Mortality

As Oregon's population has both aged and increased, the annual number of deaths has also trended upwards. During 2006, the number of deaths increased to 31,304, up from 30,854. However, the crude death rate decreased from 849.6 per 100,000 population in 2005 to 848.2 in 2006. [Figure 6-1, Table 6-3]. (Unless otherwise specified, references to death rates mean crude death rates; see the Appendix for further discussion of crude and age-adjusted rates.) The age-adjusted death rate also declined from 791.4 to 784.5, continuing the somewhat uneven but persistent long-term downward trend seen since 1985.

The age-adjusted death rate is at its lowest level[2]

During 2005 (the most recent year for which final U.S. data are available)[3], Oregon's age-adjusted death rate was 2.1 percent lower than the U.S. rate and ranked 29th highest among the states and District of Columbia. [Table 6-51]. During the past quarter-century, the greatest difference between the rates occurred during 1982 when Oregon's rate was 7.7 percent lower than the U.S. rate (909.4 versus 984.9) and sixth lowest among the states and District of Columbia.

Oregon's age-adjusted cause-specific death rates ranked among the top 10 states (including the District of Columbia) for six causes: cerebrovascular disease (8th highest), viral hepatitis (8th), Alzheimer's disease (7th), amyotrophic lateral sclerosis (6th), hypertension (4th) and alcohol-induced deaths (4th). At the same time, Oregon was among the states with the 10 lowest rates for four causes: heart disease (5th lowest), influenza/pneumonia (5th), nephritis/ nephrosis (3rd), and septicemia (2nd).

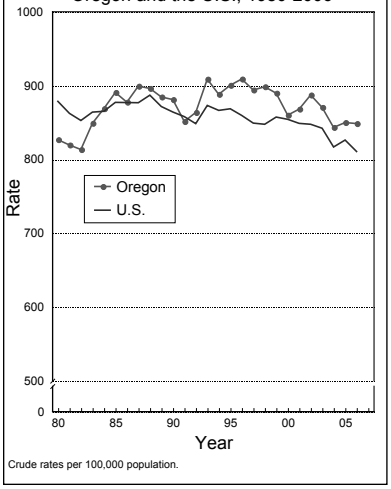
Life expectancy

The longest living Oregonian ever recorded was a Siberian-born man who died in 1999 at 117 years of age. Most of the state's residents have far shorter lives, but the long-term trend is for an increasing life expectancy. Since 1960, the life expectancy of Oregonians has increased from 70.9 years at birth to 78.6 in 2006.

Life expectancy is a theoretical construct that represents the average number of years a group of infants will live if they were to experience, throughout their lives, the age-specific death rates present at the time of their birth. It is affected by such factors as the environment, the economy, health behaviors, and changing medical technology.

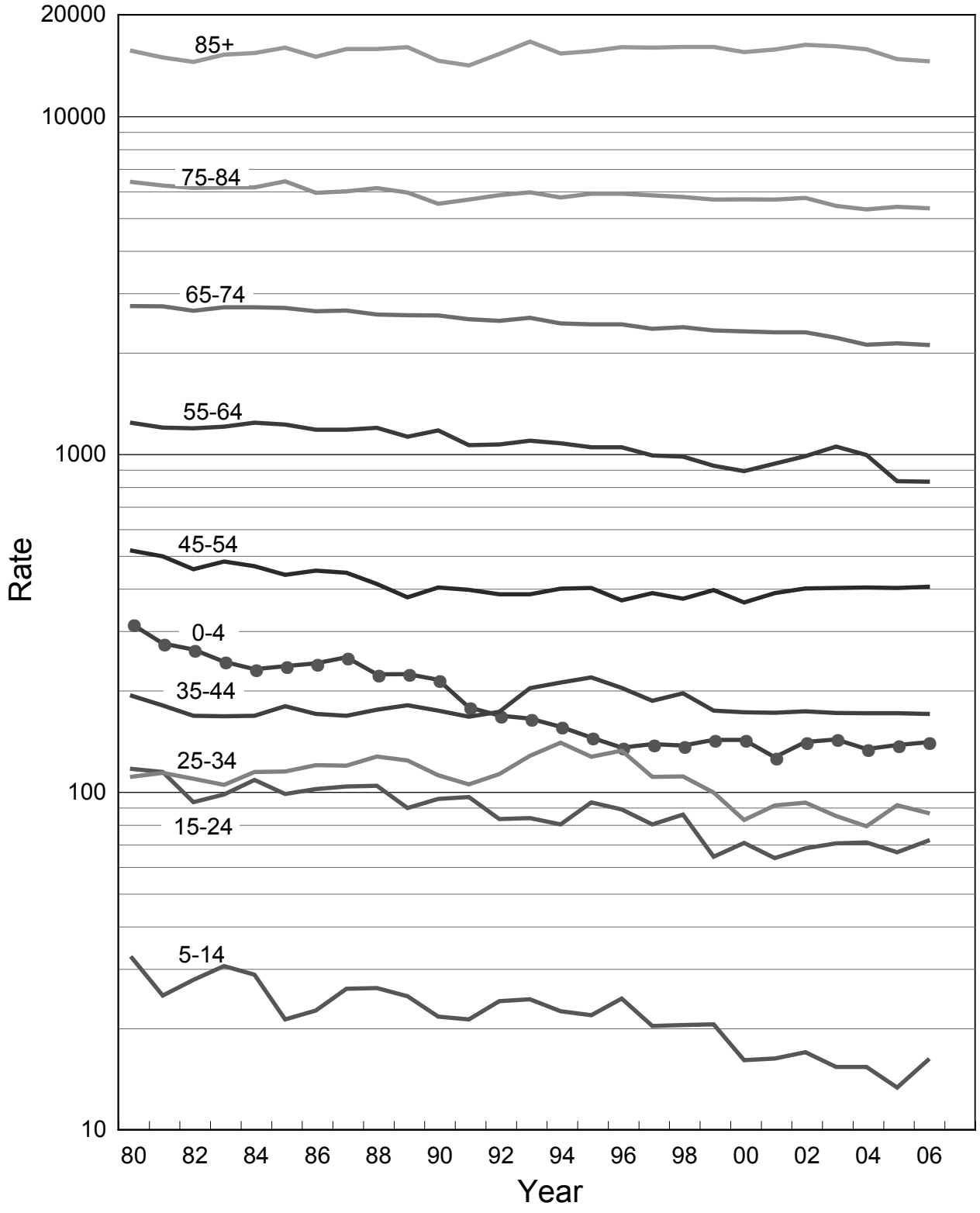
Oregon's life expectancy increased slightly between 2005 in 2006, from 78.5 to 78.6 years, a record high. Life expectancy

Figure 6-1.
Total Death Rates,
Oregon and the U.S., 1980-2006



Crude rates per 100,000 population.

Figure 6-2.
Age-specific Death Rates,
Oregon Residents, 1980-2006



Rates per 100,000 population.
Note: A logarithmic scale is used for the vertical axis.

Table A — Life Expectancy, Oregon and the United States, 1960-2006

Year	Oregon			United States		
	Total	Male	Female	Total	Male	Female
1960	70.9	N.A.	N.A.	69.7	66.6	73.1
1970	72.1	68.4	76.2	70.8	67.1	74.7
1980	75.0	71.4	78.8	73.7	70.0	77.4
1990	76.7	73.3	80.1	75.4	71.8	78.8
2000	78.0	75.6	80.4	76.8	74.1	79.3
2005	78.5	76.3	80.7	77.4	74.9	79.9
2006	78.6	76.5	80.6	77.7	75.1	80.2

U.S. data sources: National Center for Health Statistics. Hyattsville, MD. 2009.
Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. Deaths: Final data for 2006.
National vital statistics reports; vol 57 no 14.
(http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf/list of detailed tables)

increased among males (from 76.3 to 76.5) but slightly decreased among females (from 80.7 to 80.6).

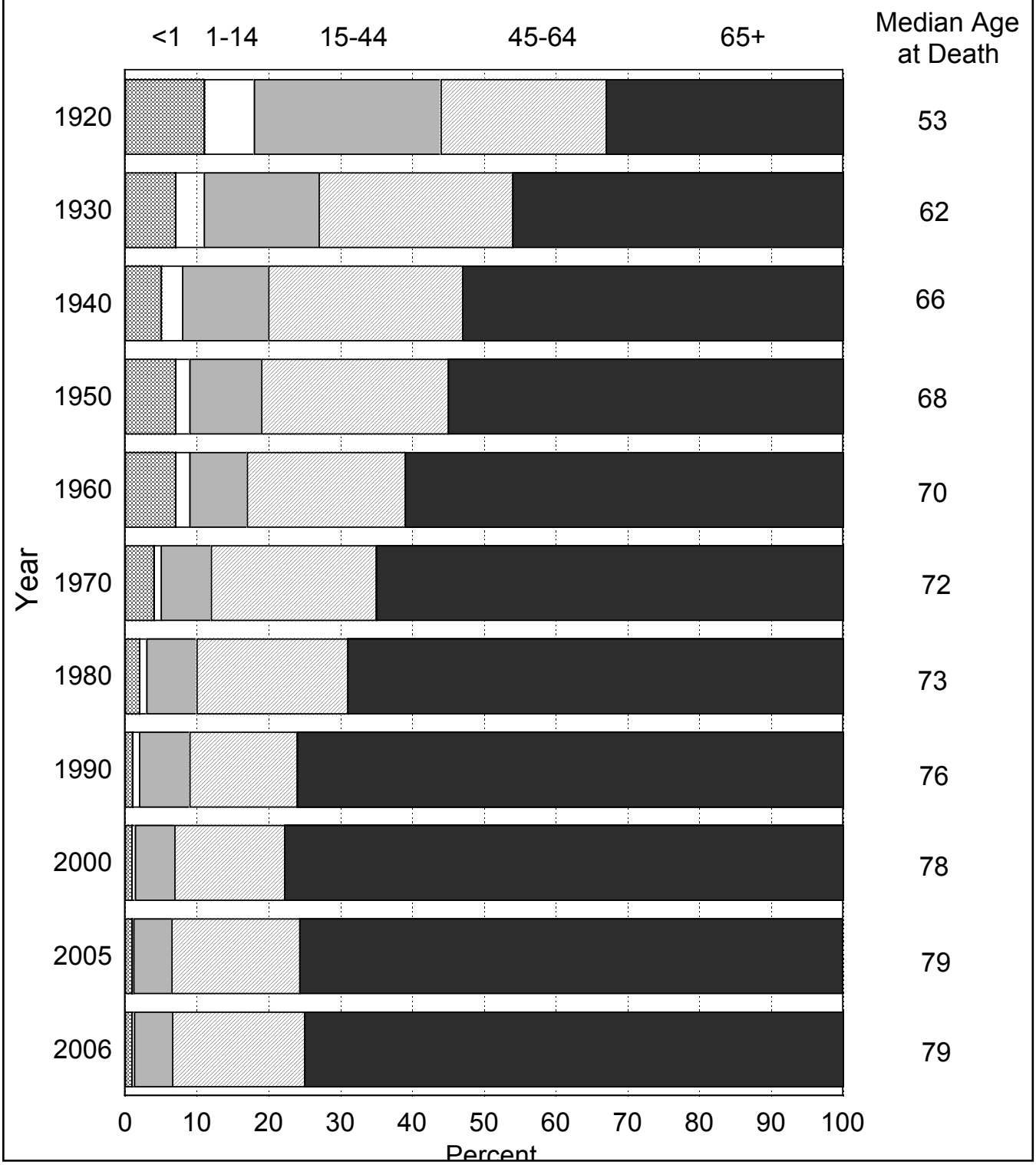
Life expectancy varied by nearly six years among Oregon's counties. [Table 6-53]. The six counties where life expectancy was statistically significantly longer during 2002-2006 were: Benton (81.3), Wallowa (81.0), Polk (80.3), Washington (80.1), Deschutes (79.7) and Clackamas (78.7). The eleven counties with significantly shorter life expectancy were: Coos (75.5), Klamath (75.6), Lake (75.8), Jefferson (76.0), Douglas (76.2), Josephine (76.3), Lincoln (76.7), Clatsop (77.2), Columbia (77.2), Linn (77.3), and Multnomah (77.3).

The oldest Oregonian to die in 2006 was a 108-year-old female.

