Domicile Unknown

Review of deaths among people experiencing homelessness in Multnomah County in 2023

December 2024

Multnomah County
Health Department

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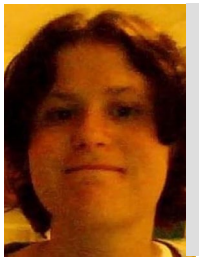

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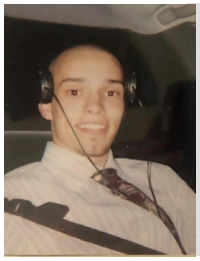

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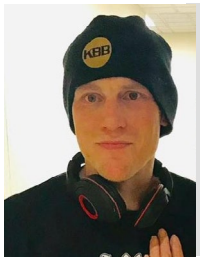

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Foreword

This report provides data on 456 people who died in our community in 2023: loved ones, friends and our neighbors. All 456 people died while they were experiencing homelessness. For us, these data represent people we knew. People who our clinicians cared for and our outreach teams connected with. These are community members with impactful stories and whose deaths were tragic and preventable.

The data presented here give us some insight into the inequities these community members faced and the causes that led to their death. The data tell us who, why and how people died. It also helps our understanding of the scale of risks associated with not having housing. We can see that those risks are far too high.

Despite the devastating numbers in the report, we remain optimistic about the future and we are devoted to supporting people experiencing homelessness in Multnomah County. This analysis helps assure these lives are not lost in vain and identify where there are reasons for hope. Thousands of people who are experiencing houselessness in our County are receiving services to support them on their path to housing and recovery, and rely on the stories and memories of their friends or neighbors they've lost to embolden them to keep moving forward on their own paths.

Furthermore, the data in this report are from 2023, which was the peak of the fentanyl crisis in Multnomah County. As fentanyl overdoses decrease, we are hopeful that future reports will hold much lower numbers.

Please join us in recognizing and honoring those we've lost. There is much more work to be done, but together we can shape a safer and more caring world.

Richard Bruno, MD
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Key Findings

- 456 deaths were identified among people experiencing homelessness across the two data sources: 394 from the Medical Examiner and an additional 62 from vital records.
- The number of people experiencing homelessness who died according to Medical Examiner data has increased significantly between 2019 and 2023, by 37% per year.
- The average age at death among people experiencing homelessness was 46 years — 30 years younger than the current U.S. life expectancy at birth.
- There were 282 total deaths due to unintentional drug overdose. Fentanyl contributed to a large proportion of overdose deaths (89%), as did methamphetamine (81%).
- Forty deaths among people experiencing homelessness were due to assault (homicide, N=14) or self-harm (suicide, N=26). Firearms were the most common mechanism of death for homicides (9 of 14 homicides).
- Mortality risk for people experiencing homelessness compared to the general Multnomah County population, adjusting for differences in age, was 8 times higher for all causes of death, 58 times for transportation-related deaths, 51 times for any drug overdose and 18 times for assault and suicide.

Introduction

In 2023, over 6,000 community members experienced homelessness on a given night in Multnomah County.[1] Not having housing is associated with numerous poor health outcomes and ultimately results in a higher likelihood of early mortality compared to having housing.[2] This report outlines the causes of death among community members experiencing homelessness in Multnomah County in 2023 with the goal of understanding the primary contributions to the risks these community members faced.

Methods

Data sources

We used two sources of data to identify deaths among people experiencing homelessness (PEH). The first was the Multnomah County Medical Examiner (ME), which maintains a database of all deaths investigated under its jurisdiction. According to ORS 146.090[3], the ME investigates and certifies the cause and manner of all human deaths that are:

a. Apparently homicidal, suicidal or occurring under suspicious or unknown circumstances;
b. Resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents;
c. Occurring while incarcerated in any jail, in a correctional facility, or in police custody;
d. Apparently accidental or following an injury;
e. By disease, injury or toxic agent during or arising from employment;
f. While not under the care of a physician during the period immediately previous to death;
g. Related to disease which might constitute a threat to the public health; or
h. In which a human body apparently has been disposed of in an offensive manner.

In December 2010, the data field “Domicile Unknown” was added to the ME database for Multnomah County so that deaths of people experiencing homelessness, or individuals who may have been homeless at the time of their death, could be more easily extracted. Multnomah County medicolegal death investigators (MDI) make multiple attempts to identify a place of residence for decedents through scene investigation and interviews with relatives and social contacts. MDI are encouraged to classify decedents as “homeless” using this field if they cannot identify a stable residence at the time they complete their report; such cases are later reviewed as described below for final classification.

1 https://www.pdx.edu/homelessness/2023-portland-tri-county-point-time-count
2 The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations - PubMed
3 https://www.oregonlegislature.gov/bills_laws/ors/ors146.html

As of Jan. 1, 2022, Senate Bill (SB) 850[4] established mandatory reporting of housing status at death; this means that reporting is required for all deaths, not just for deaths investigated by the ME. The new requirement creates a way to document homelessness on death certificates by recording "Domicile Unknown" in the residence address. The funeral service practitioner is responsible for listing "Domicile Unknown" in the "Street Name, Rural Route, etc." field for individuals who were homeless at the time of the death.[5] This allowed us to use vital records death certificates as a second source of data to include deaths certified by a healthcare practitioner. For more information about why ME data was used in addition to the vital records, refer to the Appendix at the end of the document.

Definition of experiencing homelessness

As defined by SB 850, and based on the U.S. Department of Housing and Urban Development definition, a homeless individual is defined as: an individual who lacks a fixed, regular, and adequate nighttime residence; an individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; an individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where they temporarily resided.

Review of death data

Data source 1: Medical Examiner (ME) data

We extracted case information for all investigated deaths under Multnomah County jurisdiction during 2023 from the ME database, MDILog (Occupational Research and Assessment Inc., Big Rapids, Michigan). Four hundred and sixty-seven deaths were selected for review based on whether they were: 1) flagged as domicile unknown or homeless by the medicolegal death investigator; 2) had an indication of homelessness in the address field ("transient," "homeless," etc.); 3) had no residential address information listed; or 4) a shelter was listed as the place where death occurred. If any of these cases were listed as domicile unknown in vital records, they were not reviewed, but were designated as likely homeless at death.

For the remaining cases, one reviewer assessed death narrative reports, supplemental information (e.g., law enforcement or emergency medical services reports) and address information for each case to determine which investigations supported the classification of homeless using the established definition. Unclear cases were investigated for more information using both vital records (see below) and the Homeless Management Information System (HMIS) database.

4 https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/Senate-Bill-850.aspx

5 https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Documents/Death/JobAid%20SB850-FH.pdf

Data source 2: Vital Records (VR)

Data were obtained electronically from Multnomah County's database of vital records, which are updated weekly from the Oregon Health Authority. We selected records for which the place of death was within Multnomah County, the residential street address was listed as "Domicile Unknown," and the signer of the death certificate was a certifying physician, nurse practitioner or physician associate. Deaths certified by a medical examiner were excluded, since they are captured more robustly in data source 1 (see also limitations at the end of this report). One death marked as "Domicile Unknown" in vital records was subsequently removed from the analytic set because the age was indicative of a premature infant death (24 weeks).

Combining data

To facilitate data analysis, we combined data from source 1 and source 2 into one file by using the ME case number. The final number of records in the analytic set was 456 (Figure 1).

