

# State Injury Profile for Oregon



## The CDC State Injury Profiles

Gathering and sharing reliable data about the broad range of public health problems is among the many ways the Centers for Disease Control and Prevention protect the safety and health of Americans.

Policy makers and health care workers need access to the best, most current data available so they can make informed decisions about where to allocate limited resources to prevent diseases and injuries. Yet, many people find statistics difficult to understand and interpret. This State Injury Profile offers an easier way to look at statistics. Through maps and graphs, the Profile clearly shows how this state compares with others in the nation and what injury problems are most pressing.

CDC's National Center for Injury Prevention and Control gathers data about a broad range of intentional and unintentional injuries or what many people call 'violence' and 'accidents.' Injuries affect everyone. Injury is the leading cause of death for all Americans ages one to 34, and injury remains one of the leading causes of death, no matter how long someone may live.

Maps and graphs in this State Injury Profile show this state's death rates from in falls, poisoning, drowning, suffocation, fires and burns, suicide, homicide, traumatic brain injury and injuries related to firearms. The graphics show how this state compares with others and with mortality rates in the United States as a whole. You will also find a table showing the Ten Leading Causes of Death for the United States and for this state. **New this year** is a county-by-county map showing locations with higher death rates for each type of injury.

In addition to injury data, you'll also find a list of all CDC-funded injury prevention and research programs in this state for 2001.

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

## **To learn more**

After you page through the State Injury Profile, if you want to know more, CDC has made it easy for you to find additional information about any injury and public health. Simply visit [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc). Or call the CDC National Center for Injury Prevention and Control, Office of Planning, Evaluation and Legislation at 1-770-488-4936.

These other resources offered or funded by the CDC may also interest you:

### **General information about injury in America**

Customized data reports, [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

Consumer facts and tip sheets, [www.cdc.gov/ncipc/safeusa](http://www.cdc.gov/ncipc/safeusa) or call the SafeUSA hotline toll free at 1-800-252-7751.

### **Intentional Injury**

National Resource Center on Domestic Violence, 1-800-537-2238

National Sexual Violence Resource Center, [www.nsvrc.org](http://www.nsvrc.org), or call 1-877-739-3895

National Violence Against Women Prevention Research Center, [www.violenceagainstwomen.org](http://www.violenceagainstwomen.org), or call 1-843-792-2945

National Youth Violence Prevention Resource Center, [www.safeyouth.org](http://www.safeyouth.org), or call 1-866-SAFEYOUTH (723-3968)

Violence Against Women Electronic Network (VAWnet), [www.vawnet.org](http://www.vawnet.org), or call 1-800-537-2238

### **Unintentional Injury**

National Program for Playground Safety, [www.uni.edu/playground](http://www.uni.edu/playground), or call 1-800-554-PLAY (7529)

National Resource Center on Aging and Injury, [www.olderadultinjury.org](http://www.olderadultinjury.org), or call 1-619-594-0986

# **State Injury Profile for Oregon 1989-1998**

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# United States

## 10 Leading Causes of Deaths by Age Group: 1996-1998

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 18,771	Unintentional Injuries 6,087	Unintentional Injuries 4,666	Unintentional Injuries 5,392	Unintentional Injuries 40,525	Unintentional Injuries 37,468	Malignant Neoplasms 51,170	Malignant Neoplasms 135,803	Malignant Neoplasms 260,166	Heart Disease 1,824,785	Heart Disease 2,185,194
2	Short Gestation 11,928	Congenital Anomalies 1,791	Malignant Neoplasms 1,557	Malignant Neoplasms 1,514	Homicide 18,200	Suicide 16,898	Unintentional Injuries 43,925	Heart Disease 105,367	Heart Disease 198,361	Malignant Neoplasms 1,150,087	Malignant Neoplasms 1,620,642
3	SIDS 8,863	Malignant Neoplasms 1,227	Congenital Anomalies 662	Suicide 918	Suicide 12,679	Homicide 15,068	Heart Disease 40,037	Unintentional Injuries 31,208	Bronchitis Emphysema Asthma 30,317	Cerebro-vascular 419,998	Cerebro-vascular 478,181
4	Respiratory Distress Synd. 3,958	Homicide 1,194	Homicide 523	Homicide 908	Malignant Neoplasms 4,976	HIV 14,953	HIV 26,456	Cerebro-vascular 17,196	Cerebro-vascular 29,005	Bronchitis Emphysema Asthma 283,777	Bronchitis Emphysema Asthma 327,640
5	Maternal Complications 3,836	Heart Disease 643	Heart Disease 413	Congenital Anomalies 613	Heart Disease 3,124	Malignant Neoplasms 13,837	Suicide 20,308	Liver Disease 16,797	Diabetes 25,504	Pneumonia & Influenza 235,529	Unintentional Injuries 288,427
6	Placenta Cord Membranes 2,870	Pneumonia & Influenza 494	Pneumonia & Influenza 218	Heart Disease 560	Congenital Anomalies 1,252	Heart Disease 9,843	Homicide 11,138	Suicide 14,916	Unintentional Injuries 21,316	Diabetes 142,639	Pneumonia & Influenza 262,047
7	Perinatal Infections 2,348	Septicemia 245	HIV 194	Bronchitis Emphysema Asthma 287	HIV 883	Cerebro-vascular 2,068	Liver Disease 10,518	Diabetes 12,979	Liver Disease 15,844	Unintentional Injuries 95,191	Diabetes 189,154
8	Unintentional Injuries 2,323	HIV 233	Bronchitis Emphysema Asthma 159	Pneumonia & Influenza 180	Bronchitis Emphysema Asthma 677	Diabetes 1,903	Cerebro-vascular 8,159	HIV 12,892	Pneumonia & Influenza 11,228	Alzheimer's Disease 65,647	Suicide 92,013
9	Pneumonia & Influenza 1,358	Perinatal Period 210	Benign Neoplasms 134	Cerebro-vascular 140	Pneumonia & Influenza 638	Pneumonia & Influenza 1,633	Diabetes 5,622	Bronchitis Emphysema Asthma 8,467	Suicide 8,834	Nephritis 65,296	Nephritis 75,817
10	Intrauterine Hypoxia 1,341	Benign Neoplasms 188	Cerebro-vascular 102	HIV 139	Cerebro-vascular 533	Liver Disease 1,592	Pneumonia & Influenza 4,255	Pneumonia & Influenza 6,493	Septicemia 5,704	Septicemia 54,428	Liver Disease 75,414

### United States Total Number of Injury Deaths

Cause	Deaths	Percent
Unintentional Injury	288,427	65.6%
Intentional	151,102	34.4%
<b>Total (1996-1998)</b>	<b>439,529</b>	<b>100.0%</b>

Average Number of Injury Deaths per Year  
In the United States = **146,510**

# Oregon

## 10 Leading Causes of Deaths by Age Group: 1996-1998

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 195	Unintentional Injuries 72	Unintentional Injuries 56	Unintentional Injuries 73	Unintentional Injuries 597	Unintentional Injuries 523	Unintentional Injuries 668	Malignant Neoplasms 1,610	Malignant Neoplasms 3,064	Heart Disease 19,194	Heart Disease 22,477
2	SIDS 129	Congenital Anomalies 19	Malignant Neoplasms 12	Suicide 25	Suicide 187	Suicide 263	Malignant Neoplasms 582	Heart Disease 959	Heart Disease 1,822	Malignant Neoplasms 14,915	Malignant Neoplasms 20,449
3	Short Gestation 81	Malignant Neoplasms 17	Homicide 11	Malignant Neoplasms 15	Homicide 89	Malignant Neoplasms 163	Heart Disease 379	Unintentional Injuries 465	Bronchitis Emphysema Asthma 422	Cerebrovascular 7,226	Cerebrovascular 7,811
4	Placenta Cord Membranes 34	Homicide 16	Congenital Anomalies 5	Homicide 9	Malignant Neoplasms 69	Homicide 109	Suicide 341	Suicide 281	Cerebrovascular 312	Bronchitis Emphysema Asthma 4,325	Bronchitis Emphysema Asthma 4,891
5	Unintentional Injuries 28	Heart Disease 7	Heart Disease 4	Congenital Anomalies 8	Heart Disease 21	HIV 92	HIV 152	Liver Disease 204	Diabetes 279	Pneumonia & Influenza 2,666	Unintentional Injuries 4,063
6	Maternal Complications 26	Benign Neoplasms 3	Meningococcal 3	Heart Disease 3	Congenital Anomalies 19	Heart Disease 69	Liver Disease 133	Cerebrovascular 168	Unintentional Injuries 232	Diabetes 1,858	Pneumonia & Influenza 2,901
7	Respiratory Distress Synd. 15	Meningitis 3	Appendicitis 2	Diabetes 2	Bronchitis Emphysema Asthma 7	Diabetes 29	Homicide 88	Diabetes 156	Liver Disease 205	Unintentional Injuries 1,348	Diabetes 2,382
8	Intrauterine Hypoxia 12	Meningococcal 3	Cerebrovascular 2	Pneumonia & Influenza 2	Diabetes 5	Congenital Anomalies 21	Cerebrovascular 72	Bronchitis Emphysema Asthma 103	Suicide 162	Alzheimer's Disease 1,231	Suicide 1,599
9	Perinatal Infections 11	Perinatal Period 3	Perinatal Period 2	9 Tied	4 Tied	Cerebrovascular 20	Diabetes 53	HIV 62	Pneumonia & Influenza 106	Atherosclerosis 666	Alzheimer's Disease 1,245
10	Homicide 10	Anemias 2	4 Tied	9 Tied	4 Tied	Liver Disease 16	Viral Hepatitis 42	Pneumonia & Influenza 62	Septicemia 43	Hypertension 545	Liver Disease 930

### Oregon Total Number of Injury Deaths

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Unintentional Injury	4,063	66.7%
Intentional Injury	2,028	33.3%
<b>Total (1996-1998)</b>	<b>6,091</b>	<b>100.0%</b>

Average Number of Injury Deaths per Year  
In Oregon = **2,030**

# 1996-1998 Leading Causes of Death

## Unintentional Injury

### United States Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	127,053	44.1%
Fall	35,745	12.4%
Poisoning	30,474	10.6%
Suffocation	13,325	4.6%
Drowning	12,416	4.3%
Fire/Burn	10,809	3.7%
Other Causes	<u>58,605</u>	<u>20.3%</u>
	<b>288,427</b>	<b>100.0%</b>

### Oregon Only Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	1,569	38.6%
Poisoning	567	14.0%
Fall	498	12.3%
Drowning	209	5.1%
Suffocation	127	3.1%
Other Causes	<u>1,093</u>	<u>26.9%</u>
	<b>4,063</b>	<b>100.0%</b>

## Intentional Injury

### United States Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	53,156	57.8%
Suffocation	16,469	17.9%
Poisoning	15,280	16.6%
Other Causes	<u>7,108</u>	<u>7.7%</u>
	<b>92,013</b>	<b>100.0%</b>

