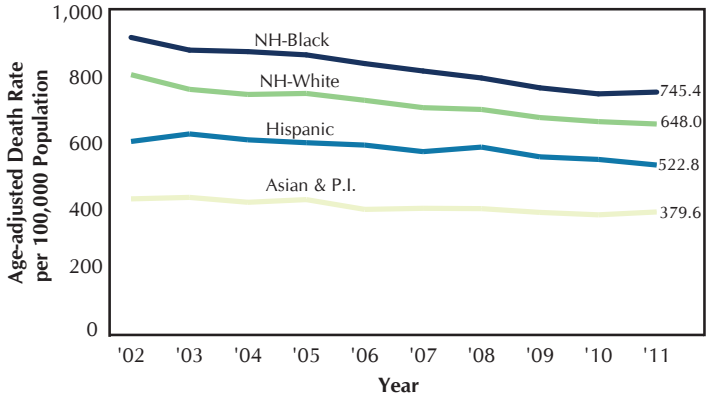
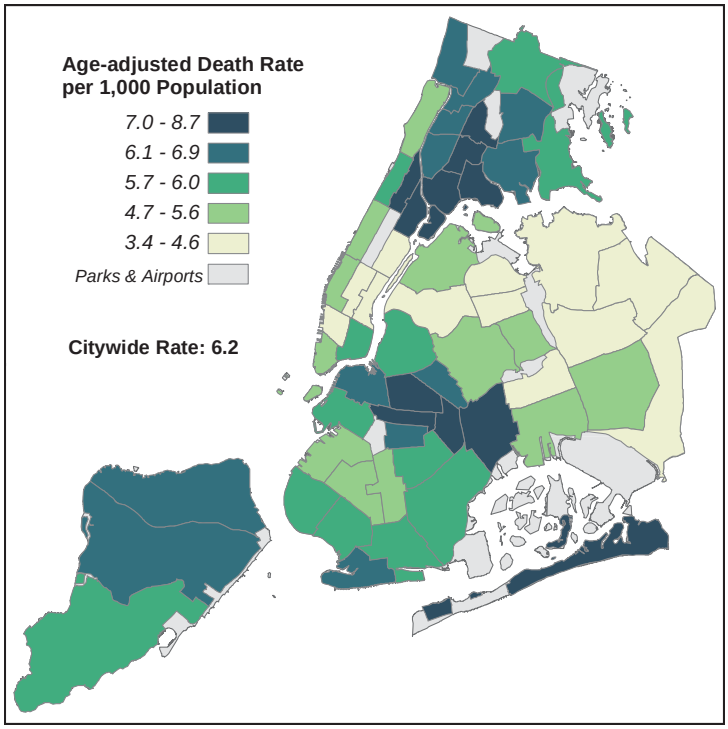


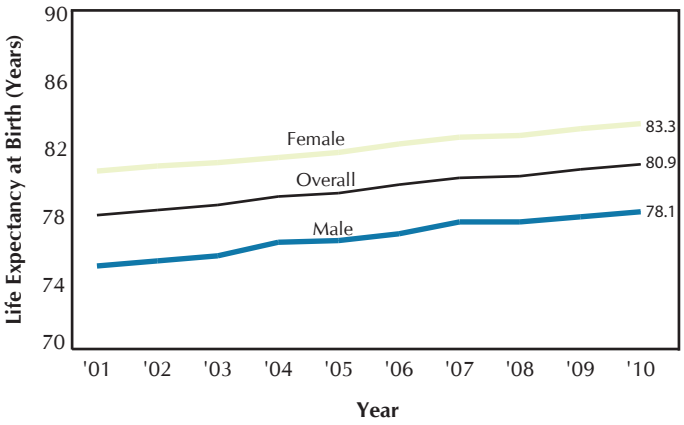
Figure 3. Age-adjusted Death Rates by Community District of Residence, New York City, 2011



- In 2011, New York City's age-adjusted death rates were lowest in Bayside at 3.4 deaths per 1,000 population, followed by Queens Village at 4.1, Upper East Side at 4.2, Elmhurst/Corona at 4.3 and Murray Hill at 4.4.
- Age-adjusted death rates were highest in Brownsville at 8.7 deaths per 1,000 population followed by Central Harlem at 8.5, Bedford Stuyvesant at 8.3, The Rockaways at 8.2 and East Harlem at 8.1.

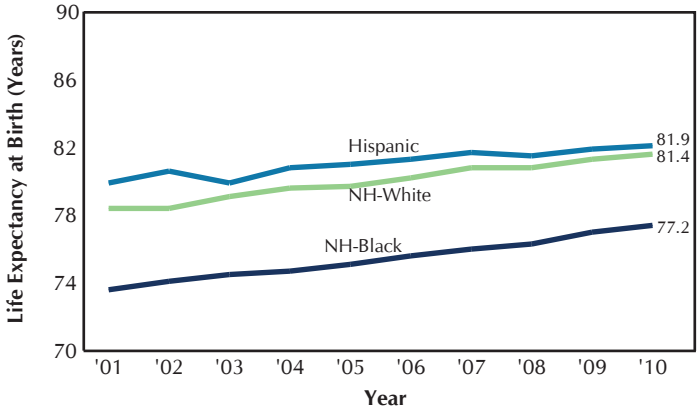
LIFE EXPECTANCY

Figure 4. Life Expectancy at Birth, Overall and by Sex, New York City, 2001–2010



- In 2010, NYC's life expectancy at birth reached 80.9 years (preliminary data for latest year available). This is a 3.9% (3 year) increase since 2001 and a 0.4% (5 month) increase since 2009.
- Among males, life expectancy at birth reached 78.1, a 3 year, 2 month gain and among females, it reached 83.3, a 2 year, 10 month gain, since 2001. Life expectancy increased 5 months for males and females from 2009 to 2010.

Figure 5. Life Expectancy at Birth by Racial/ Ethnic Group, New York City, 2001–2010



- The greatest increase across the major racial/ ethnic groups was in non-Hispanic blacks, whose life expectancy at birth increased 3 years, 10 months from 2001 to 2010 to 77.2 years, exceeding the gains seen among non-Hispanic whites and Hispanics.
- Since 2001, life expectancy at birth increased 3 years, 2 months among non-Hispanic whites to 81.4 years and 3 years among Hispanics to 81.9 years.
- Data for Asians and Pacific Islanders are not displayed because the required single year of age population denominators are too small to produce reliable estimates (See Technical Notes, Life Expectancy).

LEADING CAUSES OF DEATH

Table 1. Top 10 Leading Causes of Death, NYC — 2002, 2010 and 2011

	2011		2010			2002		
Cause	Rank	Death Rate per 100,000 Population	Rank	Death Rate per 100,000 Population	Change to 2011 (%)	Rank	Death Rate per 100,000 Population	Change to 2011 (%)
Diseases of Heart*	1	205.0	1	219.0	-6.4%	1	303.8	-32.5%
Malignant Neoplasms	2	163.0	2	162.9	0.1%	2	170.2	-4.2%
Influenza and Pneumonia	3	30.2	3	30.0	0.7%	3	31.1	-2.9%
Chronic Lower Respiratory Diseases	4	21.5	5	21.0	2.4%	7	21.1	1.9%
Diabetes Mellitus	5	21.5	4	20.9	2.9%	6	21.1	1.9%
Cerebrovascular Diseases	6	21.2	6	19.3	9.8%	4	23.0	-7.8%
Accidents Except Poisoning by Psychoactive Substances	7	12.3	8	11.4	7.9%	8	14.6	-15.8%
Essential Hypertension and Hypertensive Renal Diseases	8	11.7	7	12.8	-8.6%	10	9.0	30.0%
Human Immunodeficiency Virus (HIV) Disease	9	9.3	9	10.2	-8.8%	5	21.2	-56.1%
Use of or Poisoning by Psychoactive Substance†	10	9.2	10	8.1	13.6%	9	11.2	-17.9%

*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the intitative's impact on cause of death reporting, particularly heart disease reporting.

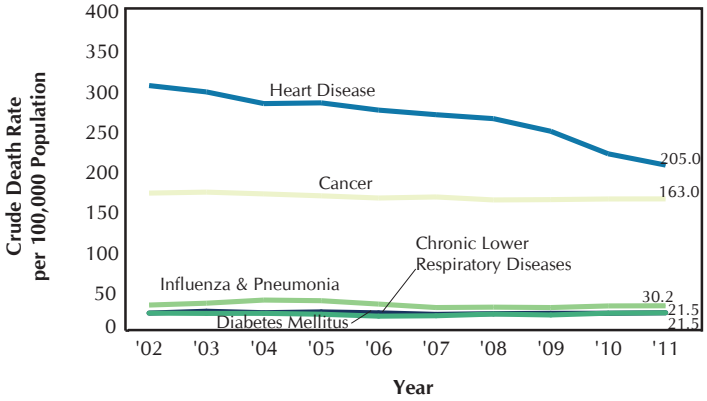
†See Technical Note in Summary of Vital Statistics, Mortality Report: Drug-Related Deaths for definition.

- Heart disease, malignant neoplasm (cancer), and influenza/pneumonia continue to rank as the 3 leading causes of death; death rates for all 3 have declined in the last decade, down 32.5%, 4.2%, and 2.7%, respectively.
- Chronic lower respiratory diseases, diabetes mellitus, and cerebrovascular diseases (mostly stroke) are the 4th, 5th and 6th leading causes of death in 2011. These death rates have remained relatively stable over the past 10 years ranging from a low of 17.3, 19.5 and 17.3 to a high of 21.5, 23.6 and 23.2 deaths per 100,000 population, respectively.
- The HIV-related mortality rate continues to decline at a faster rate than other causes of death, down 8.8%, since 2010, and 56.1% since 2002 to 9.3 deaths per 100,000 population in 2011.
- The rate of essential hypertension and hypertensive renal disease death increased 30.2% in the past 10 years.

