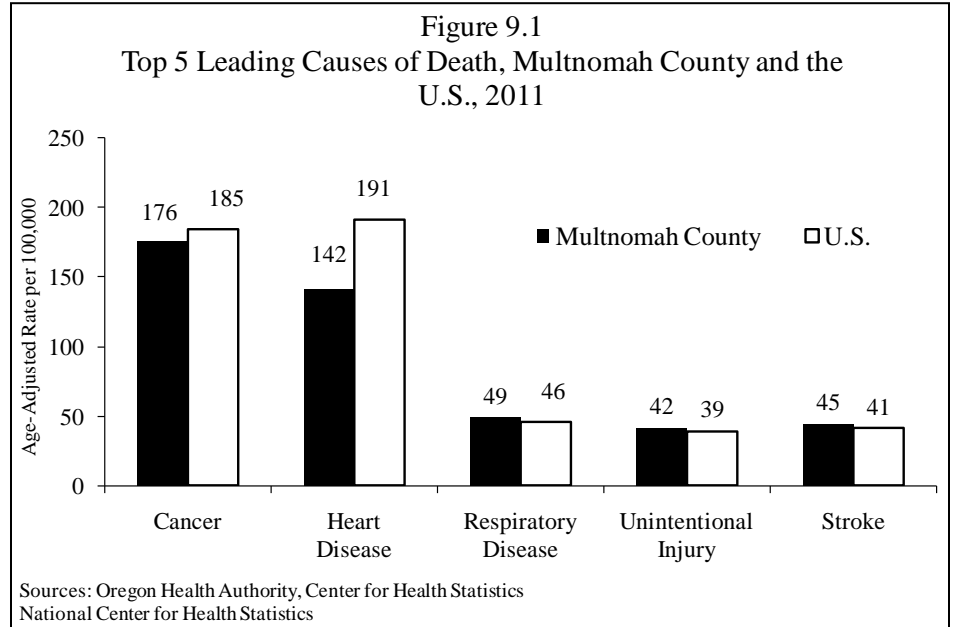


Leading Causes of Death

This summary presents the top five leading causes of death in Multnomah County. Trends in these causes of death are examined by gender and race/ethnicity. All trends are also age-adjusted. In 2011, the top five leading causes of death in Multnomah County were cancer, heart disease, respiratory disease, unintentional injury, and stroke.

