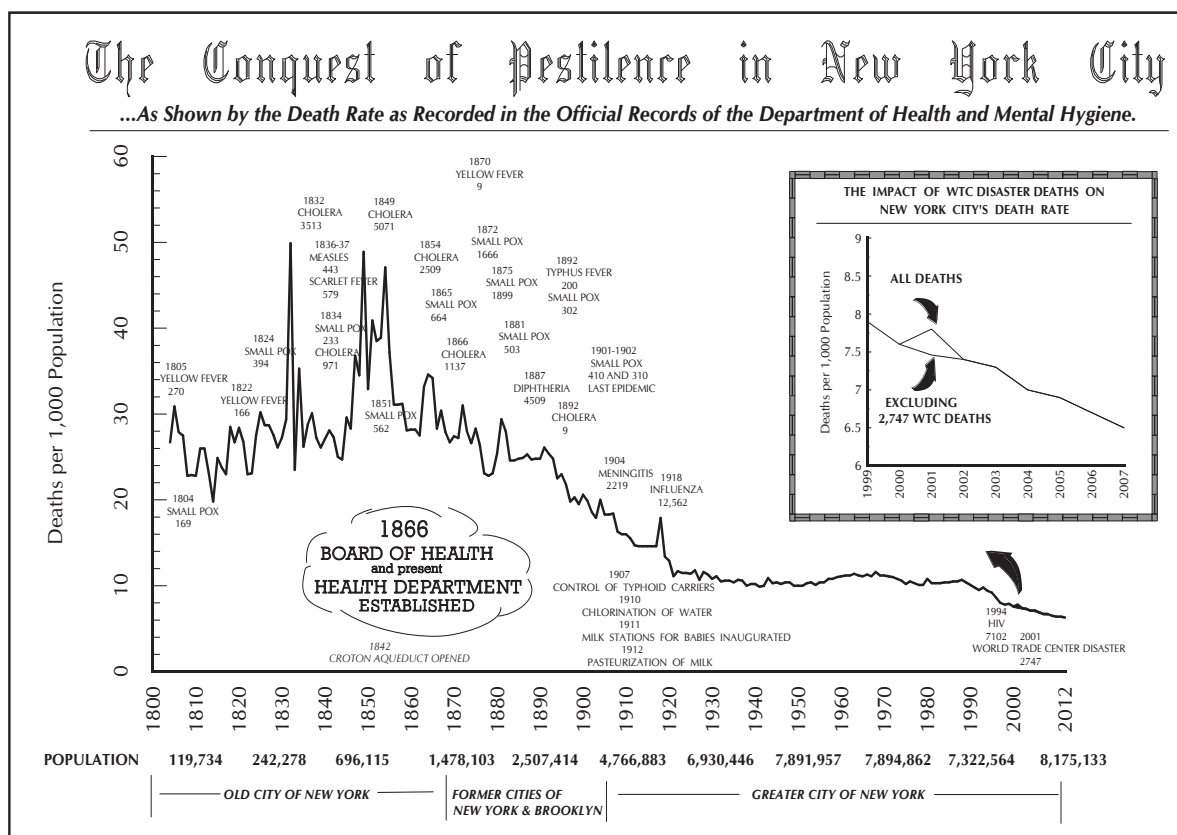


SUMMARY OF VITAL STATISTICS 2012

THE CITY OF NEW YORK

MORTALITY



SUMMARY OF VITAL STATISTICS 2012 THE CITY OF NEW YORK MORTALITY

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February 2014

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2012 MORTALITY, INFANT MORTALITY, PREGNANCY OUTCOMES, AND EXECUTIVE SUMMARY REPORTS ARE AVAILABLE ONLINE AT [HTTP://WWW.NYC.GOV/VITALSTATS](http://www.nyc.gov/vitalstats).

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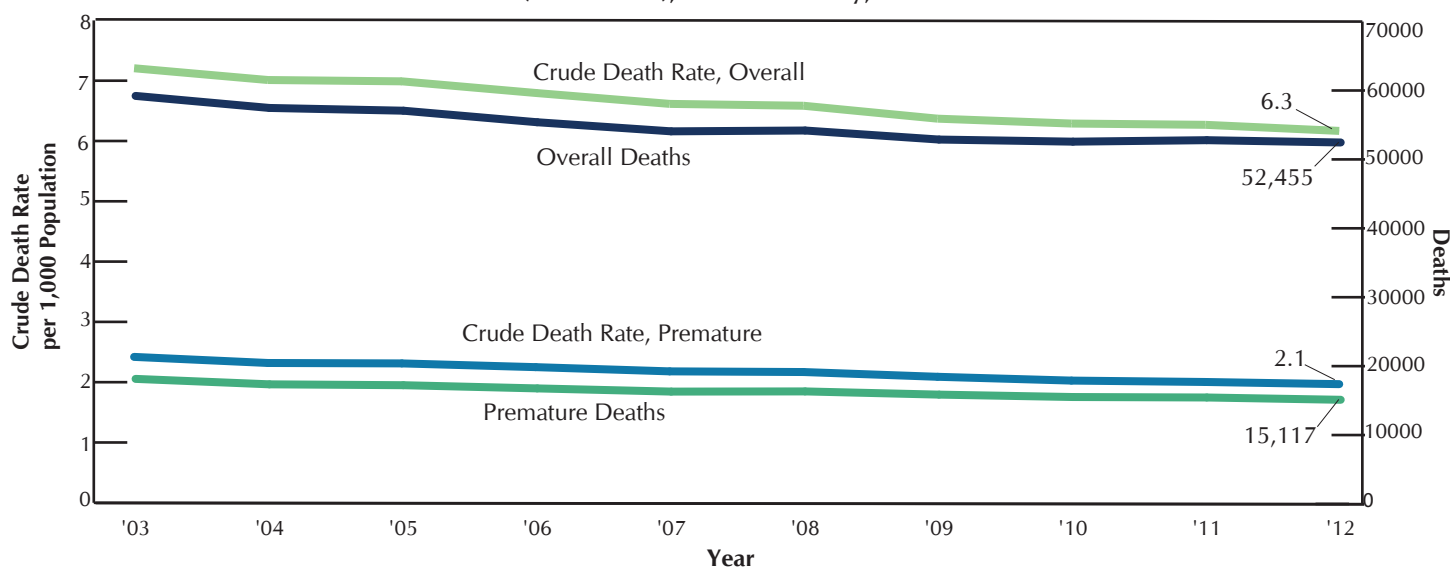
MORTALITY OVERVIEW

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 decedent's sex, race, and residence as well as information about the timing and cause of the death. In New York City, these certificates are completed by physicians and funeral directors. More than 93% are submitted electronically through the Electronic Death Registration System (EDRS). The Office of Chief Medical Examiner investigates all deaths not due to natural causes, such as accidents, homicides and suicides, and some natural causes, especially sudden deaths.

Select Key Findings:

- New York City's 2012 crude death rate declined 1.6% from 2011 to a new historic low of 6.3 deaths per 1,000 population, with 52,455 deaths in 2012. This is a 13.7% decline since 2003 (Figure 1).
- From 2003 to 2012, all-cause age-adjusted death rates decreased across all racial/ethnic groups: non-Hispanic blacks by 17.1%, non-Hispanic whites by 16.7%, Hispanics by 17.3% and Asians and Pacific Islanders by 12.8%. Though rates were consistently highest among non-Hispanic blacks followed by non-Hispanic whites, Hispanics, and Asians and Pacific Islanders, gaps between the highest (non-Hispanic blacks) and lowest (Asian and Pacific Islanders) rates narrowed more than 21.0% since 2003, a reduction in health disparities (Figure 2).
- In 2011, New York City's life expectancy at birth was 80.8 years (preliminary data from latest year available). This is a two year, seven month increase since 2002 and an approximate one month (0.1 year) decrease since 2010 (Figure 4).
- The 2011 life expectancy reflects a two year, 11 month increase to 78.1 among males, a two year, five month increase to 83.2 among females, a three year increase to 81.8 years among Hispanics, a three year, two month increase to 81.4 among non-Hispanic whites, and a three year, one month increase to 77 years among non-Hispanic blacks since 2002 (Figure 4,5).
- Heart disease, malignant neoplasms (cancer), and influenza/pneumonia continue to rank as the 3 leading causes of death; crude death rates for all three declined in the last decade, down 32.0%, 5.9%, and 19.2%, respectively.
- The crude premature death rate (before age 65) declined 16.0% since 2003 to 2.1 deaths per 1,000 population in 2012 (Figure 1). The five leading causes of premature death were cancer, followed by heart disease, use of or poisoning by psychoactive substance (drug use/poisoning), accidents except drug use/poisoning, and HIV disease (Figure 9).
- HIV is no longer one of the 10 leading causes of death in NYC (Table 1). HIV crude death rate declined 64.4% since 2003 and 21.5% since 2011 respectively (data not shown).

Figure 1. Number of Deaths and Crude Death Rates, Overall and Premature (< 65 Years), New York City, 2003–2012



MORTALITY OVERVIEW (CONTINUED)

- From 2003 to 2012, all-cause age-adjusted death rates decreased across all racial/ethnic groups: non-Hispanic blacks by 17.1%, non-Hispanic whites by 16.7%, Hispanics by 17.3% and Asians and Pacific Islanders by 12.8%.
- Though rates were consistently highest among non-Hispanic blacks followed by non-Hispanic whites, Hispanics, and Asians and Pacific Islanders, gaps between the highest (non-Hispanic blacks) and lowest (Asian and Pacific Islanders) rates narrowed more than 21.0% since 2003, a reduction in health disparities.

Figure 2. Age-adjusted Death Rates by Racial/Ethnic Group, New York City, 2003–2012

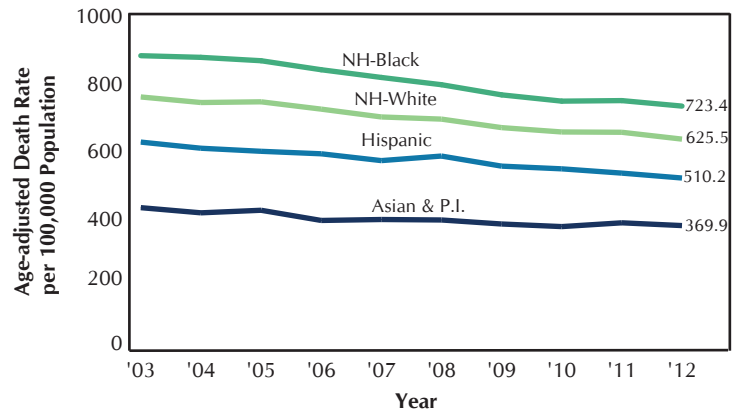
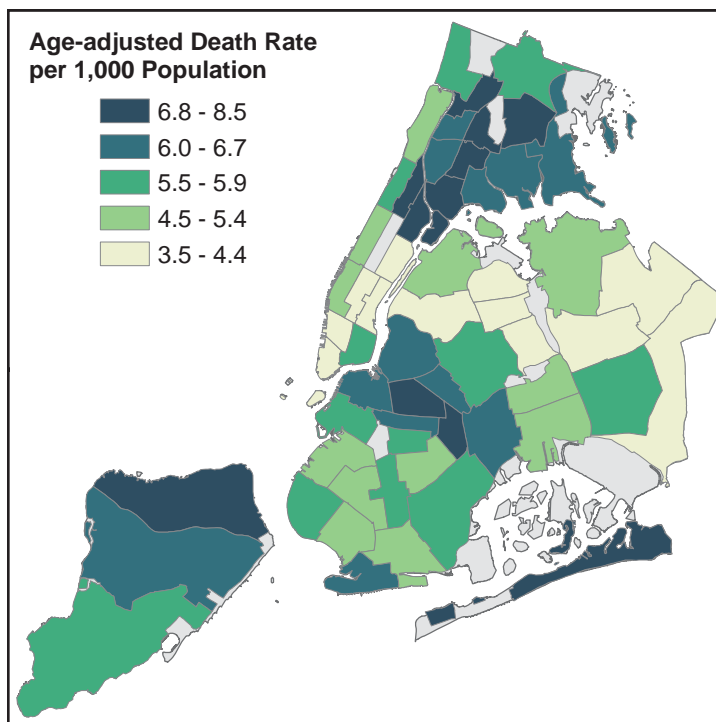