LEADING CAUSES OF DEATH

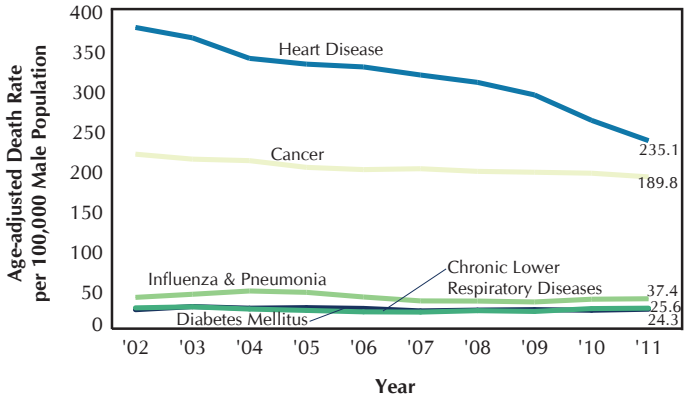
- Heart disease, malignant neoplasms (cancer) and influenza/pneumonia continue to rank as the 3 leading causes of death. From 2002 to 2011, crude death rates decreased by 32.5%, 4.2% and 2.9% respectively.
- Since 2009, heart disease has decreased 17%, which is partly due to efforts to improve the accuracy of cause of death reporting.*
- Crude death rates for chronic lower respiratory diseases and diabetes mellitus have remained relatively stable and similar, both at 21.5 deaths per 100,000 population in 2011.

Figure 6. Crude Death Rates from Leading Causes, New York City, 2002–2011



*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

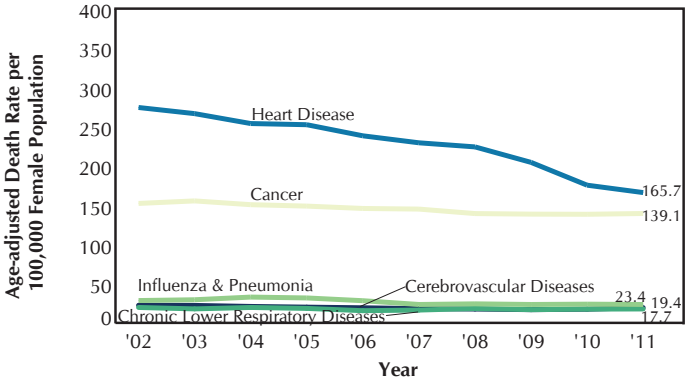
Figure 7. Age-adjusted Death Rates for Leading Causes among Males, New York City, 2002–2011



- In 2011, the 5 leading causes of death among males mirror citywide leading causes of death. All except diabetes decreased since 2002.
- From 2002-2011, rates of 4 of the five leading causes of death among males decreased: heart disease decreased 37.6%; cancer decreased 13.0%; influenza and pneumonia decreased 4.3%, and chronic lower respiratory diseases decreased 1.5%.
- Diabetes death rates among males increased 2.5% to 24.3 deaths per 100,000 population.

- In 2011, the 3 leading causes of death among females mirror those among males and citywide. The fourth leading cause of death was cerebrovascular disease followed by chronic lower respiratory disease.
- From 2002-2011, death rates of the 5 leading causes of death among females decreased: heart disease decreased 39.5%; cancer decreased 8.4%; influenza and pneumonia decreased 17.6%; cerebrovascular disease decreased 13.4%; and chronic lower respiratory diseases decreased 9.7%.

Figure 8. Age-adjusted Death Rates for Leading Causes among Females, New York City, 2002–2011



LEADING CAUSES OF DEATH

Table 2. Leading Causes of Death in Specified Age Groups Overall and by Sex, New York City, 2011

		All		Male		Female	
Rank	ALL AGES	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	16,900	32.0	7,817	30.4	9,083	33.5
2	Malignant Neoplasms	13,443	25.5	6,569	25.6	6,874	25.4
3	Influenza and Pneumonia	2,492	4.7	1,207	4.7	1,285	4.7
4	Chronic Lower Respiratory Diseases	1,774	3.4	849	3.3	925	3.4
5	Diabetes Mellitus	1,770	3.4	846	3.3	924	3.4
6	Cerebrovascular Diseases	1,750	3.3	720	2.8	1,030	3.8
7	Accidents Except Poisoning by Psychoactive Substance	1,018	1.9	659	2.6	359	1.3
8	Essential Hypertension and Hypertensive Renal Disease	966	1.8	406	1.6	560	2.1
9	Human Immunodeficiency Virus (HIV) Disease	766	1.5	528	2.1	238	0.9
10	Use of or Poisoning by Psychoactive Substance	758	1.4	547	2.1	211	0.8
	All Other Causes	11,152	21.1	5,535	21.6	5,617	20.7
	Total	52,789	100.0	25,683	100.0	27,106	100.0
Rank	< 1 YEAR	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Congenital Malformations, Deformations	116	20.1	60	19.4	56	21.0
2	Short Gestation and Low Birthweight	114	19.8	55	17.7	59	22.1
3	Cardiovascular Disorders Originating in the Perinatal Period	70	12.1	33	10.6	37	13.9
4	External Causes	62	10.7	39	12.6	23	8.6
5	Respiratory Distress of Newborn	17	2.9	9	2.9	8	3.0
6	Bacterial Sepsis of Newborn	13	2.3	7	2.3	6	2.2
7	Newborn Affected by Complications of Pregnancy	12	2.1	7	2.3	5	1.9
7	Other Respiratory Conditions Originating in the Perinatal Period	12	2.1	8	2.6	4	1.5
9	Newborn Affected by Complications of Placenta	11	1.9	8	2.6	3	1.1
9	Heart Disease	11	1.9	7	2.3	4	1.5
	All Other Causes	139	24.1	77	24.8	62	23.2
	Total	577	100.0	310	100.0	267	100.0
Rank	1 - 14 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	54	26.7	29	25.4	25	28.4
2	Congenital Malformations, Deformations	27	13.4	17	14.9	10	11.4
3	Accidents Except Poisoning by Psychoactive Substance	19	9.4	11	9.6	8	9.1
4	Assault (Homicide)	11	5.4	7	6.1	4	4.5
4	Chronic Lower Respiratory Diseases	11	5.4	9	7.9	2	2.3
6	Influenza and Pneumonia	8	4.0	4	3.5	4	4.5
7	Heart Disease	5	2.5	2	1.8	3	3.4
	All Other Causes	67	33.2	35	30.7	32	36.4
	Total	202	100.0	114	100.0	88	100.0
Rank	15 - 24 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Assault (Homicide)	162	27.9	140	32.4	22	14.9
2	Accidents Except Poisoning by Psychoactive Substance	71	12.2	61	14.1	10	6.8
3	Intentional Self-harm (Suicide)	64	11.0	48	11.1	16	10.8
4	Malignant Neoplasms	55	9.5	33	7.6	22	14.9
5	Use of or Poisoning by Psychoactive Substance	38	6.6	27	6.3	11	7.4
6	Heart Disease	22	3.8	17	3.9	5	3.4
7	Congenital Malformations, Deformations	21	3.6	14	3.2	7	4.7
8	Human Immunodeficiency Virus (HIV) Disease	16	2.8	13	3.0	3	2.0
9	Anemias	11	1.9	10	2.3	1	0.7
10	Chronic Lower Respiratory Diseases	9	1.6	7	1.6	2	1.4
	All Other Causes	111	19.1	62	14.4	49	33.1
	Total	580	100.0	432	100.0	148	100.0
Rank	25 - 34 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Assault (Homicide)	135	13.7	117	17.5	18	5.6
2	Malignant Neoplasms	133	13.4	65	9.7	68	21.2
3	Use of or Poisoning by Psychoactive Substance	130	13.1	98	14.7	32	10.0
4	Intentional Self-harm (Suicide)	96	9.7	67	10.0	29	9.0
5	Accidents Except Poisoning by Psychoactive Substance	93	9.4	73	10.9	20	6.2
6	Heart Disease	65	6.6	43	6.4	22	6.9
7	Human Immunodeficiency Virus (HIV) Disease	40	4.0	29	4.3	11	3.4
8	Pregnancy, Childbirth, and the Puerperium	22	2.2	-	-	22	6.9
9	Diabetes Mellitus	17	1.7	11	1.6	6	1.9
10	Cerebrovascular Disease	16	1.6	10	1.5	6	1.9
	All Other Causes	242	24.5	155	23.2	87	27.1
	Total	989	100.0	668	100.0	321	100.0

Continued on next page.