### Oregon Only Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	982	61.4%
Poisoning	269	16.8%
Suffocation	244	15.3%
Other Causes	<u>104</u>	<u>6.5%</u>
	<b>1,599</b>	<b>100.0%</b>

### United States Homicide and Legal Intervention

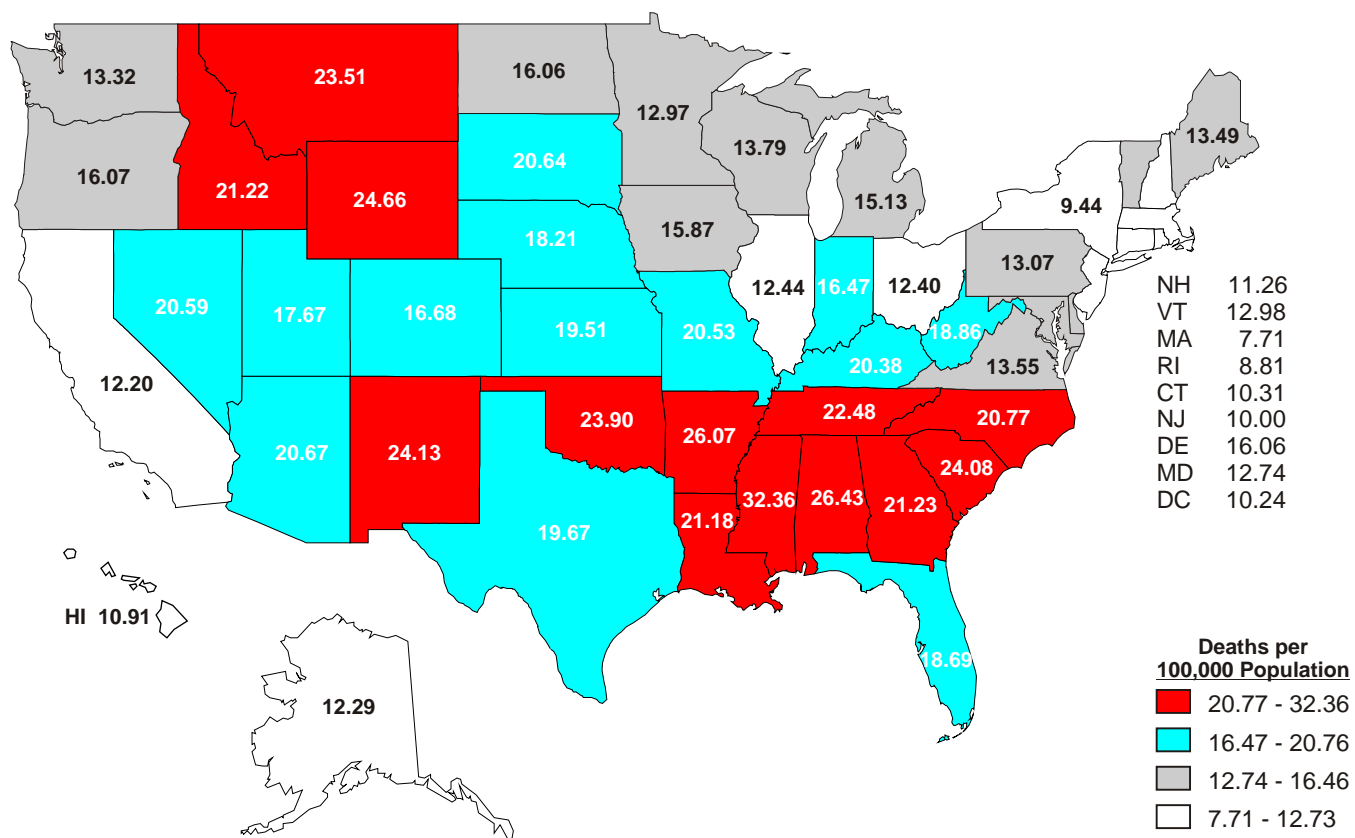
<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	39,951	67.6%
Cut/Pierce	6,955	11.8%
Suffocation	2,147	3.6%
Other Causes	<u>10,036</u>	<u>17.0%</u>
	<b>59,089</b>	<b>100.0%</b>

### Oregon Only Homicide and Legal Intervention

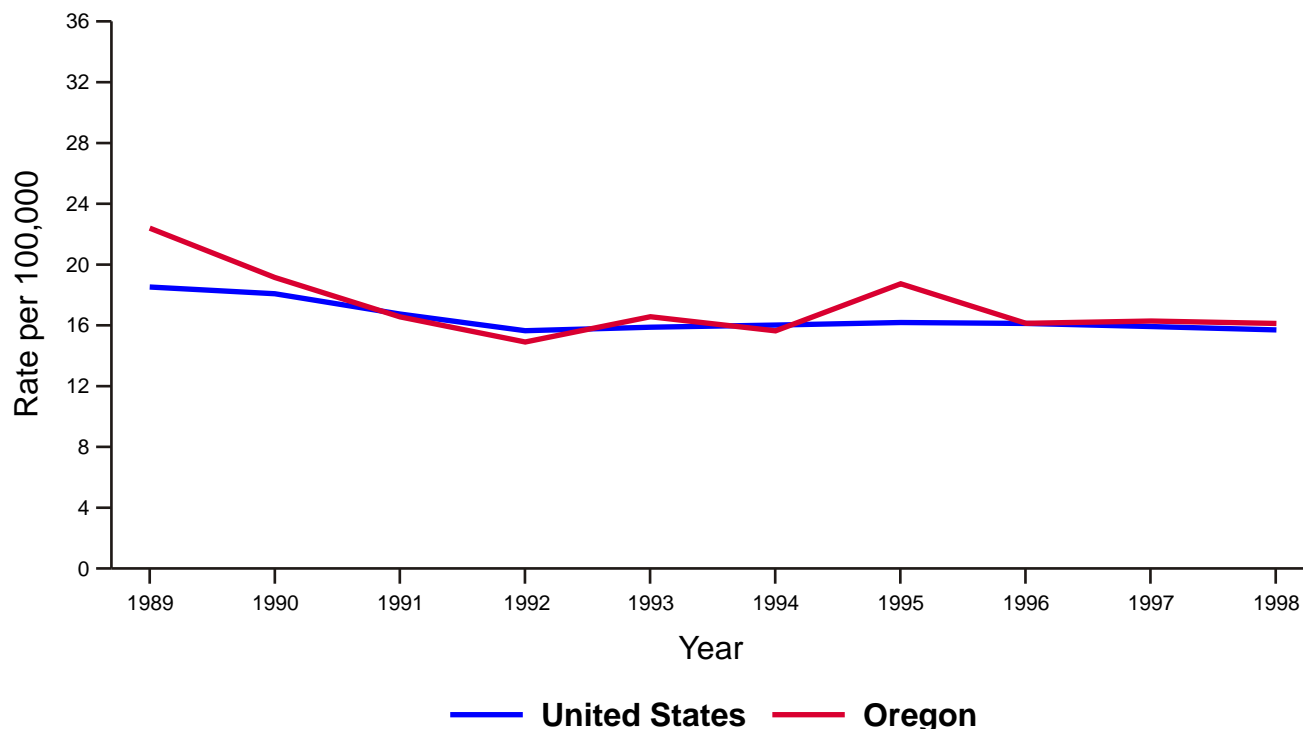
<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	262	61.1%
Cut/Pierce	49	11.4%
Suffocation	23	5.4%
Other Causes	<u>95</u>	<u>22.1%</u>
	<b>429</b>	<b>100.0%</b>



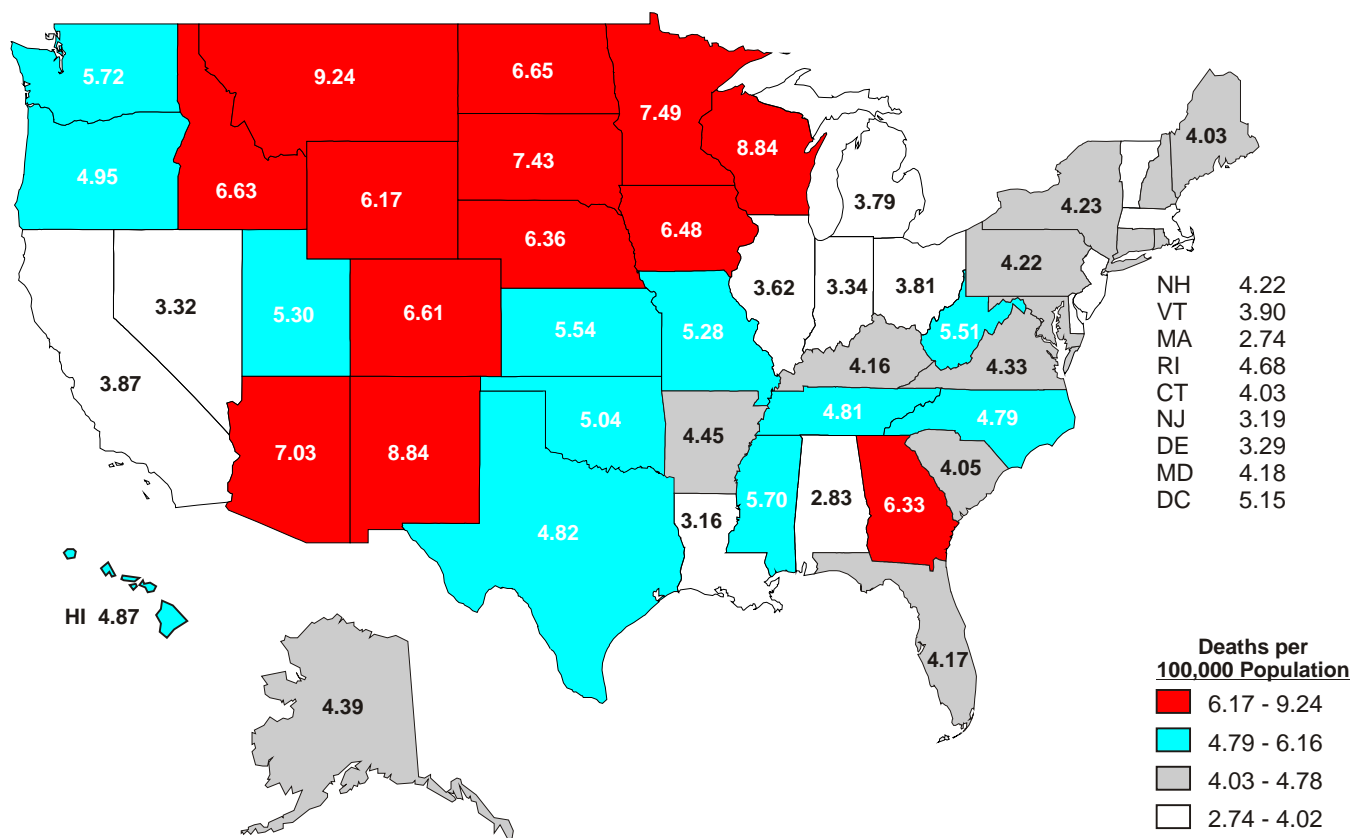
# Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1996-1998