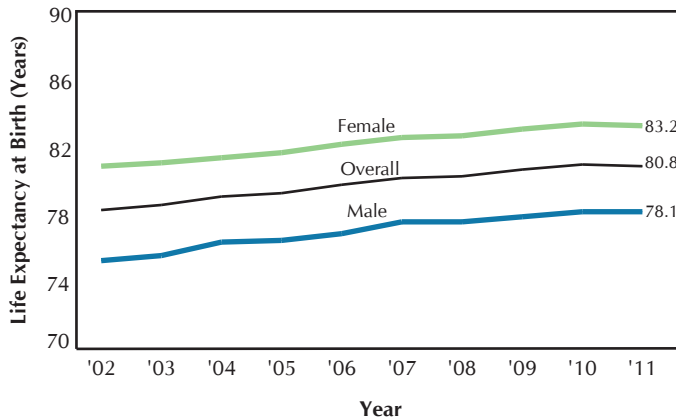
Figure 3. Age-adjusted Death Rates by Community District of Residence, New York City, 2012



- In 2012, New York City's age-adjusted death rates were lowest in Bayside at 3.5 deaths per 1,000 population, followed by Queens Village at 3.8, Murray Hill and Midtown Business District, both at 3.9, Battery Park/Tribeca at 4.0, and Greenwich Village/Soho at 4.1.
- The 2012 age-adjusted death rates were highest in Brownsville at 8.5 deaths per 1,000 population, followed by Central Harlem at 8.0, the Rockaways at 7.8, Morrisania at 7.7, and Bedford Stuyvesant at 7.6.

LIFE EXPECTANCY

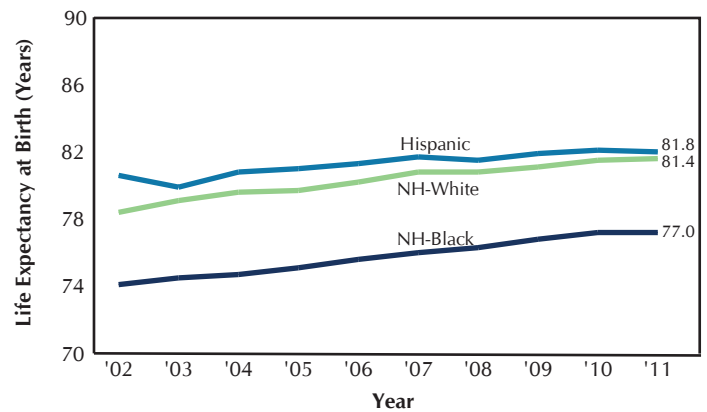
Figure 4. Life Expectancy at Birth, Overall and by Sex, New York City, 2002–2011



- New York City's 2011 life expectancy at birth was 80.8 years (preliminary data for latest year available). This is a two year, seven month increase since 2002 and an approximate one month (0.1 year) decrease since 2010.
- The 2011 life expectancy reflects a two year, 11 month increase to 78.1 years among males and a two year, five month increase to 83.2 years among females since 2002.

- The 2011 life expectancy at birth among Hispanics was 81.8 years (preliminary data for latest year available) and reflects a three year increase since 2002 and an approximate one month (0.1 year) decrease since 2010. The 2011 life expectancy among non-Hispanic whites was 81.4 and reflects a three year, two month increase since 2002 and an approximate one month (0.1 year) increase since 2010. Among non-Hispanic blacks, the 2011 life expectancy was 77.0 years, a three year, one month increase since 2002 and no change since 2010.
- Life expectancy for Asians and Pacific Islanders is not displayed because the required single year of age population denominators are too small to produce reliable estimates (Technical Notes, Life Expectancy).

Figure 5. Life Expectancy at Birth by Racial/Ethnic Group, New York City, 2002–2011



LEADING CAUSES OF DEATH

Ten Leading Causes of Death, Crude Death Rates per 100,000 Population, New York City, 2012, 2011 and 2003

Cause	2012		2011			2003		
	Rank	Crude Death Rate	Rank	Crude Death Rate	Change to 2012 (%)	Rank	Crude Death Rate	Change to 2012 (%)
Diseases of Heart*	1	200.7	1	204.4	-1.8%	1	295.1	-32.0%
Malignant Neoplasms	2	160.8	2	162.6	-1.1%	2	170.9	-5.9%
Influenza and Pneumonia	3	26.9	3	30.1	-10.6%	3	33.3	-19.2%
Diabetes Mellitus	4	21.7	5	21.4	1.4%	4	23.4	-7.3%
Chronic Lower Respiratory Diseases	5	19.8	4	21.5	-7.9%	6	20.7	-4.3%
Cerebrovascular Diseases	6	19.8	6	21.2	-6.6%	5	22.9	-13.5%
Accidents Except Poisoning by Psychoactive Substances†	7	12.4	7	12.3	0.8%	8	14.2	-12.7%
Essential Hypertension and Hypertensive Renal Diseases	8	11.8	8	11.7	0.9%	10	8.8	34.1%
Use of or Poisoning by Psychoactive Substances†	9	9.7	10	9.2	5.4%	9	11.9	-18.5%
Alzheimer's Disease	10	8.3	11	7.6	9.2%	20	3.1	167.7%

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

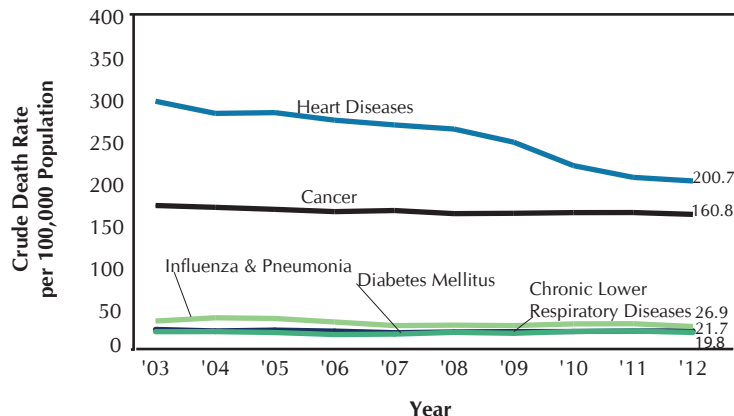
†Technical Note, Summary of Vital Statistics, Appendix B: Drug-Related Deaths for definition.

- Heart disease, malignant neoplasms (cancer), and influenza/pneumonia continue to rank as the three leading causes of death; crude death rates for all three declined since 2003, down 32.0%, 5.9%, and 19.2%, respectively since 2003.
- Diabetes mellitus moved from the fifth to the fourth leading cause of death at 21.7 deaths per 100,000, in 2012, followed by chronic lower respiratory diseases (19.8) and cerebrovascular diseases (mostly stroke) (19.8). These death rates have remained relatively stable since 2003, ranging from a low of 19.5, 17.3, and 17.3 to a high of 23.6, 21.5, and 23.2 deaths per 100,000 population, respectively.
- The rate of essential hypertension and hypertensive renal disease death increased approximately 30% from 2003 to 2009 and has remained relatively stable since then, at 11.8 deaths per 100,000 population in 2012.
- In 2012, Alzheimer's disease ranked 10th replacing HIV among the top ten leading causes, at 8.3 deaths per 100,000, up 167.7% since 2003. A sharp increase in Alzheimer's disease occurred since 2008, coinciding with efforts to improve cause of death reporting accuracy in New York City.*

LEADING CAUSES OF DEATH

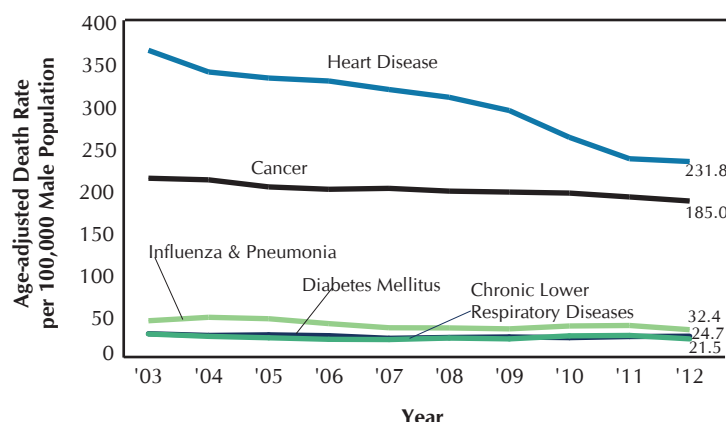
- Heart disease, cancer, and influenza/pneumonia continue to rank as the three leading causes of death; crude death rates for all three declined since 2003, down 32.0%, 5.9%, and 19.2% respectively.
- The steep decline in heart disease death rates since 2008 (23.1%) is partly due to efforts to improve the accuracy of cause of death reporting.*
- Crude death rates for diabetes mellitus and chronic lower respiratory diseases remained relatively stable, at 21.7 and 19.8 deaths per 100,000 population, respectively in 2012.

Figure 6. Crude Death Rates among Leading Causes, New York City, 2003–2012



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

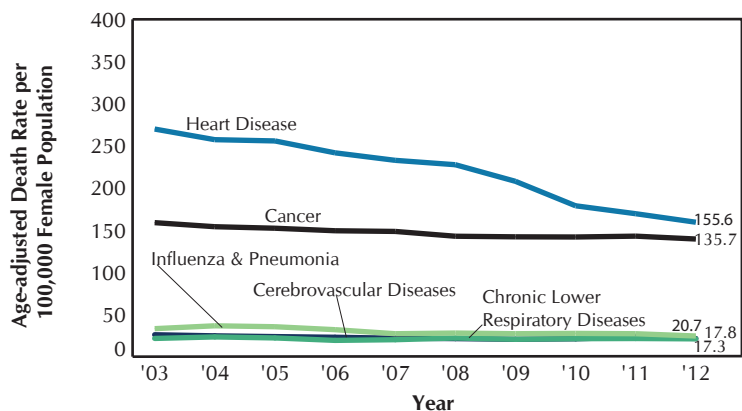
Figure 7. Age-adjusted Death Rates for Leading Causes among Males, New York City, 2003–2012



- In 2012, the five leading causes of death among males mirror citywide leading causes of death.
- From 2003 to 2012, rates of the five leading causes of death among males decreased: heart disease decreased 36.1%; cancer decreased 12.4%; influenza and pneumonia decreased 24.3%, chronic lower respiratory diseases decreased 21.0% and diabetes mellitus decreased 10.2%.