Table 2. Leading Causes of Death in Specified Age Groups Overall and by Sex, New York City, 2011 (Continued)

		All		Male		Female	
Rank	35 - 44 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	369	22.4	154	15.4	215	33.4
2	Heart Disease	195	11.9	140	14.0	55	8.6
3	Use of or Poisoning by Psychoactive Substance	158	9.6	109	10.9	49	7.6
4	Human Immunodeficiency Virus (HIV) Disease	125	7.6	77	7.7	48	7.5
5	Accidents Except Poisoning by Psychoactive Substance	103	6.3	80	8.0	23	3.6
6	Assault (Homicide)	81	4.9	69	6.9	12	1.9
7	Intentional Self-harm (Suicide)	77	4.7	63	6.3	14	2.2
8	Chronic Liver Disease and Cirrhosis	45	2.7	32	3.2	13	2.0
9	Diabetes Mellitus	41	2.5	25	2.5	16	2.5
10	Mental Disorders due to Use of Alcohol	35	2.1	30	3.0	5	0.8
10	Cerebrovascular Diseases	35	2.1	21	2.1	14	2.2
	All Other Causes	380	23.1	201	20.1	179	27.8
	Total	1,644	100.0	1,001	100.0	643	100.0
Rank	45 - 54 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,198	28.6	548	21.5	650	39.4
2	Heart Disease	780	18.6	554	21.8	226	13.7
3	Human Immunodeficiency Virus (HIV) Disease	287	6.8	183	7.2	104	6.3
4	Use of or Poisoning by Psychoactive Substance	252	6.0	182	7.2	70	4.2
5	Diabetes Mellitus	165	3.9	105	4.1	60	3.6
6	Accidents Except Poisoning by Psychoactive Substance	135	3.2	107	4.2	28	1.7
7	Chronic Liver Disease and Cirrhosis	132	3.1	96	3.8	36	2.2
8	Intentional Self-harm (Suicide)	117	2.8	93	3.7	24	1.5
9	Cerebrovascular Diseases	114	2.7	61	2.4	53	3.2
10	Influenza and Pneumonia	93	2.2	57	2.2	36	2.2
	All Other Causes	920	21.9	557	21.9	363	22.0
	Total	4,193	100.0	2,543	100.0	1,650	100.0
Rank	55 - 64 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	2,676	36.8	1,395	31.7	1,281	44.7
2	Heart Disease	1,746	24.0	1,168	26.5	578	20.2
3	Diabetes Mellitus	301	4.1	162	3.7	139	4.9
4	Human Immunodeficiency Virus (HIV) Disease	213	2.9	159	3.6	54	1.9
5	Cerebrovascular Diseases	209	2.9	127	2.9	82	2.9
6	Viral Hepatitis	186	2.6	141	3.2	45	1.6
7	Chronic Lower Respiratory Diseases	185	2.5	114	2.6	71	2.5
8	Influenza and Pneumonia	175	2.4	110	2.5	65	2.3
9	Chronic Liver Disease and Cirrhosis	166	2.3	128	2.9	38	1.3
9	Use of or Poisoning by Psychoactive Substance	166	2.3	120	2.7	46	1.6
	All Other Causes	1,242	17.1	776	17.6	466	16.3
	Total	7,265	100.0	4,400	100.0	2,865	100.0
Rank	65 - 74 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	3,221	36.7	1,694	34.7	1,527	39.4
2	Heart Disease	2,532	28.9	1,518	31.1	1,014	26.1
3	Diabetes Mellitus	388	4.4	214	4.4	174	4.5
4	Influenza and Pneumonia	308	3.5	188	3.8	120	3.1
5	Cerebrovascular Diseases	297	3.4	159	3.3	138	3.6
6	Chronic Lower Respiratory Diseases	291	3.3	152	3.1	139	3.6
7	Essential Hypertension and Hypertensive Renal Disease	164	1.9	93	1.9	71	1.8
8	Accidents Except Poisoning by Psychoactive Substance	120	1.4	70	1.4	50	1.3
9	Chronic Liver Disease and Cirrhosis	109	1.2	70	1.4	39	1.0
10	Septicemia	78	0.9	44	0.9	34	0.9
	All Other Causes	1,259	14.4	686	14.0	573	14.8
	Total	8,767	100.0	4,888	100.0	3,879	100.0
Rank	75 - 84 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	4,331	35.0	2,056	34.8	2,275	35.1
2	Malignant Neoplasms	3,438	27.8	1,731	29.3	1,707	26.4
3	Influenza and Pneumonia	672	5.4	343	5.8	329	5.1
4	Chronic Lower Respiratory Diseases	554	4.5	273	4.6	281	4.3
5	Cerebrovascular Disease	474	3.8	191	3.2	283	4.4
6	Diabetes Mellitus	458	3.7	190	3.2	268	4.1
7	Essential Hypertension and Hypertensive Renal Disease	222	1.8	94	1.6	128	2.0
8	Alzheimer's Disease	159	1.3	63	1.1	96	1.5
9	Accidents Except Poisoning by Psychoactive Substance	152	1.2	84	1.4	68	1.1
10	Nephritis, Nephrotic Syndrome, and Nephrosis	126	1.0	67	1.1	59	0.9
	All Other Causes	1,796	14.5	814	13.8	982	15.2
	Total	12,382	100.0	5,906	100.0	6,476	100.0
Rank	≥85 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	7,213	44.6	2,312	42.6	4,901	45.5
2	Malignant Neoplasms	2,297	14.2	918	16.9	1,379	12.8
3	Influenza and Pneumonia	1,183	7.3	475	8.8	708	6.6
4	Cerebrovascular Diseases	599	3.7	146	2.7	453	4.2
5	Chronic Lower Respiratory Diseases	595	3.7	228	4.2	367	3.4
6	Alzheimer's Disease	433	2.7	108	2.0	325	3.0
7	Diabetes Mellitus	394	2.4	134	2.5	260	2.4
8	Essential Hypertension and Hypertensive Renal Disease	386	2.4	99	1.8	287	2.7
9	Accidents Except Poisoning by Psychoactive Substance	185	1.1	73	1.3	112	1.0
10	Nephritis, Nephrotic Syndrome, and Nephrosis	160	1.0	75	1.4	85	0.8
	All Other Causes	2,745	17.0	853	15.7	1,892	17.6
	Total	16,190	100.0	5,421	100.0	10,769	100.0

Table 3. Leading Causes of Death by Racial/Ethnic Groups and Sex, New York City, 2011

		All		Male		Female	
Rank	Puerto Rican	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	1,445	27.6	668	24.7	777	30.7
2	Malignant Neoplasms	1,143	21.8	599	22.1	544	21.5
3	Diabetes Mellitus	250	4.8	130	4.8	120	4.7
4	Influenza and Pneumonia	237	4.5	116	4.3	121	4.8
5	Chronic Lower Respiratory Diseases	191	3.6	85	3.1	106	4.2
6	Human Immunodeficiency Virus (HIV) Disease	186	3.5	123	4.5	63	2.5
7	Cerebrovascular Diseases	162	3.1	63	2.3	99	3.9
8	Use of or Poisoning by Psychoactive Substance	145	2.8	100	3.7	45	1.8
9	Chronic Liver Disease and Cirrhosis	124	2.4	98	3.6	26	1.0
10	Viral Hepatitis	112	2.1	90	3.3	22	0.9
	All Other Causes	1,245	23.8	636	23.5	609	24.1
	Total	5,240	100.0	2,708	100.0	2,532	100.0
Rank	Other Hispanic	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	1,104	26.6	533	24.5	571	28.9
2	Malignant Neoplasms	1,086	26.2	545	25.0	541	27.4
3	Influenza and Pneumonia	190	4.6	93	4.3	97	4.9
4	Cerebrovascular Diseases	164	4.0	84	3.9	80	4.1
5	Diabetes Mellitus	146	3.5	70	3.2	76	3.9
6	Accidents Except Poisoning by Psychoactive Substance	142	3.4	109	5.0	33	1.7
7	Chronic Lower Respiratory Diseases	89	2.1	39	1.8	50	2.5
8	Chronic Liver Disease and Cirrhosis	82	2.0	69	3.2	13	0.7
9	Assault (Homicide)	71	1.7	62	2.8	9	0.5
10	Intentional Self-harm (Suicide)	65	1.6	53	2.4	12	0.6
	All Other Causes	1,012	24.4	520	23.9	492	24.9
	Total	4,151	100.0	2,177	100.0	1,974	100.0
Rank	Asian and Pacific Islander	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,004	30.1	550	30.3	454	29.7
2	Heart Disease	854	25.6	452	24.9	402	26.3
3	Influenza and Pneumonia	178	5.3	94	5.2	84	5.5
4	Cerebrovascular Diseases	177	5.3	79	4.4	98	6.4
5	Diabetes Mellitus	111	3.3	60	3.3	51	3.3
6	Accidents Except Poisoning by Psychoactive Substance	105	3.1	61	3.4	44	2.9
7	Chronic Lower Respiratory Diseases	103	3.1	73	4.0	30	2.0
8	Essential Hypertension and Hypertensive Renal Disease	83	2.5	37	2.0	46	3.0
9	Intentional Self-harm (Suicide)	73	2.2	50	2.8	23	1.5
10	Alzheimer's Disease	42	1.3	18	1.0	24	1.6
	All Other Causes	611	18.3	340	18.7	271	17.7
	Total	3,341	100.0	1,814	100.0	1,527	100.0
Rank	Non-Hispanic White	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	9,236	36.2	4,220	34.9	5,016	37.3
2	Malignant Neoplasms	6,595	25.8	3,222	26.7	3,373	25.1
3	Influenza and Pneumonia	1,342	5.3	646	5.3	696	5.2
4	Chronic Lower Respiratory Diseases	954	3.7	444	3.7	510	3.8
5	Cerebrovascular Diseases	756	3.0	290	2.4	466	3.5
6	Diabetes Mellitus	511	2.0	258	2.1	253	1.9
7	Accidents Except Poisoning by Psychoactive Substance	456	1.8	272	2.2	184	1.4
8	Use of or Poisoning by Psychoactive Substance	342	1.3	254	2.1	88	0.7
9	Essential Hypertension and Hypertensive Renal Disease	341	1.3	142	1.2	199	1.5
10	Alzheimer's Disease	320	1.3	89	0.7	231	1.7
	All Other Causes	4,696	18.4	2,253	18.6	2,443	18.2
	Total	25,549	100.0	12,090	100.0	13,459	100.0
Rank	Non-Hispanic Black	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Heart Disease	4,083	29.4	1,840	28.1	2,243	30.5
2	Malignant Neoplasms	3,508	25.2	1,590	24.3	1,918	26.1
3	Diabetes Mellitus	717	5.2	307	4.7	410	5.6
4	Influenza and Pneumonia	516	3.7	243	3.7	273	3.7
5	Cerebrovascular Diseases	481	3.5	200	3.1	281	3.8
6	Chronic Lower Respiratory Diseases	421	3.0	200	3.1	221	3.0
6	Human Immunodeficiency Virus (HIV) Disease	421	3.0	277	4.2	144	2.0
8	Essential Hypertension and Hypertensive Renal Disease	379	2.7	154	2.4	225	3.1
9	Assault (Homicide)	318	2.3	266	4.1	52	0.7
10	Accidents Except Poisoning by Psychoactive Substance	209	1.5	133	2.0	76	1.0
	All Other Causes	2,857	20.5	1,339	20.4	1,518	20.6
	Total	13,910	100.0	6,549	100.0	7,361	100.0