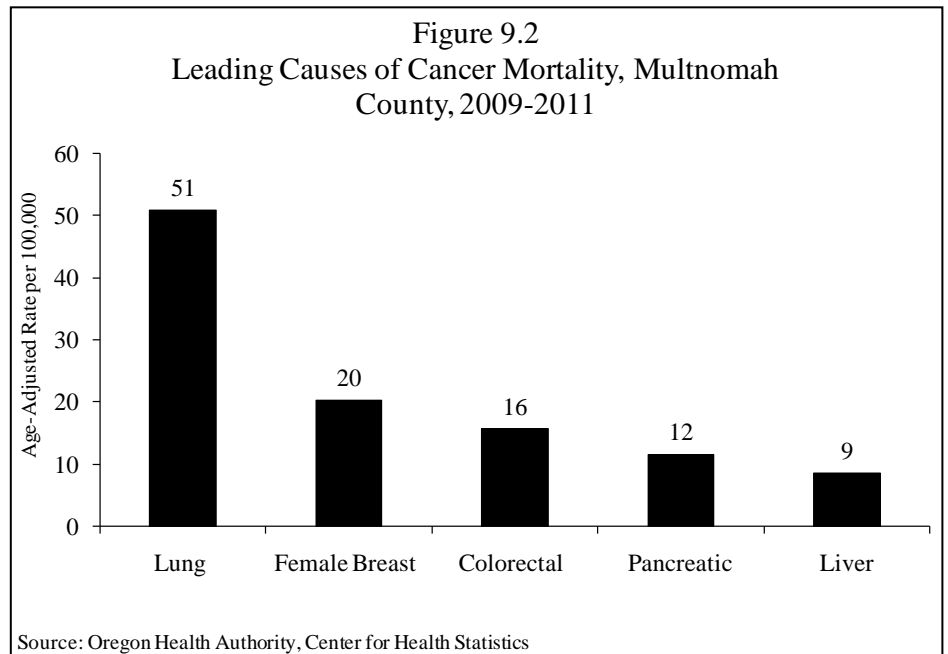
Top Five Leading Causes of Death

In 2011, the top five leading causes of death in Multnomah County were the same as in the U.S.: cancer, heart disease, respiratory disease, unintentional injury, and stroke. These five causes of death accounted for 60% of all deaths in Multnomah County (Center for Health Statistics, OHA) Multnomah County mortality rates were similar to national rates with the exception of heart disease, for which the Multnomah County rate was significantly lower than the U.S. rate, meaning that the differences were real and did not happen by chance alone.

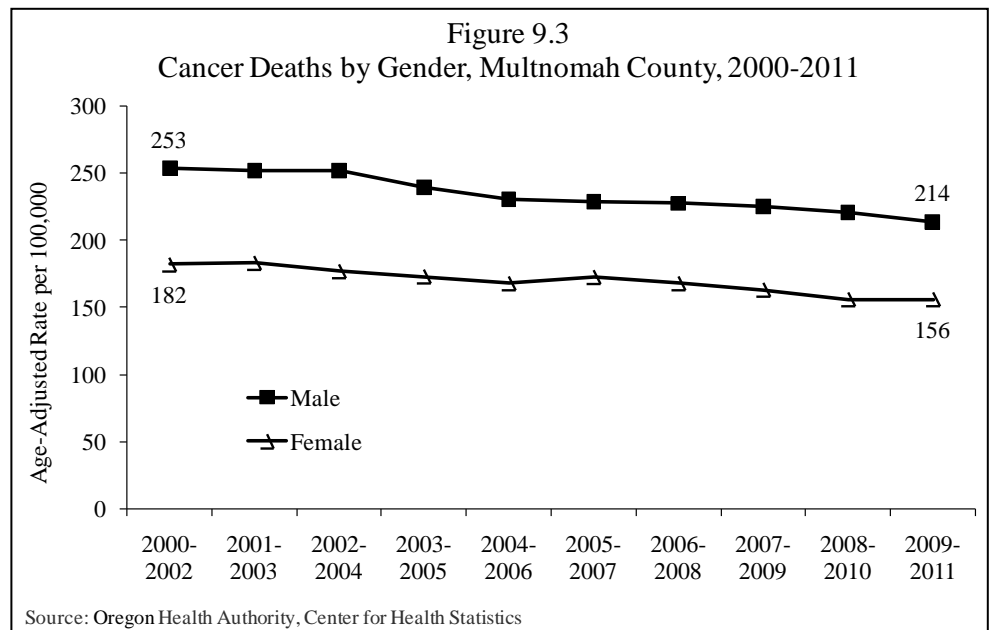


Cancer

Although cancer was the leading cause of death in Multnomah County in 2011, cancer death rates have declined in recent years (Center for Health Statistics, OHA). Figure 9.2 presents the leading types of cancer deaths with age-adjusted rates per 100,000 population. While the rate of lung cancer mortality decreased, lung cancer remained the leading cause of cancer deaths (Data not shown).