Years of potential life lost

Mortality rates alone do not show the full impact upon society of certain causes of death. The deaths of young people are a greater "cost" to society than the deaths of older people in terms of years of potential life lost (YPLL). The YPLL yardstick quantifies premature mortality occurring in younger age groups by measuring the number of years between age at death and a set standard age. With the standard set at 65 years, for example, a death at age 21 results in 44 years lost. The numbers of YPLL for all decedents are then totaled. Figure 6-5 shows the disparity between death rates and the years of potential life lost. In all references to YPLL in this report, the standard is 65 years, unless otherwise noted. Use of YPLL measures in Figure 6-5 highlight the impact of death due to unintentional injuries. Injuries surpass any other cause for the potential years of life lost as younger people are more likely to die from injuries.

Figure 6-3.
Proportion of Deaths by Selected Age Groups, Oregon Residents, 1920-2006



Demographic characteristics

Gender

The slight decrease in Oregon's overall crude mortality rate between 2005 and 2006 was a due to a decreasing female mortality rate. [Table 6-1]. While the male rate increased (837.6 per 100,000 population in 2005 compared to 839.0 in 2006), the female rate decreased 0.5 percent (861.6 compared to 857.3). Throughout the 20th century, crude death rates were higher for males than for females, but during the 21st century the converse has been true. Nonetheless, the true risk of death, as manifested by age-adjusted death rates, continues to be greater for males than females. During 2004-2006, the male age-adjusted death rate was 32.8 percent higher than the female rate, 907.6 compared to 683.4. [Table 6-43]. The increase in female crude death rates vis-à-vis male rates seen over the past decade is largely due to the changing age distribution within these two groups, rather than a decline in the health status of the former. Proportionately, there are simply larger numbers of elderly women than men, and the elderly, even under the best of circumstances, are more likely to die than their younger counterparts. (See Appendix B for further information about age-specific and age-adjusted death rates.)

Age

Since 1996, age-specific death rates have declined for five of the six groups shown in Table 6-1, the exception being Oregonians younger than 4 where the rate has increased by 3.7 percent. Age-specific death rates fell by nearly a quarter among Oregonians ages 5-44, with the greatest decline seen among those ages 5-14.

Table 6-1 shows the disparity in age-specific death rates by gender: male rates are uniformly higher than female rates. Most striking is the twofold greater risk of death among males ages 15-24 than among similarly-aged females, 99.7 per 100,000 population versus 40.9. For both sexes combined, the median age at death remained unchanged in 2006 at 79 years. While the male median age at death remained unchanged at 75 years in 2006, the female median age at death slipped from 82 years to 81 years.

County of residence

During 2006, the state age-adjusted death rate was 784.5 per 100,000 population. Eight counties had statistically higher age-adjusted rates; while four counties were significantly lower. [Table B]. However, not all the differences between the counties and state were statistically significant. Simply residing in a particular county will not necessarily increase

Table B — Age-adjusted death rates by county of residence, 2006

County	Rate
State Total	**784.5**
Baker	785.3
Benton§	631.2
Clackamas	792.0
Clatsop	854.7
Columbia	845.5
Coos*	937.2
Crook	736.7
Curry	824.7
Deschutes§	683.7
Douglas*	838.9
Gilliam	505.8
Grant*	930.7
Harney	853.6
Hood River	713.0
Jackson	802.7
Jefferson	796.6
Josephine*	922.2
Klamath*	926.0
Lake	903.4
Lane	777.5
Lincoln	839.2
Linn*	842.4
Malheur	815.9
Marion	790.3
Morrow	673.1
Multnomah*	835.1
Polk§	642.3
Sherman	615.2
Tillamook	750.7
Umatilla	739.5
Union	699.7
Wallowa	692.5
Wasco*	899.5
Washington§	677.8
Wheeler	957.2
Yamhill*	877.6

Rates per 100,000 population.
* Statistically significantly higher than the state rate.
§ Statistically significantly lower than the state rate.

Table C — Two or more races indicated for decedents, 2006	
Race Group	**Percent**
White	<1
African American	3
American Indian	18
Asian	2
Hawaiian and Pacific Islander	10

or reduce one's chance of dying in a given year. Mortality is a consequence of a multitude of factors including: availability and quality of medical care, environmental exposure, smoking and other personal health behaviors, socioeconomic status, and heredity. Elevated age-adjusted death rates do not necessarily indicate that residing within one county is in itself apt to cause a reduction in longevity. For example, persons with chronic debilitating disease may move, in disproportionate numbers, to an area with lower cost of living or to an area with medical facilities that can provide specialized care.

Hispanic ethnicity and race

Beginning in 2006, the state changed its method of collecting race and Hispanic ethnicity information. Previously the informant on the death certificate could report only one race for the decedent. Since 86 percent of informants are immediate family members — parents, spouse, or children of the decedent — the assumption is the informant would know best which race or ethnicity the decedent would have reported.

There are three Hispanic ethnicity choices based on countries of origin: Mexico, Cuba, and Puerto Rico. There are six major categories: White, Black or African American, American Indian/Alaska Native, Asian, Hawaiian or Pacific Islander, and Other Specified.

Although this level of reporting is in our annual report tables there is also more detailed data collection in the data files for Asians and Pacific Islanders. The detailed data collection among the Asian categories allows for differentiation by Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian specified. Among Pacific Islanders the detail allows for differentiation among Hawaii, Guam, Samoa and other Pacific Islanders. However, the counts are too small to allow for reliable statistical reporting.

Ninety-four percent of decedents are still reported as Non-Hispanic White only (Table 6-9). Only ninety-seven decedents had two races checked; nearly 55 percent of this group was American Indian. Allowing for multiple choice will raise the mortality rate for American Indians by counting those who mark other races. The count of American Indian decedents increases by nearly 18 percent by allowing for the mark all that apply process. However, in this 2006 report, the tables have not been adjusted to account for this additional reporting. It is hoped that in future publication the adjustments will be done for all groups.

Other databases such as birth, youth surveys, and adult telephone surveys are now also collecting mark all that apply race categories. With younger participants in those databases, multiple races are being reported more often by participants.

Leading causes of death[4,5]

Overview

During the 20th century, with the notable exception of the great influenza pandemic of 1918-19, heart disease was the leading cause of death among Oregonians. The 21st century, however, has been marked by the emergence of cancer as the leading cause of death. In 2001, for the first time, more Oregonians died from malignant neoplasms than diseases of the heart. During 2006, 7,295 Oregonians died from cancer while 6,588 died from heart disease.

Together, malignant neoplasms and heart disease accounted for nearly half (44.3 percent) of all deaths during 2006. Although the number of deaths resulting from these causes were similar, malignant neoplasms resulted in the loss of nearly twice as many years of potential life (see box on page 6-6), a reflection of the younger ages of cancer's victims (Table 6-12). The apparent increasing risk of cancer vis-à-vis heart disease during the 21st century isn't a result of an increasing cancer death rate, but rather a declining heart disease death rate. In fact, the malignant neoplasm death rate has trended downwards in the past decade, but the heart disease death rate has fallen more rapidly.

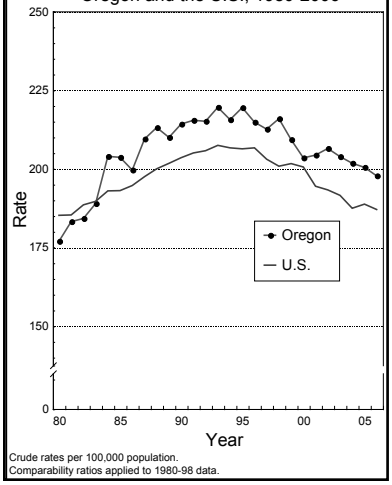
Causes of death varied by age group. Among infants, perinatal conditions were most common, but unintentional injuries ranked first for Oregonians ages 1-44. From age 45 through 84, cancer was the leading cause of death. Among residents 85 or older heart disease ranked first. [Table 6-54].

Cancer

During 2006, cancer was the preeminent death among Oregonians, claiming 7,295 Oregonians. They were also a contributing factor, but not the underlying cause, in another 896 deaths. For many decades, the cancer crude death rate increased inexorably, but by the early 1990s it had hit a plateau; since then, the rate has trended downward. In 2006, the crude death rate fell to 197.7 per 100,000 population compared to 200.4 in 2005. Age-adjusted death rates trended lower as well, falling from 189.4 in 2005 to 185.7 in 2006.

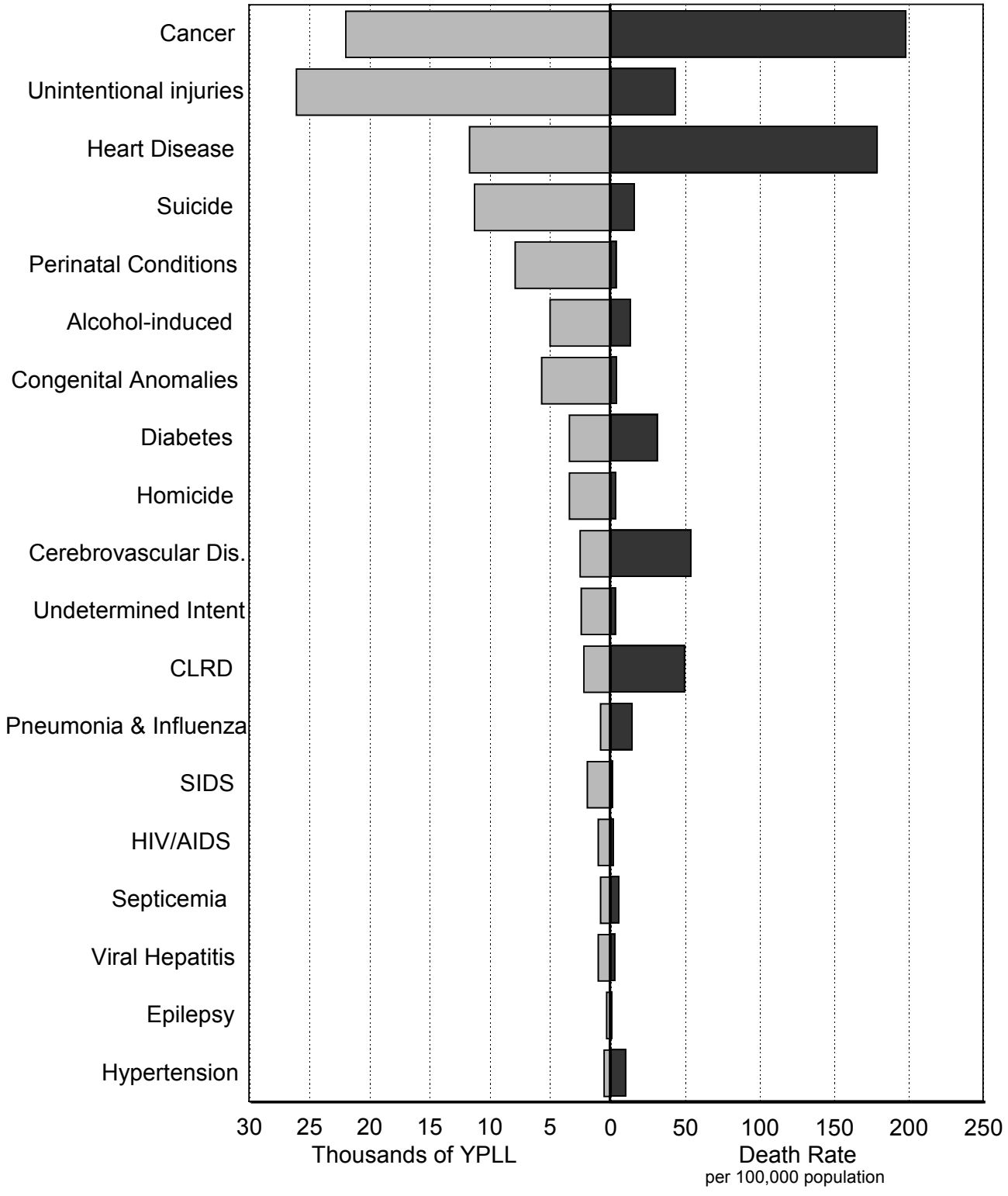
Malignant neoplasms were the leading cause of death for both the sexes, but the difference in death rates between males and females has narrowed greatly during the past two decades. During 2006, the crude death rate for cancer was

Figure 6-4.
Cancer Death Rates,
Oregon and the U.S., 1980-2006



Crude rates per 100,000 population.
Comparability ratios applied to 1980-98 data.