- In 2012, the top five leading causes of death among females mirror those among males and citywide except the fourth leading cause of death among females was cerebrovascular disease, not diabetes mellitus.
- From 2003 to 2012, death rates of the five leading causes of death among females decreased: heart disease decreased 41.3%; cancer 12.3%; influenza and pneumonia 29.4%; cerebrovascular disease 19.8%; and chronic lower respiratory diseases 2.8%.

Figure 8. Age-adjusted Death Rates for Leading Causes among Females, New York City, 2003–2012



LEADING CAUSES OF DEATH

Table 2. Leading Causes of Death by Age Group and Sex, New York City, 2012

Rank	ALL AGES	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	16,732	31.9	7,955	31.0	8,777	32.8
2	Malignant Neoplasms	13,405	25.6	6,583	25.6	6,822	25.5
3	Influenza and Pneumonia	2,245	4.3	1,079	4.2	1,166	4.4
4	Diabetes Mellitus	1,813	3.5	883	3.4	930	3.5
5	Chronic Lower Respiratory Diseases	1,651	3.1	734	2.9	917	3.4
6	Cerebrovascular Diseases	1,647	3.1	671	2.6	976	3.6
7	Accidents Except Poisoning by Psychoactive Substance	1,034	2.0	701	2.7	333	1.2
8	Essential Hypertension and Hypertensive Renal Disease	980	1.9	418	1.6	562	2.1
9	Use of or Poisoning by Psychoactive Substance	812	1.5	592	2.3	220	0.8
10	Alzheimer's Disease	696	1.3	208	0.8	488	1.8
	All Other Causes	11,440	21.8	5,843	22.8	5,597	20.9
	Total	52,455	100.0	25,667	100.0	26,788	100.0
Rank	< 1 YEAR	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Congenital Malformations, Deformations	125	21.4	60	18.9	65	24.4
2	Short Gestation and Low Birthweight	119	20.4	63	19.9	56	21.1
3	Cardiovascular Disorders Originating in the Perinatal Period	75	12.9	41	12.9	34	12.8
4	External Causes	55	9.4	30	9.5	25	9.4
5	Newborn Affected by Complications of Placenta	22	3.8	13	4.1	9	3.4
6	Respiratory Distress of Newborn	15	2.6	12	3.8	3	1.1
7	Bacterial Sepsis of Newborn	10	1.7	6	1.9	4	1.5
7	Other Respiratory Conditions Originating in the Perinatal Period	10	1.7	4	1.3	6	2.3
9	Neonatal Hemorrhage	9	1.5	7	2.2	2	0.8
9	Necrotizing Enterocolitis of Newborn	9	1.5	5	1.6	4	1.5
	All Other Causes	134	23.0	76	24.0	58	21.8
	Total	583	100.0	317	100.0	266	100.0
Rank	1 - 14 YEARS	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	42	19.4	18	15.1	24	24.5
2	Accidents Except Poisoning by Psychoactive Substance	31	14.3	20	16.8	11	11.2
3	Congenital Malformations, Deformations	26	12.0	17	14.3	9	9.2
4	Assault (Homicide)	19	8.8	14	11.8	5	5.1
4	Chronic Lower Respiratory Diseases	13	6.0	6	5.0	7	7.1
6	Diseases of Heart	12	5.5	7	5.9	5	5.1
7	Cerebrovascular Diseases	6	2.8	3	2.5	3	3.1
7	Influenza and Pneumonia	6	2.8	3	2.5	3	3.1
7	Intentional Self-harm (Suicide)	6	2.8	2	1.7	4	4.1
	All Other Causes	56	25.8	29	24.4	27	27.6
	Total	217	100.0	119	100.0	98	100.0
Rank	15 - 24 YEARS	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Assault (Homicide)	141	25.5	133	32.8	8	5.4
2	Accidents Except Poisoning by Psychoactive Substance	87	15.7	67	16.5	20	13.4
3	Intentional Self-harm (Suicide)	66	11.9	46	11.4	20	13.4
4	Malignant Neoplasms	51	9.2	27	6.7	24	16.1
5	Use of or Poisoning by Psychoactive Substance	48	8.7	40	9.9	8	5.4
6	Diseases of Heart	19	3.4	9	2.2	10	6.7
7	Congenital Malformations, Deformations	16	2.9	7	1.7	9	6.0
8	Chronic Lower Respiratory Diseases	15	2.7	11	2.7	4	2.7
9	Human Immunodeficiency Virus (HIV) Disease	11	2.0	5	1.2	6	4.0
10	Legal Intervention	7	1.3	6	1.5	1	0.7
	All Other Causes	93	16.8	54	13.3	39	26.2
	Total	554	100.0	405	100.0	149	100.0
Rank	25 - 34 YEARS	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Use of or Poisoning by Psychoactive Substance	147	15.7	118	17.9	29	10.6
2	Assault (Homicide)	133	14.2	120	18.2	13	4.7
3	Malignant Neoplasms	126	13.5	67	10.1	59	21.5
4	Accidents Except Poisoning by Psychoactive Substance	100	10.7	84	12.7	16	5.8
5	Intentional Self-harm (Suicide)	94	10.1	66	10.0	28	10.2
6	Diseases of Heart	62	6.6	48	7.3	14	5.1
7	Human Immunodeficiency Virus (HIV) Disease	34	3.6	24	3.6	10	3.6
8	Diabetes Mellitus	17	1.8	12	1.8	5	1.8
9	Pregnancy, Childbirth, and the Puerperium	16	1.7	-	-	16	5.8
10	Congenital Malformations, Deformations	13	1.4	8	1.2	5	1.8
	All Other Causes	193	20.6	114	17.2	79	28.8
	Total	935	100.0	661	100.0	274	100.0

Continued on next page.

LEADING CAUSES OF DEATH

Table 2. Leading Causes of Death by Age Group and Sex, New York City, 2012 (Continued)

Rank	35 - 44 YEARS	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	342	22.0	148	15.2	194	33.0
2	Diseases of Heart	209	13.4	156	16.1	53	9.0
3	Use of or Poisoning by Psychoactive Substance	170	10.9	122	12.6	48	8.2
4	Accidents Except Poisoning by Psychoactive Substance	94	6.0	81	8.3	13	2.2
5	Human Immunodeficiency Virus (HIV) Disease	90	5.8	54	5.6	36	6.1
6	Intentional Self-harm (Suicide)	83	5.3	64	6.6	19	3.2
7	Assault (Homicide)	59	3.8	46	4.7	13	2.2
8	Diabetes Mellitus	46	3.0	33	3.4	13	2.2
9	Chronic Liver Disease and Cirrhosis	45	2.9	35	3.6	10	1.7
10	Cerebrovascular Diseases	38	2.4	20	2.1	18	3.1
	All Other Causes	382	24.5	212	21.8	170	29.0
	Total	1,558	100.0	971	100.0	587	100.0
Rank	45 - 54 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,235	30.4	575	23.4	660	41.2
2	Diseases of Heart	808	19.9	568	23.1	240	15.0
3	Use of or Poisoning by Psychoactive Substance	275	6.8	186	7.6	89	5.6
4	Human Immunodeficiency Virus (HIV) Disease	217	5.3	136	5.5	81	5.1
5	Diabetes Mellitus	143	3.5	97	3.9	46	2.9
6	Accidents Except Poisoning by Psychoactive Substance	127	3.1	99	4.0	28	1.7
7	Intentional Self-harm (Suicide)	125	3.1	88	3.6	37	2.3
8	Chronic Liver Disease and Cirrhosis	118	2.9	80	3.3	38	2.4
9	Cerebrovascular Diseases	116	2.9	67	2.7	49	3.1
10	Mental Disorder Due to Use of Alcohol	87	2.1	68	2.8	19	1.2
	All Other Causes	809	19.9	493	20.1	316	19.7
	Total	4,060	100.0	2,457	100.0	1,603	100.0
Rank	55 - 64 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	2,605	36.1	1,349	31.2	1,256	43.4
2	Diseases of Heart	1,753	24.3	1,181	27.4	572	19.8
3	Diabetes Mellitus	288	4.0	174	4.0	114	3.9
4	Chronic Liver Disease and Cirrhosis	185	2.6	132	3.1	53	1.8
5	Viral Hepatitis	183	2.5	125	2.9	58	2.0
6	Influenza and Pneumonia	177	2.5	104	2.4	73	2.5
7	Cerebrovascular Diseases	173	2.4	108	2.5	65	2.2
8	Human Immunodeficiency Virus (HIV) Disease	169	2.3	120	2.8	49	1.7
9	Chronic Lower Respiratory Diseases	169	2.3	89	2.1	80	2.8
10	Use of or Poisoning by Psychoactive Substance	148	2.1	110	2.5	38	1.3
	All Other Causes	1,361	18.9	826	19.1	535	18.5
	Total	7,211	100.0	4,318	100.0	2,893	100.0
Rank	65 - 74 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	3,340	37.2	1,756	35.5	1,584	39.4
2	Diseases of Heart	2,553	28.5	1,554	31.4	999	24.9
3	Diabetes Mellitus	382	4.3	190	3.8	192	4.8
4	Chronic Lower Respiratory Diseases	332	3.7	159	3.2	173	4.3
5	Influenza and Pneumonia	297	3.3	175	3.5	122	3.0
6	Cerebrovascular Diseases	248	2.8	126	2.5	122	3.0
7	Essential Hypertension and Hypertensive Renal Disease	170	1.9	84	1.7	86	2.1
8	Accidents Except Poisoning by Psychoactive Substance	118	1.3	77	1.6	41	1.0
9	Chronic Liver Disease and Cirrhosis	113	1.3	78	1.6	35	0.9
10	Nephritis, Nephrotic Syndrome, and Nephrosis	86	1.0	51	1.0	35	0.9
	All Other Causes	1,328	14.8	701	14.2	627	15.6
	Total	8,967	100.0	4,951	100.0	4,016	100.0
Rank	75 - 84 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	4,108	34.0	2,072	35.2	2,036	32.9
2	Malignant Neoplasms	3,424	28.3	1,703	29.0	1,721	27.8
3	Influenza and Pneumonia	605	5.0	324	5.5	281	4.5
4	Chronic Lower Respiratory Diseases	511	4.2	235	4.0	276	4.5
5	Diabetes Mellitus	487	4.0	215	3.7	272	4.4
6	Cerebrovascular Disease	429	3.6	179	3.0	250	4.0
7	Essential Hypertension and Hypertensive Renal Disease	238	2.0	102	1.7	136	2.2
8	Accidents Except Poisoning by Psychoactive Substance	153	1.3	82	1.4	71	1.1
9	Alzheimer's Disease	153	1.3	50	0.9	103	1.7
10	Nephritis, Nephrotic Syndrome, and Nephrosis	120	1.0	61	1.0	59	1.0
	All Other Causes	1,850	15.3	858	14.6	992	16.0
	Total	12,078	100.0	5,881	100.0	6,197	100.0
Rank	≥ 85 YEARS	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	7,202	44.2	2,357	42.2	4,845	45.3
2	Malignant Neoplasms	2,241	13.8	941	16.8	1,300	12.1
3	Influenza and Pneumonia	1,052	6.5	410	7.3	642	6.0
4	Cerebrovascular Diseases	620	3.8	157	2.8	463	4.3
5	Chronic Lower Respiratory Diseases	522	3.2	184	3.3	338	3.2
6	Alzheimer's Disease	489	3.0	127	2.3	362	3.4
7	Diabetes Mellitus	448	2.7	160	2.9	288	2.7
8	Essential Hypertension and Hypertensive Renal Disease	395	2.4	126	2.3	269	2.5
9	Accidents Except Poisoning by Psychoactive Substance	171	1.0	80	1.4	91	0.9
10	Nephritis, Nephrotic Syndrome, and Nephrosis	154	0.9	57	1.0	97	0.9
	All Other Causes	3,002	18.4	992	17.7	2,010	18.8
	Total	16,296	100.0	5,591	100.0	10,705	100.0

