DOMICILE UNKNOWN

Medical Examiner Review of deaths among people experiencing homelessness in Multnomah County in 2011.

MULTNOMAH COUNTY

street roots

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Introduction

Nearly every week in 2011, an average of one person experiencing homelessness died on the streets in Multnomah County.

This troubling finding appears in the first review by Multnomah County and the Oregon State Medical Examiner of those who are homeless at their time of death. The staff of Street Roots requested the analysis to acknowledge the loss of individual lives, and to focus our community on what we can do to better protect the health and well-being of those experiencing homelessness. Seattle, Los Angeles, New York, San Francisco and Philadelphia analyze such data to guide their community's response.

For the first time, with the support of the Oregon and Multnomah County Medical Examiner's offices, we now have data for those individuals who died and are were most likely homeless. But the numbers represent only a portion of all deaths among individuals experiencing homelessness in Multnomah County. Medical Examiners are only responsible for investigating deaths of individuals who appear to have died from specific causes or circumstances such as accidents, toxic substances, or while not under the care of a physician. This information does not include those who are experiencing homelessness who may have been receiving medical care.

While this is only a snapshot of the complete picture, the data provides demographic information about the people who are dying while homeless in our community. It tells us that many who died experienced violent ends and struggled with alcohol and drug addiction. Finally, the data lays bare the despair among those living on the streets, as evidenced by suicide.

A safe place to sleep at night is a basic need of everyone in our community. The 2011 Point-In-Time Count of Homelessness in Portland/Multnomah County, Oregon found more than 1,700 people living outside, in vehicles, in abandoned buildings or other places not meant for human habitation. On the night of the count, all emergency shelters were full with more than 1,000 additional people and long waiting lists.

We are deeply committed to working together to strengthen this community. Creating affordable housing will help bring more people into the productive social and economic life of this county. That is an investment in all our futures.

Many people have been working hard for years to achieve this goal. This report is an important first step in identifying where infrastructure still fails to meet our community's basic needs. With that in mind, we offer the following recommendations:

First, we must make access to safe, affordable housing a priority. It is our most effective tool to end homelessness.

Secondly, we recommend issuing this report annually to guide our actions as we work together to expand access to housing.

We want to thank the Oregon State Medical Examiner Karen Gunson, Deputy State Medical Examiner Christopher Young, and Forensic Administrator Eugene Gray. We also thank Multnomah County Deputy Medical Examiners Peter Bellant, Pat Chamberlain, Tom Chappelle, Lindsay FitzSimmons, Damon O'Brien and Erin Patrick, as well ask Deputy Medical Examiner Jeff McLennan of the Clackamas County Medical Examiner's office. They made it possible for this data to be collected and we thank them for the work they did to investigate the lives of the people in this report. We also want to extend a special thanks to Dr. Paul Lewis, Deputy Health Officer for Multnomah, Clackamas and Washington Counties, for giving so much of his time and expertise in analyzing the data and writing this report.

Finally, this report is dedicated to the 47 individuals who died while homeless in 2011 and to the many others who were not counted here. While we do not know the names or faces, we believe their deaths will energize our community to act to ensure all residents have access to a safe, affordable place to call home.

Deborah Kafoury
Commissioner
Multnomah County

Israel Bayer
Executive Director
Street Roots

Nick Fish
Commissioner
City of Portland

Methods

Data Source

The Oregon State Medical Examiner maintains a database of all deaths investigated under its jurisdiction. In December 2010, the data field **domicile unknown** was added to the database for Multnomah County so that deaths of individuals who may have been homeless at the time of their death could be easily extracted. Death investigators make multiple attempts to identify a place of residence for decedents through scene investigation and interviews with relatives and social contacts.

According to ORS 146.090 the Medical Examiner 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, correction 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.

For the period January 1, 2011 through December 31, 2011, we extracted from the database the date of death, sex, race, age, cause and manner for death for records in which the individual's address was noted to be "domicile unknown" and exported this information into an Excel file.