Figure 6-5.
Leading Causes of Years of Potential Life Lost and Corresponding Death Rates, Oregon Residents, 2006



CLRD = Chronic Lower Respiratory Disease

3.6 percent higher for males than females, 201.2 versus 194.2. [Table 6-2]. Nonetheless, the disparity was far greater when age-adjusted death rates were compared, 214.7 versus 165.8, a 29.5 percent difference. [Table 6-43m and Table 6-43f].

Cancer was one of the top five leading causes of death among Oregonians of all ages, except infants, and was the leading cause of death for residents ages 45 through 84. However the median age at death increased from 73 years in 2005 to 74 years in 2006. Malignant neoplasms were the second leading cause of premature death, following unintentional injuries, and accounted for 21,981 years of potential life lost.

During the three-year period 2004-2006, three Oregon counties had age-adjusted rates statistically significantly higher than the state rate (190.2): Coos (218.2), Columbia (219.6), and Josephine (211.9)). Five counties recorded statistically significantly lower rates: Hood River (153.3), Malheur (158.0), Benton (160.7), Washington (169.4), and Deschutes (165.2).

Lung Cancer claimed the lives of twice as many women as did breast cancer.

A quarter-century ago, Oregon's age-adjusted death rate was typically a little lower than the U.S. rate, but more recently the rate has been slightly higher; in 2005, the rate was 1.3 percent higher than that of the nation's and ranked 24th among the states and District of Columbia.[2]

The most common fatal cancer for both sexes is lung cancer, a cause that would be rare in the absence of smoking. [Figure 6-6]. The increasing prevalence of smoking drove the decades-long increase in the overall malignant neoplasm death rate, especially among women. In 1960, there were 5.7 male deaths due to lung cancer for every female death, but by 2006 the ratio was 1.1: 1.0. Although more often in the public eye than lung cancer, breast cancer claimed about one-half the number of women, 1,014 versus 518, respectively.

Figure 6-6.
Distribution of Malignant Neoplasms
by Sex and Site, Oregon Residents, 2006

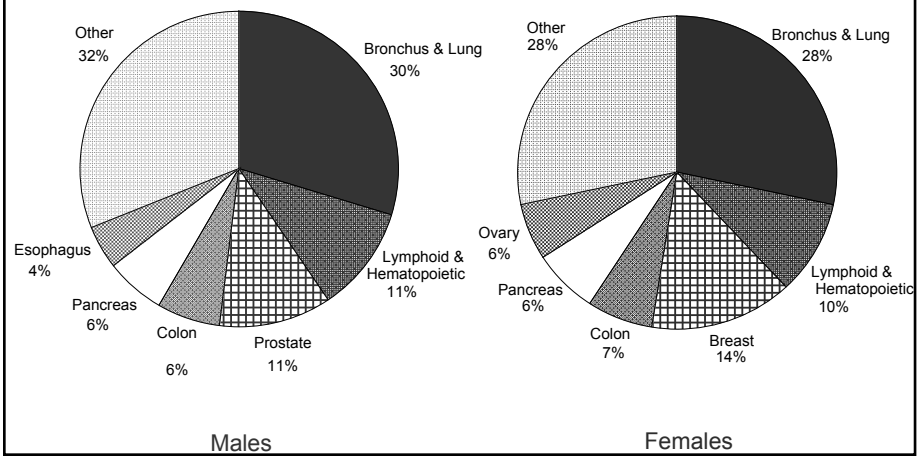


Table D — Lung cancer deaths, ratio of males to females	
1965	5.5
1975	3.6
1985	2.0
1995	1.2
2005	1.2
2006	1.1

Heart disease

Despite brief occasional breaks in the long-term downward trend in its crude death rate, heart disease had been the leading cause of death in Oregon during most of the 20th century. In 2001, for the first time, more deaths (five) resulted from cancer than from heart disease. During 2006, 6,588 Oregonians succumbed to heart disease, 707 fewer than from malignant neoplasms. The crude death rate fell from 185.1 in 2005 to 178.5 during 2006, while the age-adjusted death rate fell from 169.5 per 100,000 population to 162.6, a record low. By comparison, the age-adjusted death rate was 255.5 in 1990, 57 percent higher. Heart disease was listed on 5,130 death certificates as a contributing factor in the decedent's death, but not the underlying cause.

The 2006 crude death rate for heart disease was 12.8 percent higher for males than females (189.3 versus 167.8). However, age-adjusted death rates for heart disease showed that the risk of death from this cause was actually far greater among males than females, 208.0 compared to 126.7, a staggering 64 percent difference. [Table 6-43m and Table 6-43f].

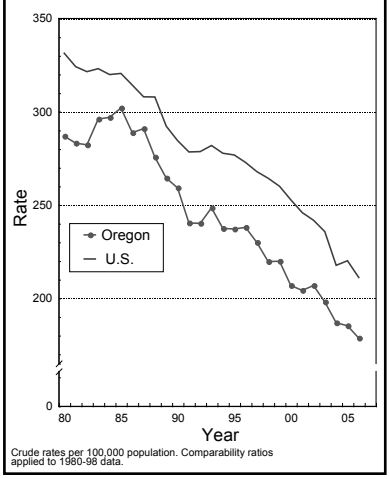
The heart disease death rate continues to fall.

Heart disease was the leading cause of death for Oregonians 85 or older and one of the top-five causes among Oregonians of all ages except for children less than five years of age. It was the second-leading cause of death for residents ages 45-84. In addition, the median age at death decreased to 82 years in 2006, compared to 83 years in 2005. [Table 6-13]. Reflecting the relatively older ages at which Oregonians died from heart disease suppresses this cause's rank among the causes of premature death; 11,699 years of potential life were lost, making it the third leading cause of premature death following cancer and unintentional injuries. [Table 6-11].

The age-adjusted death rates for five Oregon counties during 2004-2006 were statistically significantly higher than the rate for the state (170.0). The five counties with the highest rates were: Coos (220.7), Klamath (201.3), Hood River (211.6), Multnomah (181.9), and Douglas (186.6). Statistically significantly low rates were recorded for five counties: Polk (129.8), Benton (136.7), Washington (152.0), Deschutes (150.9) and Lane (158.6).

Oregon's death rate has long been lower than the U.S. rate; however in 2005, the state's age-adjusted death rate was 5.1 percent higher and ranked 46th among the states and District of Columbia. [Table 6-51]. These numbers indicate a striking downward trend in the overall age-adjusted rate for the United States. For example, in 2004 the age-adjusted rate was 217.0 compared to 162.2 in 2006 [Table 6-43t].

Figure 6-7.
Heart Disease Death Rates
Oregon and the U.S., 1980-2006



Crude rates per 100,000 population. Comparability ratios applied to 1980-98 data.

Cerebrovascular disease

Accounting for 6.3 percent of all deaths, cerebrovascular disease was the third leading cause of mortality among Oregonians. For more than a quarter of a century, the crude death rate for this cause has trended downward and during 2006 fell to a record low of 53.5 per 100,000 population, down from 62.5 in 2005. [Figure 6-8]. The age-adjusted death rate also fell to a record low of 48.8, a decline of almost 15 percent compared to the previous year's 57.3 and a 41.7 percent decline from the record high of 83.7 recorded during 1996. The number of deaths attributed to cerebrovascular disease fell from 2,268 in 2005 to 1,973 in 2006, while at the same time the number of deaths where this disease was a contributing factor rose from 1,341 to 1,425. However, for trend analysis, researchers should be aware of a coding artifact that occurred between 2004 and 2005. The National Center for Health Statistics altered the cause of death classification methodology; without this change, neither the number nor the rate of cerebrovascular disease deaths would have fallen. In prior years, "multi-infarct dementia" was coded to I63.9 (cerebral infarction, unspecified) and "vascular dementia" as I67.9 (cerebrovascular disease, unspecified). Beginning in 2005 "multi-infarct dementia" is assigned to code F01.1 and "vascular dementia" to F01.9. Therefore, certain deaths formerly counted as forms of organic dementia.

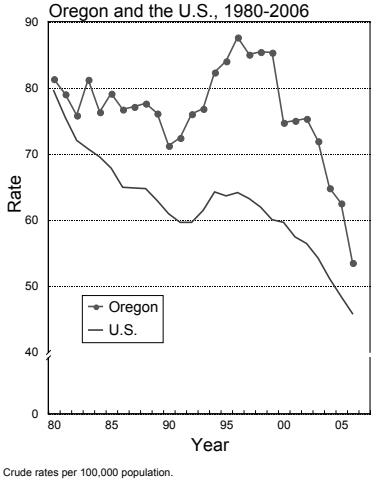
More females than males died from cerebrovascular disease, and although the female crude death rate was 37.6 percent higher than the rate for males (61.9 versus 45.0), the age-adjusted rates revealed that males were at a somewhat less risk of dying from cerebrovascular disease than females, 50.6 versus 46.8. [Table 6-43m and Table 6-43f].

Fatal cerebrovascular disease was uncommon before age 45, but by age 75 it was the fourth most common cause of death among Oregon residents. Despite the frequency with which it occurred, it ranked 10th by years of potential life lost (2,486), a consequence of the older ages of decedents (compared to relatively younger ages at death for many other causes). As in past years, four-fifths of the deaths occurred after age 74, but the median age at death fell from 84 in 2005 to 83 in 2006.

Between 2004 and 2006, the age-adjusted death rates for only Linn County (68.4) was statistically significantly higher than the state rate (55.8). Two counties had rates significantly lower than the state rate; Crook (33.5) and Union (34.3) counties.

The cerebrovascular disease death rate has long been higher in Oregon than in the U.S. as a whole. In 2005, the age-adjusted death rate was 21.7 percent higher and eighth highest among the states, including the District of Columbia. [Table 6-51].

Figure 6-8.
Cerebrovascular Disease Death Rates,
Oregon and the U.S., 1980-2006



Crude rates per 100,000 population.

Intracerebral hemorrhages and cerebral infarctions are examples of two forms of cerebrovascular disease, but appearing most commonly on death certificates is the more general term "stroke."

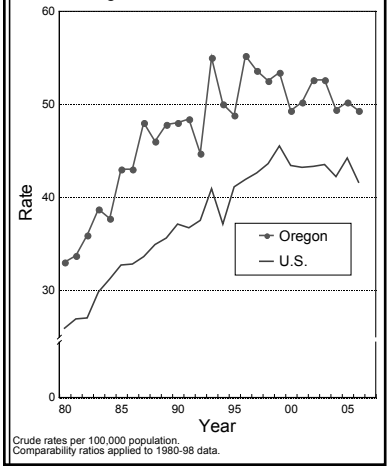
Chronic lower respiratory disease

Chronic lower respiratory disease (CLRD) crude death rates increased steadily for several decades, reaching a record high of 54.9 per 100,000 population in 1996. Increased smoking, particularly by women, drove the rising death rate and resulted in CLRD becoming the fourth most common cause of death beginning in 1987. Since 2000, the rate has varied little, ranging between 49.4 and 52.6. [Table 6-3, Figure 6-9]. However, during 2006, the crude death rate declined to 49.3 per 100,000 population, the lowest rate seen since the year 2000. The age-adjusted death rate fell from 47.8 to 46.8 [Table 6-43t]. CLRD was the underlying cause of death for 1,820 of the state's residents, but it contributed to an even larger number of deaths where it was not the underlying cause: 2,041.

For most of the 20th century, far more males succumbed to CLRD than did females, but in 1999 this pattern reversed for the first time. In 2006, 946 females and 874 males died from this disease. Although females appear to be at greater risk than males, this is a reflection of the age distribution of Oregon's population. The 2006 age-adjusted death rates showed that males were at a greater risk from CLRD than females, 53.0 versus 42.8.

CLRD is the third leading cause of death for Oregonians ages 55 to 84, and the largest number of CLRD deaths (694) occurred to residents aged 75 to 84. [Table 6-4]. Although the fourth most common cause of death overall, chronic lower respiratory disease ranked 12th in the number of years of potential life lost (2,198). The median age at death was 78, unchanged from the previous year.