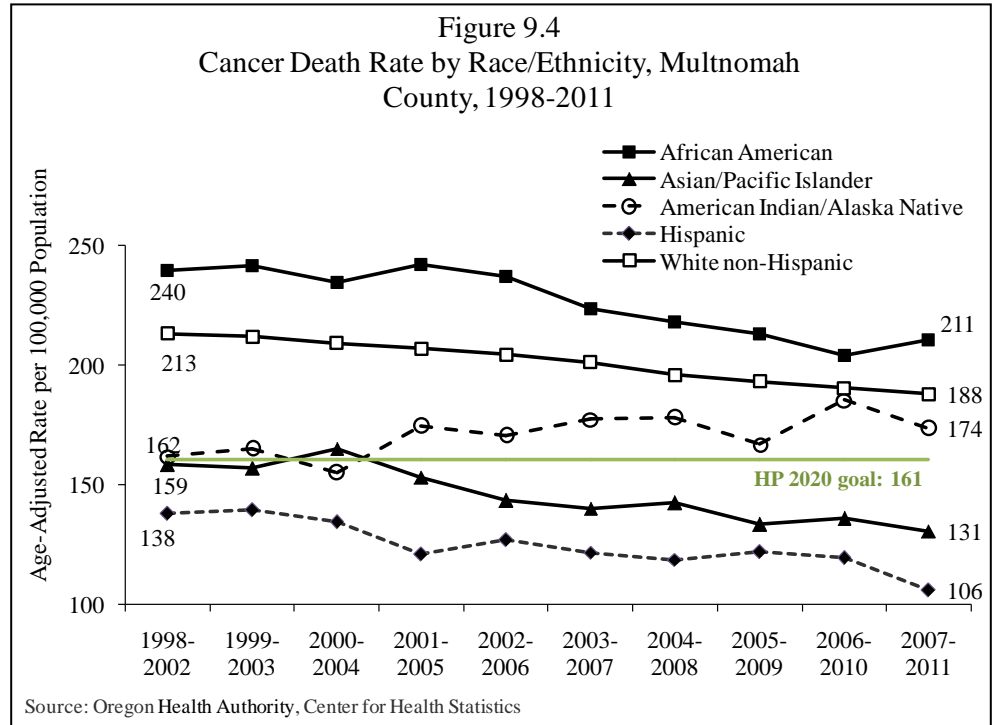


Cancer mortality has been higher among males than females in Multnomah County for the last several years (Figure 9.3). Cancer death rates are consistently about 1.4 times higher for males than females.

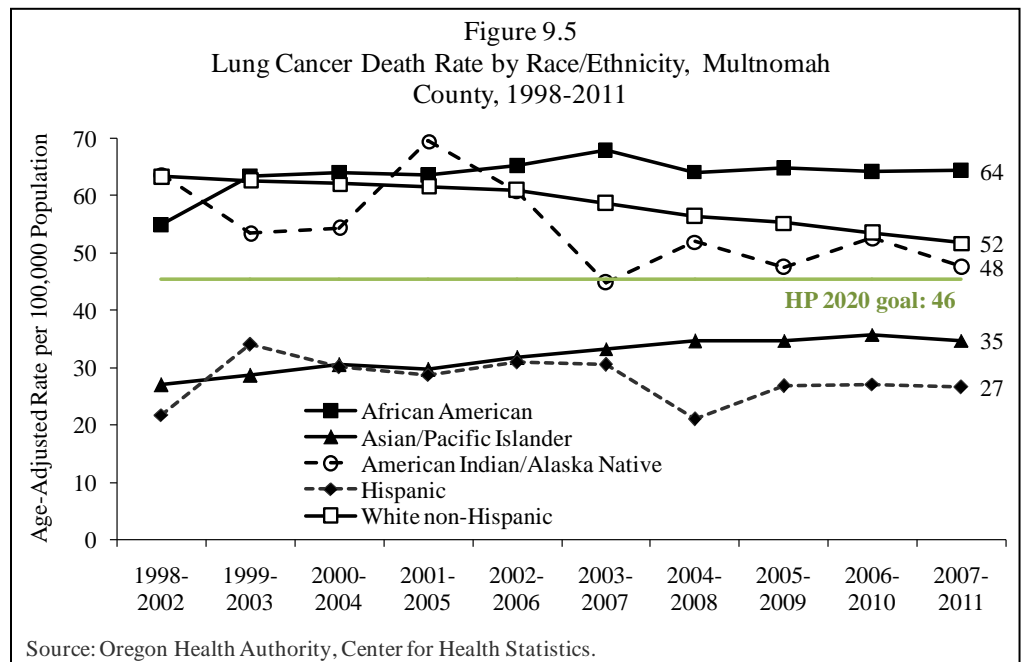


The Health of Multnomah County: Leading Causes of Death

Overall cancer mortality rates in 2007-2011 in Multnomah County were highest for African Americans, White non-Hispanics, and American Indian/Alaska Native (Figure 9.4). Asian/Pacific Islanders and Hispanics had the lowest cancer mortality rates. Since 2001-2005, both Asian/Pacific Islanders and Hispanics have consistently met the Healthy People 2020 objective of no more than 161 cancer deaths per 100,000 population.