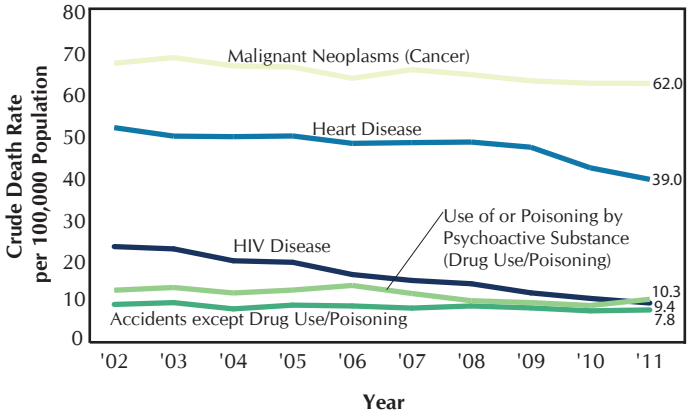
Note: For each racial/ethnic group, the 10 leading causes of death are listed in decreasing order of frequency for that racial/ethnic group overall.

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

PREMATURE DEATH

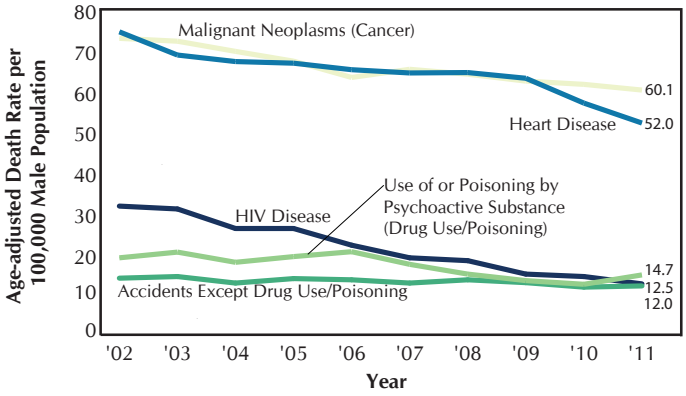
- In 2011, the 5 leading causes of premature death (before age 65) were cancer, followed by heart disease, use of or poisoning by psychoactive substance (drug use/poisoning), HIV infection, and accidents other than drug use/poisoning.
- Over the past 10 years, the HIV-related mortality rate decreased 59.0%, heart disease, 24.1%, and drug use/poisoning, 14.3%.
- The continuing decline in HIV-related mortality is attributed to HIV prevention efforts and increased use and effectiveness of antiretroviral drugs. The recent decline in heart disease is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 9. Crude Death Rates for Leading Causes of Premature Death (Age < 65), New York City, 2002–2011



*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

Figure 10. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65) among Males, New York City, 2002–2011

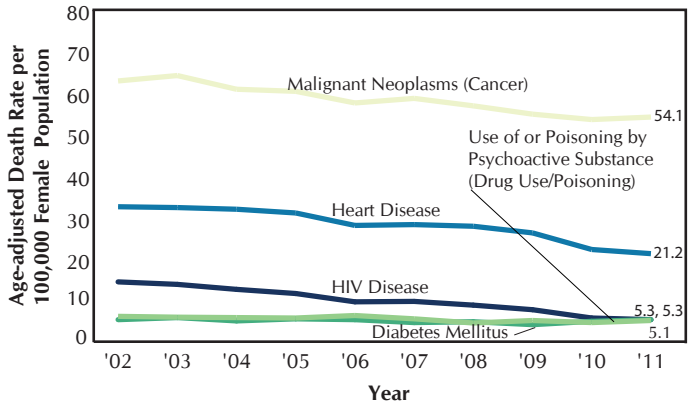


*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

- In 2011, the leading causes of premature deaths among NYC males mirror citywide causes: cancer, followed by heart disease, drug use/ poisoning, HIV, and accidents except drug use/poisoning.
- Reductions occurred in the rates of the 5 leading causes of premature death among men since 2002: HIV by 60.4%; heart disease by 30.1%*, drug use/poisoning by 22.2%; cancer by 17.4%, and accidents except drug use/poisoning by 13.7%.

- In 2011, the leading causes of premature deaths among NYC females were cancer, followed by heart disease, HIV infection, diabetes mellitus, and drug use/poisoning.
- Age-adjusted death rates due to HIV, heart disease*, drug use/poisoning and cancer all decreased, 63.2%, 35.0%, 16.4% and 13.9% respectively since 2002. The death rate due to diabetes remained relatively stable.

Figure 11. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65) among Females, New York City, 2002–2011



*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

PREMATURE DEATH

Table 4. Leading Causes of Premature Death (Age <65) by Racial/ Ethnic Groups and Sex, New York City, 2011

		All		Male		Female	
Rank	Puerto Rican	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	441	21.9	236	18.7	205	27.2
2	Heart Disease	327	16.2	206	16.3	121	16.0
3	Human Immunodeficiency Virus (HIV) Disease	163	8.1	105	8.3	58	7.7
4	Use of or Poisoning by Psychoactive Substance	141	7.0	98	7.8	43	5.7
5	Viral Hepatitis	97	4.8	80	6.3	17	2.3
6	Chronic Liver Disease and Cirrhosis	81	4.0	68	5.4	13	1.7
7	Diabetes Mellitus	76	3.8	42	3.3	34	4.5
8	Assault (Homicide)	61	3.0	51	4.0	10	1.3
9	Accidents Except Poisoning by Psychoactive Substance	58	2.9	51	4.0	7	0.9
10	Chronic Lower Respiratory Diseases	51	2.5	22	1.7	29	3.8
	All Other Causes	520	25.8	302	23.9	218	28.9
	Total	2,016	100.0	1,261	100.0	755	100.0
Rank	Other Hispanic	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	435	27.9	221	21.4	214	41.0
2	Heart Disease	233	15.0	170	16.4	63	12.1
3	Accidents Except Poisoning by Psychoactive Substance	105	6.7	85	8.2	20	3.8
4	Assault (Homicide)	68	4.4	59	5.7	9	1.7
5	Intentional Self-harm (Suicide)	56	3.6	46	4.4	10	1.9
5	Use of or Poisoning by Psychoactive Substance	56	3.6	45	4.3	11	2.1
7	Chronic Liver Disease and Cirrhosis	54	3.5	51	4.9	3	0.6
8	Cerebrovascular Diseases	48	3.1	34	3.3	14	2.7
9	Diabetes Mellitus	41	2.6	22	2.1	19	3.6
10	Human Immunodeficiency Virus (HIV) Disease	40	2.6	34	3.3	6	1.1
	All Other Causes	421	27.0	268	25.9	153	29.3
	Total	1,557	100.0	1,035	100.0	522	100.0
Rank	Asian and Pacific Islander	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	372	37.5	192	31.3	180	47.6
2	Heart Disease	175	17.7	125	20.4	50	13.2
3	Intentional Self-harm (Suicide)	54	5.4	39	6.4	15	4.0
4	Cerebrovascular Diseases	48	4.8	32	5.2	16	4.2
5	Accidents Except Poisoning by Psychoactive Substance	40	4.0	27	4.4	13	3.4
6	Diabetes Mellitus	30	3.0	22	3.6	8	2.1
7	Influenza and Pneumonia	22	2.2	9	1.5	13	3.4
8	Congenital Malformations, Deformations	18	1.8	12	2.0	6	1.6
9	Chronic Liver Disease and Cirrhosis	17	1.7	13	2.1	4	1.1
10	Viral Hepatitis	15	1.5	13	2.1	2	0.5
	All Other Causes	200	20.2	129	21.0	71	18.8
	Total	991	100.0	613	100.0	378	100.0
Rank	Non-Hispanic White	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,807	34.7	943	28.9	864	44.6
2	Heart Disease	983	18.9	720	22.1	263	13.6
3	Use of or Poisoning by Psychoactive Substance	339	6.5	252	7.7	87	4.5
4	Accidents Except Poisoning by Psychoactive Substance	197	3.8	151	4.6	46	2.4
5	Intentional Self-harm (Suicide)	191	3.7	145	4.4	46	2.4
6	Diabetes Mellitus	134	2.6	89	2.7	45	2.3
7	Chronic Liver Disease and Cirrhosis	126	2.4	80	2.5	46	2.4
8	Influenza and Pneumonia	116	2.2	72	2.2	44	2.3
9	Chronic Lower Respiratory Diseases	111	2.1	75	2.3	36	1.9
10	Human Immunodeficiency Virus (HIV) Disease	86	1.7	67	2.1	19	1.0
	All Other Causes	1,111	21.4	669	20.5	442	22.8
	Total	5,201	100.0	3,263	100.0	1,938	100.0
Rank	Non-Hispanic Black	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,385	25.4	609	19.4	776	33.5
2	Heart Disease	1,071	19.7	682	21.8	389	16.8
3	Human Immunodeficiency Virus (HIV) Disease	375	6.9	243	7.8	132	5.7
4	Assault (Homicide)	309	5.7	261	8.3	48	2.1
5	Diabetes Mellitus	239	4.4	124	4.0	115	5.0
6	Use of or Poisoning by Psychoactive Substance	195	3.6	130	4.1	65	2.8
7	Cerebrovascular Diseases	172	3.2	94	3.0	78	3.4
8	Accidents Except Poisoning by Psychoactive Substance	148	2.7	107	3.4	41	1.8
9	Chronic Lower Respiratory Diseases	143	2.6	78	2.5	65	2.8
10	Essential Hypertension and Renal Diseases	116	2.1	67	2.1	49	2.1
	All Other Causes	1,295	23.8	740	23.6	555	24.0
	Total	5,448	100.0	3,135	100.0	2,313	100.0

Note: For each racial/ethnic group, the 10 leading causes of death are listed in decreasing order of frequency for that racial/ethnic group overall.