Figure 6-9.
CLRD Death Rates,
Oregon and the U.S., 1980-2006



During the three-year period 2004-2006, four counties had age-adjusted death rates statistically significantly higher than the state's (47.5). These were Wasco (83.6), Coos (61.9), Jackson (56.1), and Douglas (57.6). Two counties had significantly lower rates: Washington (34.3) and Benton (34.5).

Oregon's age-adjusted CLRD death rate has long been higher than that of the nation's, but the disparity has abated somewhat in recent years. The greatest disparity occurred in 1987 when Oregon's rate was 26.8 percent higher and ranked 11th among the states, including the District of Columbia. During 2005, the state's rate was nearly 22 percent higher than the nation's and ranked eighth.2 Chronic lower respiratory disease includes a variety of conditions including emphysema, COPD, bronchitis, and asthma.

Unintentional injuries

The unintentional injury[6] crude death rate increased significantly during 2006 to a high not seen in almost two decades. The crude rate increased from 39.3 per 100,000 population in 2005 to 42.8, the highest rate since 1988. [Table 6-3 and Figure 6-10]. Fatal unintentional injuries claimed 1,579 Oregonians, and contributed to the deaths of another 645 residents. The age-adjusted death rate was 40.7 compared to 37.6 a year earlier, an 8.2 percent increase. Unintentional injuries were the fifth leading cause of death of Oregonians.

A strong gender dichotomy exists in unintentional injury deaths. The age-adjusted death rates revealed that males were almost twice as likely to die in this manner as were females (54.6 versus 28.0) [Table 6-43m and Table 6-43f].

Unintentional injuries were the leading cause of death among children and adults ages 1-44 years (Figure 6-11) with the age-specific rates relatively invariant from the mid-teens until middle age. During the "golden years," however, the risk of falling led to a greatly increased unintentional injury death rate. [Figure 6-12]. Although the fifth leading cause of death, unintentional injuries accounted for more years of potential life lost (26,123) than cancer (21,981), reflecting its role as the most common killer of young Oregonians. The median age at death fell from 54 years to 53 years, but by comparison, the median age at death in 1996 was 43.

Excluding those with fewer then 20 deaths in this category 10 counties had statistically significantly high age-adjusted death rates compared to the state's rate (39.0) for the past combined three-year average. Nearly all were coastal or located east of the Cascade Range. The three statistically significant highest rates were: Jefferson (80.2), Grant (73.6) and Harney (72.5). Only two counties had significantly lower rates: Benton (28.6) and Washington (27.0).

During most of the past several decades, Oregon's unintentional injury death rate has, nearly without exception, been higher than that of the nation's. More recently, however, the difference has been small; in 2005, the state's age-adjusted death rate was less than 1 percent higher than the U.S. rate and ranked 32nd among the states and District of Columbia.

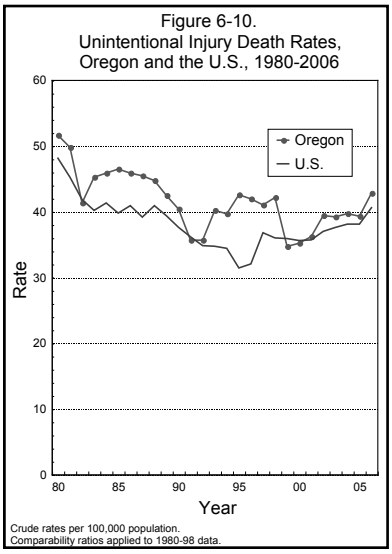


Figure 6-10.
Unintentional Injury Death Rates,
Oregon and the U.S., 1980-2006

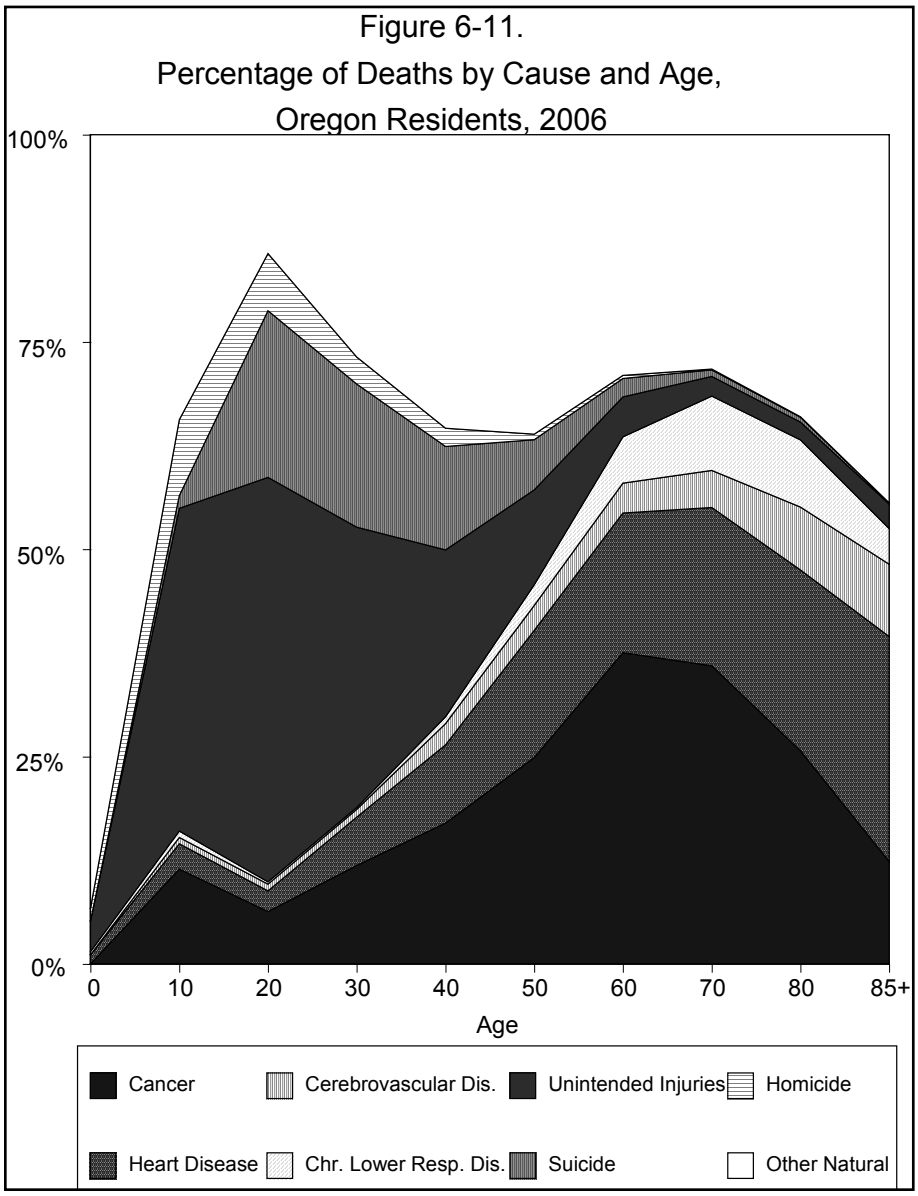
There were 70 work-related deaths that occurred in Oregon in 2006 (including both Oregon and non-Oregon residents). The victims were overwhelmingly male (66 versus four females) with motor vehicle crashes and watercraft and drowning accidents accounting for most of the deaths. [Table 6-46].

Just as the leading cause of death varies within different age groups, so does the type of fatal unintentional injury. [Figure

6-12]. Unintentional injury deaths occurring to children under 5 years of age most commonly resulted from motor vehicle crashes and suffocation. Among residents ages 5-74 (with one exception), motor vehicle crashes predominated, however among those 25-54 poisoning (usually of drugs used in an illicit manner) was a close second. Oregonians 75 or older were most vulnerable to falls. [Table 6-23].

Transportation-related fatalities. Motor vehicle accidents/crashes (MVAs/MVCs) posed the greatest risk of fatal injuries to Oregon residents. In fact, transportation-related injuries accounted for 30.0 percent of all unintentional injury deaths. [Table 6-23]. Of the 477 MVCs, more than two-thirds occurred among males with age-adjusted death rates revealing that males were more than twice as likely to die in this manner (18.9 per 100,000 population versus 8.1 for females). Although teens and young adults ages 15-24 accounted for one-fifth of all fatalities, age-specific death rates were highest among the elderly. In rank order, the MVC death rates were highest for

Figure 6-11.
Percentage of Deaths by Cause and Age, Oregon Residents, 2006

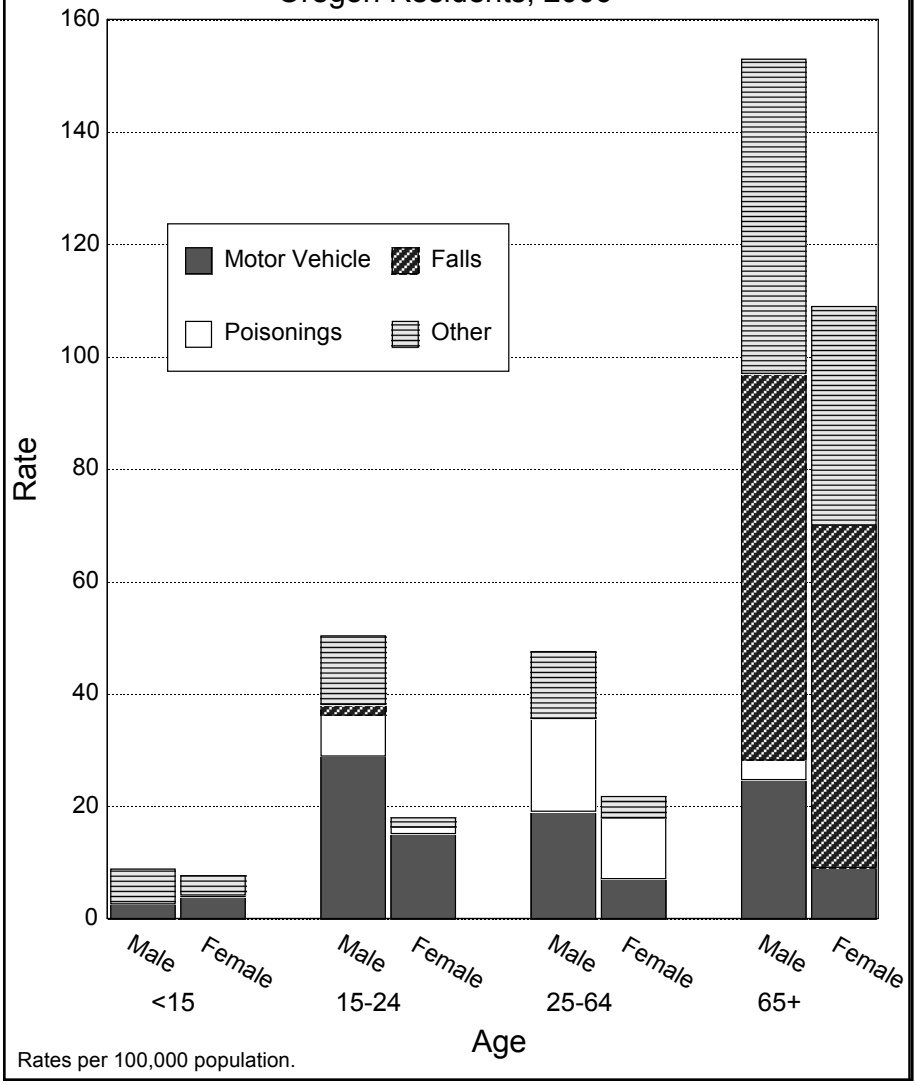


residents ages 85+, 15-24, and 45-54. [Table 6-7t].

In most deadly Oregon traffic accidents, the fatalities occurred among persons traveling by car (234), pickup truck/van (93) or foot (68). [Table 6-25]. Less common were the deaths of motorcyclists (45) and pedal cyclists (15). Interestingly, while approximately one in five (18.8 percent) of all fatalities occurring among persons in cars resulted from non-collisions (i.e., rollovers following loss of control), nearly half (46.0 percent) of the fatalities occurring among persons in pickups or vans involved non-collisions.