Race and ethnicity coding

Typically, funeral directors gather information on race and ethnicity from next of kin or close informant interviews. These data are typically more robust than the available Medical Examiner data. Although misclassification of race and ethnicity on death certificates occurs, especially for persons of American Indian or Alaska Native ancestry, it is low for White and Black populations, and has decreased over time for the Hispanic and Asian and Pacific Islander populations.[6]

In order to display disaggregated data as much as possible (which is important for resource allocation and culturally specific interventions),[7] we categorized decedents using an "any mention" approach. In this classification, any person can be in multiple groups in the race analysis, because they are listed under every racial or ethnic group indicated on the death certificate. For this scheme, the total will add up to more than 100%. To provide total county population size context, we used race alone or in combination with population proportions from American Community Survey 2022 5-year estimates.

Some death certificates are missing racial and ethnic data and those remain categorized as unknown.

Sex

There are five designations for decedent sex on death certificates in Oregon: "female," "male," "undetermined" (used in cases where the "sex cannot be determined due to a medical condition"), "unknown" (used if sex "cannot be determined after verification with medical records, inspection of the body, or other sources") and "X (non-binary)" (used for individuals whose "gender identity is not exclusively male or female").[8] In this report, the words "female" and "male" are used because all decedents included in the analysis were recorded as "female" or "male" on their death certificates.

6 https://www.cdc.gov/nchs/data/series/sr_02/sr02_172.pdf
7 https://s3.us-gov-west-1.amazonaws.com/cg-d102dd1b-a880-440b-9eae-e2445148aee9/s3fs-public/documents/AANHPI-Data-Disaggregation-Resource-Guide_Final_508c_6.14.23.pdf
8 Sex Designation on Death Records Quick Reference (oregon.gov)

Cause and manner of death

A healthcare provider (physician, nurse practitioner or physician associate) or medical examiner completes the cause-of-death section of the death certificate, which also includes details about the circumstances surrounding death. “Manner of death” is classified based on the circumstances surrounding a particular cause of death. Typically, the five manners used are:

- Natural (relating solely to aging or disease process)
- Accident (injury or poisoning caused death, no evidence of intent to harm)
- Suicide (injury or poisoning with intent to harm self or cause death)
- Homicide (act committed by another person)
- Undetermined (information pointing to one manner not more compelling than information pointing to another)[9]

Causes of death in vital records are coded using the ICD-10 (International Statistical Classification of Diseases) classification.[10] The following coding schemes were used to classify deaths:

- Drug poisoning (overdose): underlying cause of death X40-44, X60-64, Y10-14, and X85
    - Opioid overdose: drug poisoning, plus any multiple cause of death (MCOD) code T40.0-T40.4, T40.6
    - Psychostimulants with abuse potential: drug poisoning, plus MCOD T43.6
    - Synthetic opioid (fentanyl): drug poisoning, plus MCOD T40.4
- Extreme weather (heat or cold): X30-X31
- Pedestrian or cyclist involved in transport accident: V01-V19
- Heart disease: I00-I09, I11, I13, I20-I51
- COVID-19: U07
- Assault (homicide): X85-Y09
- Intentional self-harm (suicide): X60-X84

Other categories displayed reflect the National Center for Health Statistics (NCHS) 113 leading causes list[11] or ICD-10 category.

9 A guide for manner of death classification (NAME.net)
10 International Statistical Classification of Diseases and Related Health Problems (WHO.INT)
11 https://www.cdc.gov/nchs/nvss/leading-causes-of-death.htm

Estimating the total population experiencing homelessness

Although the exact number of people experiencing homelessness is unknown, the best estimate we have is based on data from the 2023 Point in Time Count report. The 2023 report found that 6,297 people were counted as experiencing homelessness in Multnomah County on the night of Jan. 24, 2023.[12] Age was not reported in the 2023 Point in Time Count report for Multnomah County. Therefore, we used data from the HUD Exchange website, where detailed age groupings from Point in Time counts for a given Continuum of Care geographic services area can be obtained.[13]

Mapping

To create a map of where deaths occurred, we used address information corresponding to the location of the original incident/injury leading to death. This information is only available for ME-certified deaths. Some fields had an unknown incident location and were excluded from the map.

Trends over time

To assess the trend in absolute numbers of deaths over from 2019 to 2023, we used Joinpoint regression. Joinpoint takes count or rate data and determines where lines are best connected together. For count data, a Poisson regression is run with year as the independent variable. Joinpoint determines the annual percent change and if this value is statistically significantly different from zero at the p=0.05 level. We used Joinpoint 5.2.0.0 for this regression analysis. Only ME data was used for this analysis because the number of hospital deaths for people experiencing homelessness was not available prior to 2022.

Estimating risk

To compare rates of mortality in people experiencing homelessness compared to Multnomah County residents, we used two denominators:

1. the 2023 Point in Time estimate for PEH
2. Census estimates by age group for Multnomah County for 2022 from Oregon Public Health Assessment Tool (OPHAT) by age (2023 data were not available at the time of analysis)

To compare these groups to each other while controlling for differences in age, we used a standardized mortality rate (SMR) ratio with the Multnomah County resident population serving as the standard population. The SMR is especially applicable when two populations have a dissimilar age distribution and/or in cases where the study population may be small.[14]

12 https://www.pdx.edu/homelessness/2023-portland-tri-county-point-time-count
13 https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/
14 https://ibis.doh.nm.gov/resource/SMR_ISR.html

Frequencies and means were tabulated using SAS 9.4 (SAS Institute, Cary, North Carolina). PROC STDRate was used to calculate the standardized mortality rate ratios and confidence intervals. Charts and figures were made using Microsoft Excel (2019).

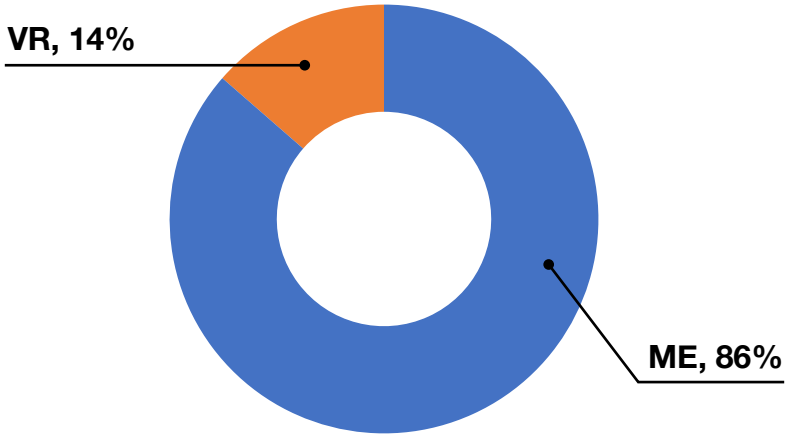
Data suppression

To protect the privacy of decedents, demographic data were suppressed or combined into subgroups if cell counts were less than three.

Results

In 2023, we identified a total of 456 deaths among people experiencing homelessness: 394 (86%) from our review of ME data and 62 (14%) from vital records (Figure 1).

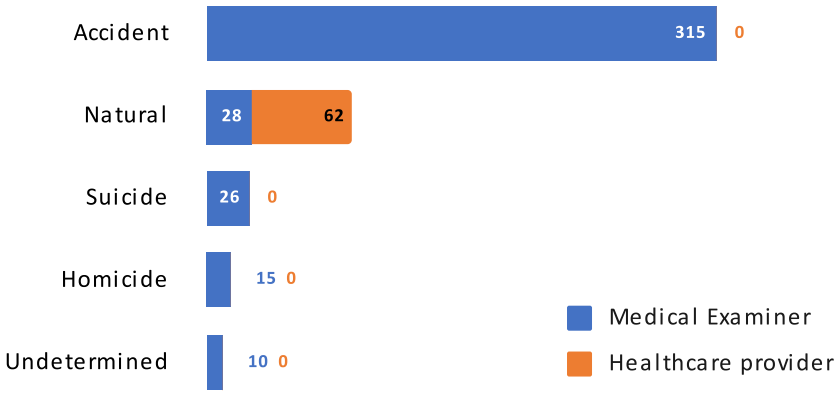
Figure 1. Proportion of deaths among PEH by data source (N=456)



All deaths from vital records were of natural manner (and were signed off by a healthcare provider). The ME deaths were accidental, natural, suicidal, homicidal and undetermined categories (Oregon Revised Statute chapter 146 determines what deaths fall under the jurisdiction of the ME).[15] Among all 90 deaths categorized as natural, healthcare providers certified slightly more than two-thirds (69%) (Figure 2).