LEADING CAUSES OF DEATH

Table 3. Leading Causes of Death by Racial/Ethnic Group and Sex, New York City, 2012

Rank	Puerto Rican	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	1,383	27.4	686	26.5	697	28.3
2	Malignant Neoplasms	1,103	21.8	587	22.7	516	20.9
3	Diabetes Mellitus	244	4.8	116	4.5	128	5.2
4	Influenza and Pneumonia	230	4.6	108	4.2	122	5.0
5	Chronic Lower Respiratory Diseases	185	3.7	86	3.3	99	4.0
6	Use of or Poisoning by Psychoactive Substance	155	3.1	119	4.6	36	1.5
7	Cerebrovascular Diseases	134	2.7	53	2.1	81	3.3
8	Human Immunodeficiency Virus (HIV) Disease	115	2.3	75	2.9	40	1.6
9	Viral Hepatitis	114	2.3	78	3.0	36	1.5
10	Chronic Liver Disease and Cirrhosis	108	2.1	70	2.7	38	1.5
	All Other Causes	1,278	25.3	607	23.5	671	27.2
	Total	5,049	100.0	2,585	100.0	2,464	100.0
Rank	Other Hispanic	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,148	26.3	539	23.8	609	28.9
2	Diseases of Heart	1,131	25.9	565	25.0	566	26.8
3	Influenza and Pneumonia	184	4.2	97	4.3	87	4.1
4	Cerebrovascular Diseases	164	3.8	76	3.4	88	4.2
5	Accidents Except Poisoning by Psychoactive Substance	162	3.7	133	5.9	29	1.4
6	Diabetes Mellitus	150	3.4	78	3.4	72	3.4
7	Chronic Lower Respiratory Diseases	105	2.4	46	2.0	59	2.8
8	Chronic Liver Disease and Cirrhosis	89	2.0	73	3.2	16	0.8
9	Essential Hypertension and Hypertensive Renal Disease	80	1.8	31	1.4	49	2.3
10	Intentional Self-harm (Suicide)	78	1.8	59	2.6	19	0.9
	All Other Causes	1,080	24.7	564	24.9	516	24.5
	Total	4,371	100.0	2,261	100.0	2,110	100.0
Rank	Asian and Pacific Islander	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,086	31.5	622	33.5	464	29.2
2	Diseases of Heart	872	25.3	470	25.3	402	25.3
3	Cerebrovascular Diseases	172	5.0	70	3.8	102	6.4
4	Influenza and Pneumonia	151	4.4	77	4.1	74	4.7
5	Diabetes Mellitus	133	3.9	76	4.1	57	3.6
6	Chronic Lower Respiratory Diseases	94	2.7	55	3.0	39	2.5
7	Accidents Except Poisoning by Psychoactive Substance	90	2.6	56	3.0	34	2.1
8	Essential Hypertension and Hypertensive Renal Disease	78	2.3	39	2.1	39	2.5
9	Intentional Self-harm (Suicide)	75	2.2	41	2.2	34	2.1
10	Nephritis, Nephrotic Syndrome, and Nephrosis	39	1.1	17	0.9	22	1.4
	All Other Causes	656	19.0	333	17.9	323	20.3
	Total	3,446	100.0	1,856	100.0	1,590	100.0
Rank	Non-Hispanic White	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	8,875	35.6	4,156	34.5	4,719	36.7
2	Malignant Neoplasms	6,441	25.9	3,185	26.5	3,256	25.3
3	Influenza and Pneumonia	1,117	4.5	541	4.5	576	4.5
4	Chronic Lower Respiratory Diseases	859	3.4	352	2.9	507	3.9
5	Cerebrovascular Diseases	701	2.8	285	2.4	416	3.2
6	Diabetes Mellitus	532	2.1	292	2.4	240	1.9
7	Accidents Except Poisoning by Psychoactive Substance	463	1.9	286	2.4	177	1.4
8	Use of or Poisoning by Psychoactive Substance	363	1.5	272	2.3	91	0.7
9	Essential Hypertension and Hypertensive Renal Disease	352	1.4	153	1.3	199	1.5
10	Alzheimer's Disease	337	1.4	115	1.0	222	1.7
	All Other Causes	4,864	19.5	2,398	19.9	2,466	19.2
	Total	24,904	100.0	12,035	100.0	12,869	100.0
Rank	Non-Hispanic Black	Deaths		Deaths		Deaths	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Diseases of Heart	4,209	30.4	1,940	29.9	2,269	30.7
2	Malignant Neoplasms	3,475	25.1	1,563	24.1	1,912	25.9
3	Diabetes Mellitus	717	5.2	308	4.8	409	5.5
4	Influenza and Pneumonia	537	3.9	242	3.7	295	4.0
5	Cerebrovascular Diseases	442	3.2	170	2.6	272	3.7
6	Chronic Lower Respiratory Diseases	388	2.8	184	2.8	204	2.8
6	Human Immunodeficiency Virus (HIV) Disease	359	2.6	223	3.4	136	1.8
8	Essential Hypertension and Hypertensive Renal Disease	357	2.6	143	2.2	214	2.9
9	Assault (Homicide)	261	1.9	235	3.6	26	0.4
10	Accidents Except Poisoning by Psychoactive Substance	209	1.5	152	2.3	57	0.8
	All Other Causes	2,910	21.0	1,320	20.4	1,590	21.5
	Total	13,864	100.0	6,480	100.0	7,384	100.0

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

PREMATURE DEATH

- The five leading causes of premature death (before age 65) were cancer, followed by heart disease, use of or poisoning by psycho-active substance (drug use/poisoning), accidents except drug use/poisoning, and HIV disease – shifting from fourth position in 2011 to fifth in 2012.
- All declined since 2003: cancer 11.5%, accidents except drug use/poisoning 14.7%, drug use/poisoning 17.6%, heart disease 20.1%, and HIV 67.7%.
- The decline in HIV-related mortality is attributed to HIV prevention efforts and increased use and effectiveness of antiretroviral drugs.

Figure 9. Crude Death Rates for Leading Causes of Premature Death (Age < 65), New York City, 2003–2012

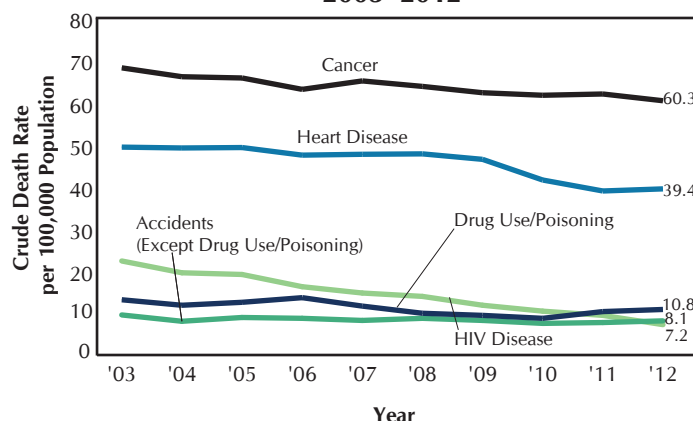
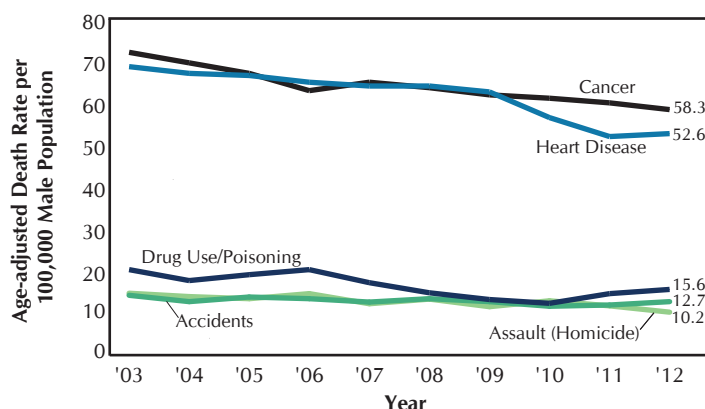


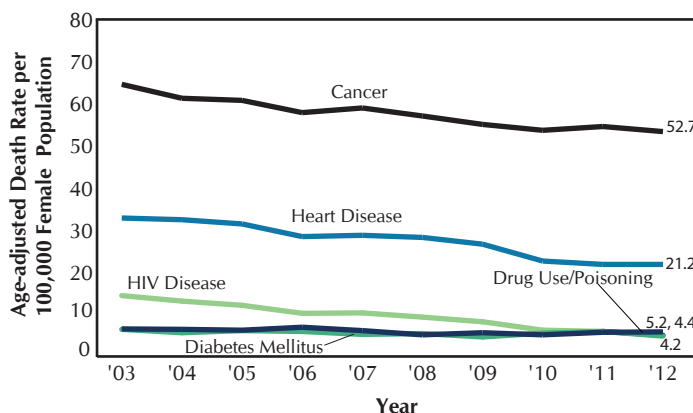
Figure 10. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65) among Males, New York City, 2003–2012



- In 2012, the four leading causes of premature deaths among males mirrored citywide leading causes. Homicide replaced HIV as the fifth leading cause of premature death among males.
- Age-adjusted death rates of all five leading causes of premature death among males declined since 2003: cancer by 18.9%, heart disease and drug use/poisoning both by 23.2%, accidents except drug use/poisoning by 10.6%, and homicide by 30.6%.

- In 2012, the five leading causes of premature deaths among females were cancer, followed by heart disease, drug use/poisoning, HIV, and diabetes mellitus.
- Age-adjusted rates for the five leading causes of premature death among females all decreased since 2003: cancer by 17.5%, heart disease by 34.2%, drug use/poisoning by 11.9%, HIV by 68.1%, and diabetes mellitus by 27.8%.