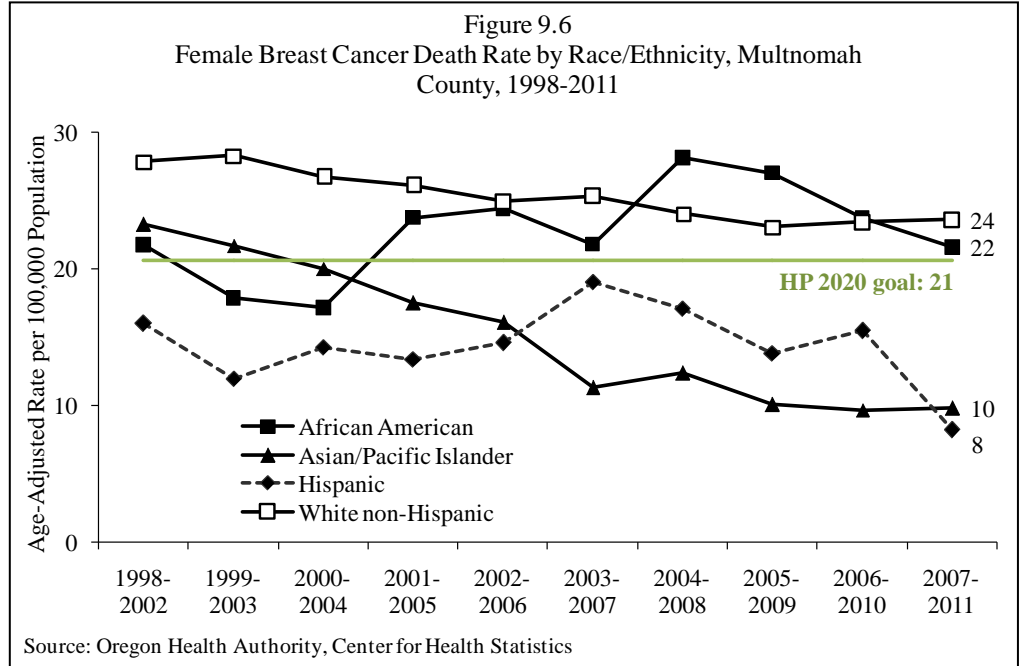


In Multnomah County in 2007-2011, lung cancer death rates for White non-Hispanics, American Indian/Alaska Natives, and African Americans did not meet the Healthy People 2020 objective for reducing lung cancer deaths (46 per 100,000 population) (Figure 9.5). Asian/Pacific Islander and Hispanic lung cancer death rates have consistently met the national objective.