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

PREMATURE DEATH

- This figure features Years of Potential Life Lost (YPLL) by sex and cause of death. YPLL estimates the number of years of life lost due to a person dying before their expected life expectancy (age 75), i.e., 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.
- Nearly two thirds (61.2%) of YPLL are among men versus more than a third (38.8%) among women. For many leading causes of death, males have twice the number of YPLL than females.
- Cancer and heart disease, the two leading causes of death, were responsible for nearly 41% of YPLL in 2011.
- Use of or poisoning by psychoactive substance, homicide, and accident are responsible for another 14.3% of YPLL in 2011.

Figure 12. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2011

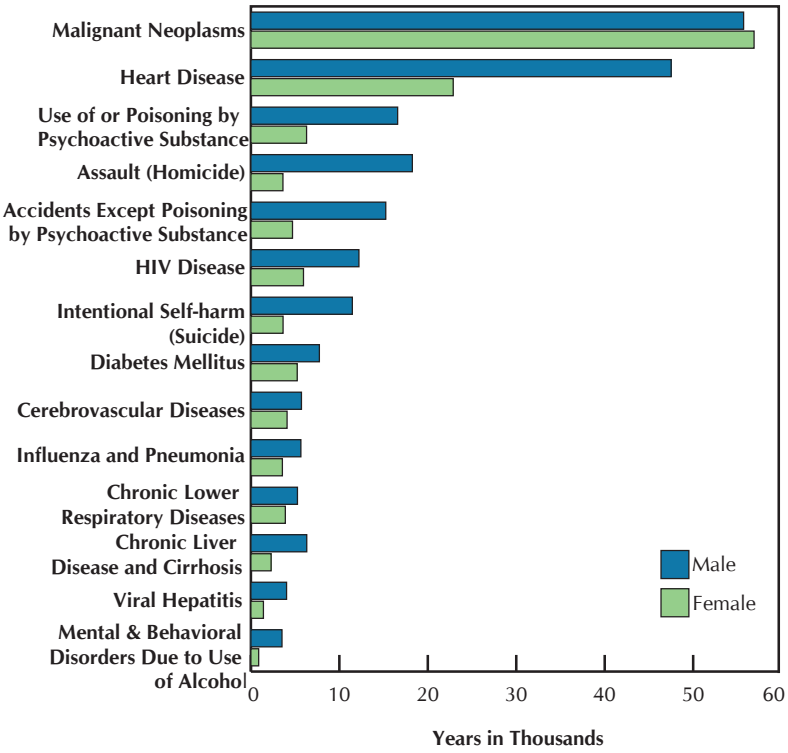


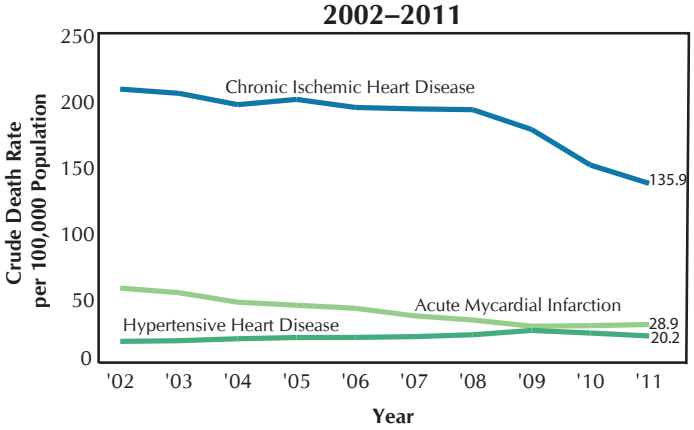
Table 5. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2011

	All		Male		Female	
Cause of Death	YPLL	%	YPLL	%	YPLL	%
Total	451,210	100.0	276,092	100.0	175,118	100.0
Malignant Neoplasms	112,589	25.0	55,703	20.2	56,886	32.5
Trachea, bronchus, and lung	20,447	4.5	11,436	4.1	9,011	5.1
Colon, rectum, and anus	10,082	2.2	5,385	2.0	4,697	2.7
Breast	11,814	2.6	19	0.0	11,795	6.7
Leukemia	6,668	1.5	4,050	1.5	2,618	1.5
Pancreas	6,593	1.5	3,608	1.3	2,985	1.7
Heart Disease	70,382	15.6	47,511	17.2	22,871	13.1
Use of or Poisoning by Psychoactive Substance	22,884	5.1	16,590	6.0	6,294	3.6
Assault (Homicide)	21,876	4.8	18,253	6.6	3,623	2.1
Accidents Except Poisoning by Psychoactive Substance	19,951	4.4	15,248	5.5	4,703	2.7
Motor vehicle	7,650	1.7	5,792	2.1	1,858	1.1
HIV Disease	18,159	4.0	12,214	4.4	5,945	3.4
Intentional Self-harm (Suicide)	15,106	3.3	11,468	4.2	3,638	2.1
Diabetes Mellitus	12,977	2.9	7,742	2.8	5,235	3.0
Cerebrovascular Diseases	9,807	2.2	5,716	2.1	4,091	2.3
Influenza and Pneumonia	9,211	2.0	5,651	2.0	3,560	2.0
Chronic Lower Respiratory Diseases	9,156	2.0	5,263	1.9	3,893	2.2
Chronic Liver Disease and Cirrhosis	8,601	1.9	6,316	2.3	2,285	1.3
Viral Hepatitis	5,449	1.2	4,033	1.5	1,416	0.8
Mental and Behavioral Disorders Due to Use of Alcohol	4,396	1.0	3,517	1.3	879	0.5
All Other Causes	110,666	24.5	60,867	22.0	49,799	28.4

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

HEART DISEASE

Figure 13. Crude Death Rates for 3 Leading Causes of Heart Disease Death*, New York City, 2002–2011

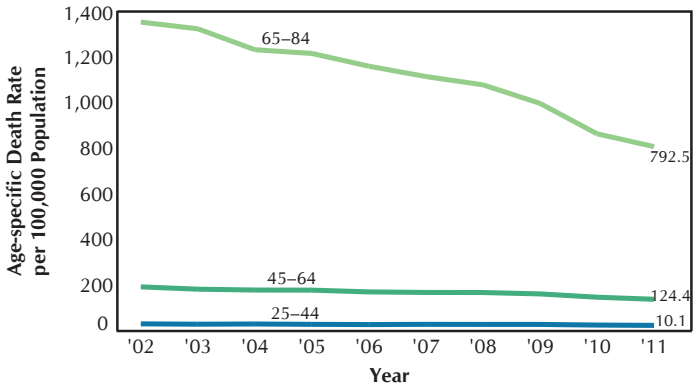


*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

- The rate of chronic ischemic heart disease death, the leading cause of heart disease deaths, decreased 29.1% between 2008 and 2011 to 135.9 in 2011, compared with a 7.5% reduction throughout the preceding 6 years. The recent sharper decline is partly due to efforts to improve the accuracy of cause of death reporting.*
- Since 2002, acute myocardial infarction decreased 48.8% while hypertensive heart disease increased 25.5%.

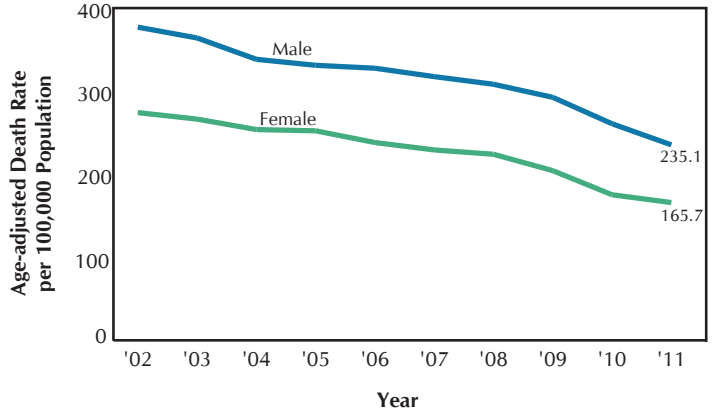
- In 2011, heart disease death rates were 6.4 times higher among 65 to 84 year olds than among 45 to 64 year olds, and 78.5 times higher compared to 25 to 44 year olds.
- Since 2002, heart disease death rates decreased most among the oldest and youngest age groups: 40.7% among 65 to 84 years olds and 40.2% among 25 to 44 year olds. These rates decreased 30.4% among 45 to 64 year olds.
- The recent sharper decline since 2009 in all age groups is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 14. Age-specific Heart Disease Death Rates by Selected Age Group, New York City, 2002–2011



*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

Figure 15. Age-adjusted Heart Disease Death Rates by Sex, New York City, 2002–2011