Figure 11. Age-adjusted Death Rates for Leading Causes of Premature Death (Age < 65) among Females, New York City, 2003–2012



PREMATURE DEATH

Table 4. Leading Causes of Premature Death (Age < 65) by Racial/Ethnic Group and Sex, New York City, 2012

Rank	Puerto Rican	All		Male		Female	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	400	21.6	228	19.2	172	25.8
2	Diseases of Heart	320	17.3	218	18.4	102	15.3
3	Use of or Poisoning by Psychoactive Substance	151	8.2	115	9.7	36	5.4
4	Human Immunodeficiency Virus (HIV) Disease	102	5.5	66	5.6	36	5.4
5	Viral Hepatitis	90	4.9	69	5.8	21	3.2
6	Chronic Liver Disease and Cirrhosis	77	4.2	49	4.1	28	4.2
7	Diabetes Mellitus	76	4.1	49	4.1	27	4.1
8	Chronic Lower Respiratory Diseases	58	3.1	32	2.7	26	3.9
9	Accidents Except Poisoning by Psychoactive Substance	51	2.8	36	3.0	15	2.3
10	Assault (Homicide)	50	2.7	47	4.0	3	0.5
	All Other Causes	477	25.8	277	23.4	200	30.0
	Total	1,852	100.0	1,186	100.0	666	100.0
Rank	Other Hispanic	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	452	28.0	211	20.5	241	41.2
2	Diseases of Heart	235	14.6	161	15.6	74	12.6
3	Accidents Except Poisoning by Psychoactive Substance	129	8.0	112	10.9	17	2.9
4	Intentional Self-harm (Suicide)	69	4.3	53	5.1	16	2.7
5	Chronic Liver Disease and Cirrhosis	64	4.0	57	5.5	7	1.2
5	Use of or Poisoning by Psychoactive Substance	62	3.8	50	4.9	12	2.1
7	Assault (Homicide)	59	3.7	49	4.8	10	1.7
8	Cerebrovascular Diseases	56	3.5	40	3.9	16	2.7
9	Diabetes Mellitus	46	2.8	29	2.8	17	2.9
10	Congenital Malformations, Deformations	39	2.4	27	2.6	12	2.1
	All Other Causes	404	25.0	241	23.4	163	27.9
	Total	1,615	100.0	1,030	100.0	585	100.0
Rank	Asian and Pacific Islander	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	418	41.1	235	36.1	183	49.9
2	Diseases of Heart	172	16.9	132	20.3	40	10.9
3	Intentional Self-harm (Suicide)	59	5.8	33	5.1	26	7.1
4	Accidents Except Poisoning by Psychoactive Substance	48	4.7	33	5.1	15	4.1
5	Cerebrovascular Diseases	28	2.8	19	2.9	9	2.5
6	Diabetes Mellitus	26	2.6	21	3.2	5	1.4
7	Congenital Malformations, Deformations	25	2.5	14	2.2	11	3.0
8	Influenza and Pneumonia	19	1.9	12	1.8	7	1.9
9	Essential Hypertension and Renal Diseases	15	1.5	12	1.8	3	0.8
10	Viral Hepatitis	12	1.2	9	1.4	3	0.8
	All Other Causes	196	19.3	131	20.1	65	17.7
	Total	1,018	100.0	651	100.0	367	100.0
Rank	Non-Hispanic White	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,682	33.6	853	26.8	829	45.5
2	Diseases of Heart	988	19.7	741	23.3	247	13.6
3	Use of or Poisoning by Psychoactive Substance	360	7.2	271	8.5	89	4.9
4	Intentional Self-harm (Suicide)	226	4.5	162	5.1	64	3.5
5	Accidents Except Poisoning by Psychoactive Substance	195	3.9	151	4.7	44	2.4
6	Chronic Liver Disease and Cirrhosis	126	2.5	90	2.8	36	2.0
7	Diabetes Mellitus	114	2.3	79	2.5	35	1.9
8	Mental Disorders Due to Use of Alcohol	93	1.9	70	2.2	23	1.3
9	Chronic Lower Respiratory Diseases	85	1.7	45	1.4	40	2.2
10	Viral Hepatitis	82	1.6	60	1.9	22	1.2
	All Other Causes	1,056	21.1	663	20.8	393	21.6
	Total	5,007	100.0	3,185	100.0	1,822	100.0
Rank	Non-Hispanic Black	Deaths	Percent	Deaths	Percent	Deaths	Percent
1	Malignant Neoplasms	1,386	26.2	622	20.9	764	33.1
2	Diseases of Heart	1,097	20.8	683	22.9	414	17.9
3	Human Immunodeficiency Virus (HIV) Disease	305	5.8	184	6.2	121	5.2
4	Assault (Homicide)	255	4.8	231	7.8	24	1.0
5	Diabetes Mellitus	221	4.2	134	4.5	87	3.8
6	Use of or Poisoning by Psychoactive Substance	193	3.7	124	4.2	69	3.0
7	Accidents Except Poisoning by Psychoactive Substance	152	2.9	116	3.9	36	1.6
8	Cerebrovascular Diseases	144	2.7	74	2.5	70	3.0
9	Influenza and Pneumonia	117	2.2	61	2.0	56	2.4
10	Chronic Lower Respiratory Diseases	109	2.1	56	1.9	53	2.3
	All Other Causes	1,307	24.7	694	23.3	613	26.6
	Total	5,286	100.0	2,979	100.0	2,307	100.0

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

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75

Figure 12. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2012

- Years of Potential Life Lost (YPLL) estimates the number of years of life lost due to a person dying before their expected life expectancy (age 75), e.g., a person dying at age 65 would have lost 10 years of life. The estimates for each premature death are added together to get the total YPLL for the population.
- More than six of 10 YPLL (61.1%) are among males; nearly four of 10 YPLL (38.9%) are among females.
- For many leading causes of death, males have twice the YPLL than females.
- Cancer and heart disease, the two leading causes of death, were responsible for 41.2% of YPLL in 2012.
- Use of or poisoning by psychoactive substance, accident, and homicide are responsible for another 14.9% of YPLL in 2012.

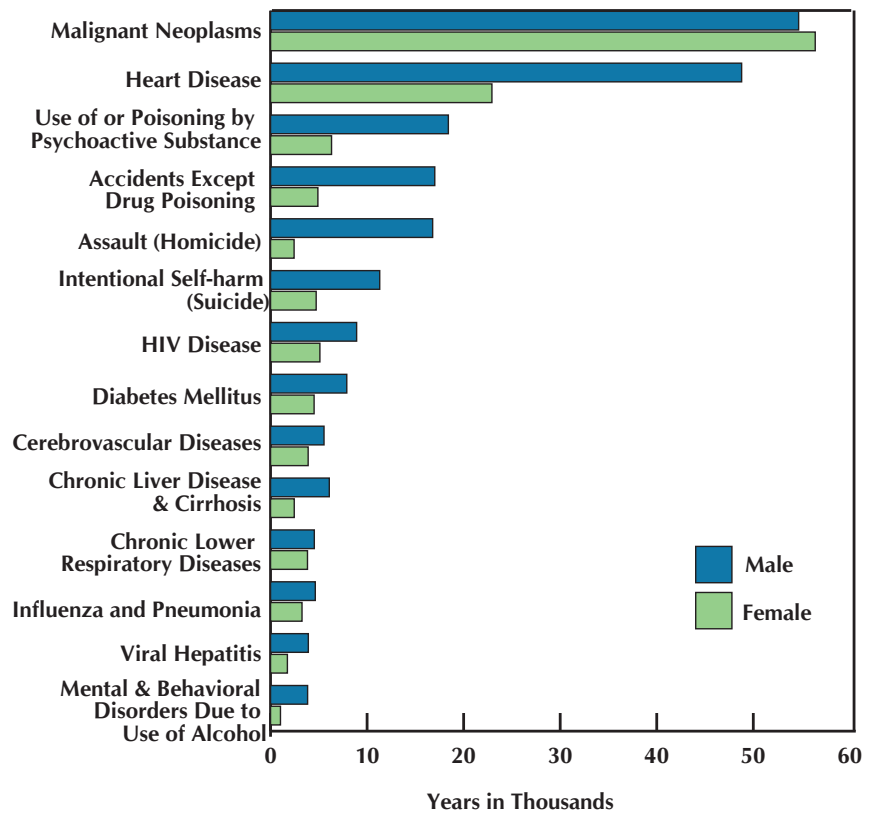


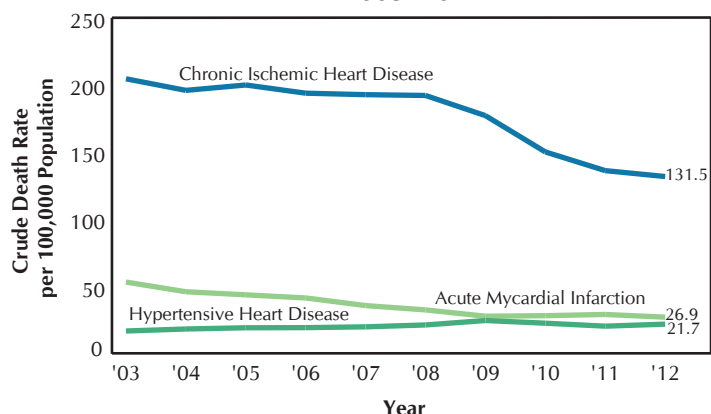
Table 5. Years of Potential Life Lost (YPLL) Before Age 75 by Sex and Selected Causes of Death, New York City, 2012

Cause of Death	All		Male		Female	
	YPLL	%	YPLL	%	YPLL	%
Total	443,253	100.0	271,010	100.0	172,243	100.0
Malignant Neoplasms	111,078	25.1	54,663	20.2	56,415	32.8
Trachea, bronchus, and lung	20,034	4.5	11,430	4.2	8,604	5.0
Breast	12,149	2.7	22	0.0	12,127	7.0
Colon, rectum, and anus	10,508	2.4	5,787	2.1	4,721	2.7
Liver & intrahepatic bile ducts	7,383	1.7	5,556	2.1	1,827	1.1
Pancreas	6,719	1.5	3,673	1.4	3,046	1.8
Heart Disease	71,720	16.2	48,791	18.0	22,929	13.3
Use of or Poisoning by Psychoactive Substance	24,734	5.6	18,416	6.8	6,318	3.7
Accidents Except Poisoning by Psychoactive Substance	21,914	4.9	17,010	6.3	4,904	2.8
Motor vehicle	9,446	2.1	6,997	2.6	2,449	1.4
Assault (Homicide)	19,230	4.3	16,790	6.2	2,440	1.4
Intentional Self-harm (Suicide)	16,035	3.6	11,308	4.2	4,727	2.7
HIV Disease	14,028	3.2	8,916	3.3	5,112	3.0
Diabetes Mellitus	12,409	2.8	7,897	2.9	4,512	2.6
Cerebrovascular Diseases	9,435	2.1	5,539	2.0	3,896	2.3
Chronic Liver Disease and Cirrhosis	8,527	1.9	6,072	2.2	2,455	1.4
Chronic Lower Respiratory Diseases	8,359	1.9	4,533	1.7	3,826	2.2
Influenza and Pneumonia	7,895	1.8	4,635	1.7	3,260	1.9
Viral Hepatitis	5,658	1.3	3,913	1.4	1,745	1.0
Mental and Behavioral Disorders Due to Use of Alcohol	4,867	1.1	3,839	1.4	1,028	0.6
All Other Causes	107,364	24.2	58,688	21.7	48,676	28.3

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

HEART DISEASE

Figure 13. Crude Death Rates among Leading Causes of Heart Disease* Death, New York City, 2003–2012

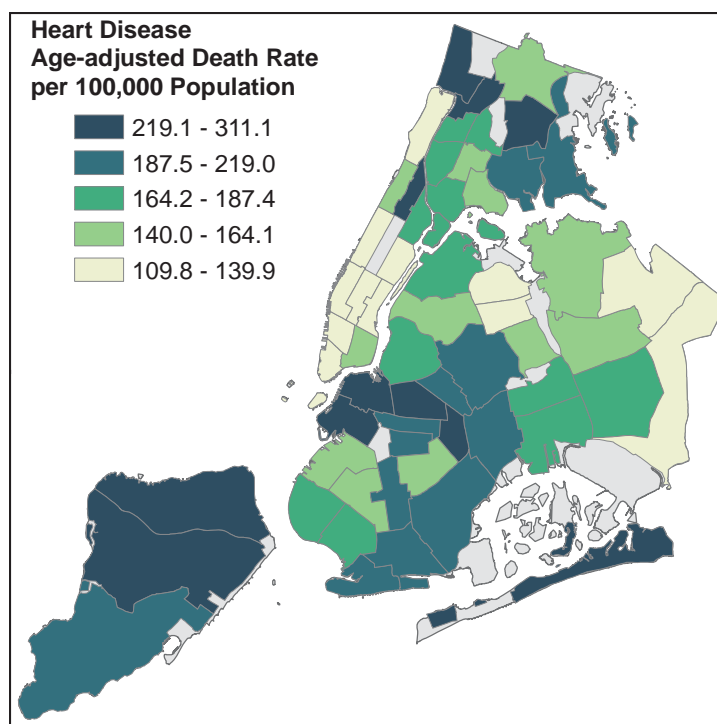


*2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on recent trends in cause of death reporting, particularly heart disease.