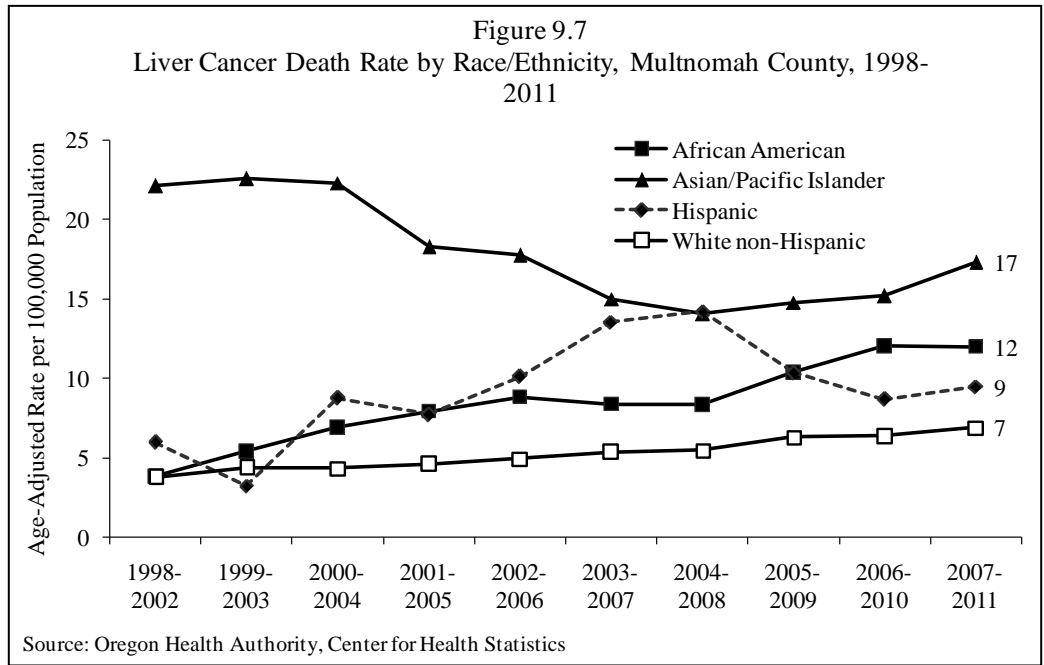


The Health of Multnomah County: Leading Causes of Death

From 2007 to 2011, White non-Hispanics and African Americans had the highest female breast cancer rates, failing to meet the Healthy People 2020 objective (Figure 9.6). Asian/Pacific Islander and Hispanic females continued to exceed the Healthy People 2020 objective for. There were not enough American Indian/ Alaska Native events to calculate female breast cancer death rates.

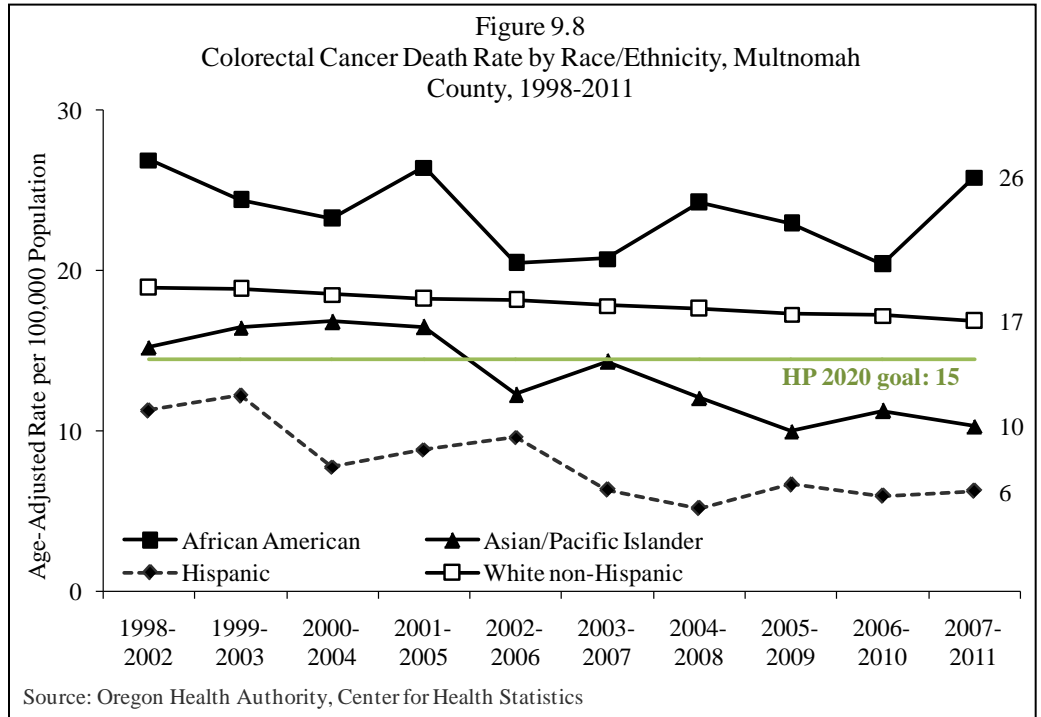


Asian/Pacific Islanders had the highest rate of liver cancer deaths. In 2007-2011, the Asian/Pacific Islander rate was 2.5 times higher than the White non-Hispanic rate (Figure 9.7). There were not enough events for American Indian/Alaska Natives to calculate liver cancer death rates.