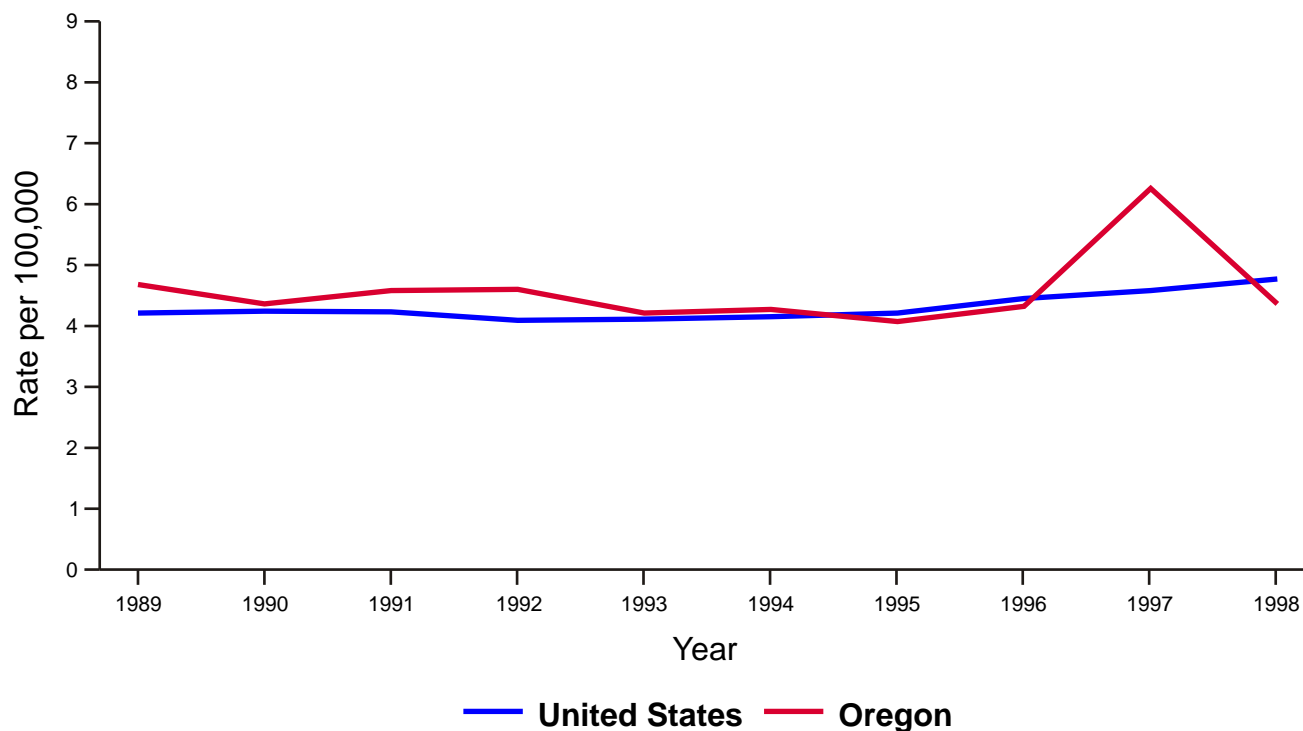
## United States and Oregon 1989-1998



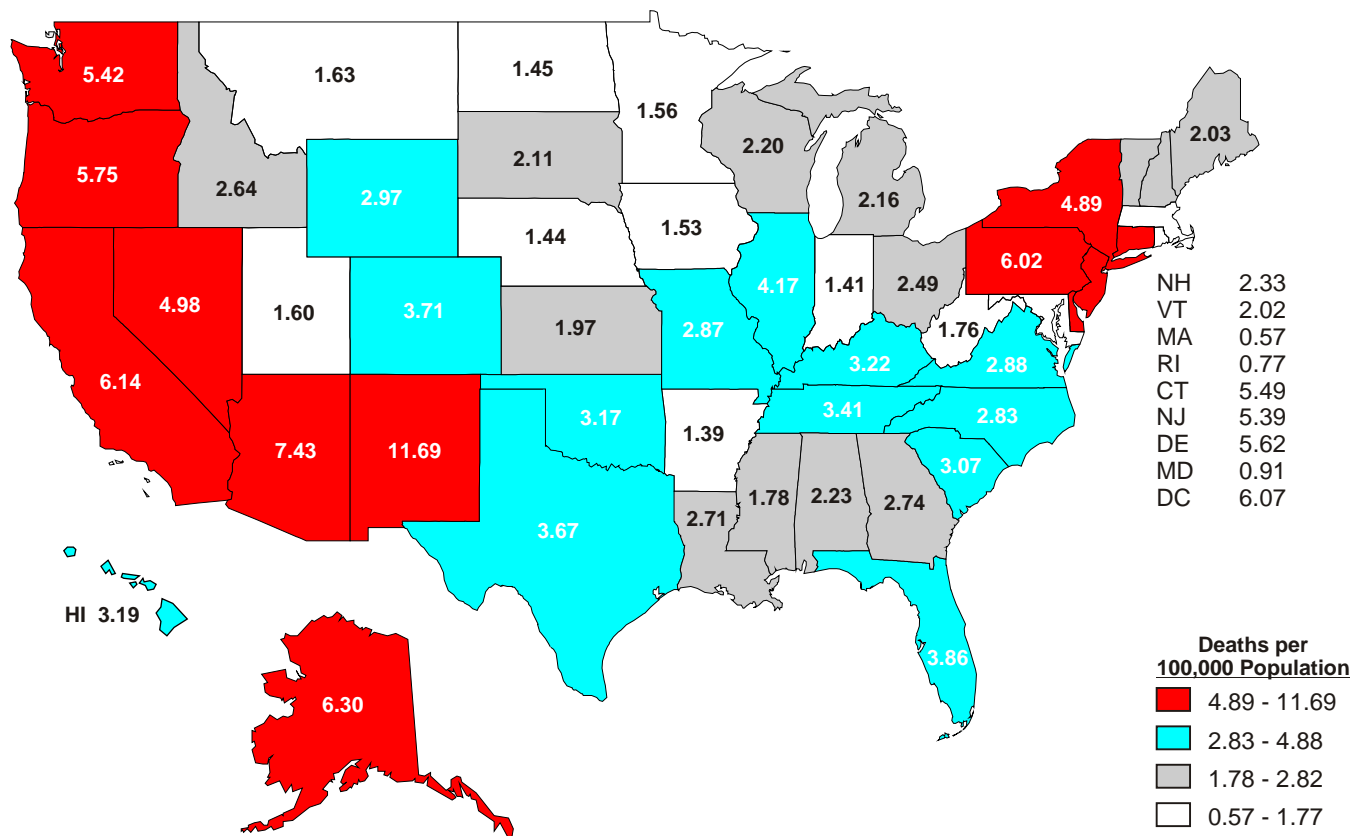
## Unintentional Fall Death Rates United States, 1996-1998