Falls. The second most common type of fatal unintentional injury, falls, claimed 351 Oregonians, most of whom (75.0%) were 75 or older. [Table 6-23]. Falls commonly occurred on the same level (51.6%), most often from slipping or tripping. Eighteen involved falls from stair/steps, 13 from beds, and eight from ladders. Among adults 75 or more years of age, falls were the most common type of unintended fatal injury.

Figure 6-12.
Unintentional Injury Death Rates by Age and Type of Injury, Oregon Residents, 2006



Rates per 100,000 population.

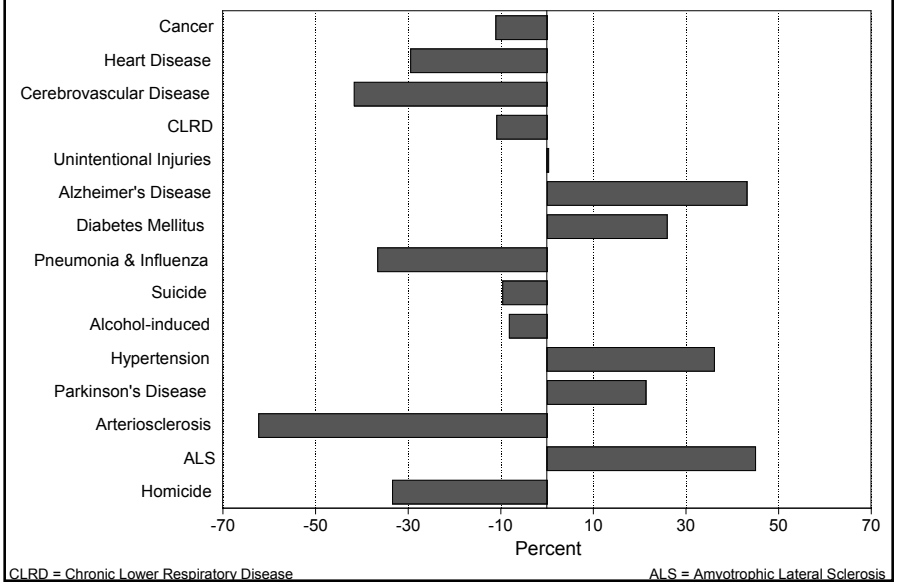
[Table 6-23]. The age-adjusted death rates revealed that males were at a 55 percent greater risk of suffering a fatal fall than were females. [Table 6-43m and Table 6-43f]. The age-adjusted death rate for falls has increased by 20 percent since 1996, increasing from 7.2 per 100,000 population to 8.6 in 2006, a statistically significant trend.

Overdoses and poisonings. Unintentional poisonings involving drugs/medications, most often by narcotics and hallucinogens, ranked third among the types of fatal unintentional injuries with the age-adjusted death rate increasing significantly between 1996 and 2006 (from 5.9 per 100,000 population to 8.2). As with most other types of unintentional injuries, age-adjusted poisoning death rates were far higher for males than females (10.0 versus 6.4). [Table 6-43m and Table 6-43f]. The death rate peaked among residents ages 45-54. [Table 6-6].

Although 3,101 deaths were attributed to this category, it alone does not account for all deaths resulting from overdoses/poisonings; depending on how the fatality was reported on the death certificate, a death could be attributed to an unintentional injury or to a mental/behavioral disorder (see the first footnote of Table 6-31).

Drownings. Ranking fourth, drownings (including those involving watercraft) accounted for the deaths of 68 residents. [Table 6-41]. In Oregon, drownings not involving watercraft were most common with 42 deaths occurring in natural water. Deaths involving watercraft numbered 15, while nine deaths occurred in bathtubs/hot tubs and another five occurred in swimming pools. [Table 6-28].

Figure 6-13.
Percentage Change in Age-adjusted Mortality Rates for Selected Causes of Death Between 1996 and 2006, Oregon Residents



CLRD = Chronic Lower Respiratory Disease ALS = Amyotrophic Lateral Sclerosis

Alzheimer's disease

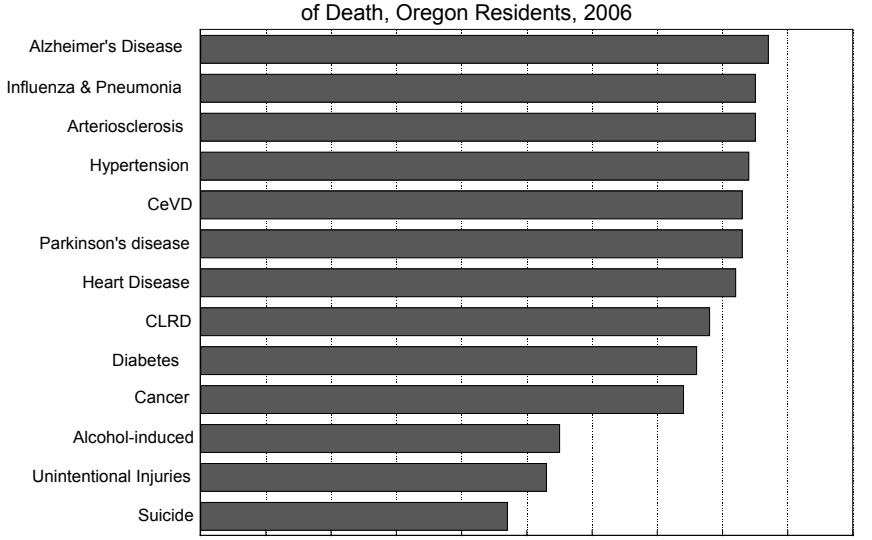
Mirroring the aging of Oregon's population has been the seemingly relentless rise in the number of deaths resulting from Alzheimer's disease. The number of deaths declined slightly in 2006, from a record high 1,263 in 2004 to 1,228 with the crude death rate slipping from 35.3 per 100,000 population to 33.3. Nonetheless, the age-adjusted death rate has doubled since 1990, increasing from 15.2 in 1990 to 29.5 in 2006, the largest increase seen among the leading causes of death. Alzheimer's disease also contributed to the deaths of 485 residents (where it was not the underlying cause).

Women have long been at greater risk of dying from this disease, in part because they are less likely to die from causes that most commonly lead to death at younger ages. The age-adjusted death rate for women was 31.3 percent higher than that for men (32.3 versus 24.6). Alzheimer's disease was the eighth leading cause of death among men but fifth among women.

This devastating disorder takes years to claim its victim's lives; nearly 19 in 20 of the deaths occurred after the decedent's 75th birthday. [Table 6-6]. The median age at death remained at a record high of 87 years in 2006. Alzheimer's disease was the sixth leading cause of death overall.

Residents of three counties were statistically significantly more likely to die from Alzheimer's disease during the three-year period 2004-2006: Jackson (41.9), Klamath (44.0), and Clackamas (38.8). The age-adjusted death rate for the state was 31.0. Two counties had significantly lower rates: Linn (23.2) and Marion (25.3).

Figure 6-14.
Median Age at Death for Selected Causes of Death, Oregon Residents, 2006



CeVD = Cerebrovascular Disease
CLRD = Chronic Lower Respiratory Disease

Oregonians have long been more likely to die from Alzheimer's disease than other U.S. residents. In 2005, the state's age-adjusted death rate was 31.4 percent higher than the nation's (30.1) and ranked seventh highest among the states and District of Columbia.[2]

Although deaths resulting from Alzheimer's disease and Alzheimer's dementia are counted here, deaths attributed to dementia, organic dementia, presenile dementia, multi-infarct dementia and vascular dementia are included in ICD-10 codes F01 (vascular dementia) and F03 (unspecified dementia). Beginning in 2005, the National Center for Health Statistics changed the way in which certain types of dementia were classified, resulting in an increase in the number of deaths attributed to vascular dementia (F01) and a decline in the number of deaths counted in the cerebrovascular disease category; see Table 6-6, footnote 10, for additional information. During 2006, the deaths of 978 Oregonians were attributed under the rubric "organic dementia" (ICD codes F01 and F03). Together, organic dementia and Alzheimer's disease/dementia accounted for 2,586 deaths, surpassing the third leading cause of cerebrovascular disease (1,973).

Diabetes mellitus

During 2006, diabetes mellitus was the seventh leading cause of mortality. Although the death rate for diabetes increased nearly every year during 1985-2001, it changed little during 2002-2004, before increasing 4.0 percent over the 2004 rate to 31.1 per 100,000 population in 2005. In 2006, the rate slightly decreased back down to 30.9. The age-adjusted death rate has nearly doubled since 1990, increasing to 28.9, slightly lower than 2005's record high. Diabetes was a contributing factor

Figure 6-15.
Age-adjusted Diabetes Mellitus Death Rates,
Oregon and the US with Percentage Difference, 1985-2006

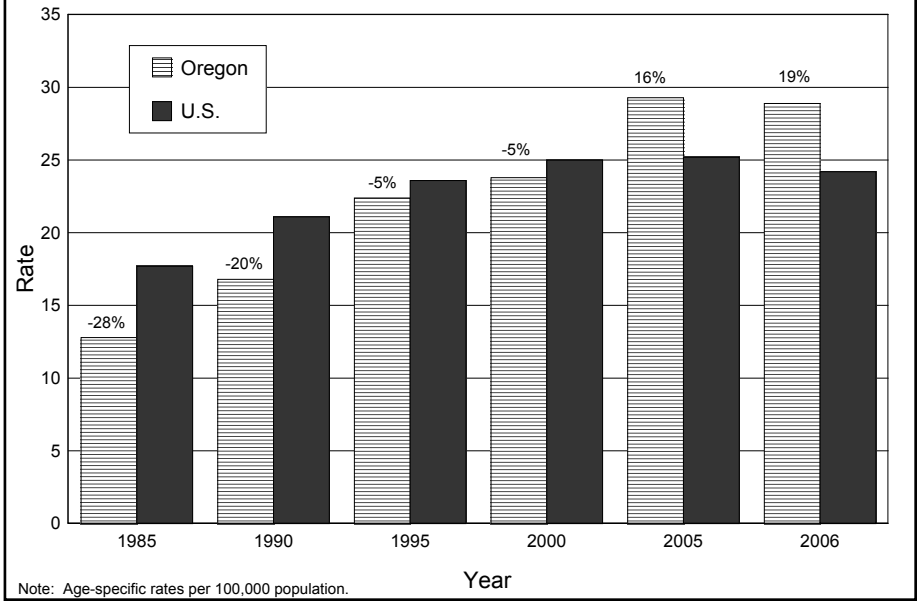


Table E — Diabetes death rates and state ranking		
Year	**U.S.**	**Oregon**
1982	17.2	12.2
Percent Difference: -29.1		
Rank: Lowest*		
2005	24.6	29.1
Percent Difference: +18.3		
Rank: 10th highest		

*Excluding Alaska, which had unreliable data.

more often than it was the underlying cause of death, 2,387 versus 1,139.

Although the crude death rates for males and females were similar, age-adjusted death rates showed that males were at a 28.4 percent greater risk of death from diabetes (33.0 versus 25.7). [Table 6-43m and Table 6-43f].

Five Oregonians younger than 25 died from diabetes, but 88.8 percent of all deaths occurred after age 54. It was the fourth leading cause of death among Oregonians ages 55-74. The median age at death remained at 76, unchanged from the previous year, and was one of the lowest ages recorded among the natural causes of death. [Table 6-13]. Diabetes resulted in a loss of 3,416 years of potential life.

During the three-year period 2004-2006, three counties had statistically significantly high age-adjusted death rates compared to the state's (29.0): Klamath (42.8), Umatilla (39.9), and Marion (37.9). Three counties had significantly lower rates: Deschutes (19.5), Josephine (21.1), and Jackson (23.0).

A generation ago, the state's age-adjusted diabetes death rate was consistently 25-30 percent lower than the nation's. The Oregon advantage gradually diminished thereafter, and in 1997, for the first time, Oregon's rate exceeded the U.S. The gap has continued to widen, and in 2005 Oregon's rate was 18.3 percent higher than the U.S. rate, ranking 10th among the states and District of Columbia.[3]

Suicide

Suicide claimed the lives of 573 Oregonians during 2006, increasing from 559 deaths a year before. The crude death rate increased slightly from 15.4 per 100,000 population to 15.5. Oregon's highest suicide rate was recorded during 1998: 17.4. The age-adjusted death rate was 15.1 during 2006, up from 14.9 the year before, and a 11.7 percent decrease compared to the record high of 17.1 in 1998.