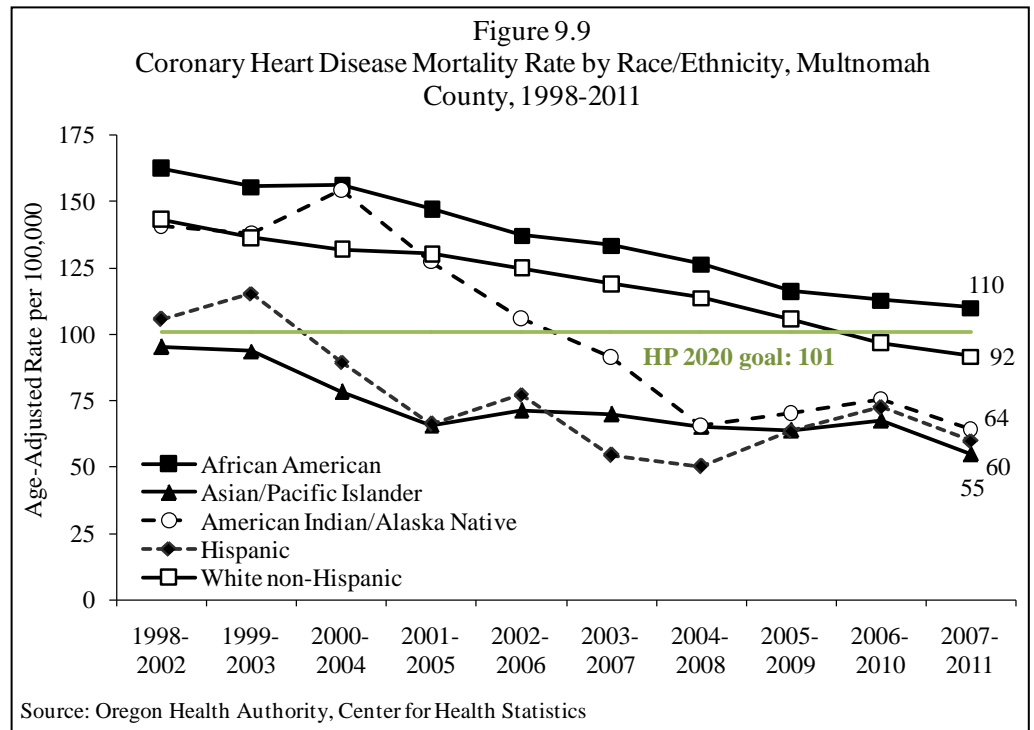
The Health of Multnomah County: Leading Causes of Death

Colorectal death rates for African Americans were consistently higher than for other racial and ethnic groups in from 2007-2011 (Figure 9.8). Meanwhile, rates for Hispanics and Asian/Pacific Islanders met the Healthy People 2020 objective of 15 deaths per 100,000. There were not enough events among American Indian/ Alaska Natives to calculate colorectal cancer death rates.