- The crude rate of chronic ischemic heart disease death, the leading cause of heart disease deaths, decreased 35.4% since 2003. The steep decline from 190.5 deaths per 100,000 population in 2008 to 131.5 in 2012 is partly due to efforts to improve the accuracy of cause of death reporting.*
- Since 2003, acute myocardial infarction also decreased 49.1% to 26.9 deaths per 100,000 population, while hypertensive heart disease increased 31.5% to 21.7.

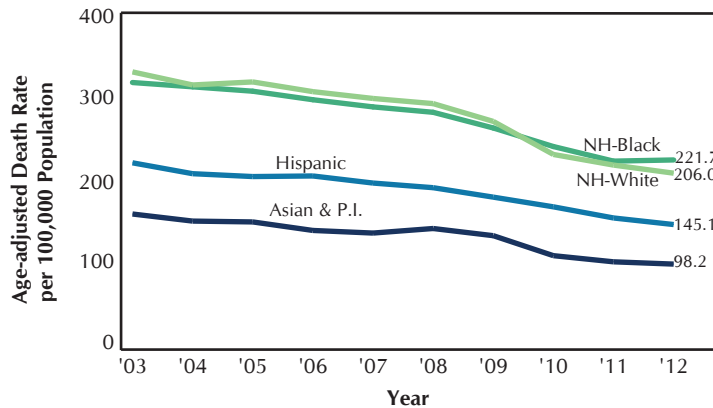
Figure 14. Age-adjusted Heart Disease Death Rates by Community District of Residence, New York City, 2012

- In 2012, 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 Battery Park/Tribeca and Greenwich Village/Soho, both at 114.0, Bayside at 115.9, Elmhurst/Corona at 118.4, and Upper East Side at 122.7.
- Age-adjusted heart disease death rates were highest in the Rockaways at 311.1 deaths per 100,000 population, followed by Port Richmond at 271.6, Brownsville at 259.4, Bedford Stuyvesant at 250.6, and Fort Greene/Brooklyn Heights at 239.5.



HEART DISEASE

Figure 15. Age-adjusted Heart Disease* Death Rates by Racial/Ethnic Group, New York City, 2003–2012

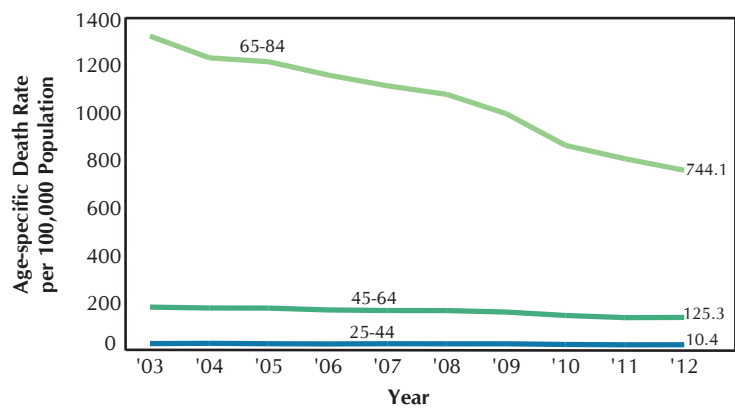


*2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on recent trends in cause of death reporting, particularly heart disease.

- From 2003 to 2012, the age-adjusted death rate decreased 29.3% among non-Hispanic blacks, 36.8% among non-Hispanic whites, 33.5% among Hispanics, and 37.7% among Asians and Pacific Islanders.
- The recent steep declines since 2008 are partly due to efforts to improve the accuracy of cause of death reporting.*

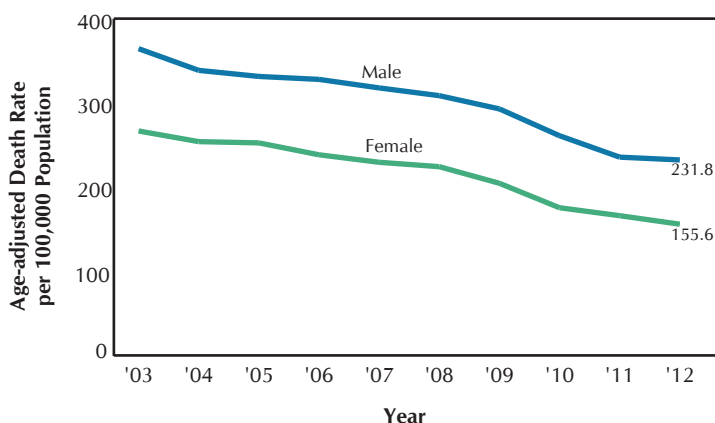
- In 2012, age-adjusted heart disease death rates were 5.9 times higher among 65 to 84 year olds than among 45 to 64 year olds, and 71.5 times higher than among 25 to 44 year olds.
- Since 2003, heart disease death rates decreased most among 65 to 84 years olds (42.9%), followed by 25 to 44 year olds (32.0%), and 45 to 64 year olds (25.5%).
- The recent sharper decline since 2008 in all age groups is partly due to efforts to improve the accuracy of cause of death reporting.*

Figure 16. Age-specific Heart Disease* Death Rates by Selected Age Group, New York City, 2003–2012



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

Figure 17. Age-adjusted Heart Disease* Death Rates by Sex, New York City, 2003–2012

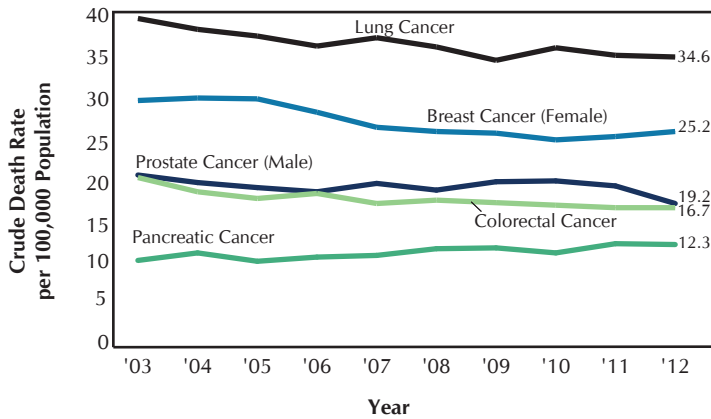


*2010 Summary of Vital Statistics: Mortality – Special Section: Cause of Death Quality Improvement Initiative for information on recent trends in cause of death reporting, particularly heart disease.

- In 2012, age-adjusted heart disease death rates were 1.5 times higher among males than females.
- Since 2003, heart disease death rates decreased 36.1% among males to 231.8 deaths per 100,000 population and 41.3% among females to 155.6 deaths per 100,000 population.
- The sharper decline since 2008 is partly due to efforts to improve the accuracy of cause of death reporting.*

CANCER

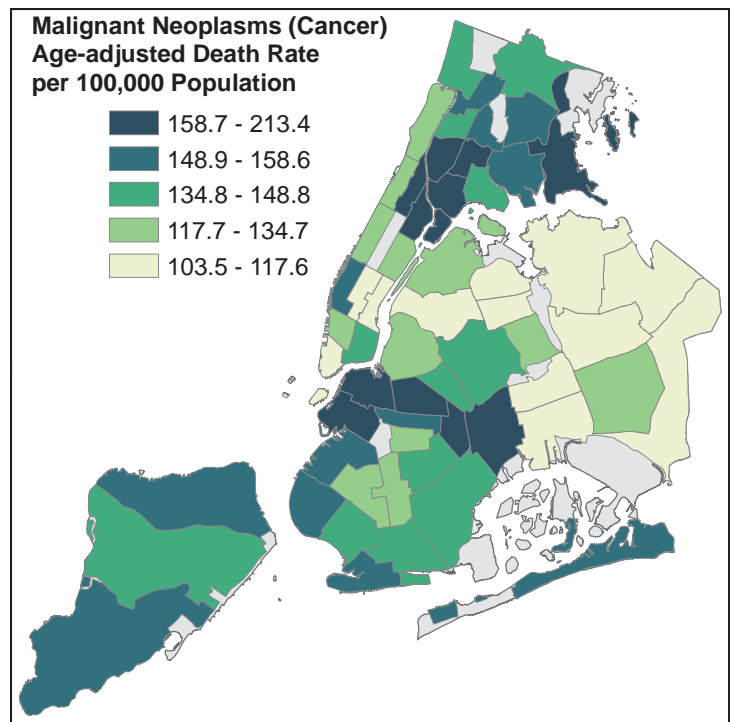
Figure 18. Crude Death Rates for 5 Leading Causes of Cancer Death, New York City, 2003–2012



- The 2012 cancer mortality rate was 160.8 deaths per 100,000, a 5.9% decline since 2003 (Table 1, figure 6).
- Since 2003, rates of the four leading causes of cancer death decreased: lung cancer (includes trachea, bronchus, and/or lung) (11.7%), female breast cancer (12.6%), prostate cancer (16.6%), and colorectal cancer (17.8%).
- Pancreatic cancer, the fifth leading cause of cancer death increased 18.4% to 12.2 deaths per 100,000 population in 2012.

- In 2012, New York City's age-adjusted cancer death rates were lowest in Queens Village at 103.5 deaths per 100,000 population, followed by Sunnyside/Woodside at 104.2, Midtown Business District at 106.8, Fresh Meadows/Briarwood at 107.7, and Howard Beach at 110.4.
- Age-adjusted cancer death rates were highest in Brownsville at 213.4 deaths per 100,000 population followed by Central Harlem at 194.9, Morrisania at 189.2, Bedford Stuyvesant at 178.1, and Throgs Neck at 174.1.

Figure 19. Age-adjusted Cancer Death Rates by Community District of Residence, New York City, 2012



LUNG CANCER

- Age adjusted lung cancer (includes trachea, bronchus and/or lung) death rates are highest among non-Hispanic whites, followed by non-Hispanic blacks, Asians and Pacific Islanders and Hispanics.
- Since 2003, lung cancer rates have declined among all race/ethnic groups: 16.1% among non-Hispanic whites, 11.6% among non-Hispanic blacks, 5.4% among Asians and Pacific Islanders, and 9.5% among Hispanics.