Males have long been at a far greater risk than females; with age-adjusted death rates of 23.8 and 7.0, respectively, but gender-specific rate differences were greatest among the elderly [Table 6-43m and Table 6-43f].

Overall, suicide rates peak among the elderly, but this masks a gender-based dichotomy: females were more likely to die by suicide in middle age where the rate peaked at 14.5 among 45- to 54-year-olds, while rates among males increase with age, with the highest rate (61.4) recorded among those aged 75 to 84. Although the overall suicide rate is highest among the elderly, most deaths occurred before age 55, resulting in the fourth largest number of years of potential life lost (11,260) by cause. Suicide was the second-leading cause of

Table F — Number of times a male Oregonian was more likely to die by suicide than were females, by age, 2002-2006

5-14	3.7
15-24	5.8
25-34	4.5
35-44	2.9
45-54	2.5
55-64	3.7
65-74	8.0
75-84	8.9
85+	13.3

Table G — Suicide characteristics by region			
Age	**Metro**	**Coastal**	**Other**
<25	15%	12%	12%
25-64	73%	62%	67%
65+	12%	26%	21%
Method	**Metro**	**Coastal**	**Other**
Firearm	42%	58%	61%
Hanging/ Suff.	21%	12%	15%
Poison	24%	22%	21%
Other	13%	8%	3%

Metro counties: Clackamas, Multnomah and Washington.
Coastal counties: Clatsop, Coos, Curry, Lincoln, and Tillamook.

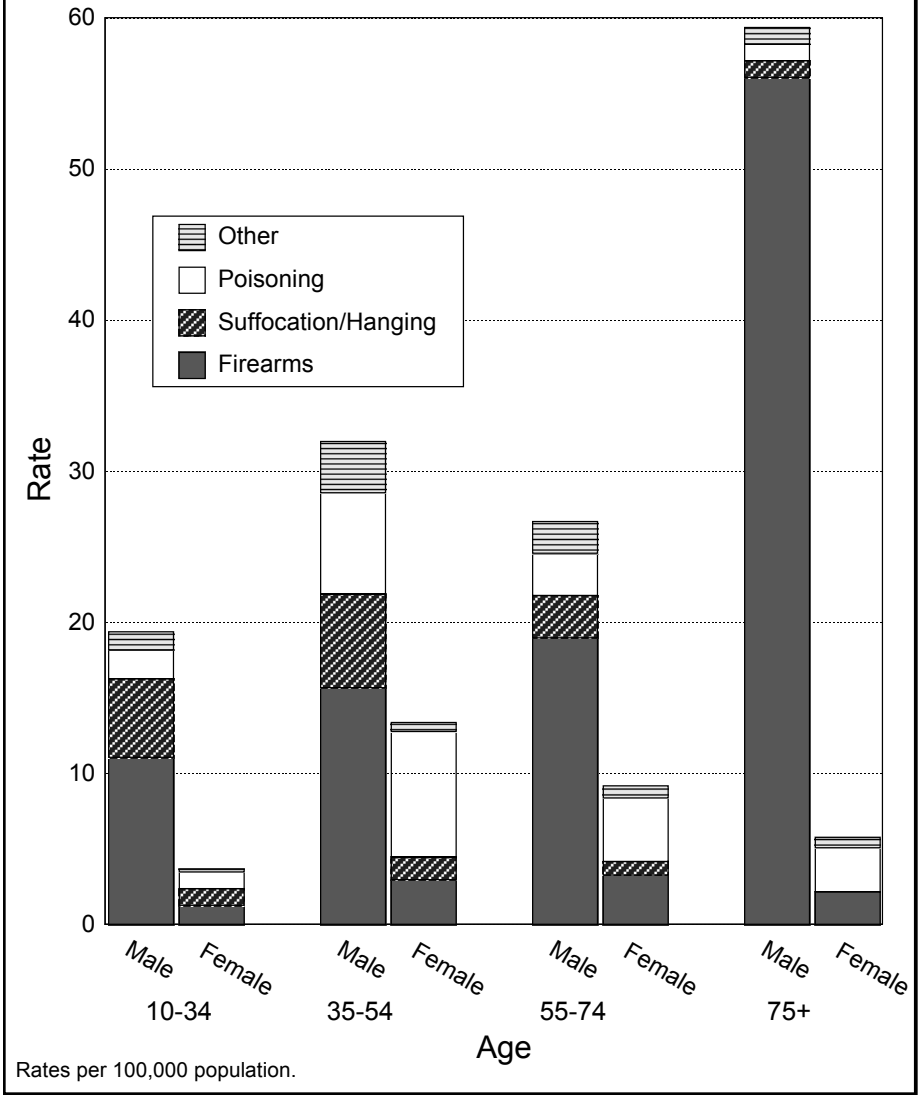
death among residents ages 15-34, third among those ages 35-44, and fifth among those ages 45-54. The median age at death was 47 during 2006, down from 48 the previous year. The youngest persons to die by suicide were two 14-year-old boys and the oldest a 95-year-old female.

Two Oregon counties had age-adjusted death rates that were statistically significantly higher than the state's rate (15.1) during the three-year period 2004-2006 decade: Coos (28.5) and Douglas (21.0). Two counties had significantly lower rates: Clackamas (11.1) and Washington (11.6).

Oregonians have long had higher suicide rates than residents of most other states. In 2005, Oregon's age-adjusted suicide rate was 35.8 percent higher than the nation's and ranked 12th highest among the states and District of Columbia.[2]

The method of suicide varied by age and gender, but overall most (53.6%) deaths resulted from fatal gunshot injuries.

Figure 6-16.
Suicide Death Rates by Method, Sex, and Age Group, Oregon Residents, 2006



Rates per 100,000 population.

[Table 6-29 and Figure 6-15]. Although most suicides were a result of gunshot wounds, there was a considerable dichotomy by sex; almost two-thirds (61.4%) of males shot themselves, but only three-tenths (28.1%) of females did so. (Seven of every 10 gunshot fatalities resulted from the use of handguns.) Females were more likely to poison themselves (51.1%) than they were to shoot themselves, while males were much less likely to die by poisoning (13.2%). Moreover, there was a difference by gender in the type of poison used: 85.6 percent of all poisoning deaths by females involved medications compared to 77.6 percent of the poisoning deaths among males. Overall, about one in five suicides (22.2%) involved poisoning. Hanging/suffocation was the third most common method of suicide (16.9%) with only a small difference in the proportion of males and females using this method.

Influenza and pneumonia

During 2006, influenza/pneumonia claimed 522 Oregonians compared to 606 a year earlier. The crude death rate decreased from 16.7 per 100,000 population to 14.1, a record low. In addition, the age-adjusted rate decreased from 15.1 to 12.8, also a record low. Influenza/pneumonia contributed to almost three times as many deaths as it directly caused: 1,695.

Although slightly more women than men died from these two infectious diseases in 2006 (265 versus 257), age-adjusted death rates revealed that males were still at a greater risk (16.0 per 100,000 population versus 10.7). [Table 6-43m and Table 6-43f].

These two related types of pulmonary infections claimed Oregonians in every age group, but nearly eight in 10 of the deaths occurred after age 74. Along with an decrease in the number of deaths during 2006, the median age at death remained at 85 years, unchanged from 2005.

During the three-year period of 2004-2006, age-adjusted death rates were statistically significantly higher than the state's rate (14.1) in three counties: Yamhill (26.5), Clatsop (25.7), and Benton (21.7). Two counties recorded significantly lower rates: Deschutes (9.8) and Polk (7.4).

In recent years, Oregon's age-adjusted death rate has been markedly lower than the rates for most other states. In 2005, Oregon's age-adjusted death rate was 26.1 percent lower than the nation's and ranked 46th (i.e., fifth lowest, including the District of Columbia).[3]

In 1918, influenza spread across America in less than a week and around the world in three months. The pandemic persisted into 1919, with influenza the leading cause of death in Oregon during both years.

Table H — Alcohol-induced deaths by diagnoses, 2006	
Diagnosis	**Count**
Alcoholism	165
Cardiomyopathy	12
Gastritis	1
Fatty Liver	1
Hepatitis	17
Liver Cirrhosis	178
Hepatic Failure	39
Unspecified Liver Dis.	54
Chronic Pancreatitis	6

Alcohol-induced deaths

Alcohol-induced deaths is a category created by Oregon to summarize alcohol-related deaths, but excludes alcohol-related injury deaths. It is not typically reported as a leading cause of death within the National Center for Health Statistics leading causes of death taxonomy, but when alcohol conditions are combined it becomes the 10th leading cause of death in Oregon. This category is comprised of alcohol-related disorders from multiple organ systems with cirrhosis of the liver accounting for the greatest number of deaths (61.1%). If intentional and unintentional injury deaths where alcohol was a factor (e.g., motor vehicle crashes and homicides) were included in this category, the count would be considerably higher. (The role, if any, of alcohol in injury deaths is rarely reported on death certificates.)

Alcoholism, including related disorders and alcohol poisonings, claimed 473 Oregonians during 2006. Alcohol was a factor in no fewer than 482 deaths, but did not directly cause the death. [Table 6-47]. Both the crude death rate fell to 12.8 per 100,000 population during 2006, and the age-adjusted death rate slipped from 13.7 in 2005 to 11.7.

Fatal alcohol abuse was the ninth leading cause of death among men and 13th leading cause among women, but the difference is greater than this would suggest: the age-adjusted death rate for males was more than twice that for females, 17.9 versus 6.0, respectively.

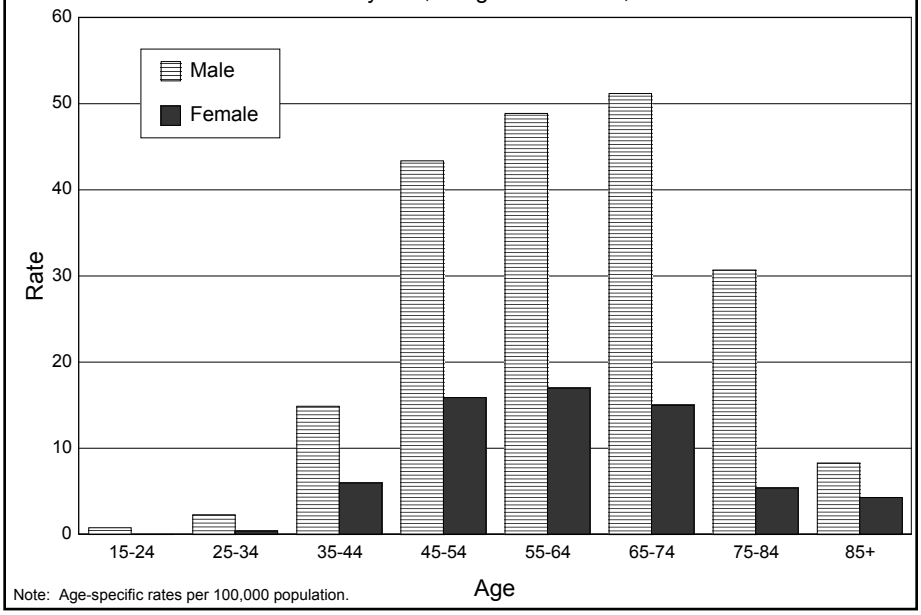
Age-specific alcoholism rates peak among residents ages 55-64. [Figure 6-16]. This disorder was the fourth leading cause of death among residents ages 45-54 years and the fifth leading cause of death among those ages 35-44 years. The median age at death decreased from 56 years during 2005 to 55 during 2006. Oregonians are dying at markedly younger ages than they were a generation ago when the median age at death was 62. Alcoholism was the seventh leading cause of premature death, accounting for 4,978 years of potential life lost.

During the period 2004-2006, three counties had rates statistically significantly higher than the state's rate (13.0). They were Klamath (20.4), Linn (19.3), and Multnomah (15.5). Rates were significantly below the state average in only Washington (8.4).

The Oregon alcohol-induced death rate has long been higher than that for the United States. In 2005, Oregon's rate was 91.4 percent higher than the nation's and ranked fourth among the states and the District of Columbia.[3] However, at least part of the difference between the state and the nation likely results from a reporting artifact: while Oregon queries

physicians for additional information when causes listed on death certificates are suggestive of alcohol use, such as esophageal varices, many states do not.