15 https://www.oregonlegislature.gov/bills_laws/ors/ors146.html

Figure 2. Manner of death among PEH by signer of death certificate* (N=456)



*Healthcare provider can be physician, physician associate or nurse practitioner

Table 1 presents the distribution of total deaths in PEH by select demographic categories. Males made up more than three-quarters of decedents. Using the “any mention” race categorization approach, decedents who identified as Black/African American and American Indian/Alaska Native exceeded their population proportion in Multnomah County, while White, Asian and Hispanic decedents did not.

The average age at death was 46 years. Persons aged 35-44 years made up the highest proportion of the total (N=125, 27%) followed by 45-54 years (N=95, 21%). For deaths certified by a healthcare provider, the average age at death was 59 years (data not shown).

Table 1

Demographic characteristics of deaths among PEH, 2023 (N=456)

	Total deaths among PEH *(n=456)*		Multnomah County Population* *(n=808,098)*	
Sex	**Count**	**Percent**	**Count**	**Percent**
Female	107	23%	404,718	50%
Male	349	77%	403,380	50%
Age (mean years)	**46**	**n/a**		
Age group (years)	**Count**	**Percent**	**Count**	**Percent**
<25	14	3%	209,910	26%
25-34	85	19%	147,819	18%
35-44	125	27%	136,756	17%
45-54	95	21%	108,839	13%
55-64	94	21%	90,587	11%
65+	43	9%	114,187	14%
Race (alone or in combination)	**Count**	**Percent****	**Count**	**Percent**
American Indian/Alaska Native	32	7%	21,633	3%
Asian	11	2%	81,980	10%
Black/African American	53	12%	61,162	8%
Native Hawaiian/ Pacific Islander	1-3	<1%	9,427	1%
White	357	78%	664,300	82%
Missing or other	15	3%	n/a	n/a
Ethnicity	**Count**	**Percent**	**Count**	**Percent**
Hispanic	35	8%	97,948	12%
Non-Hispanic	421	92%	712,063	88%

* American Community Survey 2022 5-year population estimates
** People can be in more than one group, so the sum of all categories will be greater than 100%

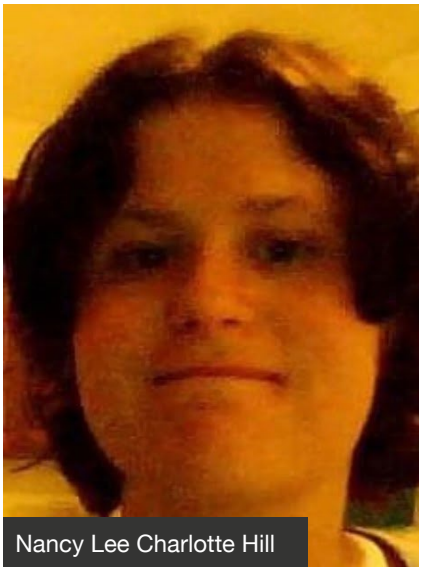
Nancy Lee Charlotte Hill

Born March 7, 1988. Died July 5, 2023. Age 35.

An adventurous spirit, unable to break the cycle of addiction

Nancy Lee Charlotte Hill died on July 5, 2023, after taking a fatal combination of fentanyl and methamphetamine near Tom McCall Waterfront Park in downtown Portland. She was 35.

Police found Nancy on the sidewalk. On her body was a sticky note with the phone number of her sister, Loraine, written on it. During one of their last conversations, Loraine had told Nancy to put the note on her body in case police ever needed to get in contact.



Nancy Lee Charlotte Hill

"If they would not have found that Post-it note, I would never have known my sister was gone," Loraine said.

Growing up in Myrtle Point south of Coos Bay, Nancy loved the Oregon Coast, which was only 30 minutes away.

"She loved to be free, to be camping — just being herself at the beach," Loraine recalled. Nancy also enjoyed making art, animals and going on adventures.

Her childhood was not easy. Born to a mother who struggled with addiction, Nancy was born with fetal alcohol syndrome and grew up with physical and learning disabilities.

Nancy and her siblings grew up in foster care, but throughout, Nancy remained headstrong and hard-working. She graduated from Myrtle Point High School, even making the dean's list a few times, and briefly worked as a housekeeper at the Bandon Dunes Lodge. However, high school was also when she began using drugs and alcohol.

Nancy eventually also had two children. When her younger child was born with drugs in his system, she was not allowed to take him home. Nancy's foster mother adopted her older child.

"She was never able to be a mom, even though she tried and wanted to," Loraine said. "She loved her children."

After high school, Nancy was in and out of jail. The sisters fell out of touch; Loraine kept tabs on her from police reports.

The appeal of the big city always spoke to Nancy and she found herself in Portland, living on the streets for the last decade of her life.

Nancy went into treatment a couple times to try to get sober, but would relapse. The times she did finish treatment, she'd have nowhere to go afterward to sustain her recovery.

With no long-term intervention for her substance use disorder, she was never able to find stable housing.

"Nancy had a strong desire to live her own path," she said. "But she was only in her 30s when she died. She had a whole life left to live."

Figures 3 and 4 show the causes of death among PEH by source. Among ME cases, unintentional injuries made up the largest proportion of deaths (N=316, 82%). Suicide accounted for 7% of the total (N=26). Among VR cases, the largest proportion of natural deaths was cancer (N=13, 21%), followed by mental and behavioral disorders due to substance abuse (N=7, 11%) and chronic liver disease (N=7, 11%).

Figure 3. Leading causes of death among PEH, Medical Examiner cases (N=394)