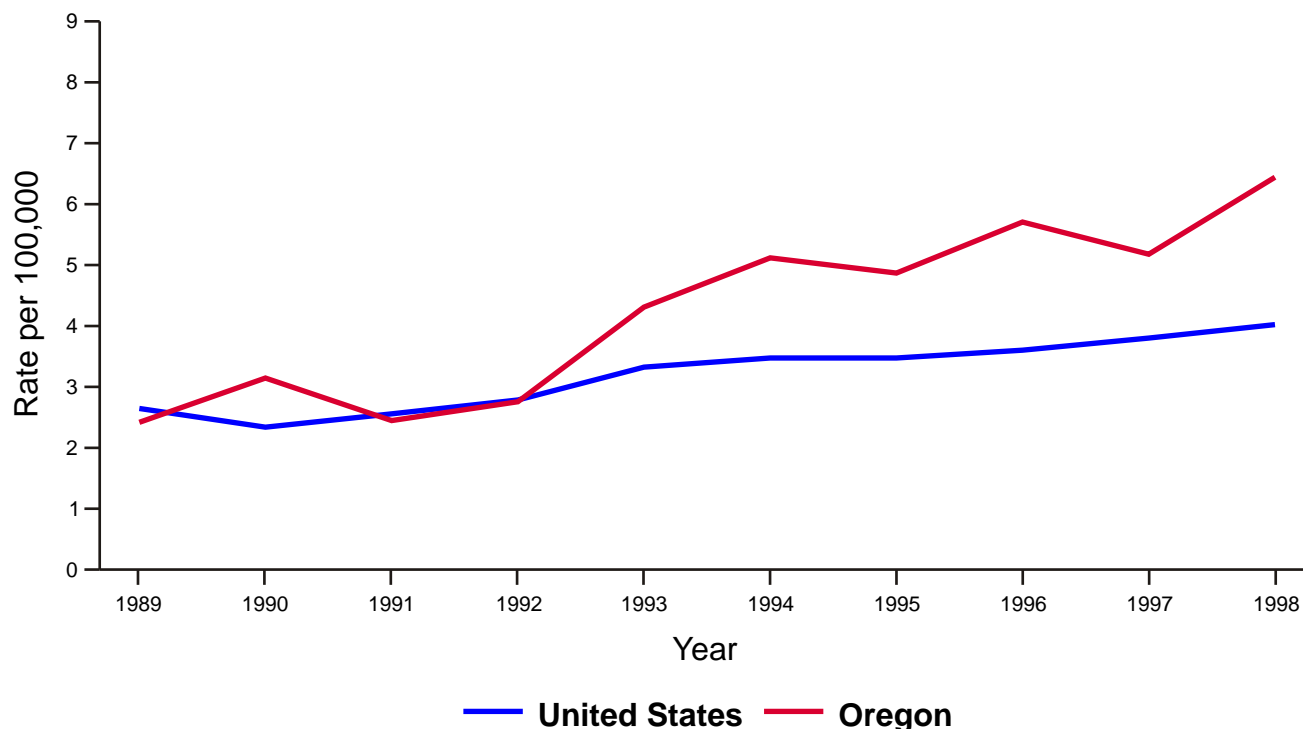
## United States and Oregon 1989-1998



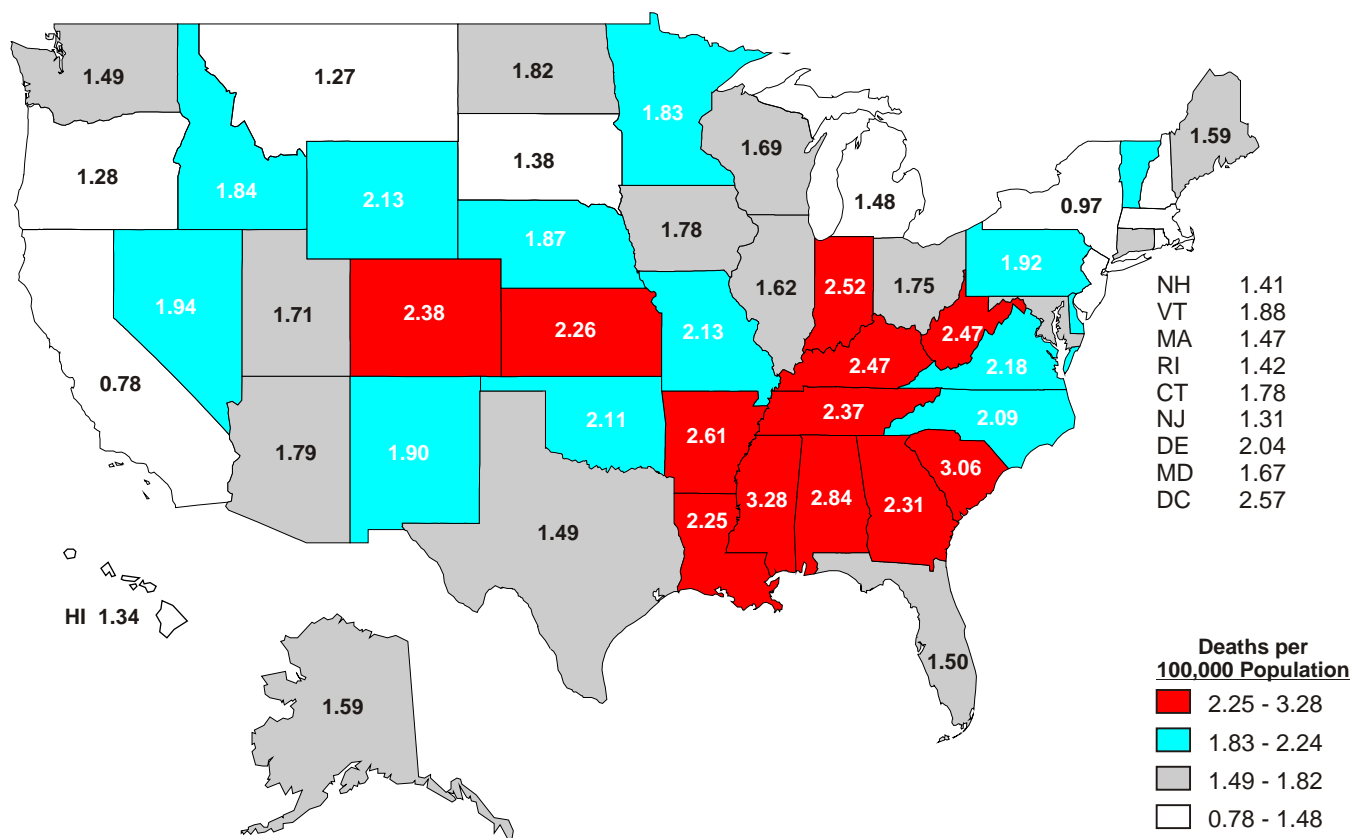
## Unintentional Poisoning Death Rates United States, 1996-1998



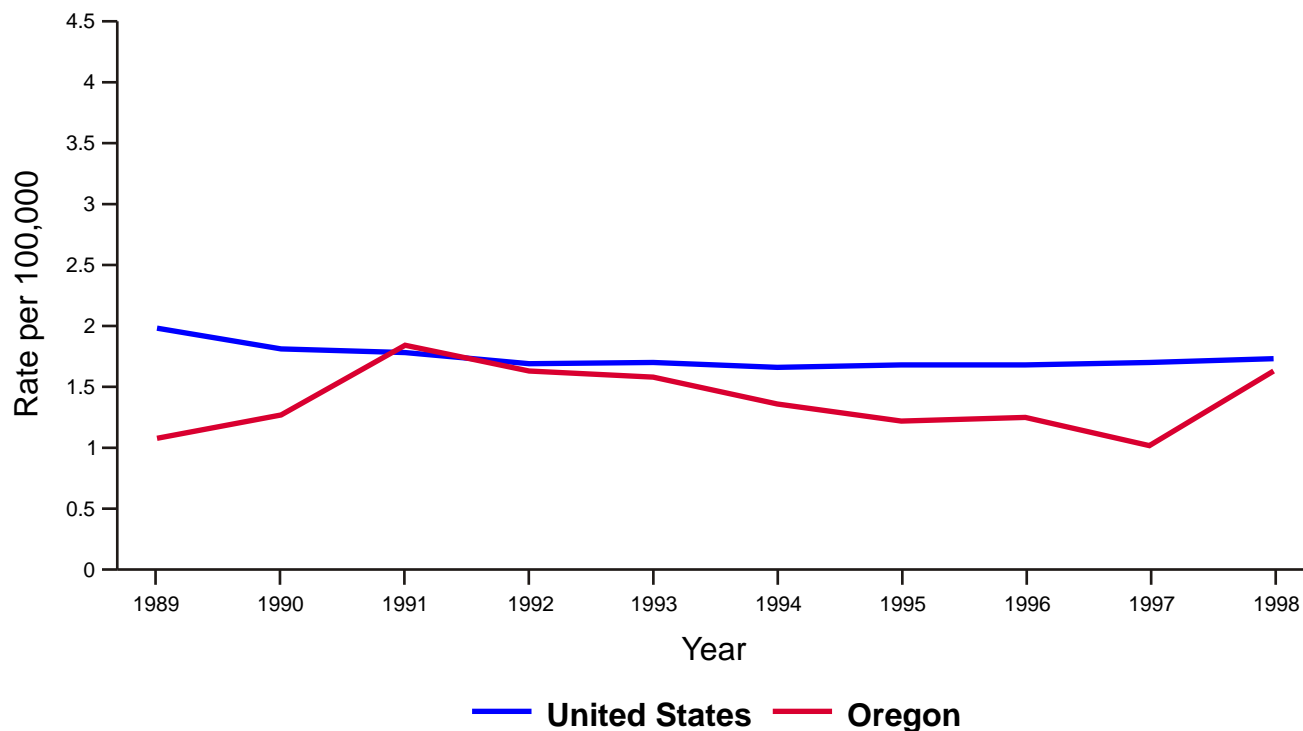
## United States and Oregon 1989-1998



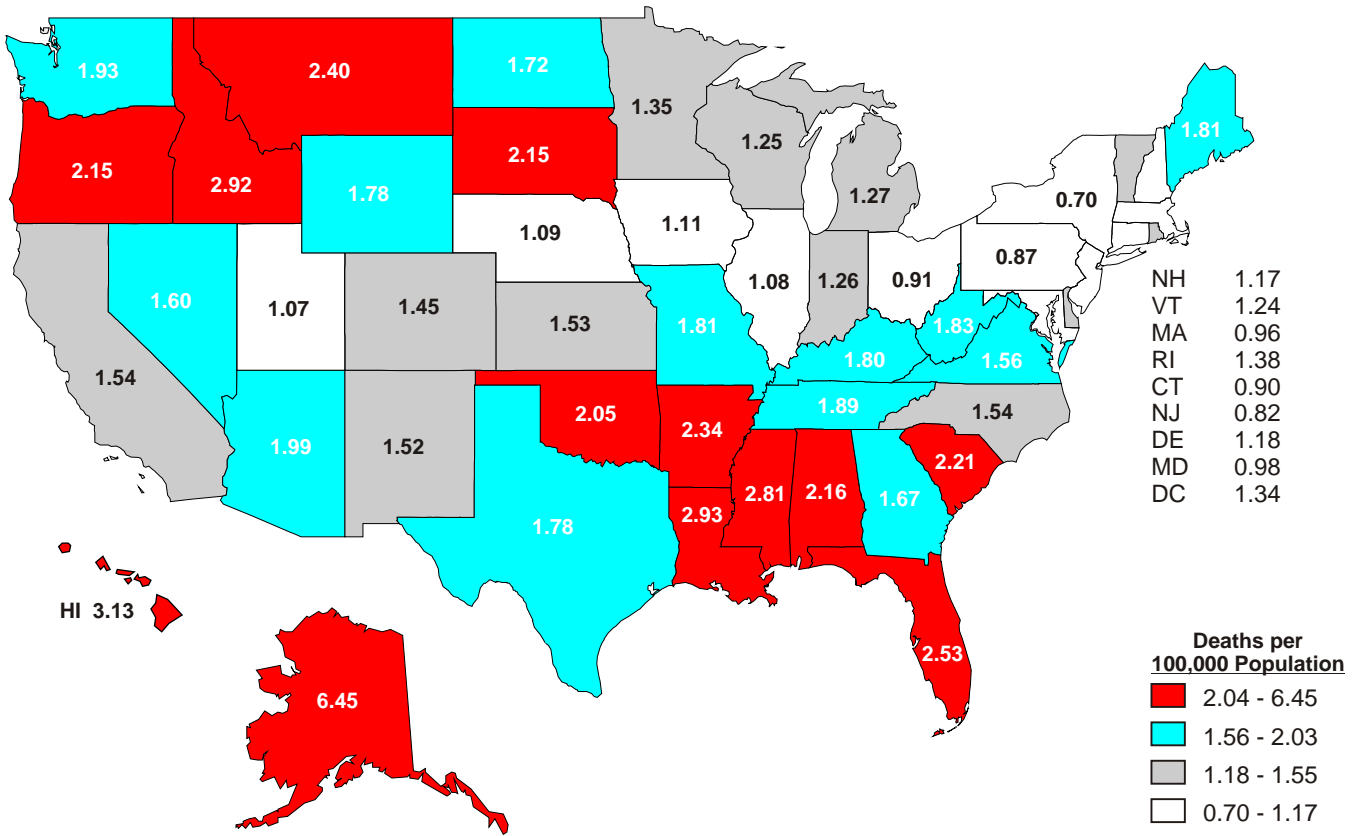
## Unintentional Suffocation Death Rates United States, 1996-1998