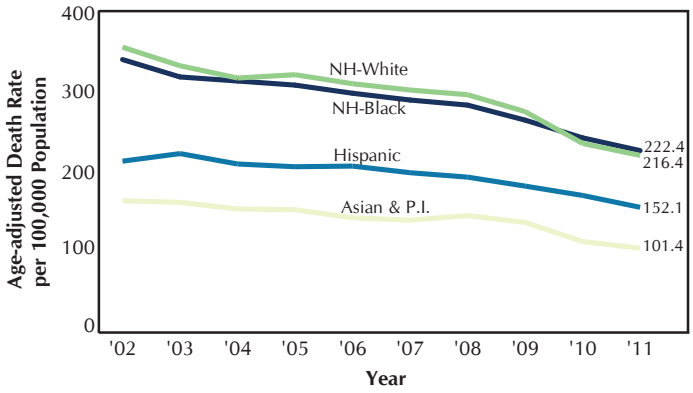
*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

- In 2011, heart disease death rates were 1.4 times higher among males than females.
- Since 2002, the decreases in these rates have been similar for males and females at 37.6% and 39.5% respectively.
- The sharper decline since 2009 is partly due to efforts to improve the accuracy of cause of death reporting.*

HEART DISEASE

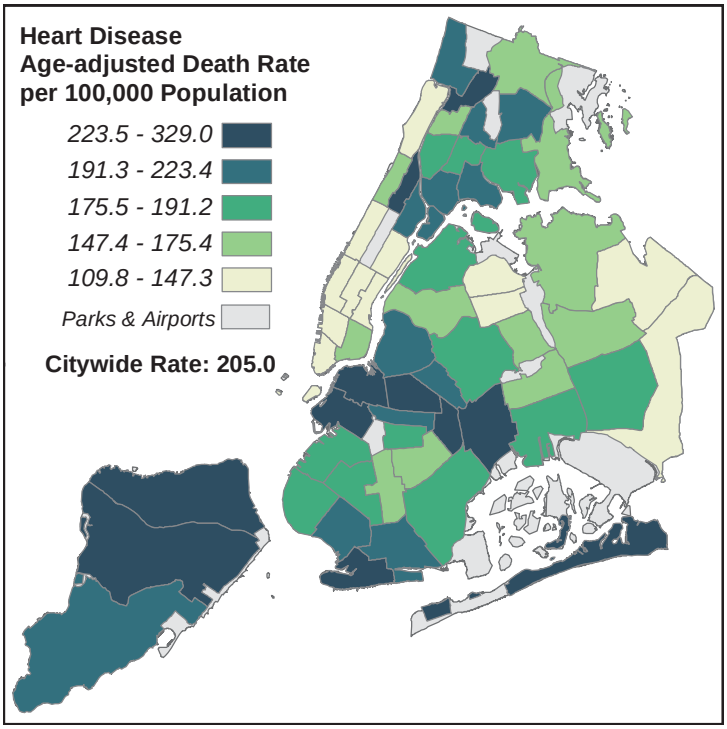
- In 2011, age-adjusted heart disease death rates were highest among non-Hispanic blacks, followed by non-Hispanic whites, Hispanics, and Asians and Pacific Islanders.
- From 2002-2011, age-adjusted death rates decreased 38.3%, 36.7%, 33.7% and 27.3% among non-Hispanic whites, Asians and Pacific Islanders, non-Hispanic blacks, and Hispanics, respectively.
- The recent sharp declines since 2009 among all racial/ethnic groups is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 16. Age-adjusted Heart Disease Death Rates by Racial/Ethnic Group, New York City, 2002–2011



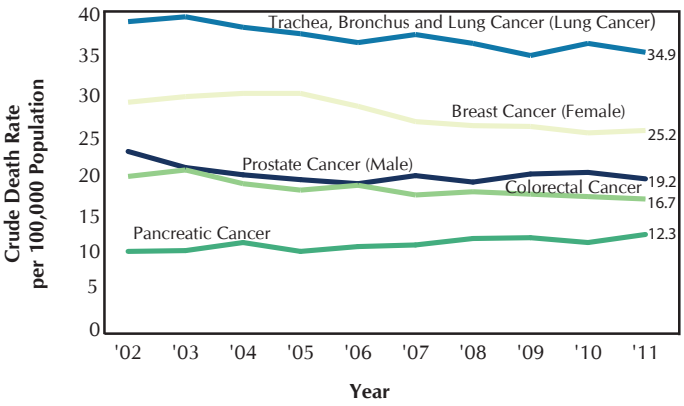
*Please see 2010 Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on the initiative's impact on cause of death reporting, particularly heart disease reporting.

Figure 17. Age-adjusted Heart Disease Death Rates by Community District of Residence, New York City, 2011



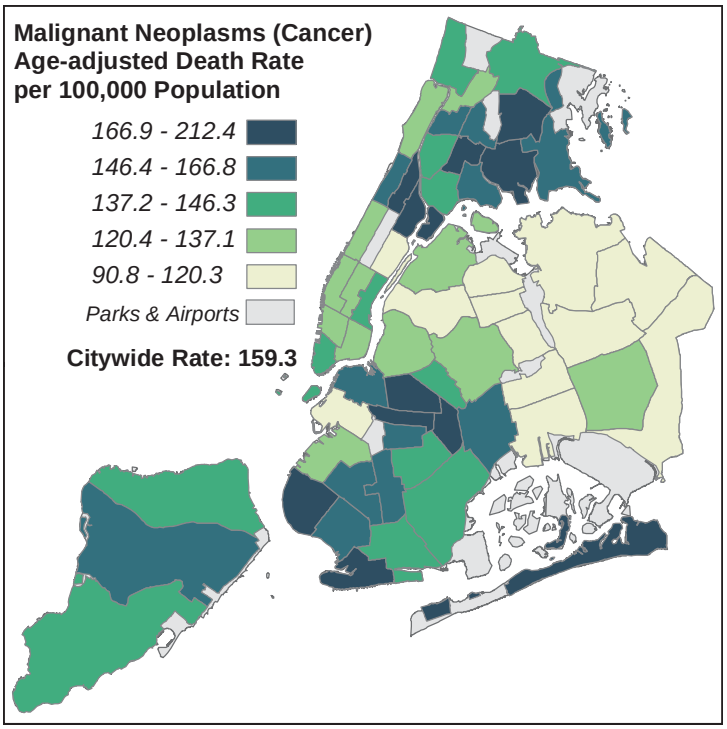
- In 2011, New York City's age-adjusted heart disease death rates were lowest in Murray Hill at 109.8 deaths per 100,000 population, followed by Bayside at 124.4, Midtown Business District at 126.2, Battery Park/Tribeca and Queens Village, both at 128.7 and Upper East side at 132.1.
- Age-adjusted heart disease death rates were highest in The Rockaways at 329.0 deaths per 100,000 population, followed by Bedford Stuyvesant, at 271.4, Brownsville at 263.9, Port Richmond, at 259.1 and Willowbrook/South Beach at 258.3.

Figure 18. Crude Death Rates for 5 Leading Causes of Cancer Death, New York City, 2002–2011



- The cancer mortality rate has decreased 4.2% since 2002 from 170.2 to 163.0 deaths per 100,000 population in 2011 (see Table 1, Figure 6).
- Since 2002, rates of 4 of the 5 leading causes of cancer death decreased: male prostate cancer (15.0%), colorectal cancer (14.4%), female breast cancer (12.2%) and lung cancer (9.8%), which includes cancer of trachea and bronchi as well as lung.
- Pancreatic cancer increased 20.6% to 12.3 deaths per 100,000 population from 2002.

Figure 19. Age-adjusted Cancer Death Rates by Community District of Residence, New York City, 2011



- In 2011, New York City's age-adjusted cancer death rates were lowest in Bayside at 90.8 deaths per 100,000 population, followed by Elmhurst/Corona, at 101.1, Queens Village at 108.6, Woodhaven at 111.0, and Fresh Meadows/Briarwood at 111.1.
- Age-adjusted cancer death rates were highest in Brownsville at 212.4 deaths per 100,000 population followed by Central Harlem at 203.1, Bedford Stuyvesant, at 195.7, The Rockaways at 189.3 and East Harlem at 187.5.

LUNG CANCER

- Lung cancer death rates include cancer of trachea and bronchi as well as lung.
- Lung cancer death rates are highest among non-Hispanic whites, followed by non-Hispanic blacks, Asians and Pacific Islanders and Hispanics.
- Since 2002, lung cancer rates have declined among all race/ethnic groups: 13.7% among non-Hispanic whites, 10.1% among non-Hispanic blacks, 8.8% among Hispanics, and 7.2% among Asians and Pacific Islanders.