Figure 6-17.
Age-specific Alcohol-induced Death Rates,
by Sex, Oregon Residents, 2006



Note: Age-specific rates per 100,000 population.

Hypertension

During 2006, 362 Oregonians died as a consequence of hypertension (including hypertensive renal disease), making it the 12th leading cause of death. (However, the number of deaths attributed to hypertension does not include all deaths related to this cause since many have been classified to more specific manifestations of cardiovascular disease.) The crude death rate decreased from 11.8 in 2005 down to 9.8 in 2006. Since 1990, the age-adjusted death rate for hypertension has more than doubled, increasing from 4.9 per 100,000 population to a record high of 10.6 in 2005. However, in 2006 the age-adjusted rate decreased to 8.9, the lowest rate seen since 2001.

Although the crude death rate for females was half again that of males, age-adjusted death rates show only a small difference in the risk of death from this cause, 9.0 versus 8.3, respectively.

Deaths from hypertension are rare among middle-aged and younger Oregonians, but by age 65 begin to increase sharply. Age-specific death rates are more than 20 times higher among residents 85 or older compared to those ages 65- to 74-year-olds (21.4 versus 244.5).

Only Umatilla County (16.3) had a significantly elevated age-adjusted death rate compared to the state rate (8.3) between 2004-2006.

A generation ago, Oregon's hypertension death rate was markedly lower than the U.S. rate, but during the past 20 years that relationship has reversed. During 2005, Oregon's hypertension death rate was much higher compared to the rest of the nation. The state's age-adjusted death rate was 33.8 percent higher than the U.S. rate (10.7 versus 8.0) and ranked fourth highest nationally.[2]

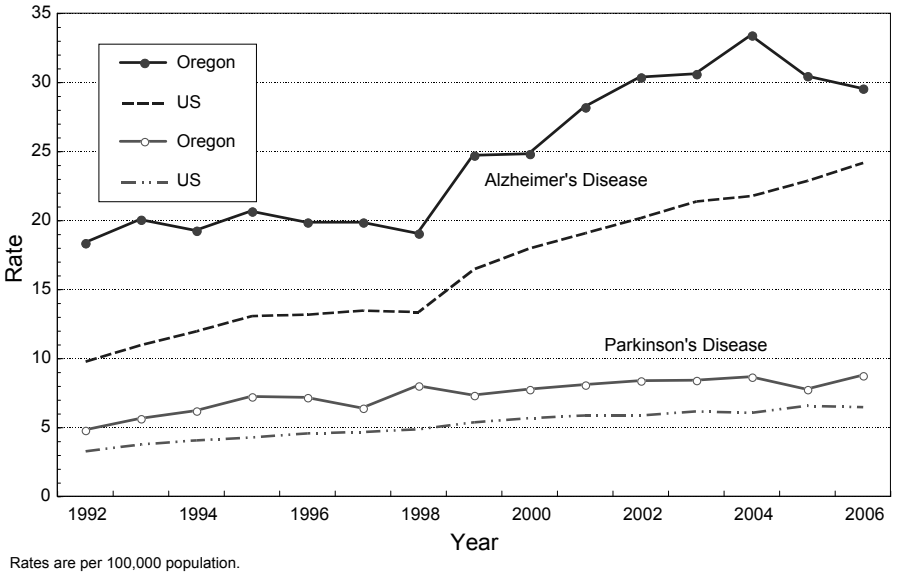
Parkinson's disease

Ranking 14th among the leading causes of death during 2006, Parkinson's disease claimed 346 Oregon residents. The crude death rate increased to a record high of 9.4 per 100,000 population in 2006, a 15 percent increase from 8.2 in 2005. The age-adjusted death rate also hit a record high of 8.7 in 2006. While the mortality rates for many causes have fallen in recent decades, the rate for this neurological disorder continues to trend upward, despite an apparent downward trend seen in the previous year. [Table 6-3].

The risk of death among males from Parkinson's disease was almost twice that of females; age-adjusted death rates were 11.9 and 6.5, respectively. The age-adjusted rate recorded for females in 2006 marks a record high. [Table 6-43m and Table 6-43f].

Parkinson's disease claims almost exclusively persons 55 or older, although two younger Oregonians did die from the disorder during 2006. [Table 6-6]. The median age at death has shown no clear trend during the previous decade, ranging between 81 and 83 years, and remained unchanged at 83 years in 2006.

Figure 6-18.
Alzheimer's Disease and Parkinson's Disease Age-adjusted Death Rates, Oregon and the U.S., 1992-2006



Rates are per 100,000 population.

During 2004-2006, only Yamhill (13.5) County had a statistically significant elevated age-adjusted death rates compared to the state (8.3).

Oregon's age-adjusted Parkinson's disease death rate has long been higher than the nation's, as have two other neurological disorders, Alzheimer's disease and amyotrophic lateral sclerosis. [Table 6-51, Figure 6-17]. During 2005, Oregon's death rate was 17.2 percent higher than the U.S. rate and ranked 15th highest among the states and District of Columbia.[2]

Table I — Five leading methods of homicide, 2006	
Firearms	60
Sharp Objects	19
Blunt Objects	9
Suffocation	8
Bodily Force	7

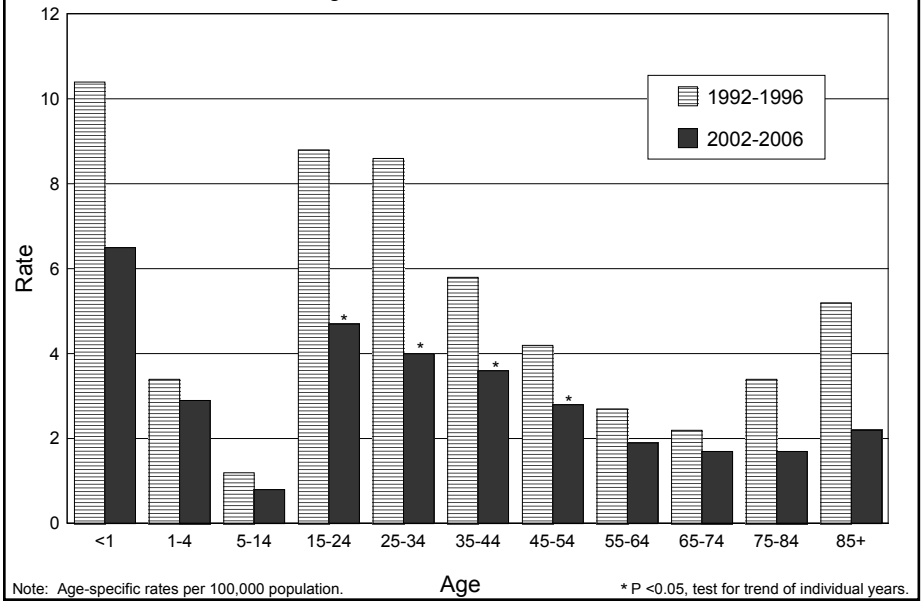
Homicide

Oregon's homicide rate increased slightly from 2.8 per 100,000 population in 2005 to 3.0 in 2006. With 111 victims, homicide was the 22nd leading cause of death during 2006. Three victims were fatally shot while at work. Only four counties had more than 10 deaths in 2006.

Every year, more males than females are murdered — and 2006 was no exception. The male age-adjusted death rate (4.2) was more than twice the rate recorded for females (1.7). [Table 6-43m and Table 6-43f]. The age-adjusted rate for both genders was 3.0.

By age, infants were more likely to be homicide victims than Oregonians in any other age group; during 2004-2006, their homicide rate was 7.8 per 100,000 population compared to 4.9 for 15- to 24-year-olds the next statistically significant age group. (Rates based on multiple years yield more representative values than those based on the relatively small numbers recorded for any single year). Children between the ages of 5 to 14 and the very elderly had the lowest rates for

Figure 6-19.
Age-specific Homicide Rates,
Oregon Residents, 1992-1996 and 2002-2006



Note: Age-specific rates per 100,000 population.

* P <0.05, test for trend of individual years.

becoming victims of homicide. The median age at death for homicide victims was 34 years, unchanged from the previous year and the lowest among the leading causes (except for causes associated with infancy). With 3,384 years of potential life lost, homicide was the ninth leading cause of premature death.

During the period 2004-2006 only Multnomah (4.4) was significantly higher than the state rate (3.0); while Washington County (1.6) was statistically lower.

Historically, Oregon's homicide death rate has been markedly lower than the nation's. During 2005, the state's rate was 54.1 percent lower and ranked 40th among the states and District of Columbia.[2]

Firearms are unrivaled as an implement of homicide, accounting for more than one-half of all such deaths, and of those, handguns outnumbered long guns two to one.

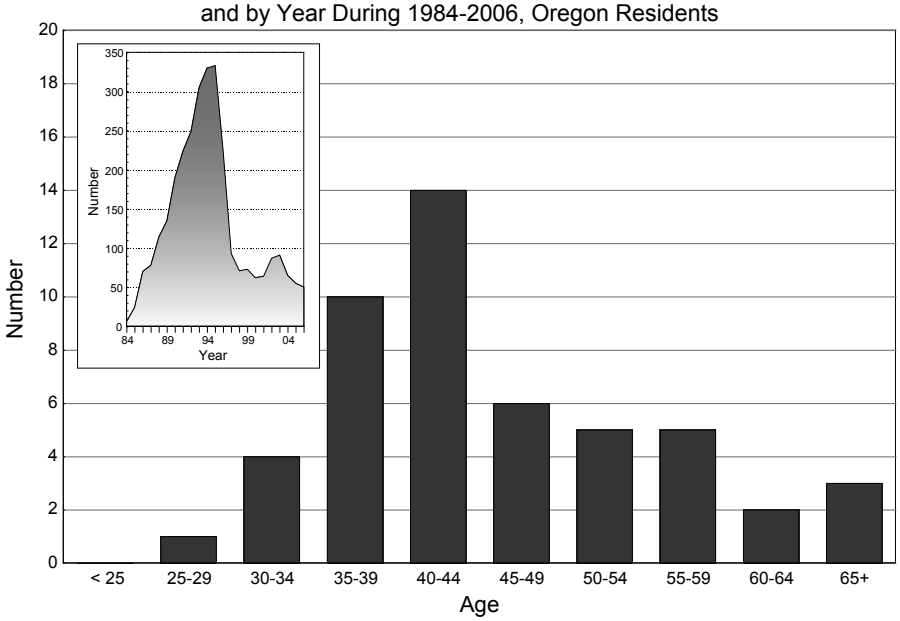
AIDS/HIV

After peaking at 360 deaths in 1995, the number of AIDS/HIV deaths declined to a low of 50 in 2006 with the age-adjusted death rates falling from 12.3 per 100,000 population to 1.4.

Although long considered among the top 20 leading causes of death, there's no greater dichotomy by sex and the risk of death than there is with AIDS/HIV. With sex-specific death rates of 2.5 and 0.2, respectively, males were 12 times more likely to die from this cause.

Unlike most causes of death, AIDS/HIV most often claims middle-aged adults. Age-specific death rates rose sharply in early adulthood reaching 4.7 per 100,000 35- to 44-year-olds,

Figure 6-20.
Number of AIDS Deaths by Age During 2006
and by Year During 1984-2006, Oregon Residents



before declining to 2.0 among 45- to 54-year-olds, and then diminishing markedly among older age groups. [Figure 6-19]. These rates are driven largely by deaths among males. The youngest person to die from this disease was a 25-year-old male and the oldest a 74-year-old male. The years of potential life lost were 996 and the median age at death 44 years, one year more than that recorded during 2005. A decade earlier, half of all deaths occurred by age 40.