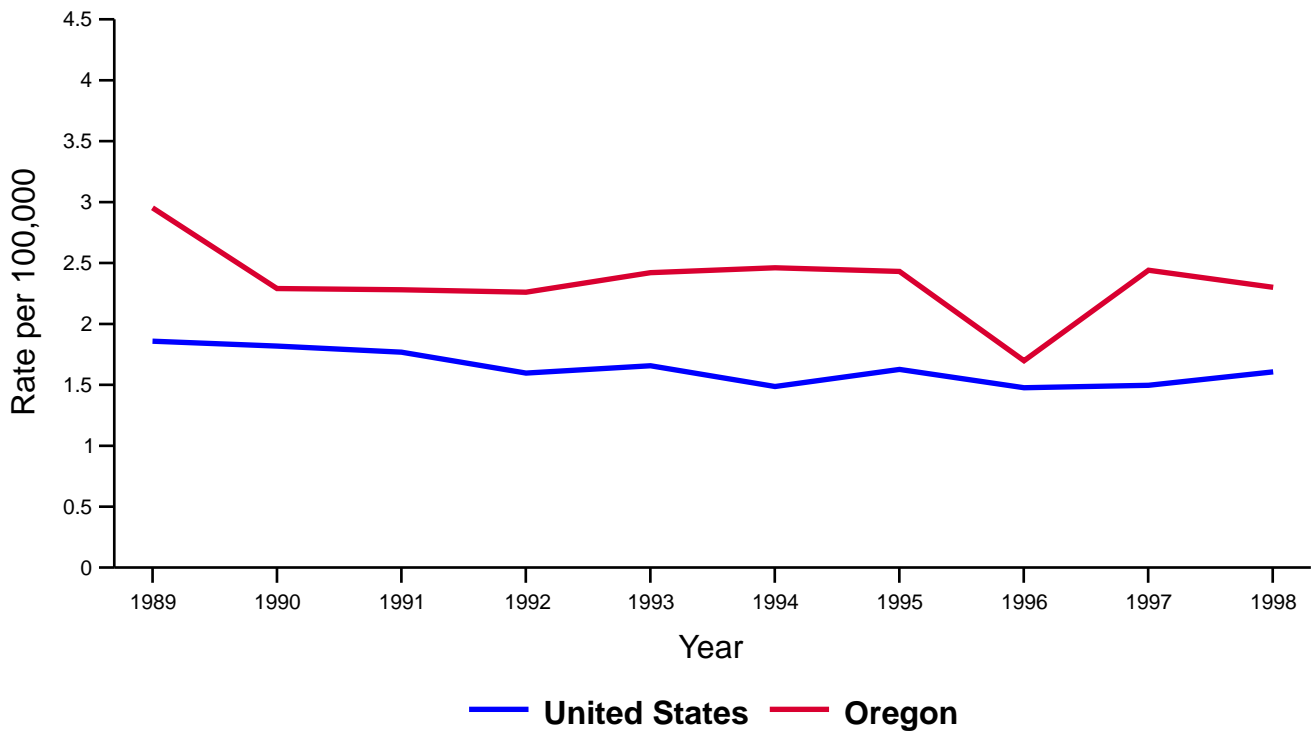
## United States and Oregon 1989-1998



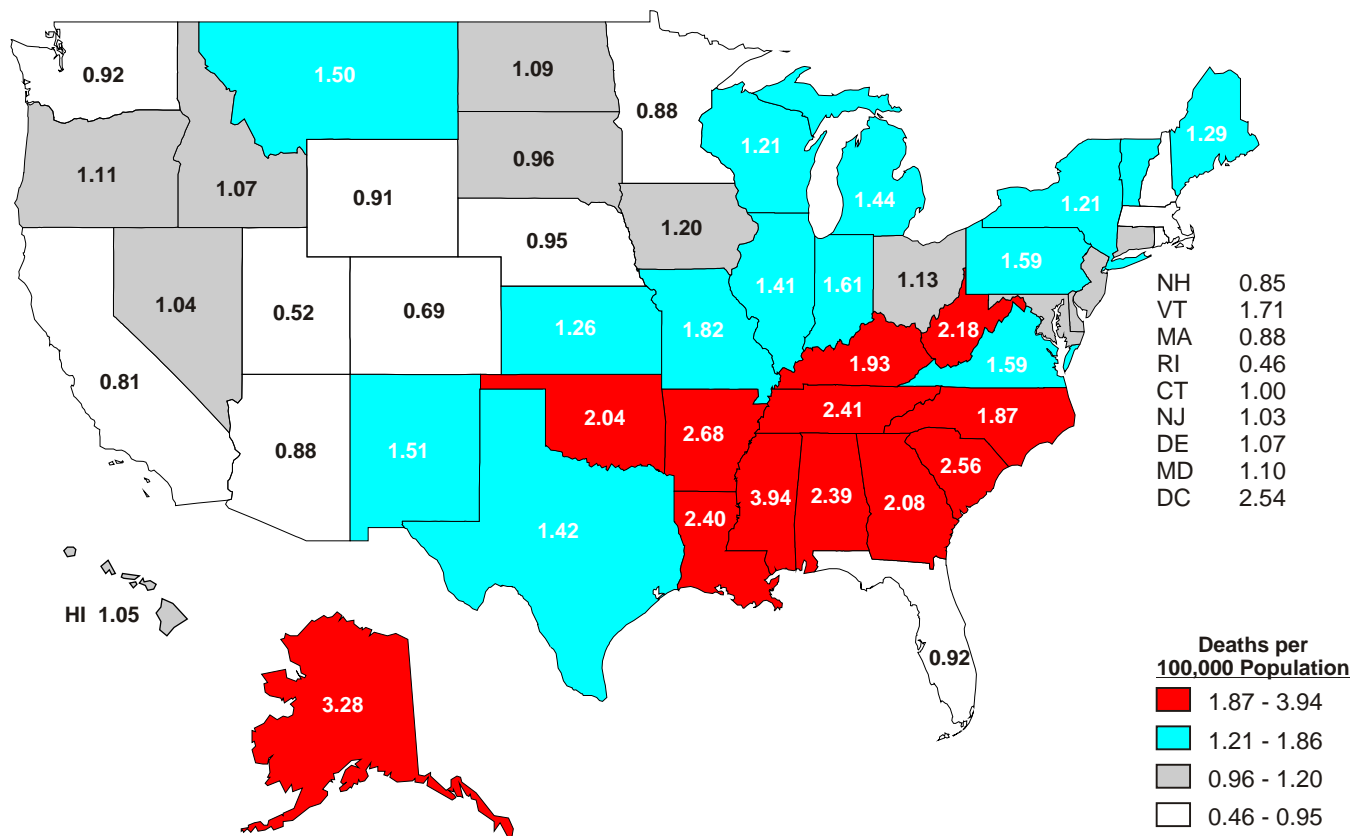
## Unintentional Drowning Death Rates United States, 1996-1998



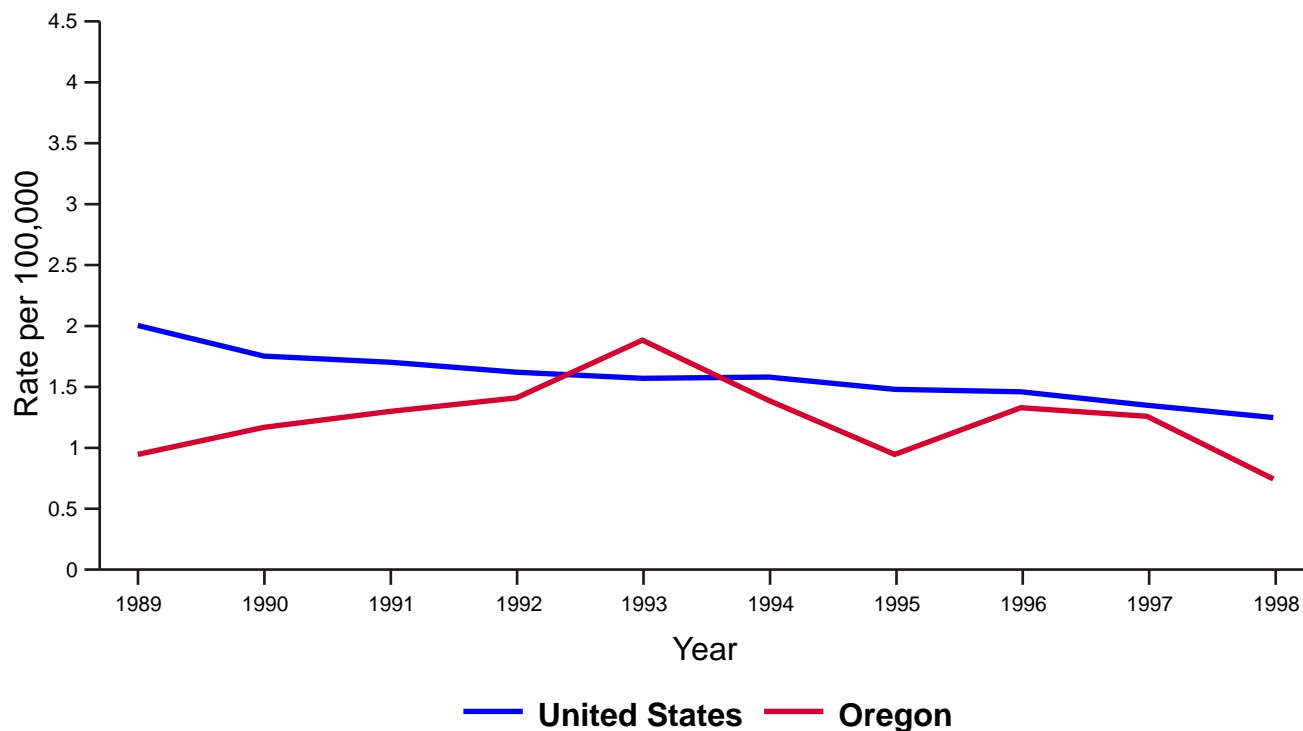
## United States and Oregon 1989-1998



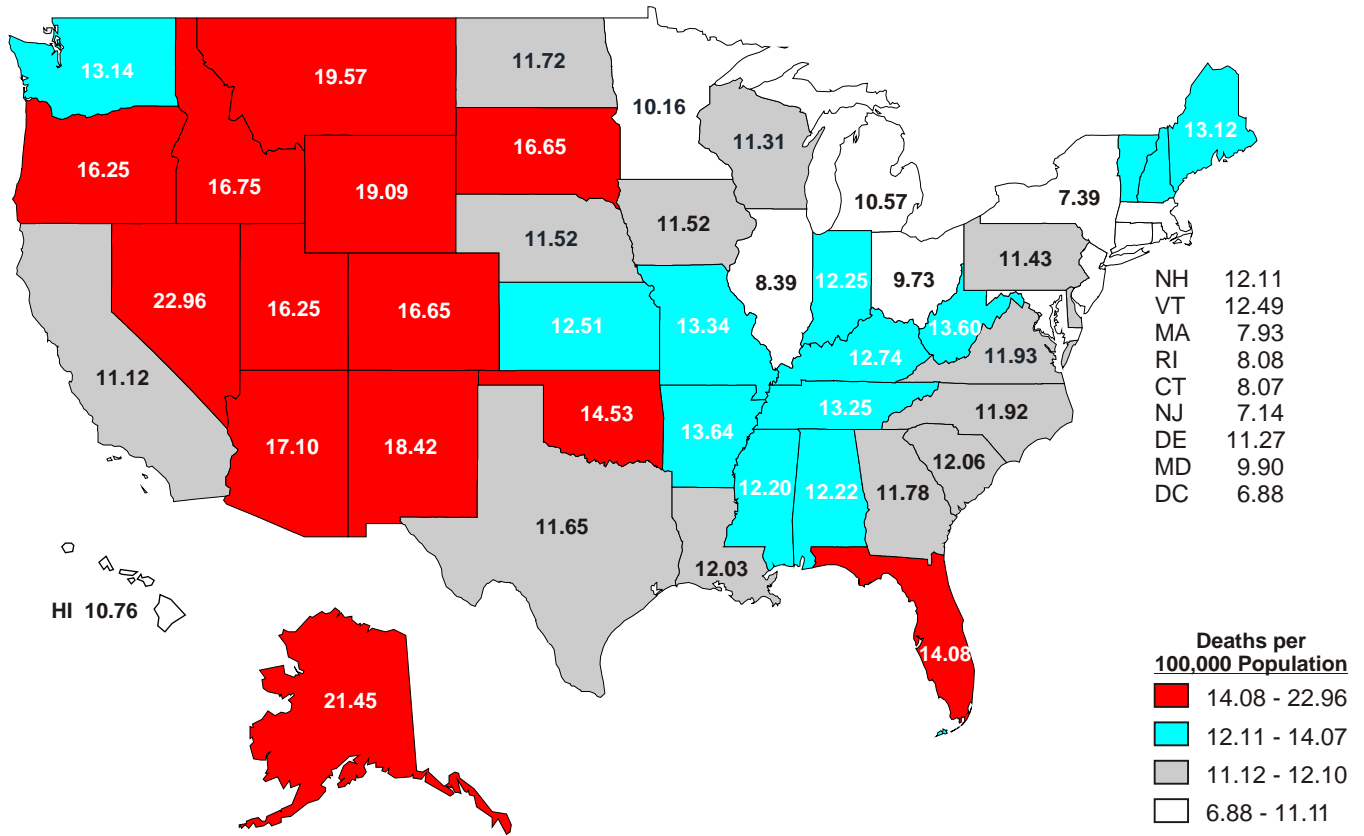
## Unintentional Fire and Burn-Related Death Rates United States, 1996-1998