Figure 20. Age-adjusted Lung Cancer Death Rates by Racial/Ethnic Group, New York City, 2003–2012

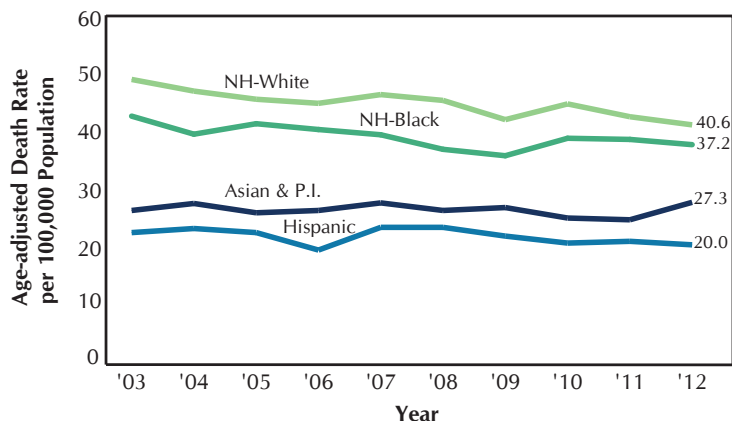
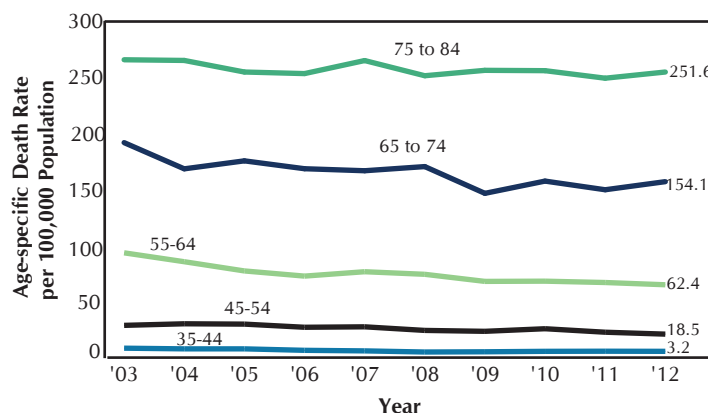


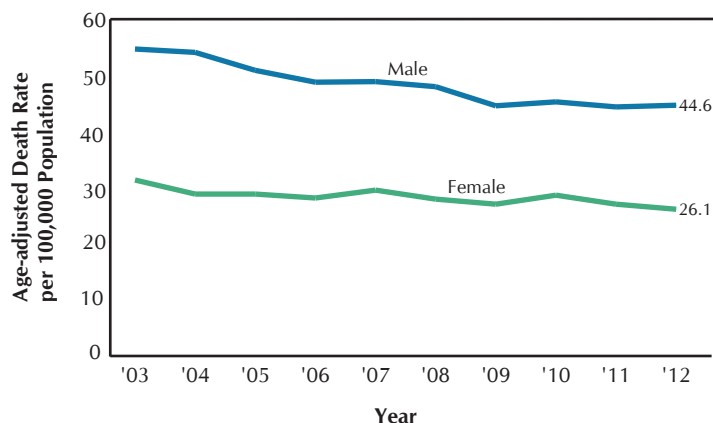
Figure 21. Age-specific Lung Cancer Death Rates by Selected Age Group, New York City, 2003–2012



- Age-specific lung cancer death rates increase by age from a low of 3.2 deaths per 100,000 among 35 to 44 year olds to 251.6 deaths among 75 to 84 year olds in 2012.
- From 2003 to 2012, age-specific lung cancer death rates decreased: 46.7% among 35 to 44 year olds, 29.7% among 45 to 54 year olds, 31.3% among 55 to 64 year olds, 18.4% among 65 to 74 year olds, and 4.2% among 75 to 84 year olds.

- The gender disparity in lung cancer death rates has remained relatively constant: the age-adjusted lung cancer death rate is 1.7 times higher among men than in women in 2012, as it was in 2003.
- Regardless, the lung cancer death rate has declined among men and women since 2003, 18.3% and 16.6% respectively.

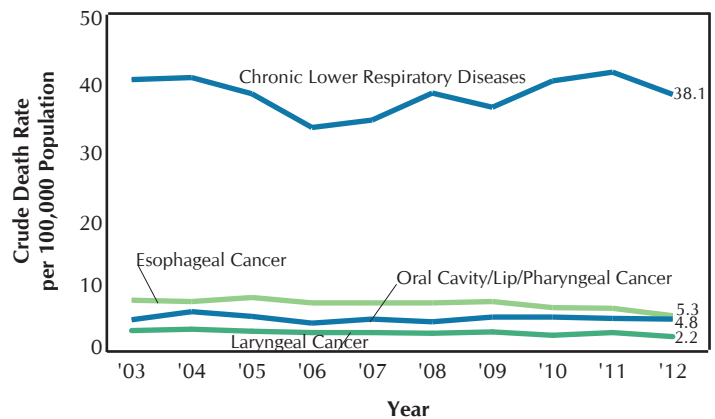
Figure 22. Age-adjusted Lung Cancer Death Rates by Sex, New York City, 2003–2012



SMOKING-RELATED MORTALITY

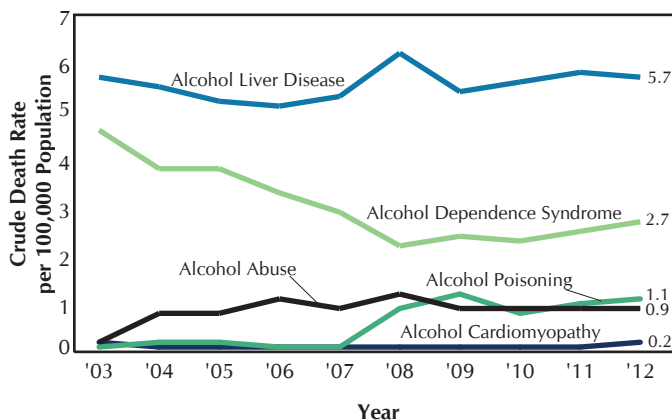
- Causes of death known to be highly attributable to smoking or tobacco use include the following cancers: lung (Figures 18-22), esophageal, laryngeal, and cancers of the oral cavity, lip, and pharynx. Chronic respiratory diseases are also highly attributable to smoking. The causes displayed do not include all deaths related to smoking or tobacco use. In particular, smoking is known to be a major risk factor for cardiovascular disease.
- Since 2003, chronic lower respiratory disease death rates fluctuated, down an overall 5.5%. Esophageal and laryngeal cancer rates decreased 30.3% and 29.0% respectively, while oral cavity, lip, and pharyngeal cancer rates increased 2.1%.

Figure 23. Crude Death Rates for Selected Smoking-related Causes of Death (Age ≥ 35), New York City, 2003–2012



ALCOHOL-RELATED MORTALITY

Figure 24. Crude Death Rates for Selected Alcohol-related Causes* of Death (Age > 20), New York City, 2003–2012

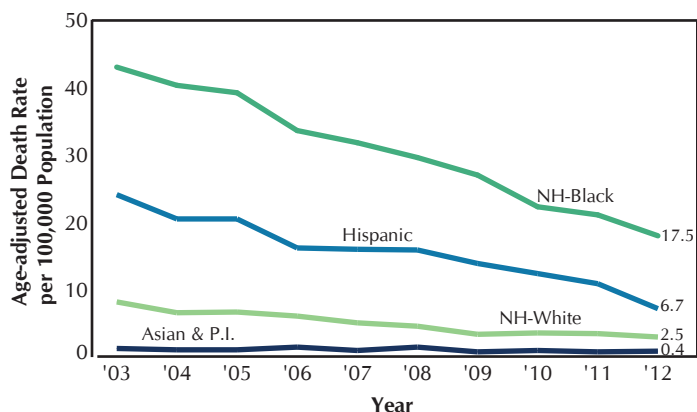


*Technical Notes: Deaths, Alcohol Related Deaths.

- 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 change. Similar trend changes are seen in nationwide data.
- From 2003 to 2012, alcohol liver disease remained relatively stable, at or near 5.7 deaths per 100,000 population. Alcohol dependence syndrome decreased 41.3%, from 4.6 to 2.7 deaths per 100,000 population, in part, due to coding changes*; alcohol cardiomyopathy remained stable hovering at or near 0.1 death per 100,000 and alcohol abuse has remained stable since 2004, hovering near 1 death per 100,000 population.

HIV MORTALITY

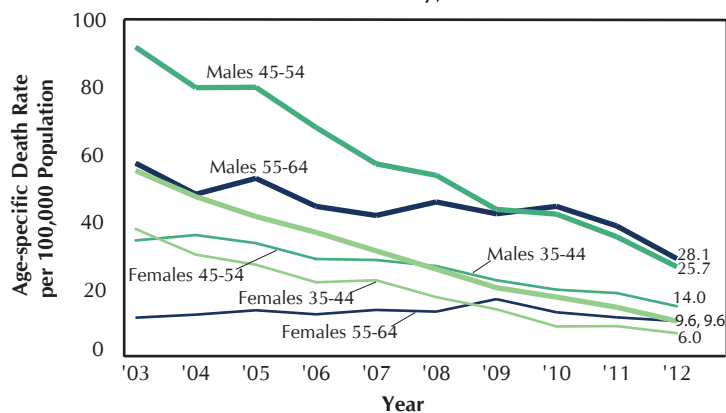
Figure 25. Age-adjusted HIV Death Rates by Racial/Ethnic Group, New York City, 2003–2012



- At a crude rate of 7.3 deaths per 100,000 population in 2012, HIV is no longer among the 10 leading causes of death in New York City. This reflects a 64.4% decline since 2003 and a 21.5% decline since 2011 (data not shown).
- From 2003 to 2012, age-adjusted HIV death rates declined 58.8% among non-Hispanic blacks, 71.6% among Hispanics, 67.5% among non-Hispanic whites, and 50.0% among Asians and Pacific Islanders.

- In 2012, HIV age specific death rates continued to be higher among males than females and declined more rapidly in younger age groups than older.
- From 2003 to 2012, the HIV male death rate declined 83.4% among those age 35 to 44, 71.7% among those age 45 to 54 and 50.2% among those age 55 to 64. Among females, the HIV death rate declined 83.7% among those age 35 to 44, 58.2% among those age 45 to 54, and 9.0% among those age 55 to 64.
- The continuing decline in HIV-related mortality is attributed to HIV prevention efforts and the increased use and effectiveness of antiretroviral drugs.