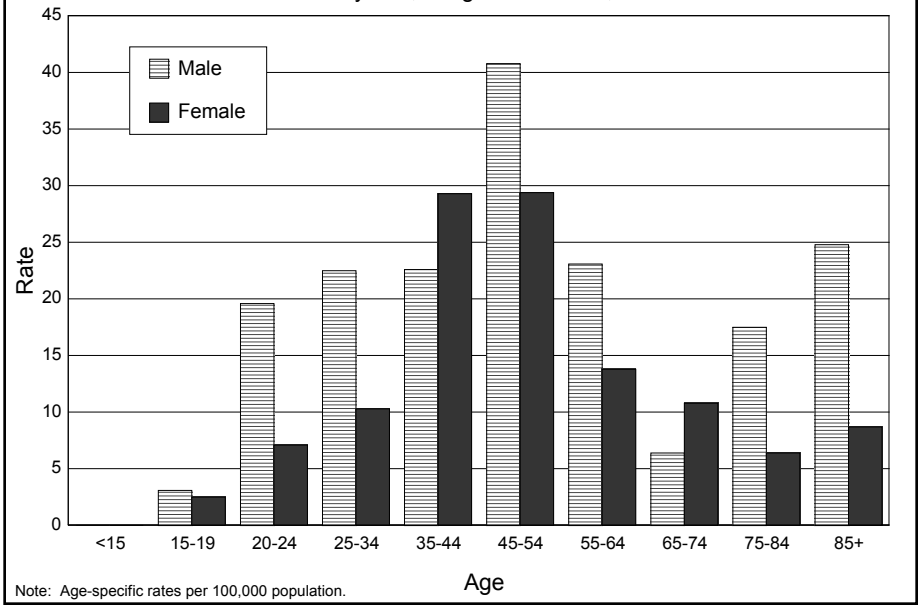
Oregon's AIDS/HIV age-adjusted death rate has long been lower than the nation's and in 2005 was 62.0 percent lower than the national rate, ranking 34th among the states and District of Columbia.[2]

Drug-induced deaths

During 2006, many more deaths were attributed to drug-related causes compared to those that were attributed to alcohol, 579 versus 473. (Because of a considerable overlap between the drug-induced death category and other cause of death categories, it is not counted among the leading causes of death. Nevertheless, with a crude death rate of 15.7 per 100,000 population, drugs/poisonings represent a significant cause of mortality among Oregonians.) The drug-induced death rate has trended up during recent years, with the 2006 rate representing a record high.

Males of all ages, except those 85 or older, were more likely to die from drug-induced causes. Their age-adjusted death rate was 17.4 per 100,000 population compared to 13.1 for females. More than half of all drug-induced deaths (55.4%) occurred among residents ages 35-54.

Figure 6-21
Age-specific Drug-induced Death Rates,
by Sex, Oregon Residents, 2006



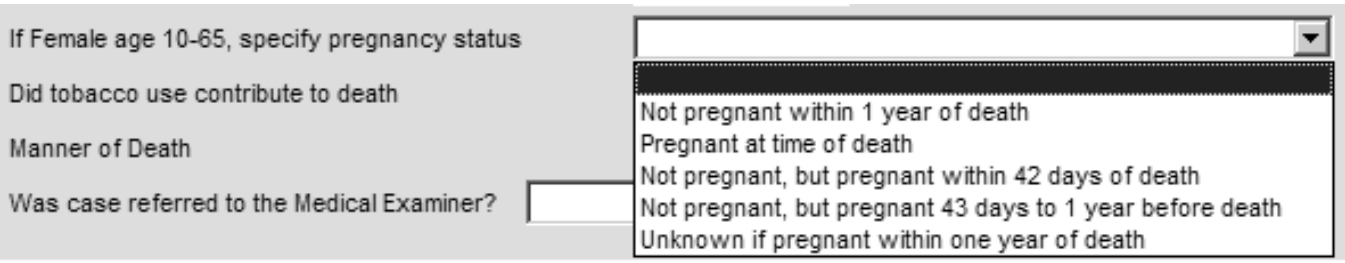
Note: Age-specific rates per 100,000 population.

For the period 2004-2006, the state's age-adjusted death rate (13.9) is driven by just a handful of counties, four of which have statistically significantly elevated rates: Clatsop (28.8), Tillamook (28.8), Jackson (21.2) and Multnomah (21.0). Three counties have significantly lower rates: Clackamas (10.9), Deschutes (9.3), and Washington (8.2).

This category includes ICD codes included in other cause of death rubrics, with the majority of deaths categorized as mental disorders, unintentional injuries, and suicide.

Maternal deaths

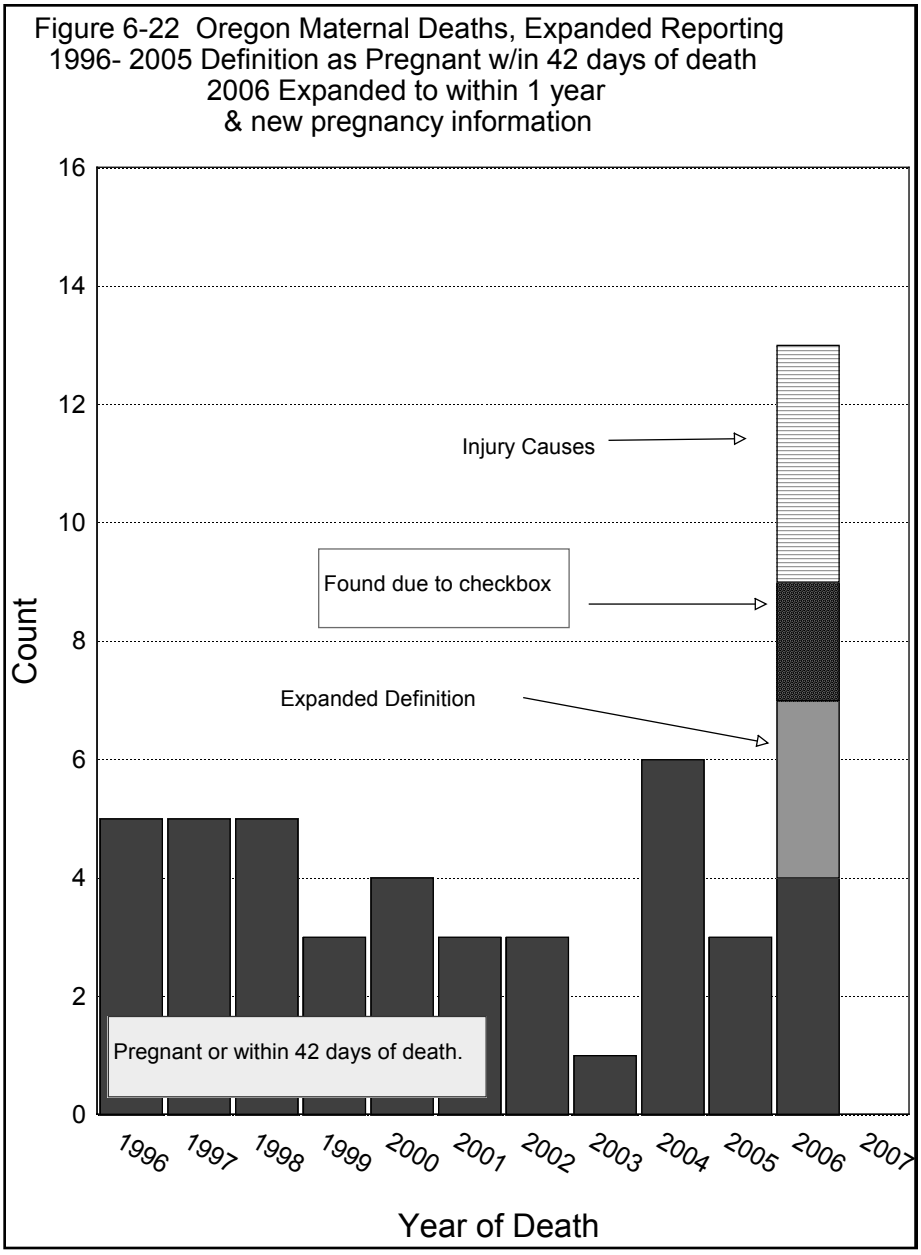
Beginning in 2006, Oregon modified the reporting of maternal deaths by adding a new item to the death certificate. An item-specific box was added under the section for causes of death. The medical certifier was asked for any female, if she was pregnant at the time of death or pregnant between one of two time periods.



Before 2006 the category for maternal death (ICD10: O00 – O99) included only those deaths where the female was either pregnant at the time of death or pregnant with 42 days before death. In addition, for every death of a female between 17 and 44 that was attributable to such causes as infections, cerebrovascular disease, digestive diseases or ill-defined unknown causes, the Center for Health Statistics would re-contact the physician and ask if the woman was pregnant at the time or within the last 42 days. Typically this querying process might yield one more additional record of a maternal death. However, the types of records queried were small in number.

Beginning in 2006, Oregon added the additional box with the expanded time frame on the death records and the ages of the decedents. The automated web-based system forces this question to be asked about every woman between the ages of 10 and 60. Figure 6-22 shows how the addition of this question has increased the count of maternal deaths from the expected four deaths under the old method in 2006 to nine.

Figure 6-22 Oregon Maternal Deaths, Expanded Reporting
1996- 2005 Definition as Pregnant w/in 42 days of death
2006 Expanded to within 1 year
& new pregnancy information



Deaths due to military operations

The Oregon vital statistics data files do not include deaths of Oregon residents who died in military operations outside the United States. Death records of military personnel are registered with the U.S. Department of Defense and are not forwarded to the decedent's state of residence. However, these deaths (with the decedent's name, date of death, home city, age, and sex) are posted weekly on the Department of Defense's website (see source in table). They are presented here in tabular form for Oregon residents for 2003-2006.

Table J - Operation Iraqi Freedom and Operation Enduring Freedom, Oregon Resident Military Deaths, 2003-2006

County	2003	2004	2005	2006
Benton	1	1		
Clackamas	-	-	-	3
Clatsop	-	1	-	-
Deschutes	-	-	-	1
Douglas	-	-	2	1
Hood River	-	-	-	1
Jackson	-	-	1	-
Jefferson	-	-	-	1
Klamath	-	2	-	-
Lincoln	-	1	1	-
Linn	-	2	2	-
Marion	-	-	-	2
Multnomah	3	6	3	3
Polk	1	1	-	-
Umatilla	1	1	2	-
Union	-	-	1	-
Wasco	-	-	-	1
Washington	1	4	-	2
Yamhill	-	-	1	-
N.S.	-	-	1	-
Total	7	19	14	15

Characteristics	2003-06
Sex	
Male	55
Female	0
Total	55
Age	
<20	2
20-24	25
25-29	14
30+	14
Total	55
Race	
White	47
Black	1
Hawaiian	2
Hispanic	4
Multiple	1
Total	55

Source: http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm

Endnotes

1. State vital records offices within the United States maintain an interstate exchange agreement such that when a resident of a state dies outside of his or her home state, a copy of the death certificate, or electronic equivalent, is provided to the vital records office of the decedent's residence state. This exchange is highly dependent on the capacity of the forwarding or state of death to provide those files to Oregon. These out-of-state deaths are primarily injury deaths due to motor vehicle or other unintentional injuries.
2. The rates were electronically compared back to 1990 death files.
3. These data are from the federal Centers for Disease Control and Prevention's (CDC) WONDER online database (http://wonder.cdc.gov/mortSQL.html). The most recent year for which final mortality data are available was 2005 at the time of compilation of this report. Oregon mortality data from the WONDER database may vary slightly from Oregon data presented elsewhere within this annual report due to different file closure dates, different population estimate

methodologies, out-of-state reporting by other states to CDC/NCHS and incorporation of Oregon's physician query results.

4. Periodically, the International Classification of Disease manual is revised. The 10th revision was implemented in 1999 resulting in: considerably greater detail for some causes (and less detail for others); shifts of inclusion in terms and titles from one category, section, or chapter to another; regrouping of diseases; new titles in sections; and, modification of the coding rules. As a result, serious breaks occurred in the comparability for a number of causes of death. Readers wishing to compare death rates (and/or number of deaths) for 1999 and subsequent years to prior years should use the final comparability ratios described in Appendix B. Final comparability ratios have been applied to data in tables 6-3, 6-50, and 6-54.
5. Statewide records of cause of death were first collected in 1908.
6. "Unintentional injuries" is preferred to the term "accidents" by the public health community.
7. Chronic liver disease and cirrhosis nor nephritis as a leading cause were discussed in the narrative section, although they would be ranked as the 10th and 12th leading causes of death under the NCHS rubric. Most of these deaths were counted under alcohol-induced deaths in the narrative section.