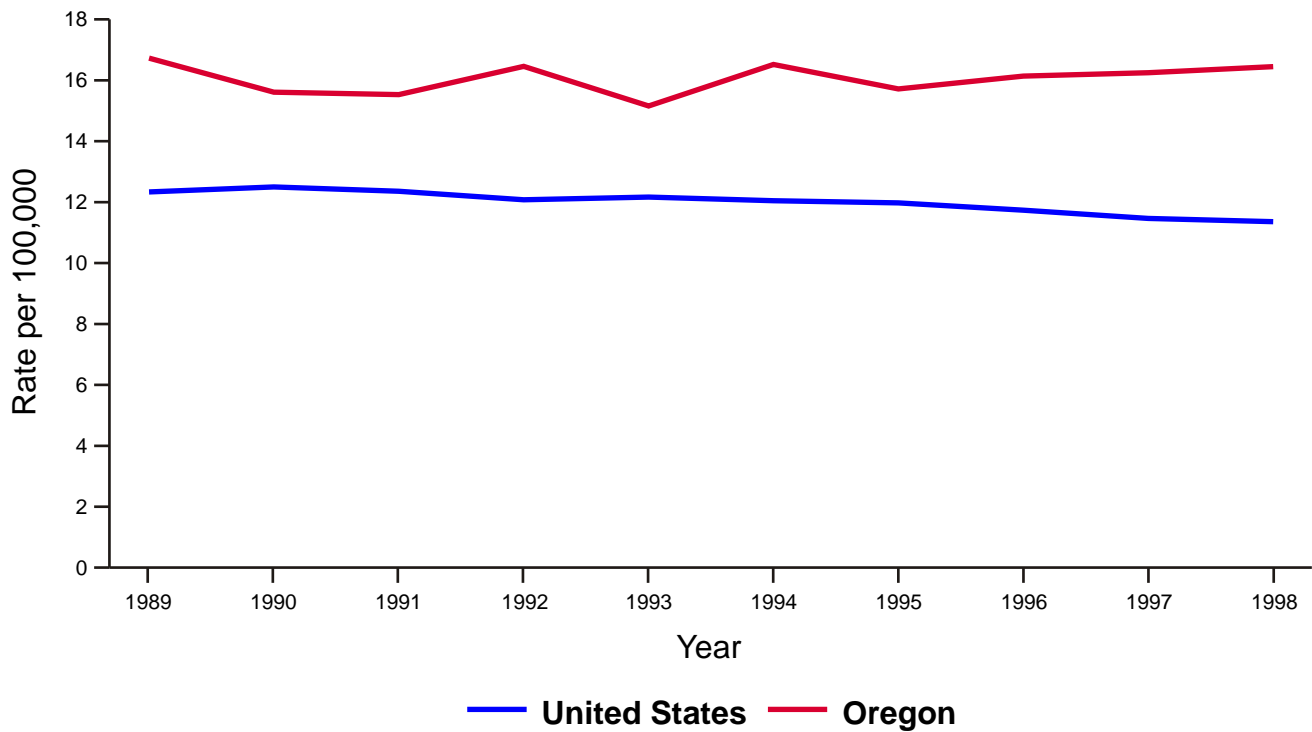
## United States and Oregon 1989-1998



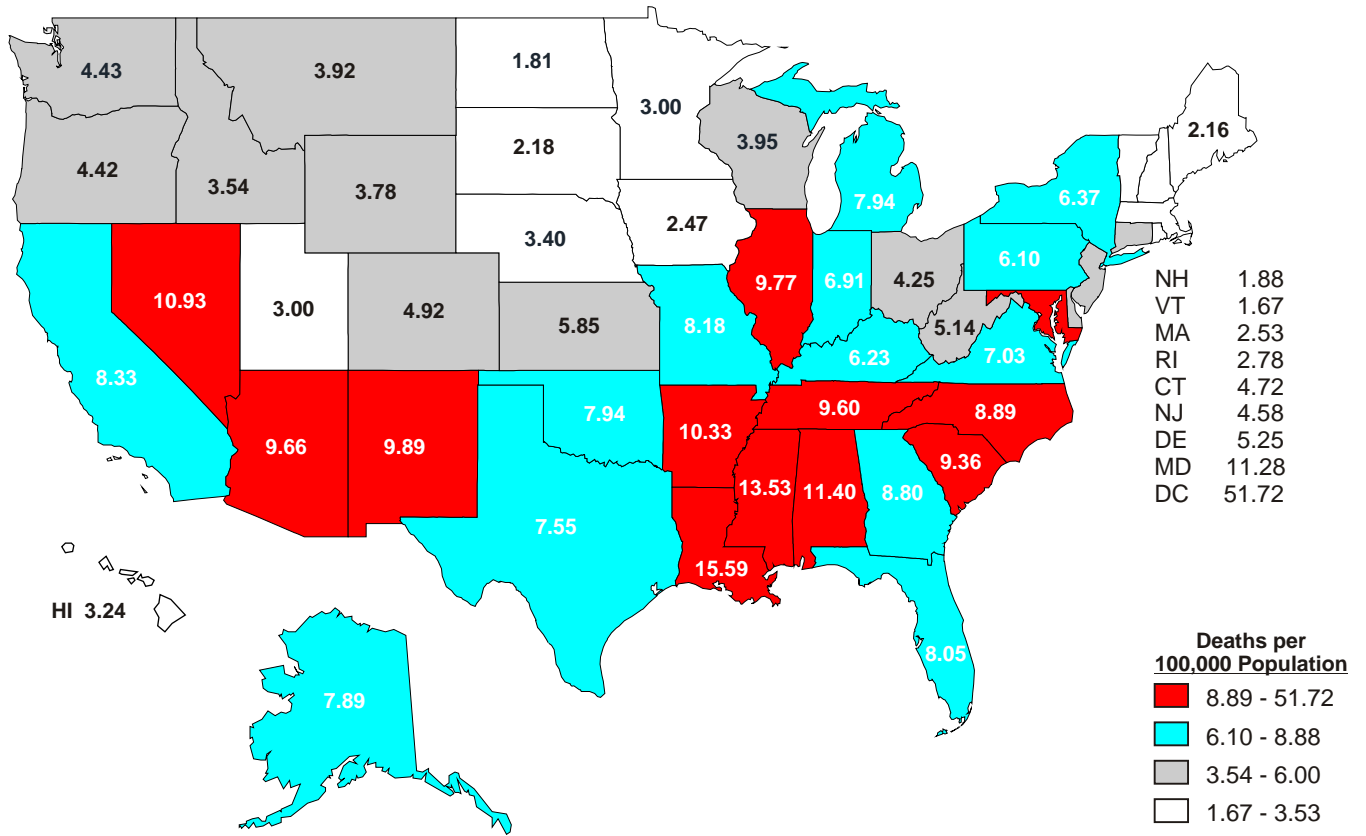
## Suicide Death Rates United States, 1996-1998



