

results from a reporting artifact: Staff at the Oregon Center for Health Statistics ask physicians for more information when causes listed on death records (e.g., esophageal varices) suggest alcohol use, while many states do not.

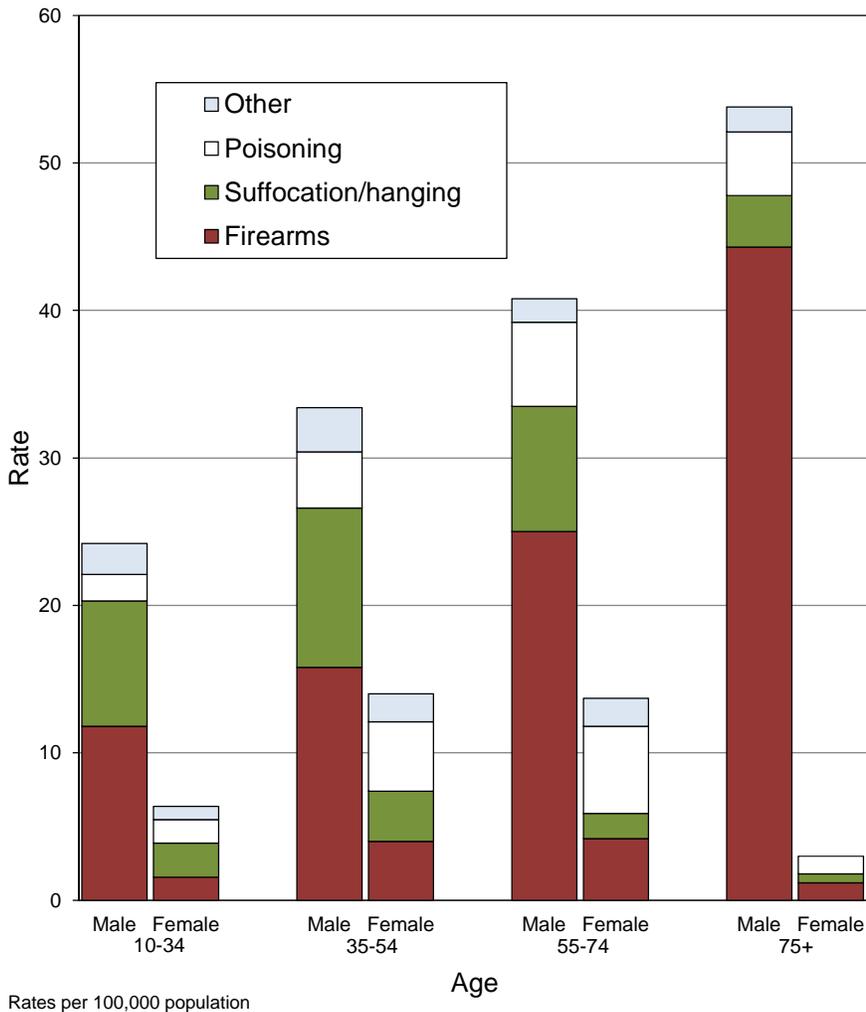
Suicide

Suicide was reported as the manner of death for 761 Oregonians during 2015, decreasing from 781 deaths the previous year. The crude death rate decreased from 19.7 per 100,000 population in 2014 to 19.0 in 2015 (see Table 6-3). In 2015, the age-adjusted death rate was 17.8, 4.3% lower than 2014’s record high rate of 18.6 (see Table 6-47t).

Males are at much greater risk of suicide death than females, with age-adjusted death rates of 27.6 and 8.5, respectively (see Table 6-47m and Table 6-47f). Sex-specific rate differences were greatest among the elderly (see Table

Table G - Number of times more likely a male Oregonian was to die by suicide than a female, by age, 2011-2015	
5-14	1.4
15-24	3.9
25-34	4.2
35-44	3.4
45-54	2.5
55-64	3.3
65-74	3.8
75-84	8.2
85+	12.3

Figure 6-17.
Suicide death rates by method, sex and age,
Oregon residents, 2015



Age	Metro ¹	Coastal ²	Other
<25	12.3%	9.8%	11.6%
25-64	70.4%	65.6%	67.4%
65+	17.3%	24.6%	21.0%
Method	Metro ¹	Coastal ²	Other
Poison	18.4%	23.0%	14.7%
Hanging/suff.	24.9%	24.6%	26.5%
Firearm	45.1%	45.9%	52.2%
Other	11.6%	6.6%	6.6%

¹ Metro counties: Clackamas, Multnomah, and Washington.
² Coastal counties: Clatsop, Coos, Curry, Lincoln, and Tillamook.