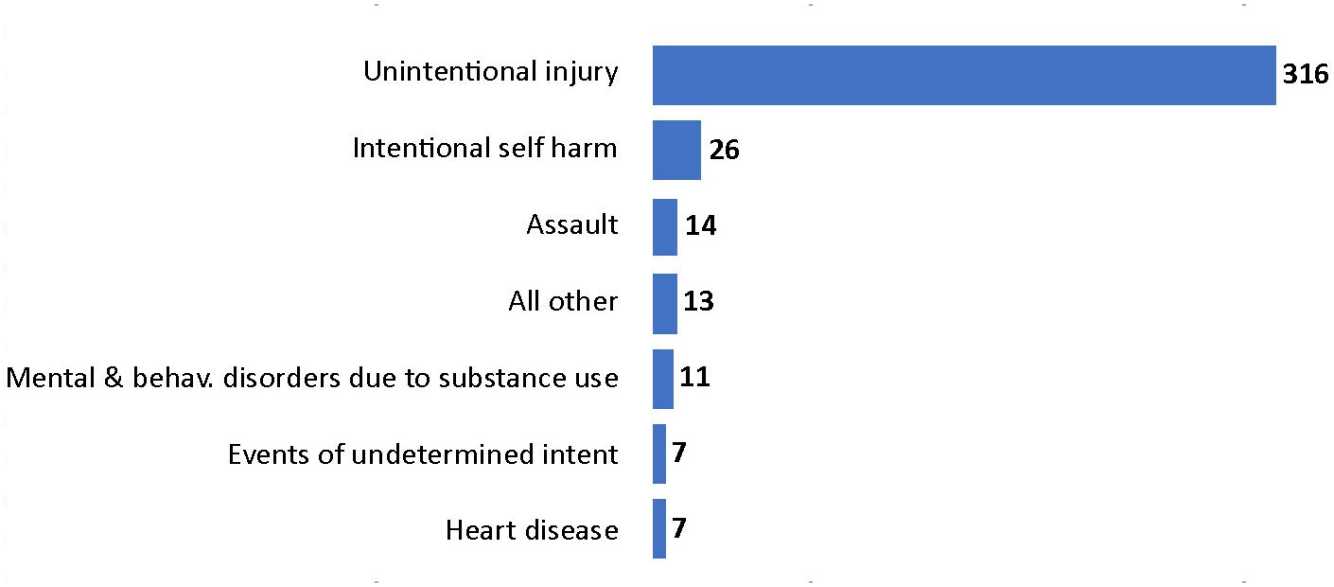


Figure 4. Leading causes of death among PEH, Vital Records cases (N=62)

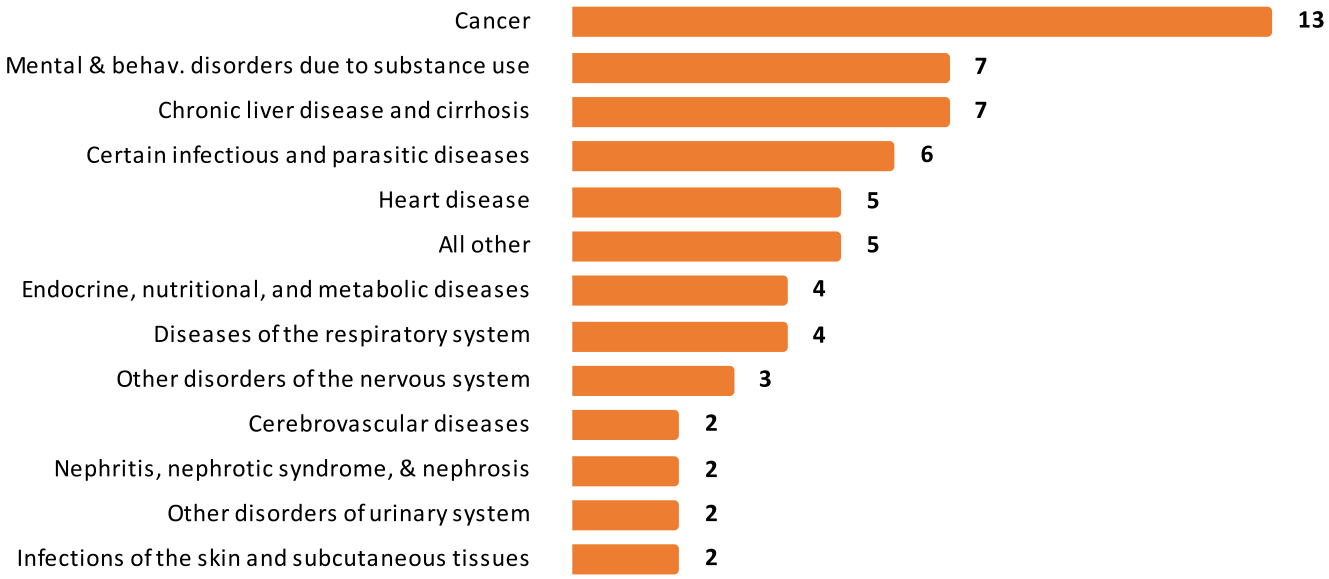
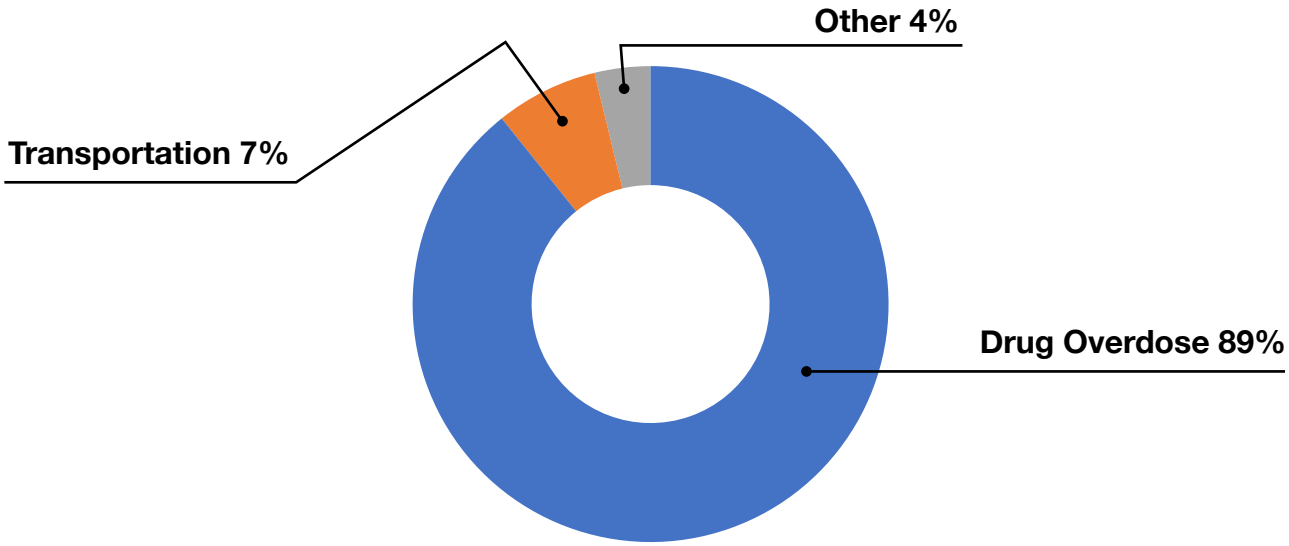


Figure 5 presents the distribution of the unintentional injury category (N=316), all of which were ME deaths. The majority of deaths in this category came from drug poisoning (overdose) (N=282, 89%), followed by transportation related (N=22, 7%). Of note, the "other" category (N=12) has no deaths due to heat (hyperthermia) and 1 death due to cold (hypothermia) (data not shown).

Figure 5. Distribution of unintentional injuries among PEH (N=316)



Deaths from drug overdose are presented in more detail in Table 2, along with key demographic characteristics. For the specific drug types, each death could have more than one type of drug, so the sum of all drug categories will be more than the total number of deaths. Opioids (mainly fentanyl) and psychostimulants with abuse potential (mainly methamphetamine) were the most commonly listed drugs. More than half of PEH dying from a drug overdose were between the ages of 35 and 54 (N=149, 53%); the average age at death of this group was 43 years. Black/African American and American Indian/Alaska Native communities were overrepresented in PEH overdose deaths, as compared to their respective population proportions in Multnomah County.

Table 2

Demographic characteristics of drug overdose deaths among PEH (N=282)

	Total drug deaths among PEH *(n=282)*	
Sex	**Count**	**Percent**
Female	69	24%
Male	213	76%
Age (mean years)	**43**	**n/a**
Age group (years)	**Count**	**Percent**
<25	10	6%
25-34	64	23%
35-44	84	30%
45-54	65	23%
55-64	50	18%
65+	9	3%
Race (alone or in combination)	**Count**	**Percent***
American Indian/Alaska Native	23	8%
Asian	7	2%
Black/African American	37	13%
White	213	76%
Missing or other*	9	3%
Ethnicity	**Count**	**Percent**
Hispanic	26	9%
Non-Hispanic	256	91%
Drug Type (alone or in combination)	**Count**	**Percent**
Any opioid	255	90%
Synthetic opioids (mainly fentanyl)	251	89%
Psychostimulants (mainly meth)	229	81%
Any opioid + psychostimulant	206	73%
Cocaine	21	7%
Heroin	6	2%

*Due to a small number of deaths, Pacific Islanders are combined into this category to maintain confidentiality.