Figure 26. Age-specific HIV Death Rates by Sex, New York City, 2003–2012



OCCUPATIONAL INJURIES

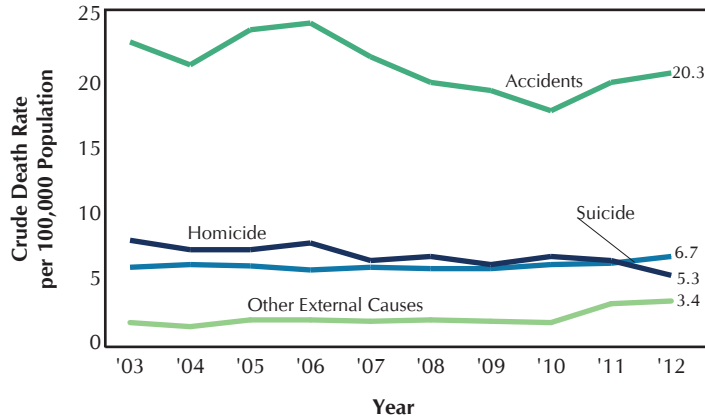
Figure 27. Fatal Occupational Injuries by Sex, New York City, 2003–2012*

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

Table and figure pending confirmation
with the U.S. Bureau of Labor Statistics

EXTERNAL CAUSES OF DEATH

Figure 28. Crude Death Rates for External Causes of Death*, New York City, 2003–2012



*Data source: National Center for Health Statistics automated cause of death codes are used for 2003-2010 external data presented in Figure 28. See Historical Technical notes: Deaths, Drug-related Deaths: ICD Coding.
 †Other external causes include medical and/or surgical care complications and deaths due to undetermined intent.

- Among external causes of death, the accidental death rate is consistently higher than homicide, suicide or other external causes†.
- Accidental death rates fluctuate, hovering near 20 deaths per 100,000 since 2003, at 20.3 in 2012; homicide rates declined 32.9% to 5.3, and suicides rates increased to 6.7, now higher than the homicide rate. Death rates from other external causes increased since 2010, to 3.4 in 2012.

- In 2012, 2,149 men died from external causes in New York City.
- The most frequent category of external cause of death among males was accident (55.5%) followed by suicide (18.3%), homicide (17.4%) and then other external causes (8.7%).

Figure 29. Distribution of External Causes of Death among Males, New York City, 2012

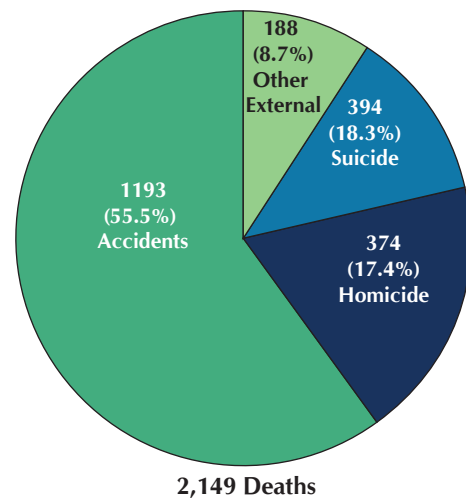
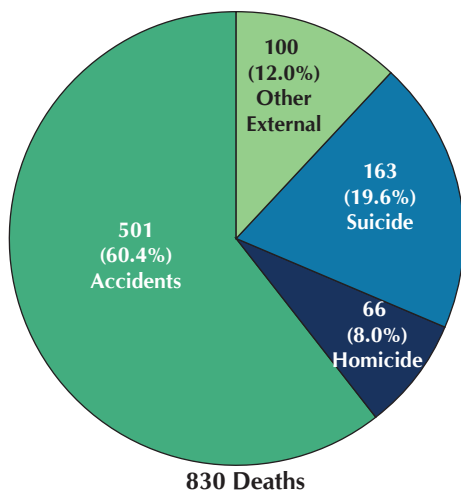


Figure 30. Distribution of External Causes of Death among Females, New York City, 2012

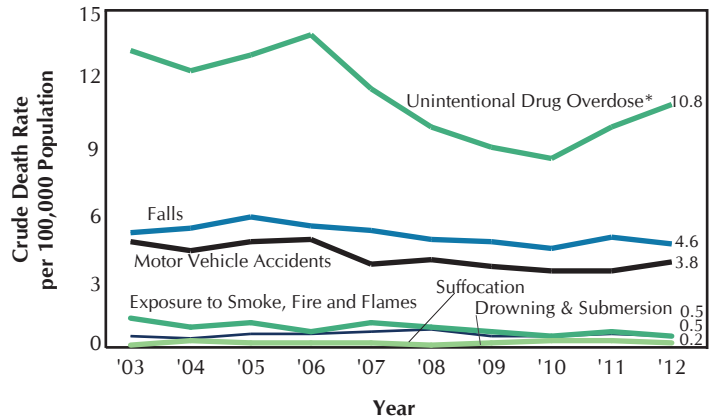


- In 2012, 830 females died from external causes in New York City.
- Accident was the most frequent (60.4%) category of external death among females, followed by suicide (19.6%), other external causes (12.0%) and homicide (8.0%).

EXTERNAL CAUSES OF DEATH

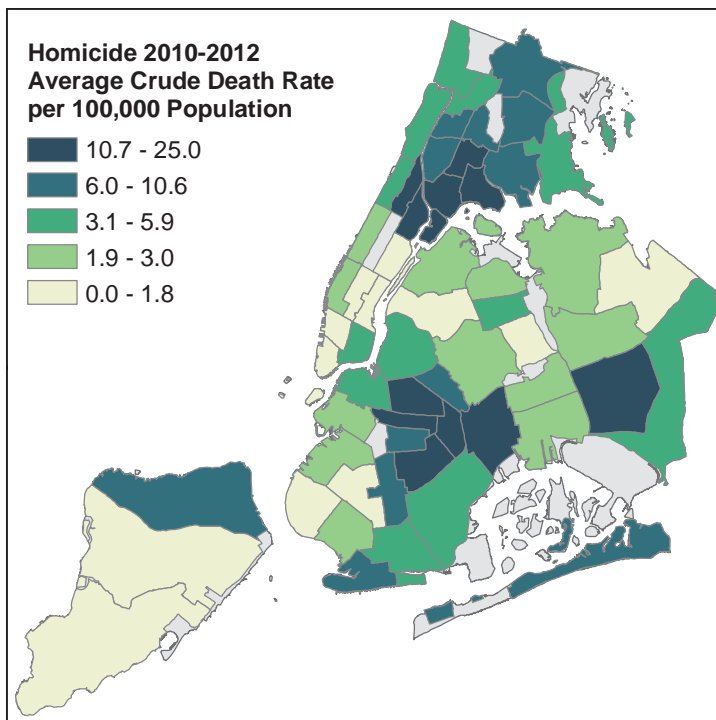
- In 2012, the three leading causes of accidental deaths were unintentional drug overdose*, falls, and motor vehicle accidents.
- Since 2003, crude death rates for all three have decreased: unintentional drug overdose by 18.2%, falls by 9.8%, and motor vehicle accidents by 19.1%.
- Rates of accidental death due to smoke, fire or flame exposure, suffocation, and drowning and submersion were all less than 1 death per 100,000 population in 2012.

Figure 31. Crude Death Rates for Selected Accidental Causes of Death, New York City, 2003–2012



*Appendix B. Technical Notes: Drug-Related Deaths

Figure 32. Crude Homicide Death Rates (Three-year averages) by Community District of Residence, New York City, 2010–2012



- Three-year-average crude homicide rates were highest in Brownsville at 25.0 deaths per 100,000 population, followed by Mott Haven and Bedford Stuyvesant at 17.6, Morrisania at 16.6, East New York at 14.2, and Jamaica/St. Albans at 12.8.
- Due to the small number of homicides in numerous community districts, the three-year-average crude death rates are unreliable. Regardless, the numbers indicate very low rates. Community districts with fewer than 1 death per 100,000 population over the three years include Bayside, Rego Park/Forest Hills, Midtown Business District, Murray Hill, Bay Ridge, and Upper East Side. Battery Park/Tribeca had no homicides over the three year period.

NEIGHBORHOOD POVERTY

Table 7. Age-adjusted Death Rates by Neighborhood Poverty, New York City, 2003, 2012

Age-adjusted Death Rates	Low (< 10%)			Medium (10 to <20%)			High (20 to <30%)			Very High (≥30%)		
	2012	2003	Chg 2003 to 2012 (%)	2012	2003	Chg 2003 to 2012 (%)	2012	2003	Chg 2003 to 2012 (%)	2012	2003	Chg 2003 to 2012 (%)
All Causes	476.0	604.2	-21.2%	520.8	643.9	-19.1%	582.3	718.0	-18.9%	701.7	880.4	-20.3%
Premature Deaths	125.9	157.2	-19.9%	156.9	182.8	-14.2%	186.5	236.1	-21.0%	254.3	353.0	-28.0%
10 Leading Causes												
Diseases of Heart	157.6	263.6	-40.2%	173.0	288.8	-40.1%	191.5	303.6	-36.9%	206.8	317.1	-34.8%
Malignant Neoplasms	129.1	152.4	-15.3%	131.0	148.0	-11.5%	137.9	151.5	-9.0%	163.4	173.6	-5.9%
Influenza and Pneumonia	19.6	29.0	-32.4%	21.9	29.3	-25.3%	27.8	33.6	-17.3%	33.3	43.3	-23.1%
Diabetes Mellitus	12.4	14.9	-16.8%	17.5	18.2	-3.8%	23.5	25.6	-8.2%	33.9	41.8	-18.9%
Chronic Lower Respiratory Diseases	15.7	18.4	-14.7%	17.1	17.2	-0.6%	18.6	21.0	-11.4%	24.0	27.2	-11.8%
Cerebrovascular Diseases	13.8	17.9	-22.9%	17.8	20.9	-14.8%	19.5	23.2	-15.9%	21.0	29.4	-28.6%
Accidents Except Poisoning by Psychoactive Substances	10.1	10.8	-6.5%	10.4	12.1	-14.0%	11.4	13.0	-12.3%	10.5	14.1	-25.5%
Essential Hypertension and Hypertensive Renal Diseases	8.2	6.0	36.7%	9.4	7.3	28.8%	11.8	9.7	21.6%	14.9	14.4	3.5%
Use of or Poisoning by Psychoactive Substance	6.7	5.6	19.6%	6.4	6.8	-5.9%	8.1	8.9	-9.0%	14.2	21.5	-34.0%
Alzheimers	6.3	3.5	80.0%	6.0	2.6	130.8%	7.1	2.4	195.8%	12.3	3.8	223.7%

Note: The 2003 poverty level is based on 2000 Census and the 2012 poverty level is based on 2007-2011 US Census Bureau American Community Survey.

- Neighborhood poverty disparities are presented in the 2012 Summary of Vital Statistics for the first time. The neighborhood poverty indicator is the agency-recommended indicator for monitoring socioeconomic health disparities. Each census tract is assigned to one of four neighborhood poverty categories based on the percent of the census tract population living below the federal poverty level: ≥30% below poverty, 20-29% below poverty, 10-19% below poverty, or <10% below poverty. The denominator of any rate by neighborhood poverty category contains population within each combination of census tracts falling within a category. The numerator contains the summed number of vital events occurring to residents of the census tracts falling within a category.
- In New York City, neighborhoods with higher percentage of population living below the federal poverty level have higher death rates. Death rates for all cause, premature and the 10 leading causes are positively correlated with the percent of population living below the federal poverty level.
- In 2012, all cause and premature mortality rates among the 10 leading causes of premature death were 1.3 to 2.0 times higher in the very high poverty neighborhoods than in the low poverty neighborhoods. The Diabetes Mellitus mortality rate disparity is greatest, at 2.7 times higher in the very high poverty neighborhood vs. in the low poverty neighborhood.