Data Analysis

Prior to analysis, we reviewed the narrative reports of the death scene examiners. Forty-seven of the 52 cases (90%) noted to have 'domicile unknown' had narratives strongly supporting homeless status as defined by Housing and Urban Development; in the remaining five cases there was inadequate information available to make a retrospective determination of homeless status. This analysis is limited to the 47 cases in which the investigation indicated the individual was experiencing homelessness prior to death.

Because of the limitations of using Medical Examiner data for this report, we compiled only the frequencies of each variable and did not attempt to analyze difference in this group of homeless decedents to any other group nor to calculate or estimate rates. Frequencies were compiled using EpiInfo 7 (Centers for Disease Control and Prevention, Atlanta, GA). For the season of death, the year was divided into October-March and April-September. A variety of terminologies were used by the Medical Examiner's office for deaths caused by substance overdose; we combined the terms "intravenous narcotism," "heroin overdose," "intravenous drug abuse (heroin)," "toxic effects of heroin," "toxic effects of methadone," toxic effects of cocaine, and intravenous drug abuse with overdose into an overall category of "intoxications." We further compiled the individual agents identified through toxicologic testing by frequency.

Results

During the calendar year 2011, the Medical Examiner identified 47 deaths in Multnomah County among individuals judged to be homeless. Deaths among this group ranged from age 18 to 68 years with an average of 45 years; 68% of deaths were among individuals aged 30 to 59 years. Forty of the 47 deaths were males (85%).

Table 1
Age at Death among Homeless Multnomah County Medical Examiner Cases, 2011

	Male	Female	Total
Mean	45.6	43.5	45.3
Median	49	50	49
Range	18 to 68	28 to 52	18 to 68

Age Group	Male	Female	Total
17-19	1 (2.5%)	0 (0%)	1 (2%)
20-29	6 (15%)	1 (14%)	7 (15%)
30-39	9 (22.5%)	2 (29%)	11 (23%)
40-49	7(17.5%)	0 (0%)	7 (15%)
50-59	10 (25%)	4 (57%)	14 (30%)
60-69	7 (17.5%)	0 (0%)	7 (15%)
Total	40	7	47

In this data set, Hispanic ethnicity was considered as a distinct race. Thirty six of the people who died (77%) were white. Smaller numbers of Black/African-American, Native American, and Hispanic individuals were identified. No individuals of Asian race were in this dataset.

Table 2
Race and Ethnicity among Homeless Multnomah County Medical Examiner Cases, 2011

Race	Number (%)
Black	5 (11%)
Hispanic	3 (6%)
Native American	3 (6%)
White	36 (77%)
Total	47 (100%)

Since people experiencing homelessness are exposed to the environment without permanent shelter, we looked at the frequency of deaths during cooler (October-March) and warmer (April-September) periods of the year. More deaths were identified during the six months with colder weather. Overall, 27 of the 47 deaths occurred in an outdoor setting (57%). In three cases (two occurring in March and one in December respectively), the Medical Examiner noted hypothermia as a possible factor, although not the immediate cause of death. In these three cases the evening temperatures were at or below freezing and the deaths occurred outdoors.

Table 3
Season of Death among Homeless Multnomah County Medical Examiner Cases, 2011

Season	Number (%)
April - September	20 Deaths (42.5%)
October - March	27 Deaths (57.5%)

The Medical Examiner database includes information on the cause and manner of death. The manner of death is classified as natural, accident, suicide, homicide, or undetermined. Natural deaths are those that do not occur as the result of external causes. The causes of Natural deaths are usually medical conditions. The most common causes of Accidental deaths are trauma and intoxication.

Accident was the most frequent manner of death for both men and women; the majority of these deaths were substance overdoses. The most common causes of natural death were related to complications of alcohol overuse.

Table 4
Manner and Cause of Death among Homeless Medical Examiner Cases, Multnomah County, 2011

Manner of Death	Immediate Cause of Death	Male	Female	Total
Natural		9 (22.5%)	2 (28.5%)	11 (23%)
	Alcohol related	*5 (56%)*	*1 (50%)*	*6 (55%)*
	Diabetic ketoacidosis	*0*	*1 (50%)*	*1 (9%)*
	Heart Disease	*3 (33%)*	*0*	*3 (27%)*
	Unspecified	*1 (11%)*	*0*	*1 (9%)*
Accidental		24 (60%)	4 (57%)	28(60%)
	Intoxication	*17 (71%)*	*4 (100%)*	*21 (75%)*
	Trauma	*7 (29%)*	*0*	*7 (25%)*
Suicide		4 (10%)	0 (0%)	4 (8%)
Homicide		1 (2.5%)	1 (14%)	2 (4%)
Undetermined		2 (5%)	0 (0%)	2 (4%)

Of the 21 deaths from intoxication, seven different substance classifications were identified by toxicologic testing; these are listed in Table 5.