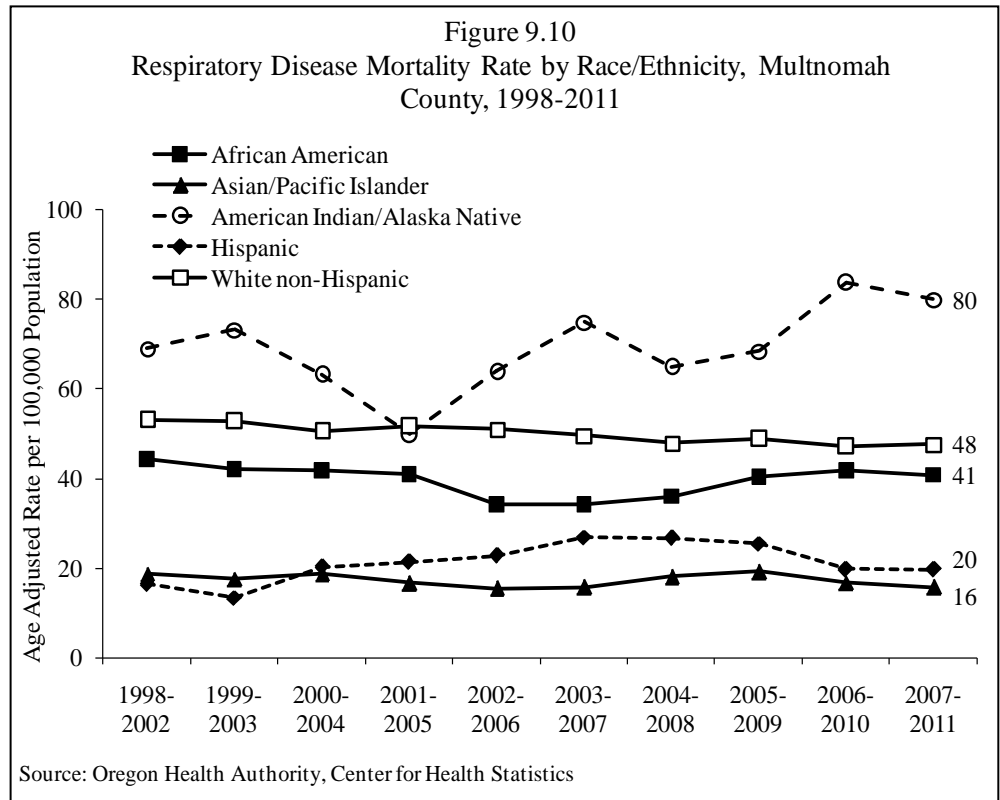
Coronary Heart Disease

The second leading cause of death in Multnomah County from 2007-2011 was heart disease, which includes rheumatic fever, heart failure, and coronary heart disease. Coronary heart disease comprised the majority of heart disease mortality. Death rates due to coronary heart disease have declined significantly for all racial and ethnic groups since 1998-2002 (Figure 9.9). From 2007 to 2011, all groups except African Americans met the Healthy People 2020 objective for reducing coronary heart disease deaths to 101 per 100,000 population.



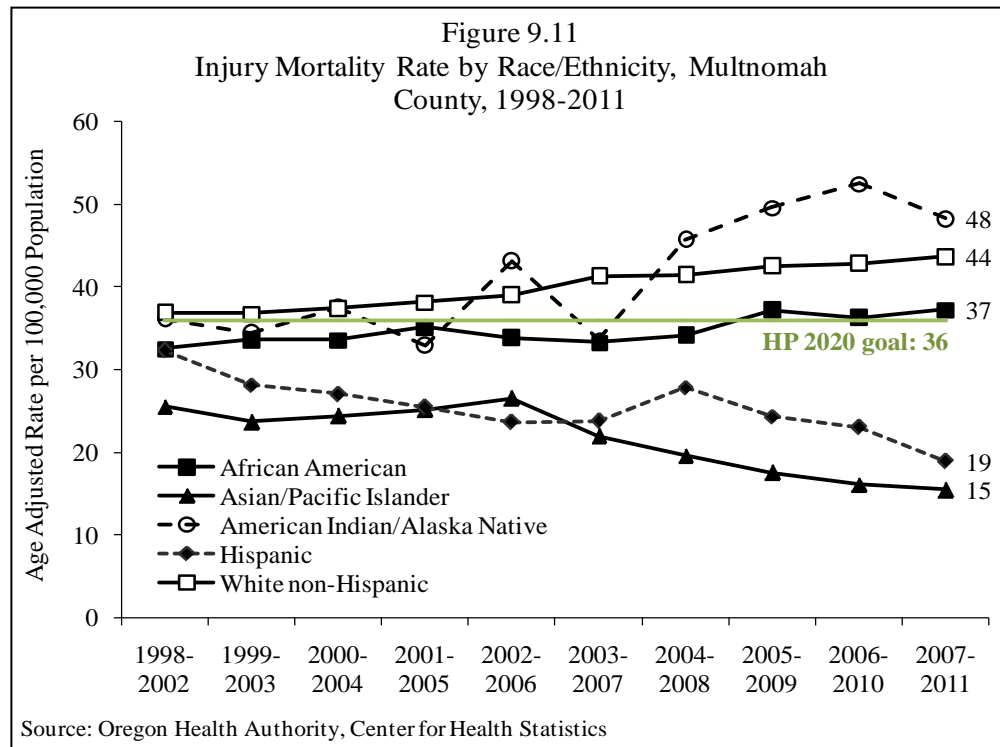
Respiratory Disease

Chronic lower respiratory disease was the third leading cause of death in Multnomah County from 2007 to 2011. Chronic lower respiratory disease is comprised of three major diseases: chronic bronchitis, emphysema, and asthma. The rate among American Indian/Alaska Natives increased in recent years (Figure 9.10). Rates were lowest among Asian/ Pacific Islanders and Hispanics.