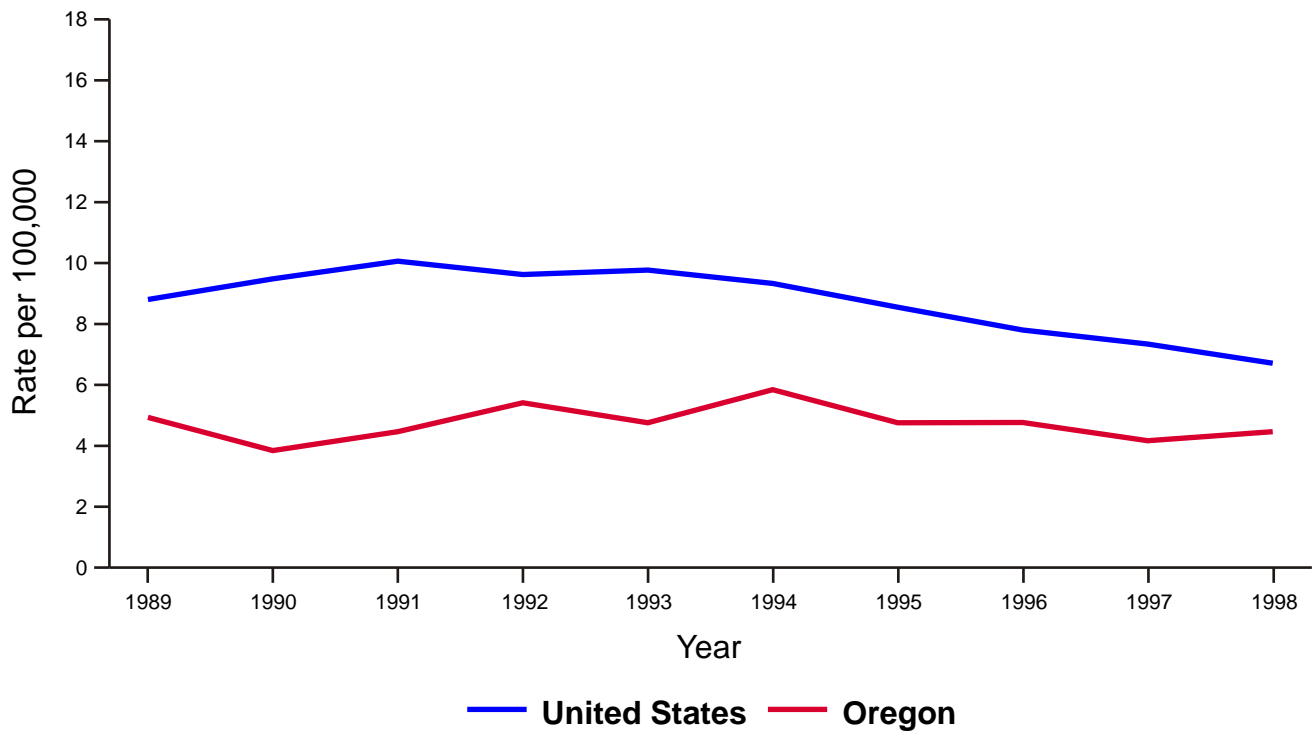
## United States and Oregon 1989-1998



## Homicide Death Rates United States, 1996-1998

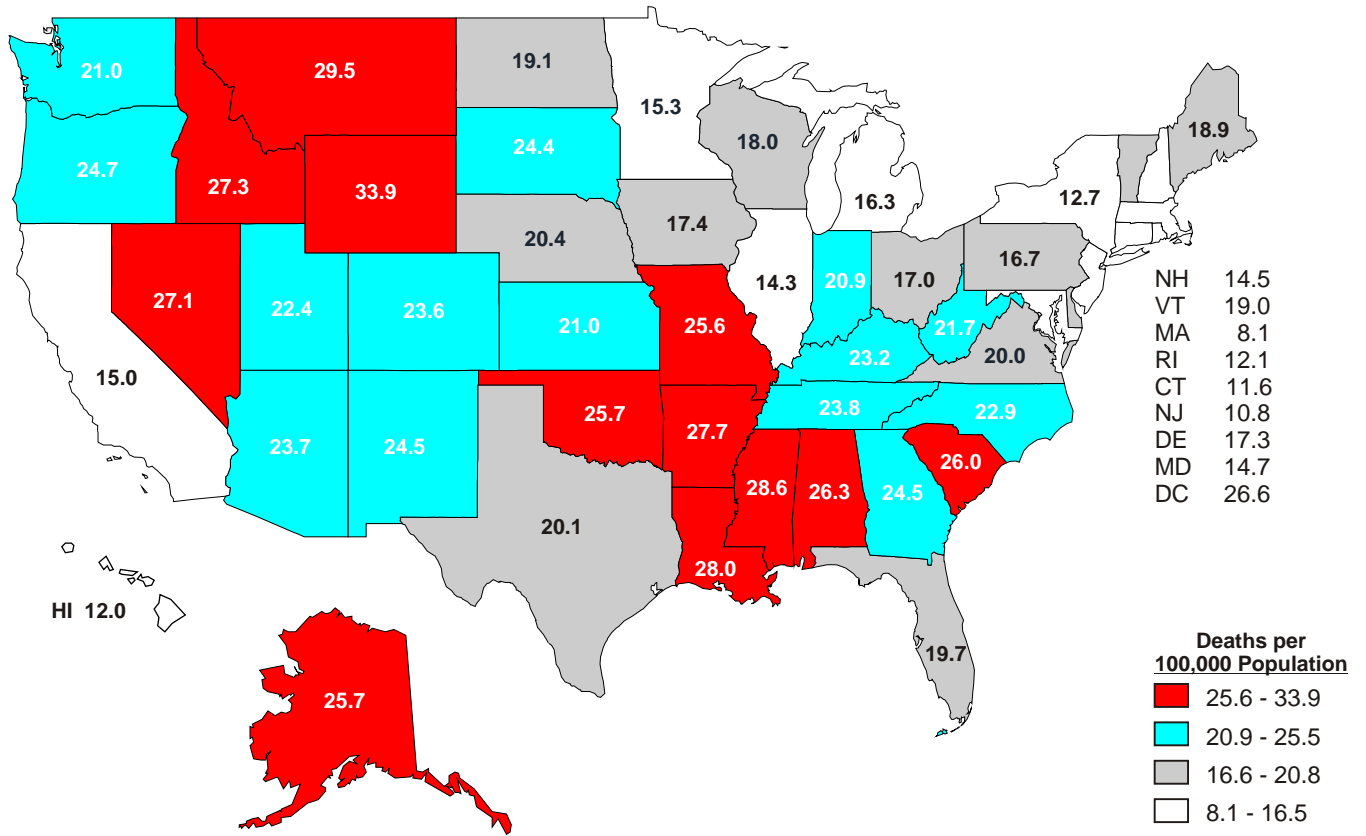


## United States and Oregon 1989-1998

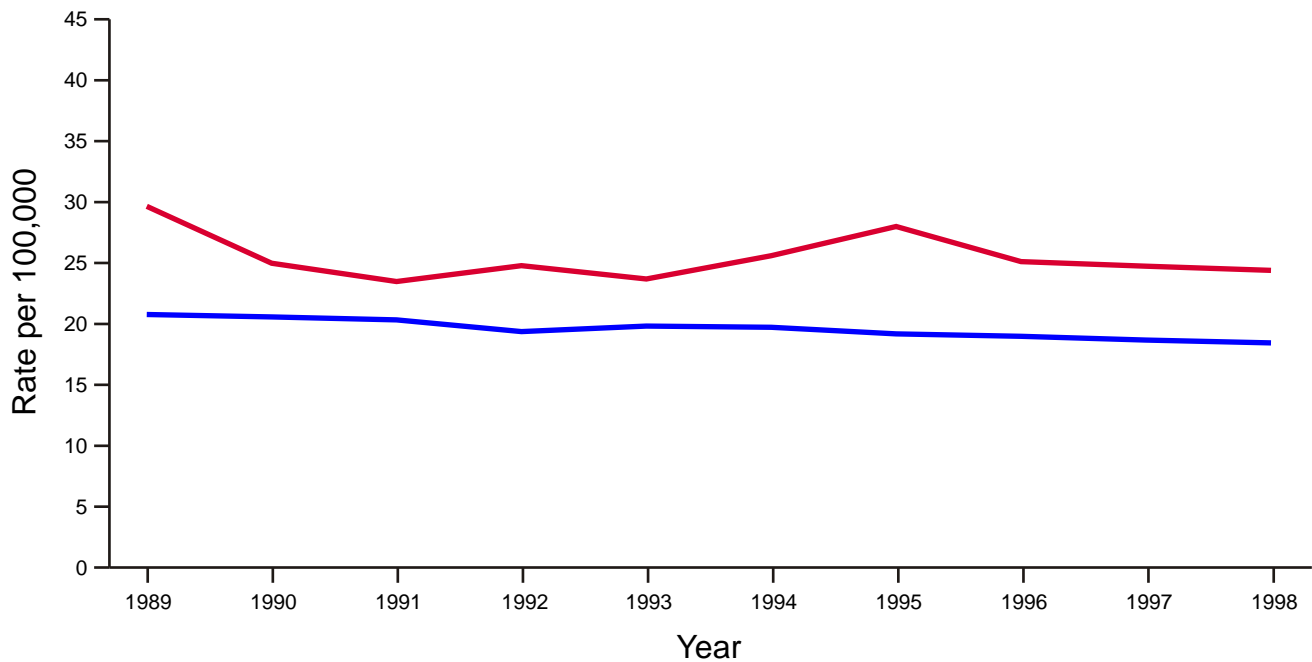




## Traumatic Brain Injury-Related Death Rates\* United States, 1996-1998



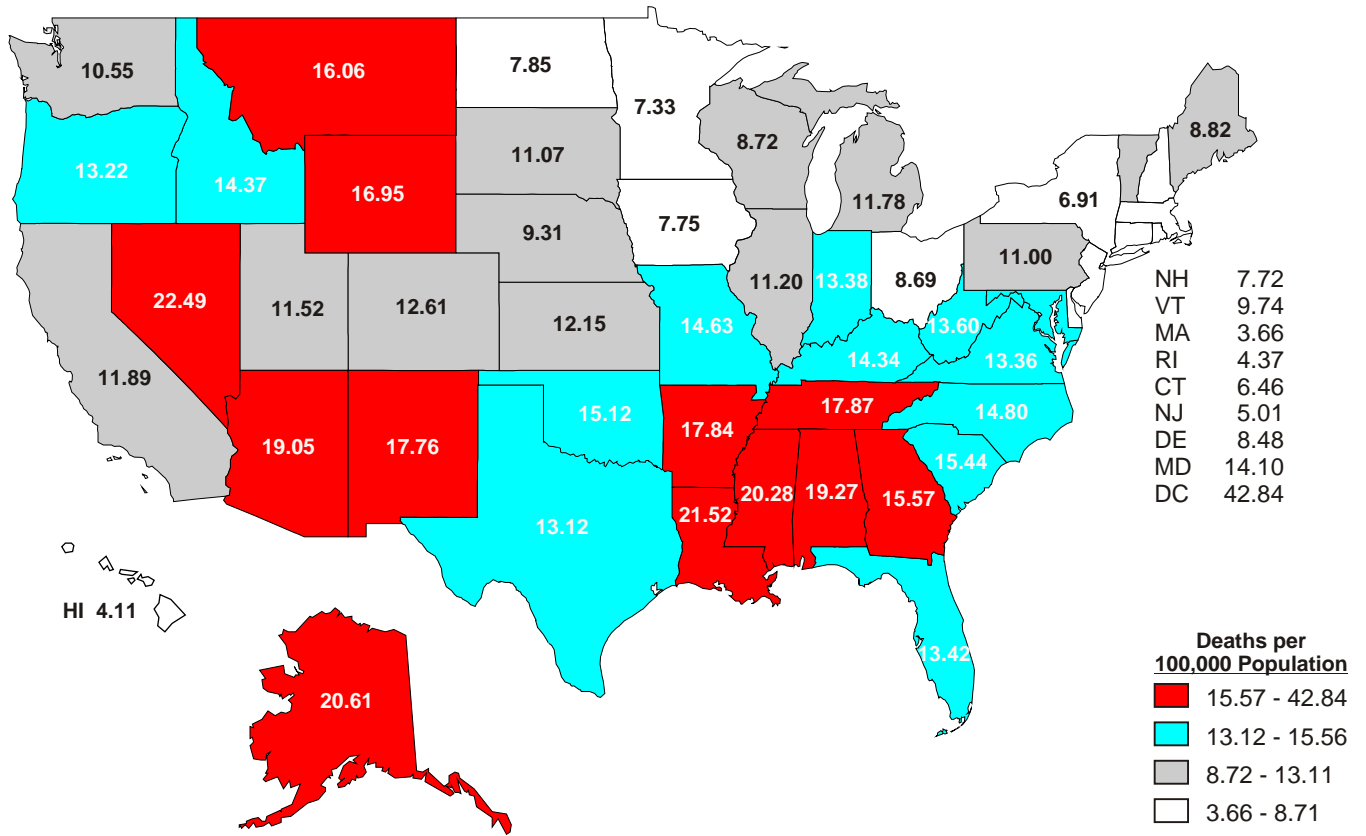
## United States and Oregon 1989-1998



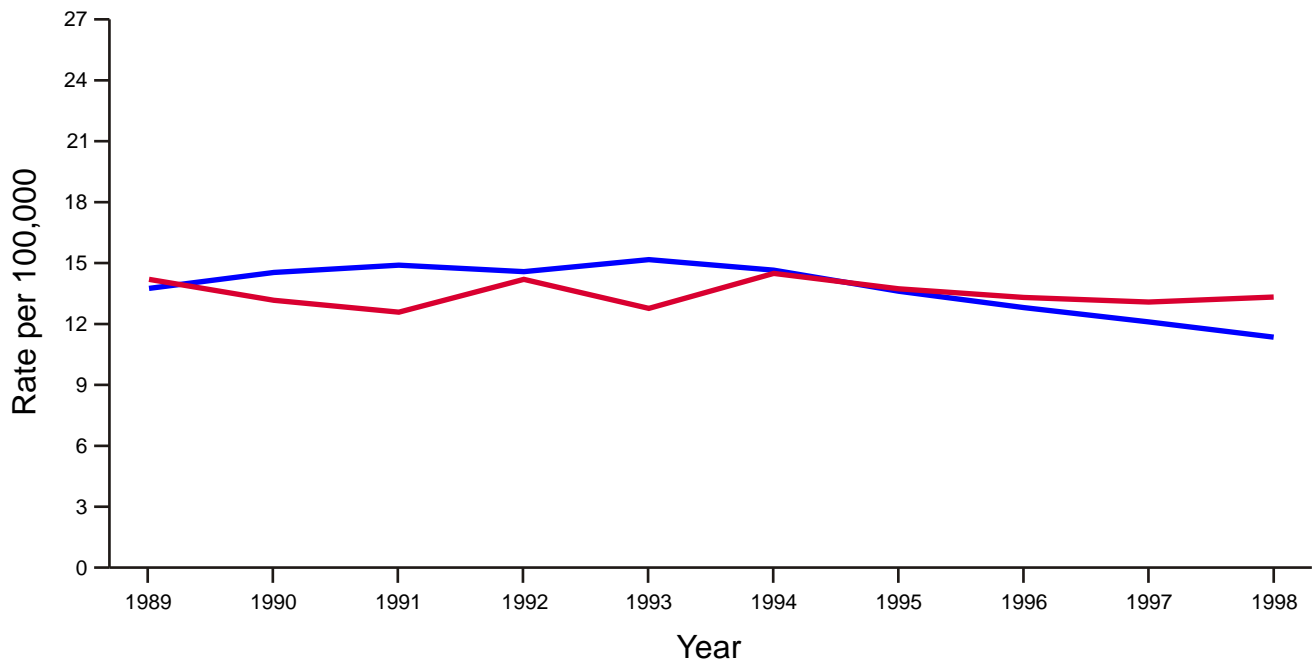
— United States — Oregon

\* Includes unintentional and intentional deaths from motor vehicles, firearms, falls, and other causes (of determined and undetermined intent).

## Firearm-Related Death Rates United States, 1996-1998



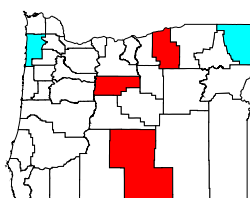
## United States and Oregon 1989-1998



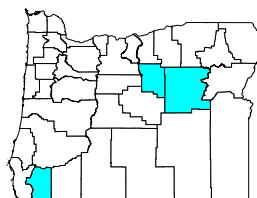
— United States — Oregon

\* Includes deaths from firearm suicide, firearm homicide, unintentional firearm-related deaths, and firearm-related deaths of undetermined intent.

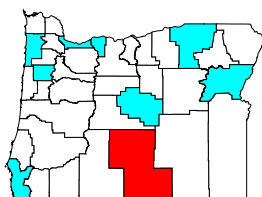
# Oregon 1989-1998



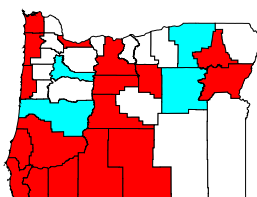
**Motor Vehicle**  
**523** Deaths/Year  
 U.S. 16.4  
 OR 17.1  
 Excess Deaths/Year **21**



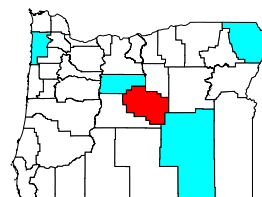
**Homicides**  
**144** Deaths/Year  
 U.S. 8.7  
 OR 4.7



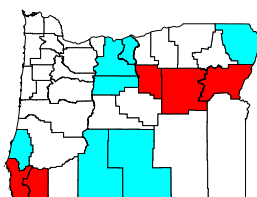
**Falls**  
**139** Deaths/Year  
 U.S. 4.3  
 OR 4.6  
 Excess Deaths/Year **8**



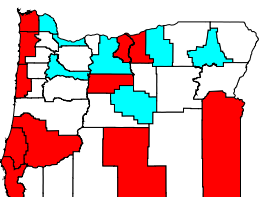
**Suicides**  
**493** Deaths/Year  
 U.S. 12.0  
 OR 16.1  
 Excess Deaths/Year **125**



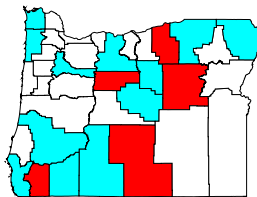
**Fires/Burns**  
**39** Deaths/Year  
 U.S. 1.6  
 OR 1.3



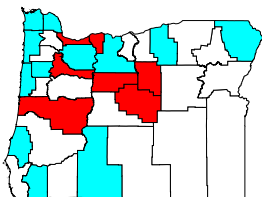
**Firearms**  
**413** Deaths/Year  
 U.S. 13.7  
 OR 13.4



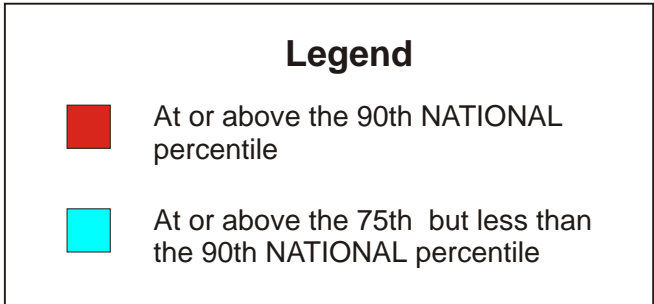
**Drownings**  
**72** Deaths/Year  
 U.S. 1.7  
 OR 2.4  
 Excess Deaths/Year **22**



**Traumatic Brain Injury**  
**724** Deaths/Year  
 U.S. 18.5  
 OR 23.6  
 Excess Deaths/Year **157**



**Poisonings**  
**133** Deaths/Year  
 U.S. 3.2  
 OR 4.3  
 Excess Deaths/Year **33**





# **CDC-Funded Injury Control Projects**

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# CDC-Funded Injury Control Projects in OREGON

The National Center for Injury Prevention and Control (NCIPC) funds seven programs in Oregon to build the state's ability to keep its citizens safe.

## Core Injury Programs

### *State-Based Core Injury Program Development*

Oregon is one of 23 states receiving CDC funding to establish a point of coordination for injury control efforts, assess injury data and surveillance resources within the state, and develop a state injury control plan. A core injury development program is a cooperative effort to develop or strengthen the capacity of state public health agencies to prevent and control injuries. These programs possess some combination of these features and tools:

- 1) injury prevention coordinator;
- 2) up-to-date profile of injuries within the state from existing data sources;
- 3) advisory structure to facilitate collaboration with public and private sector groups;
- 4) relationships with organizations, agencies, and individuals interested or experienced in injury prevention or control; and
- 5) a current plan for injury prevention and control based on the state's priorities.

This funding will enhance the capacity of Oregon's existing injury prevention and control program. (*Oregon Department of Human Services*)

### *Oregon Health Data Reporting Project*

This will establish electronic reporting emergency department data using a secure Internet connection and standard Health Level Seven (HL7) messaging. Major traumatic injury will be the first condition to be reported. Pelvic inflammatory disease is a likely candidate for the first infectious disease condition to be reported. Ultimately, the system would report electronically all important public health conditions. Clinical data recorded in an electronic patient record system could trigger reports as often as once a day. (*Oregon Health Division*)