Figure 20. Age-adjusted Lung Cancer Death Rates by Racial/Ethnic Group, New York City, 2002–2011

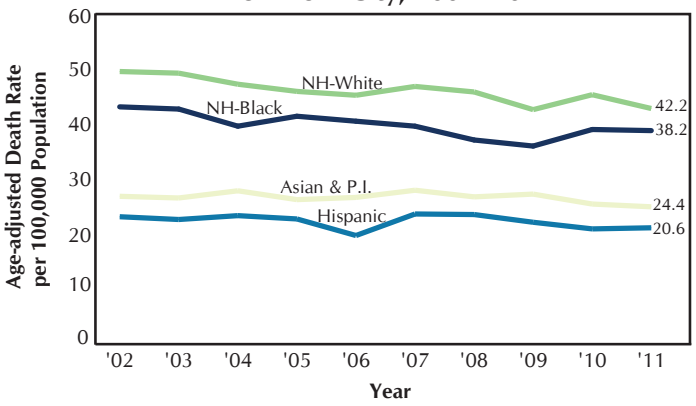
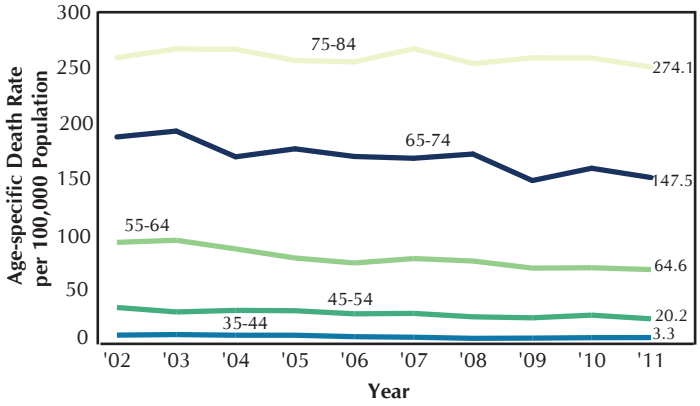


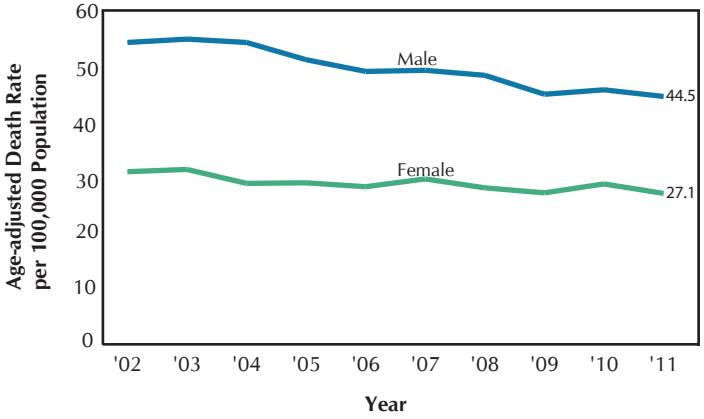
Figure 21. Age-specific Lung Cancer Death Rates by Selected Age Group, New York City, 2002–2011



- In 2011, age-specific lung cancer death rates were lowest among 35 to 44 year olds, at 3.3 deaths per 100,000 population and increased with age to a high of 274.1 deaths among 75 to 84 year olds.
- From 2002 to 2011, all age-specific death rates decreased: 40% among 35 to 44 year olds, 33.6% among 45 to 54 year olds, 27.5% among 55 to 64 year olds, 19.9% among 65 to 74 year olds and 3.3% among 75 to 84 year olds.

- Lung cancer death rates are 1.6 times higher among men than women.
- Since 2002, the lung cancer death rate has declined 17.9% among men and 12.6% among women.

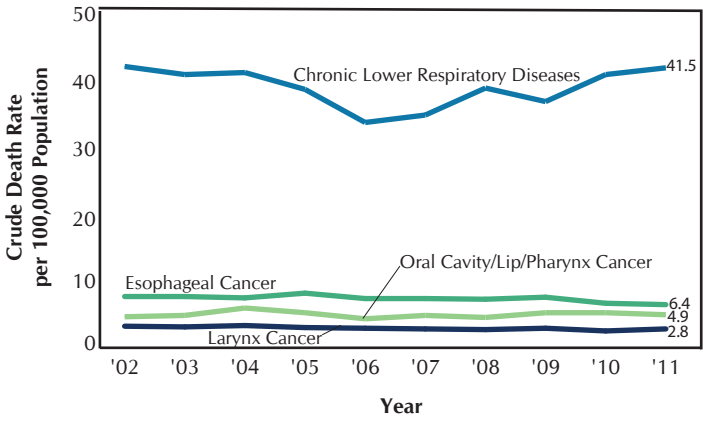
Figure 22. Age-adjusted Lung Cancer Death Rates by Sex, New York City, 2002–2011



SMOKING-RELATED MORTALITY

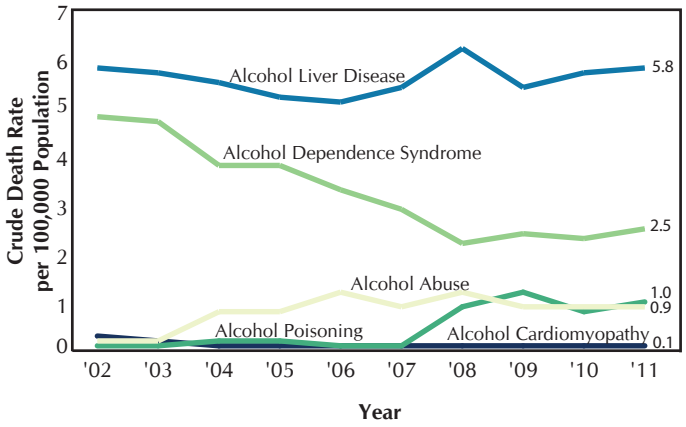
- Causes of death known to be highly attributable to smoking are displayed and include the following cancers: lung (see Fig 18-22), esophageal, laryngeal, and cancers of the oral cavity, lip, and pharynx. Chronic lower respiratory diseases are also highly attributable to smoking.
- These causes do not include all deaths related to smoking. In particular, smoking is known to be major risk factor for cardiovascular disease. In addition, there may be other contributing factors to conditions, such as chewing tobacco use for oral and lip cancer.
- Since 2002, cancers of esophagus and larynx decreased 15.0% and 13.8% respectively while cancer of the oral cavity, lip, and pharynx increased 8.2%.
- The death rate for chronic lower respiratory diseases has fluctuated over the past 10 years and is 0.6% lower in 2011 than 2002.

Figure 23. Crude Death Rates for Selected Smoking-related Causes of Death (Age ≥ 35), New York City, 2002–2011



ALCOHOL-RELATED MORTALITY

Figure 24. Crude Death Rates for Selected Alcohol-related Causes* of Death (Age > 20), New York City, 2002–2011

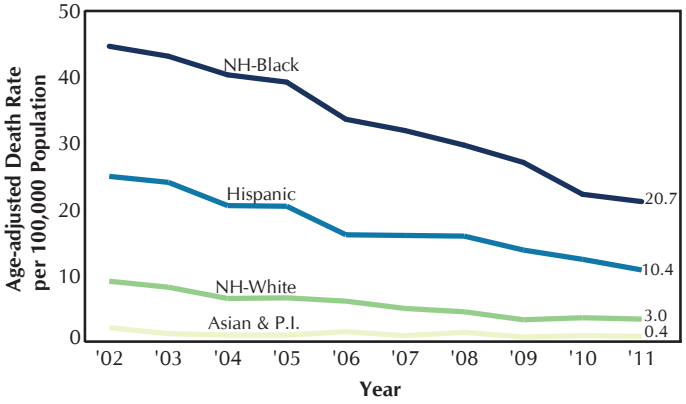


*See Technical Notes: Deaths, Alcohol Related Deaths..

- Due to increasing awareness of binge drinking-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 result from this. Similar trend changes are seen in nationwide data.
- From 2002 to 2011, alcohol liver disease remained relatively stable, at 5.8 deaths per 100,000 population; alcohol dependence syndrome decreased 47.9%, from 4.8 to 2.5 deaths per 100,000 population, in part, due to coding changes mentioned above; alcohol cardiomyopathy decreased 66.7% from 0.3 to 0.1 and alcohol abuse increased 350.0% from 0.2 to 0.9.

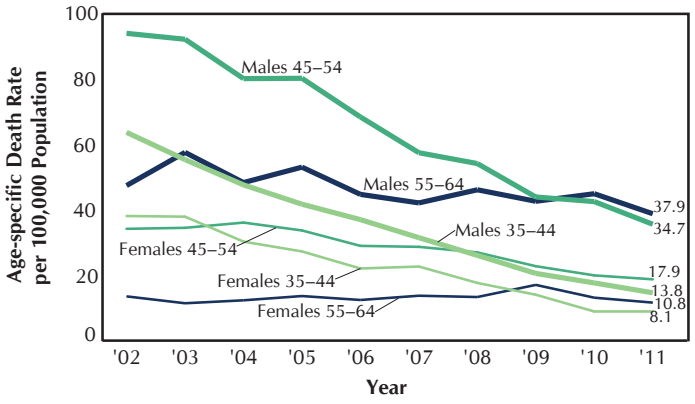
HIV MORTALITY

Figure 25. Age-adjusted HIV Death Rates by Racial/Ethnic Group, New York City, 2002–2011



- Crude HIV death rates declined 56.1% from 21.2 deaths per 100,000 population in 2002 to 9.3 in 2011 (Table 1).
- From 2002 to 2011, age-adjusted HIV death rates decreased 76.5% among Asians and Pacific Islanders, 65.5% among non-Hispanic whites, 57.6% among Hispanics, and 53.1% among non-Hispanic blacks.

Figure 26. Age-specific HIV Death Rates by Sex, New York City, 2002–2011



- Age-specific HIV death rates are higher among males than females and continue to decline more rapidly in younger age groups than older.
- From 2002 to 2011, rates have decreased 78.0% and 78.2% for males and females age 35 to 44, respectively, 62.6% and 46.2% for males and females age 45 to 54, respectively and 18.5% and 15.0% for males and females 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.

OCCUPATIONAL INJURIES

- From 2002 to 2011, fatal occupational injuries continued a general downward trend with some fluctuation. There were 72 fatal occupational injuries in 2011, a 28.0% decline from 100 deaths in 2002.
- Males account for the vast majority of fatal occupational injuries. In 2011, 91.7% of all fatal occupational injuries occurred among males.