Joshua Daniel Lumley

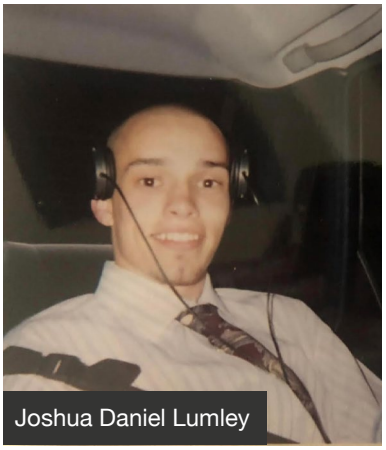
Born Nov. 18, 1981. Died Feb. 8, 2023. Age 41.

Loyal to his family and friends

Joshua Daniel Lumley died on Feb. 8, 2023, after taking a fatal combination of fentanyl and methamphetamine at Lower Macleay Park in Northwest Portland. He was 41.

Born with a growth-stunting disease, life started hard for Joshua and didn't get easier. He grew up in Southern California with his brother, Laramie. His family moved to Oregon when he was in junior high.

His childhood was disrupted by his parents' divorce when he was 6. Joshua began drinking alcohol and smoking marijuana when he was just 11 and spent his high school years in and out of juvenile detention. Despite his difficult youth, his brother Laramie remembers Joshua as a happy and loving kid who enjoyed breakdancing and golfing.



Joshua Daniel Lumley

After high school, Joshua worked on the docks in Northern California for two years. He was good at handling and packaging fish, but schizophrenia and substance abuse derailed his chances of building a stable life.

By 2015 he was in Portland, where Joshua began spending increasing amounts of time on the streets downtown, cycling through jail over and over.

On two different occasions, police helped Joshua access inpatient treatment facilities that helped him manage his addiction and schizophrenia. But progress turned out to be temporary. Each time, he remained stable for about a year.

"When he was clean and sober, he could live healthy," Laramie said. "But little by little, he would start thinking he didn't need his medicine anymore and would return downtown."

Laramie was on his way to the Portland airport one day when he, by complete chance, found Joshua; the brothers had long lost touch.

"The very first person I saw was Joshua — and I had looked for him for months," he said. "I gave him a hug and told him I was moving back to California."

Tragically, this would be the last time Laramie saw his brother. Joshua passed away three years after the brothers' fateful run-in.

Despite his circumstances, Joshua was an optimist who always claimed to be doing great.

"You would think he'd have every reason to be upset with his life, but he wasn't," his brother said.

Laramie ended up returning to Portland but was unable to reconnect with Joshua until a friend facilitated a final phone call, just three weeks before his fatal overdose.

"This time when I talked to him, he said he wasn't doing great," he said.

Laramie wishes his brother had a caregiver to ensure he received consistent support. He believes this could have helped Joshua achieve lasting safety and stability.

"He was my best friend and a fighter," he said. "And now his fight is over and all we are left with are his memories."

Figure 6 shows the most common mechanism for the 14 assault deaths. Firearms were the most common mechanism for assault (N=9; 64%).

Figure 6. Most common mechanism of assault deaths in PEH (N=14)

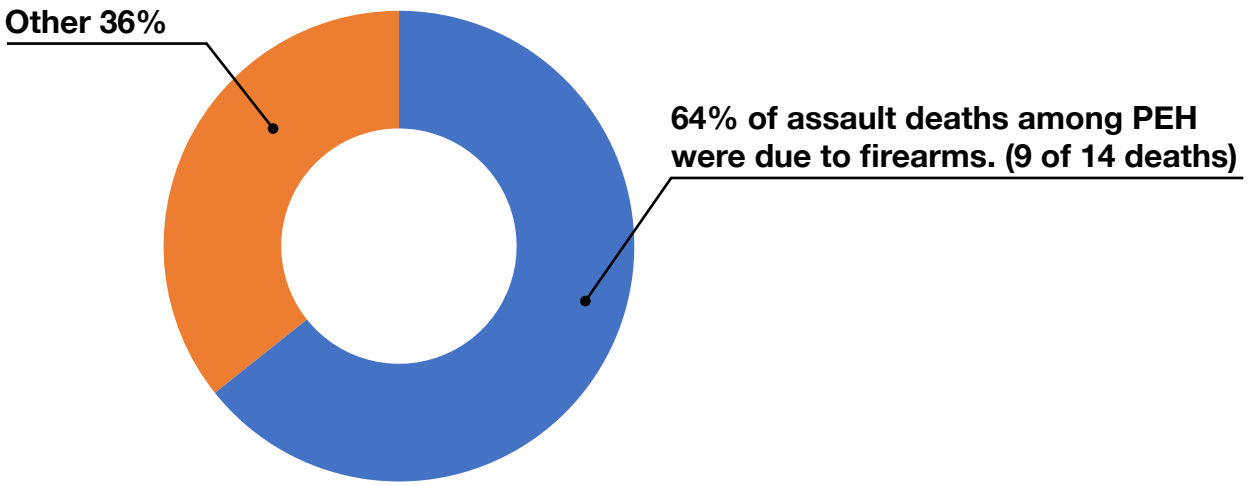


Figure 7 shows the distribution of deaths among PEH by month and manner of death with shading, where darker shades of blue indicate a higher count. On average, 38 people died each month, with a minimum of 29 in April and a maximum of 53 in March. By individual manner, March had the most accidental deaths (N=38). The other manner categories were more variable by month, without apparent trends, although natural deaths tended to decrease in late spring and early summer months.

Figure 7. Distribution of deaths in PEH by manner* of death & month (N=456)

	Accident	Undetermined	Homicide	Natural	Suicide	TOTAL
January	32	1	0	11	2	46
February	21	1	2	6	1	31
March	38	1	2	11	1	53
April	21	1	2	1	4	29
May	26	1	1	6	2	36
June	30	0	0	4	4	38
July	30	0	1	5	2	38
August	20	2	2	9	1	34
September	26	2	1	7	2	38
October	27	0	0	9	3	39
November	17	1	1	10	2	31
December	27	0	3	11	2	43
Average	26	1	1	8	2	38

Definitions

Accident: injury or poisoning caused death, no evidence of intent to harm

Undetermined: information pointing to one manner not more compelling than information pointing to another

Homicide: act committed by another person

Natural: relating solely to aging or disease process

Suicide: injury or poisoning with intent to harm self or cause death

Figure 8 shows deaths among PEH by place. The most common place was outdoors (N=200, 44%), followed by inpatient hospital (N=109, 24%).