6-7m, Table 6-7f and Table G).

Overall, suicide rates peak among the elderly, but this masks a dichotomy between the sexes: Females were more likely to die by suicide in middle age where the crude rate peaked at 17.4 among 45 to 54 year-olds, while rates among males generally increased with age, with the highest crude rate (57.0) recorded among those 75–84 (see Table 6-7t, Table 6-7m and Table 6-7f). Although suicide death rates are high among the elderly, 59.3% of deaths occurred before age 55, resulting in the fourth largest number of years of potential life lost (20,564) by cause (see Table 6-13). Suicide was the second-leading cause of death among residents aged 15–34 and third among those aged 35–44; it was the fifth leading cause among those aged 5–14 and 45–54 (see Table 6-4). The median age at death was unchanged at 49 years (see Table 6-15). The youngest person to die by suicide was a 10-year-old male and the oldest a 95-year-old male.

Eight Oregon counties had age-adjusted suicide death rates that were significantly higher than the state's rate (17.7) during 2013–2015: Curry (45.7), Lincoln (30.0), Coos (28.2), Clatsop (28.2), Douglas (26.7), Josephine (26.5), Jackson (23.8) and Lane (20.6). Three counties had significantly lower rates: Benton (11.6), Marion (12.7) and Washington (12.7). See Table H for more information.

Oregonians have long had higher suicide rates than residents of most other states. In 2014, Oregon's age-adjusted suicide rate was 43.1% higher than the nation's and ranked 11th among the states and District of Columbia.(1)

The method of suicide varied by age and sex but, overall, almost half of suicide deaths (49.1%) resulted from fatal gunshot injuries (see Table 6-33 and Figure 6-17). Firearms were the most common method of suicide for males (55.7%) and second most common for females (28.6%). Handguns were used in 76.2% of firearm suicides.

Hanging/suffocation was the second most common method of suicide (25.8%). A slightly higher proportion of males died by suicide in this manner than females (26.7% and 22.7%, respectively) (see Table 6-33).

Poisoning was the third most common method of suicide (16.7%). However, it was the most common method for females. The proportion of females who poisoned themselves was about three times that of males (35.1% vs.

10.8%). Drugs and medications were the most common method of poisoning for both females (87.7%) and males (61.3%) (see Table 6-33).

Hypertension

During 2015, 567 Oregonians died as a consequence of hypertension (including hypertensive renal disease, see Table 6-6), making it the 10th leading cause of death. However, the number of deaths attributed to hypertension does not include all deaths related to this cause because many have been classified to more specific manifestations of cardiovascular disease. The crude death rate increased from 12.6 in 2014 to a record high of 14.1 in 2015, which is 2.8 times higher than the 1990 rate of 5.0 (see Table 6-3). The age-adjusted death rate increased from 9.8 in 2014 to 11.1 in 2015 (see Table 6-47t).

The hypertension crude death rate for females was higher than the rate for males (15.3 vs. 12.9). However, the age-adjusted death rate for males was higher than the rate for females, 11.7 vs. 10.4 (see Table 6-47m and Table 6-47f).

Deaths from hypertension are rare among middle-aged and younger Oregonians, but by age 55, the number of deaths begins to increase sharply. Age-specific hypertension death rates are 12.0 times as high among residents 85 or older as among those aged 65–74 (292.2 vs. 24.4, see Table 6-7t).

Excluding counties with fewer than 20 deaths in this category, one county had age-adjusted hypertension death rates significantly higher than the state rate (10.6) from 2013 to 2015: Lane (12.8). Two counties had rates significantly lower than that of the state: Yamhill (6.4) and Benton (6.6).

Oregon's age-adjusted hypertension death rate was markedly lower than the U.S. rate through 1985, but this trend has since reversed. In 2014, Oregon's age-adjusted hypertension death rate was 19.5% higher than the U.S. rate (9.8 vs. 8.2) and ranked ninth nationally (1) (see Table 6-55).

Influenza and pneumonia

In 1918, influenza spread across the United States 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. In 1918 alone, the pandemic claimed the lives of 2,105 Oregonians at a time when Oregon's population was much smaller than it is today.

Oregon's age-adjusted hypertension death rate reached a record high in 2015.