## Intentional Injury

### *Coordinated Community Responses to Prevent Intimate Partner Violence*

This project will enhance the coordinated community response to prevent intimate partner violence by

- 1) changing community attitudes toward intimate partner violence by conducting a public awareness campaign, enhancing community education, and assessing education of family members/friends;
- 2) enhance services for victims and their families by expanding training in health care sites and measuring client satisfaction and effectiveness of health care interventions; and
- 3) decrease the number of victims by implementing professional individual and group counseling, developing batterer interventions, and assessing counseling and intervention effectiveness. (*Women's Resource and Shelter Space, Eugene*)

### ***Surveillance of Intimate Partner Violence***

This will build the state's ability for surveillance of intimate partner violence by integrating population-based surveillance systems for intimate partner violence into existing injury surveillance systems to help determine the magnitude of such violence in population subgroups, and revising and testing uniform definitions and recommended data elements. Program staff will explore adding police and medical examiner data to data from the hospital discharge index and death certificate files currently used. They will also collaborate with data source agencies and form an advisory committee. Initially surveillance activities will take place only in the Portland MSA. (*Oregon Department of Human Services*)

### ***Rape Prevention and Education***

A nationwide grant program providing resources to states for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for:

- 1) educational seminars;
- 2) operation of hotlines;
- 3) training programs for professionals;
- 4) preparation of informational material;
- 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- 6) education and training to increase awareness about drugs to facilitate rapes or sexual assaults; and
- 7) other efforts to increase awareness about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities.

(*Oregon Department of Human Services*)

### ***Child Sex Abuse Risk Factors: Modus Operandi and Supervision***

A project to investigate child sex abuse risk factors: modus operandi and supervision. The investigation addresses four specific goals:

- 1) to enhance the ability to measure factors related to monitoring and supervision in general situations and in relation to child sexual abuse;
- 2) to increase understanding of the role that supervision plays as a risk factor in child sexual abuse and to explore the influence of cultural differences in supervision-related risk;
- 3) to enhance understanding of child sexual abuse risks related to adult and juvenile sexual offenders' modus operandi patterns and to examine the influence of cultural differences in modus operandi-related risks; and
- 4) to better understand the relationship between modus operandi and the supervision of victims and adolescent offenders. (*Portland State University*)



## **Acute Care and Rehabilitation**

### ***Attributes of Rural Trauma Systems that Effect Outcomes***

A project to develop methods for measuring a broader range of trauma outcomes and processes of care. This will build upon previous work to determine if alternative measures of outcome, long-term survival, and functional status after injury can provide evidence about the effectiveness of trauma systems when evaluating selective populations for injury. In addition, project staff will determine if inter-hospital transfers from rural to tertiary care trauma centers provide optimal quality of care. (*Oregon Health Sciences University*)

## Notes