Figure 8. Distribution of deaths in PEH by place of death (N=456)

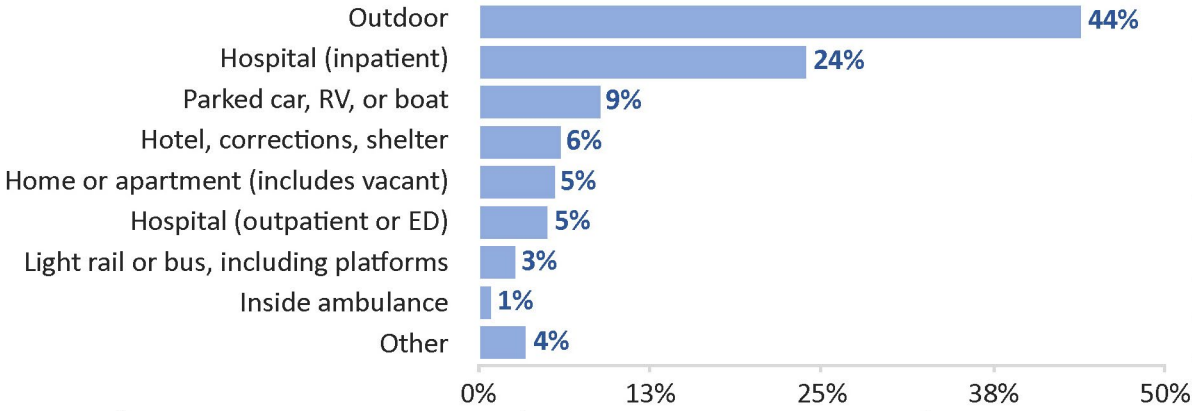
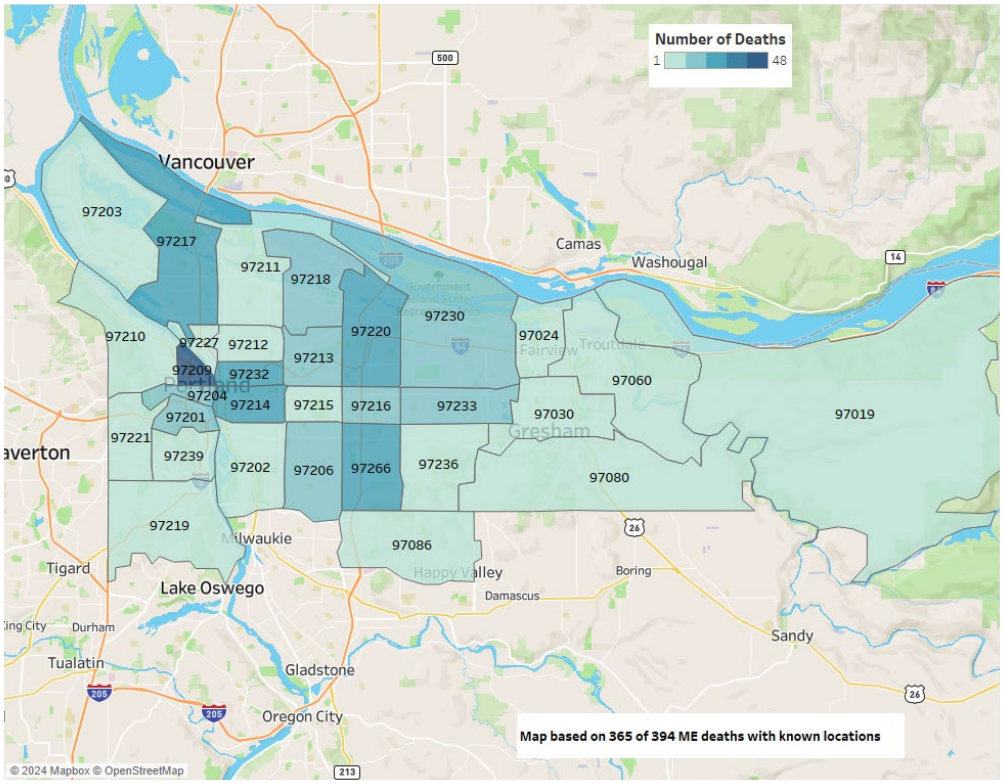


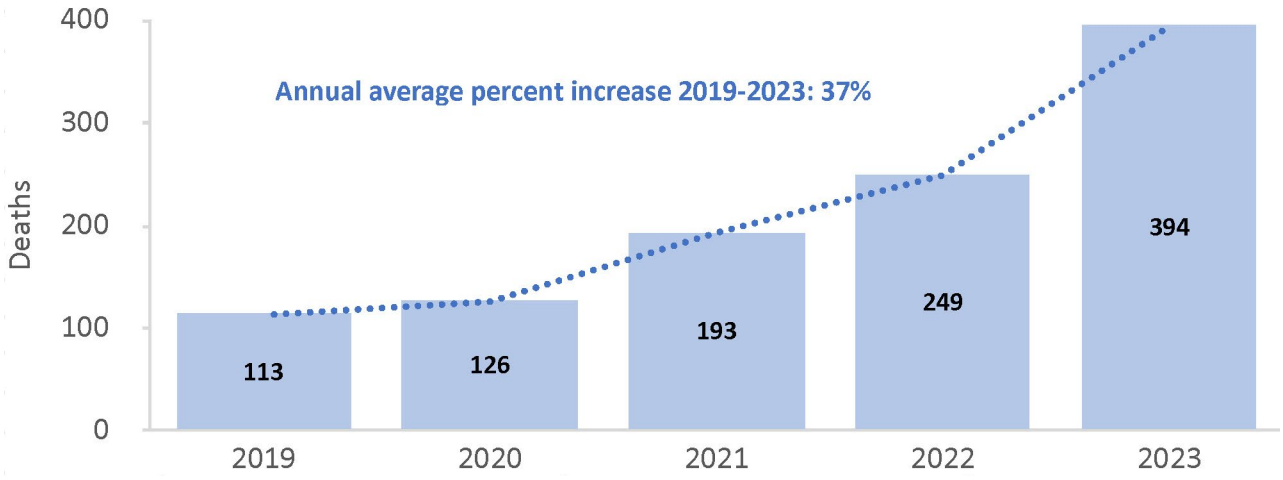
Figure 9 shows the distribution of deaths by ZIP code of original injury location. This data is available only for deaths certified by the ME, with darker colors indicating a higher number of deaths. Twenty-nine deaths have missing values for the original location and are not shown on the map. As seen in prior reports, deaths have a larger concentration in the downtown Portland core, North/Northeast Portland, and near the other east-west and north-south arterials of Interstates 84 and 205. For 2023, the ZIP code with the highest total overall deaths was 97209 (Pearl District/Old Town) with 48 deaths, followed by the 97220 (Parkrose) with 24 deaths, 97217 (Kenton/North Portland) also with 24 deaths and 97266 (Lents/Outer Southeast) with 22 deaths.

Figure 9. Deaths among PEH by ZIP code of original injury (limited to ME deaths only) (N=394)