Figure 27. Fatal Occupational Injuries by Sex, New York City, 2002–2011

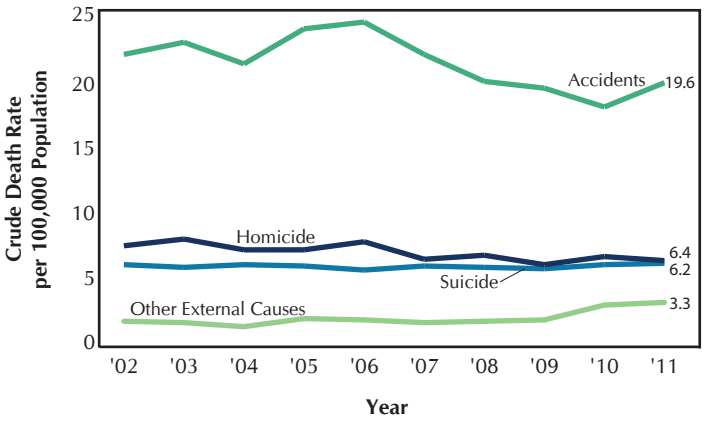
Table 6. Selected Characteristics of Deaths Due to Fatal Occupational Injuries, New York City, 2011

Characteristics	All Deaths	Sex		Age Group in Years				
		Male	Female	<25	25-34	35-44	45-54	55+
Total	72	66	6	5	14	17	20	16
Selected Events								
Transportation incident	13	12	1	2	2	4	2	3
Contact with objects and equipment	13	10	3	1	3	2	3	4
Assaults and violent acts	24	22	2	1	5	5	6	7
Homicide	16	14	2	1	4	5	3	3
Shooting	12	11	1	1	4	2	2	3
Falls	15	15	0	0	2	2	9	2
Selected Industries*								
Construction	17	17	0	0	5	2	9	1
Transportation and warehousing	8	8	0	0	2	3	2	1
Taxicabs	5	5	0	0	1	2	1	1
Retail trade	7	6	1	1	1	1	1	3
Grocery stores	2	2	0	1	0	0	0	1
Accommodation and food services	6	5	1	1	2	2	0	1
Eating and drinking places	5	5	0	1	2	2	0	0
Public administration	8	8	0	0	1	2	3	2
Police and fire protection	5	5	0	0	1	2	2	0
Financial activities	1	1	0	0	0	0	1	0
Ethnic Group								
Non-Hispanic White	30	29	1	1	6	5	11	7
Non-Hispanic Black	18	16	2	0	2	6	5	5
Hispanic	17	15	2	4	4	3	2	4
Asian and Pacific Islander	7	6	1	0	2	3	2	0

*The industry in which the decedent worked and was injured is coded based on the North American Industry Classification System.

EXTERNAL CAUSES OF DEATH

Figure 28. Crude Death Rates for External Causes of Death by Intent*, New York City, 2002–2011



*Data source: National Center for Health Statistics. See Technical Notes: Cause of Death Coding.

- From 2002 to 2011, the unintentional (accidental) death rate was consistently higher than the homicide rate, followed by the suicide rate and other external causes rate, which includes medical and/or surgical care complications and undetermined intent or cause of death.*
- Homicide decreased 14.7% and accidents by 4.6%, while suicide increased by 1.6% and other external causes by nearly 74%.

- In 2011, 2,077 men died from external causes.
- The most frequent category of external cause of death among males was accident (52.5%), followed by homicide (20.7%) suicide (18.3%) and then other external causes (8.5%).

Figure 29. Distribution of External Causes of Death among Males, New York City, 2011

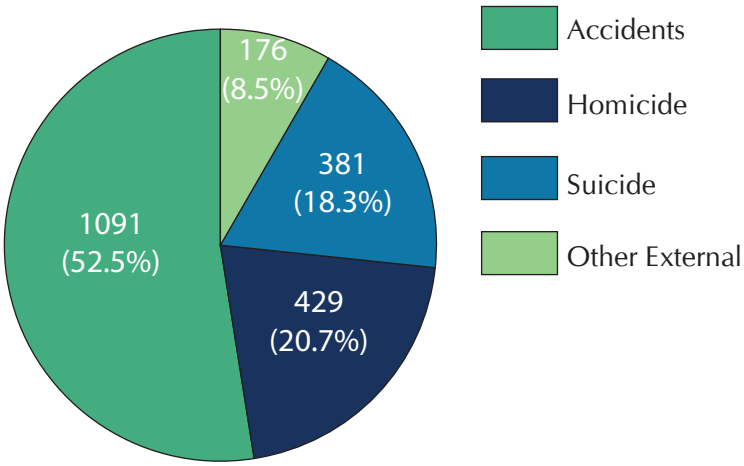
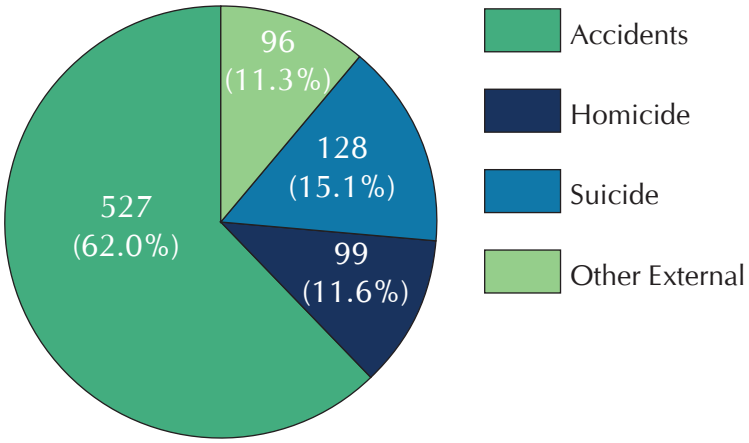


Figure 30. Distribution of External Causes of Death among Females, New York City, 2011

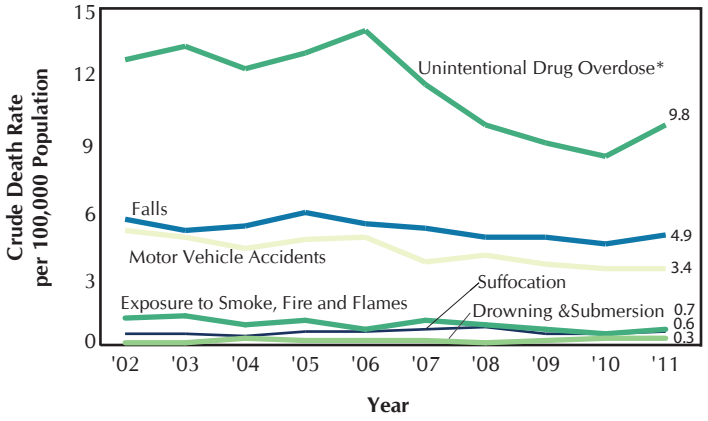


- In 2011, 850 females died from external causes.
- Accident was the most frequent (62.0%) category of external death among women, followed by suicide (15.1%), homicide (11.6%) and other external causes (11.3%).

EXTERNAL CAUSES OF DEATH

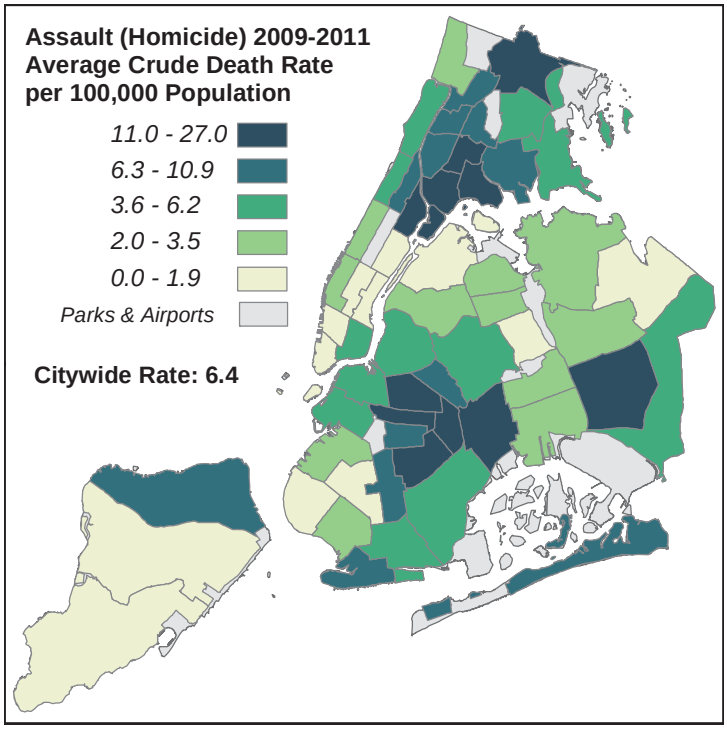
- In 2011, the 3 leading causes of accidental deaths are unintentional drug overdose*, followed by falls, and motor vehicle accidents.
- Since 2002, crude death rates for all three have decreased: motor vehicle accidents by 33.3%, unintentional drug overdose by 22.8%, and falls by 12.5%.
- Rates of accidental death due to smoke, fire or flame exposure; suffocation; and drowning and submersion are lower: all less than 1 death per 100,000 population in 2011.

Figure 31. Crude Death Rates for Selected Accidental Causes of Death, New York City, 2002–2011



*See Technical Notes: Drug-Related Deaths

Figure 32. Age-adjusted Assault (Homicide) Death Rates (3-year averages) by Community District of Residence, New York City, 2009–2011



- Crude three-year-average homicide death rates were highest in Brownsville at 27.0 deaths per 100,000 population, followed by Bedford Stuyvesant at 19.2, Morrisania at 16.7, East New York at 16.6 and Mott Haven at 16.4.
- Community Districts with the lowest crude three-year average rates, due to small numbers of homicides over the three years, do not have reliable rates. Regardless, the small number of homicides over the 3 years is indicative of low rates. These include Rego Park/Forest Hills, Bayside and Astoria/Long Island City in Queens; Murray Hill, Upper East Side, Midtown Business District, Greenwich Village/SOHO and Chelsea/Clinton in Manhattan; Bay Ridge and Borough Park in Brooklyn; and Willowbrook/South Beach and Tottenville in Staten Island – all with less than 2 deaths per 100,000 population.