Table 5
Substances Identified as Causes of Death among Homeless Medical Examiner Cases, Multnomah County, 2011

Substance	Number of Instances
Heroin	15
Methamphetamine	5
Cocaine	3
Alcohol	2
Narcotism, unspecified	2
Methadone	1
Polysubstance abuse	1

Recommendations

Due to the limited nature of the data, the following recommendations are necessarily broad in scope, but provide some specific next steps about how to improve the quality of information collected in the future and how we can better protect the safety of those in our community.

1. Access to housing, like access to clean water, is a basic need. In the short term, we need to increase opportunities for safety off the street through shelter, rent assistance and rapid-rehousing and prioritize those investments. In the long term, our community's priority must be on providing adequate affordable housing for Portland and Multnomah County residents. In the 2011 Point-In-Time Count of Homelessness in Portland/ Multnomah County, Oregon, 1,718 individuals went unsheltered with another 1,009 staying in emergency shelter. An additional 1,928 individuals were living in transitional housing. The need for immediate, temporary and permanent affordable housing is growing and we must respond. As indicated in this report, heroin overdose deaths are of particular concern for this population and it is well documented that using heroin alone, in isolation, is an independent risk factor for a fatal heroin overdose. When people are housed they are more likely to interact with others that can recognize the signs of an overdose and respond appropriately.

2. When part of our infrastructure is inadequate we all bear the costs. Too often emergency rooms are the only health care option for those living on the street. As Multnomah County and its partners work to create a Coordinated Care Organization (CCO) to provide care for those on the Oregon Health Plan, we encourage them to discuss how the CCO can care for the high-risk uninsured. Providing health care and social support at the right time will keep our community members healthier and do so at a cost we can afford.

3. Increasing access to information and referral could save lives. We need to ensure people know where to go when they need help. This may include increasing outreach, access to the 211 information line, Street Roots Rose City Resource Guide, suicide hotlines, alcohol and drug treatment and more.

4. The City and County should use health equity assessment tools when addressing homelessness and develop partnerships with health care providers, foundations and other key partners to address access disparities due to race and ethnicity.

5. As the data shows, alcohol and drug addiction contributed to several deaths. Access to alcohol and drug treatment is necessary to save lives. Strengthening a range of housing options to support recovery is also critical. Some people may need the support of alcohol and drug-free communities; others will more effectively address negative impacts of addiction if they have immediate access to permanent supportive housing (the "housing first" model). Additionally, health care providers need to strengthen strategies to prevent the misuse and abuse of prescription drugs with an overall approach to appropriate prescribing and to providing other pain management options. There is a strong link between the over-prescribing, misuse and abuse of prescription drugs with subsequent heroin use.

Next steps:

1. Convene a task force to broaden the scope of the report, ensure annual data collection, and make policy recommendations based on the data to local government officials. This task force should include: public safety, health care, public health, homeless service providers, mental health and addictions treatment providers and city and county liaisons. The first three actions of this task force should be:

    a. Determine how to broaden the scope of the report to get information on all people who die while experiencing homelessness, beyond those whose deaths fall under the jurisdiction of the Medical Examiner.
    b. Promote data sharing with the Homeless Management Information System (HMIS) to cross check all deaths in Multnomah County where the individual may be homeless.
    c. If possible, collect more information on the individuals in this and future reports and when available, how or if they accessed housing, medical or other services that may have made a difference.

2. Provide an ongoing annual report to determine specific trends as to why people are dying while experiencing homelessness. This report should help to inform policy and funding decisions related to long and short-term efforts to address homelessness and avoid future deaths of people on the streets. Determine which entity should, over time, analyze this data, make policy recommendations and publish the results.