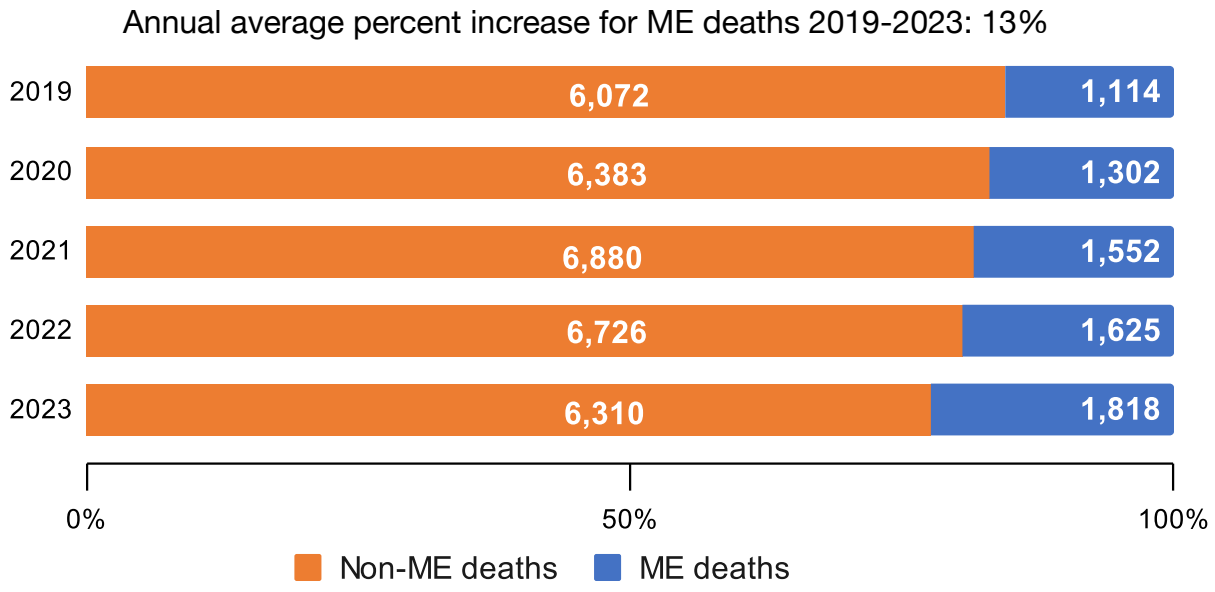
By absolute numbers, ME domicile unknown deaths have ranged from 113 in 2019 to 394 in 2023 (Figure 10). The Joinpoint regression analysis of these data show a significant annual average percent change of 37% per year.

Figure 10. Total ME domicile unknown deaths by year, 2019-2023 (N=1,075)



Deaths among the entire population of Multnomah County also rose over this time period, and the proportion of ME deaths has risen, as well. Figure 11 shows the number of occurrence deaths (deaths that happened in Multnomah County only) and the proportion that are assigned as ME deaths in the vital records. A Joinpoint regression analysis shows that the annual percent change in ME deaths is 13% per year.

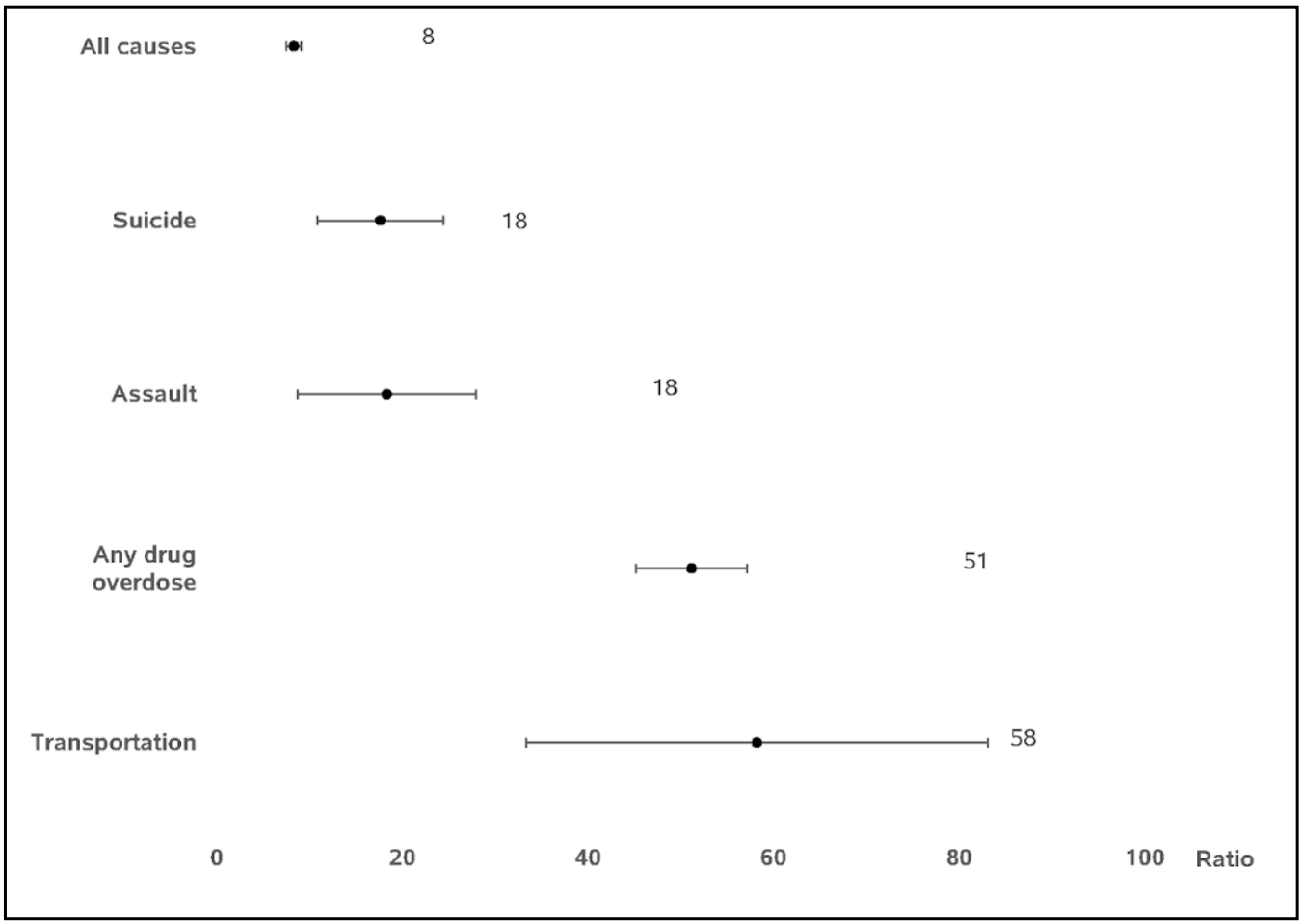
Figure 11. Total deaths by ME or non-ME status occurring in Multnomah County by year, 2019-2023



Mortality rate comparisons to the general population

In 2023, people experiencing homelessness were 58 times more likely to die from a transportation-related injury, 51 times more likely to die from any drug overdose, 18 times more likely to die from homicide and 18 times more likely to die from suicide compared to the general population of Multnomah County (Figure 12), even after controlling for age differences. Unlike in 2022, in 2023 PEH were not more likely to die from heart disease than the general population of the County (rate ratio=1) (data not shown). There were no COVID-19 deaths among PEH in 2023, so no comparison statistic was made.

Figure 12. Standardized mortality rate ratios (shown as dots) and corresponding 95% confidence intervals (shown as lines) comparing deaths among PEH to deaths among Multnomah County residents, controlling for age, 2023



Colby John Nutter

Born Dec. 13, 1984. Died July 22, 2023. Age 38.

Intelligent, loving, athletic: Lived life with ‘full force’

Colby John Nutter died after taking a fatal combination of fentanyl and cocaine in Portland’s Old Town neighborhood on July 22, 2023. He was 38.

Growing up in Troutdale, Colby kept himself constantly busy tinkering with everything he owned, starting with his toys when he was a young boy, his sister, Heidi, recalled. As he got older, Colby’s interest in mechanics grew. He rebuilt computers, brought a friend’s motorized scooter back to life, made upgrades to his car’s engine, and so much more. He did all of this without any formal training.

He was also incredibly athletic. He thrived at wrestling and fearlessly skied down Mt. Hood. He did everything with full force.

Colby was exceptionally intelligent but school, overall, was a challenge. He struggled with Tourette Syndrome and ADHD. Colby began experimenting with drugs and dropped out of Reynolds High School his junior year. Through periods of ups and downs during his battle with addiction, Colby did later complete a GED program through Mt. Hood Community College.

At 24, he had a son with his high school sweetheart. Colby loved his child deeply, but his addiction prevented him from providing stability for his family. Colby consistently spoke of getting well and being present for his son as he greatly desired building a stable home.