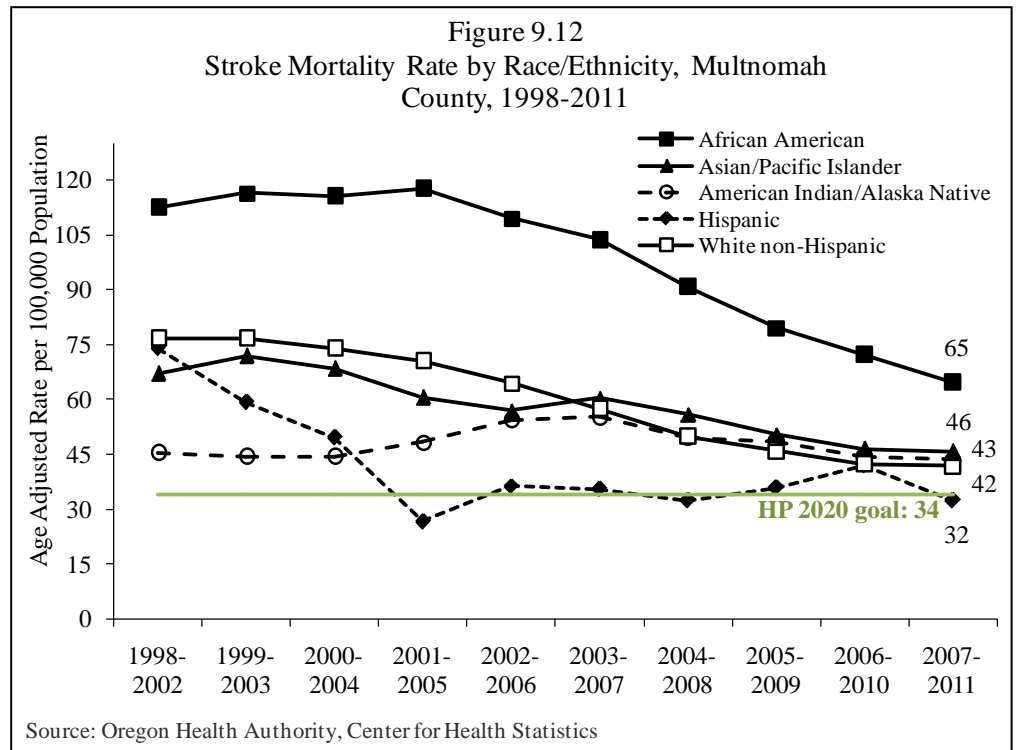
Unintentional Injury

Unintentional injury was the fourth leading cause of death in Multnomah County from 2007 to 2011. Unintentional injuries are deaths that are considered accidental, and include, among others: motor vehicle crashes, falls, fires, and drowning. The highest rates of unintentional injury deaths were among American Indian/Alaskan Natives, White non-Hispanics, and African Americans. Unintentional injury deaths for Asian/ Pacific Islanders declined substantially and, with Hispanics, met the national Healthy People 2020 objective of 36 deaths per 100,000 (Figure 9.11).



Stroke

Stroke was the fifth leading cause of death in Multnomah County from 2007 to 2011. African Americans were 2 times more likely than Hispanics and 1.5 times more likely than White non-Hispanics to die from a stroke (Figure 9.12). Only Hispanics met the Healthy People 2020 objective of no more than 34 deaths per 100,000 population in 2007-2011.



Data Sources & Methods

Mortality data is based on the Death Certificate statistical file provided by the Center for Health Statistics, Oregon Health Authority. Population data used to calculate rates by age, gender, and race/ethnicity are estimates from the National Center for Health Statistics. Age-adjusted death rates are presented to allow comparison of death rates across populations with different age distributions. To help stabilize rates and observe trends when there are small numbers of events, rates are aggregated into rolling averages of five-year intervals. We used statistical techniques to assess if those changes were significant, meaning that the differences were real and did not happen by chance alone.