Colby received methadone treatment for many years, which aimed to reduce his dependence on opioids. Whenever his treatment tapered down, he’d talk to his family about taking a beach trip to break away, to breathe fresh air, and to connect with nature and his family. But shortly after, Colby would express that trying to manage his addiction at those lower doses was “just too much,” and he would return to a higher dose of treatment and anxieties would, yet again, grow. This cycle repeated constantly.

The last six months of Colby’s life were incredibly challenging. He was no longer living in his low-income apartment, where he had lived for many years. He spent his last months without consistent housing. He was also reeling from the death of his father from a fatal overdose the year before. Colby’s dad became addicted to methamphetamine and heroin in his later years after relying on opioids to manage pain from long-term injuries.

“If anyone would have told me I’d lose both my father and brother due to overdoses, I wouldn’t believe it,” Heidi said. Growing up, their father “was a wonderful man. He was very present in our lives… We had a stable and loving home growing up. This changed in my brother’s late teen years when our father’s health quickly turned.”

A few days before his death, Colby overdosed and was hospitalized. Heidi was there when he woke. Over the course of the next couple of

Colby and his sister, Heidi

Colby with his mom

Colby with his siblings

days, even as he was clearly very uncomfortable and in pain both mentally and physically, Colby expressed his continued desire to “feel better and to do better for his family.”

Through collective efforts, there was positive news to share: a place had been found for Colby to stay while he was on a waitlist for a residential treatment bed. In the moment, Colby was on board with the plan.

But once Colby’s sister left the hospital after the second night of his stay, Colby’s pain of addiction and withdrawal pulled him in another direction yet again. He walked out of the hospital and died of an overdose less than 24 hours later.

Colby had succumbed to his 20-year battle with addiction, dying the day before his father’s birthday.

“He so badly wanted to quit and to be present with family. He tried so hard, but ultimately just couldn’t get to that place,” Colby’s sister, Shelbie, shared. “We wish we could have helped him more, but he wore a shield that said, ‘I’m good, I can do this, I don’t want to be a burden.’”

Shelbie described Colby as brilliant, fearless, loving and curious. Heidi added that he loved to make others laugh with his ever-present humor and that his kind, soft and caring heart touched so many throughout his life.

Discussion

The number of people experiencing homelessness in the United States is the highest seen since 2007. Further, there was a 13% increase between 2020 and 2023, resulting in over 653,000 individuals facing homelessness on any given night across America.[16] In Multnomah County, the number of individuals estimated to be experiencing homelessness went from 5,228 in 2022 to 6,300 in 2023, an increase of 20%.[13]

Our analysis shows that at least 456 individuals died without a stable residence in Multnomah County in 2023. The majority of these deaths were preventable. In fact, the average age at death was 46, which is more than 30 years lower than the average U.S. life expectancy in 2022.[17] The average age for domicile unknown deaths certified by a healthcare provider was 59 — still much younger than the average U.S. life expectancy of 78 years.

Deaths due to drug overdose, mainly fentanyl (alone or in combination with other drugs, especially methamphetamine), continue to account for a large proportion of deaths among PEH. Among all Multnomah County residents, deaths attributable to synthetic opioids (including fentanyl) rose 78% between 2022 and 2023, from 276 to 493 deaths.[18] However, PEH were more than 51 times likely to die from any drug overdose compared to the overall county population, controlling for age. This striking disparity also exists in other jurisdictions: For example, in Los Angeles County in 2021-2022, overdose mortality was nearly 41 times greater among people experiencing homelessness when compared to Los Angeles County residents.[19]

Housing is a crucial social determinant of health and is associated with a spate of significant inequities, including mental health concerns, physical health problems, trauma, greater overall mortality and substance use disorders.[20] The intersection of homelessness and substance use is complex. While people with substance use disorders may be more likely to face unstable housing situations, the stress and context of homelessness can also worsen substance use. People experiencing homelessness might also be more likely to use drugs alone and face more barriers to accessing treatment.[21]

16 The 2023 Annual Homelessness Assessment Report (AHAR) to Congress (huduser.gov)
17 https://www.cdc.gov/nchs/data/vsrr/vsrr031.pdf
18 Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Oct 17, 2024 6:43:00 PM
19 http://publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2024.pdf
20 https://nhchc.org/wp-content/uploads/2019/08/nhchc-opioid-fact-sheet-august-2017.pdf
21 https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/Substance%20Use%2C%20Fentanyl%20and%20Overdose%20FAQ.pdf

People experiencing homelessness have high exposure to traffic-related injuries and deaths due to high exposure both from living in near-road environments and from consistent exposure resulting from being outside. Multnomah County's analysis of 2020-2021 traffic deaths demonstrated that a quarter of decedents were likely experiencing homelessness at the time of their death.[22] The current analysis showed 22 deaths from pedestrian or cyclist traffic crashes. These deaths accounted for 7% of the total unintentional injury deaths among PEH. People experiencing homelessness had a rate of death from a transportation-related crash that was 58 times that of the general Multnomah County population, controlling for age.

Limitations

Despite the strengths of this analysis, there are some limitations that should be considered. First, we estimated the denominator for people experiencing homelessness from the 2023 Point in Time Count. That report cautions that people enter and leave homelessness continuously throughout the year at potentially differing rates, making a count on one night likely higher or lower than any other date. In addition, since we lacked a breakdown by age and sex, we only adjusted for age differences. Since we based mortality rates on these values, the standardized mortality rate ratios we present in Figure 13 should be considered an estimate.

Second, just as there is uncertainty about the "true" number of people experiencing homelessness on any given night, there is uncertainty about the true number of deaths in people experiencing homelessness (see also Appendix).

Finally, in the risk calculations, some of the categories had fairly small sample sizes. For example, there were 14 total homicide deaths and 12 total heart disease deaths. Rates based on smaller numbers can be unreliable due to random error, so caution should be used when interpreting these results.

Conclusions

At least 456 persons experiencing homelessness died in Multnomah County in 2023. There are multiple intersecting causes leading to homelessness, including lack of affordable housing, racial injustice, lack of social support systems, substance use, mental health challenges, major trauma and a lack of access to healthcare, both physical and behavioral. This report represents the intersection of these drivers. This year, the number of deaths investigated by the ME is higher than previous reports. Further, with the reporting requirement of housing status at death from SB 850, we have data on additional 62 persons who died under hospital care, further contextualizing deaths among PEH.

Drug overdoses, traffic injuries and suicides were major contributors to mortality among PEH in 2023. Interventions to reduce mortality rates among PEH must address these areas. In addition, housing, as well as the social, economic and environmental factors that underlie the causes of excess deaths among people experiencing homelessness, must be considered to develop policies that can save lives and prevent premature death.

22 https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/Revised_Final_MultCo%20traffic%20deaths%202020_2021_0.pdf

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Appendix

We primarily used local Medical Examiner data for the final count of deaths in this report. We supplemented the data with deaths occurring under hospital care through Vital Statistics data. Vital Statistics data also provide deaths certified by the Medical Examiner, but we found that the number of deaths among people experiencing homelessness recorded as medical examiner deaths in the Vital Statistics data was lower than the number identified directly through Medical Examiner reports. This may be because of differences in the way data are recorded. For example, a local death investigator may indicate that the decedent was experiencing homelessness at the time of death and leave the residence address blank in Medical Examiner data. However, funeral directors often complete death certificate data, and when they follow up with next of kin, those kin may choose to list their own residence on the death certificate. We found several occurrences of this phenomenon in the course of our data analysis. Because of this discrepancy, we determined that the Medical Examiner data was a richer and more accurate data source for this report.