The data in this report can be viewed as a midpoint in Oregon Tribes’ journey towards health and well-being for their communities. Tribes and tribal members have faced many historical injustices, and continue to experience inequities across many social and economic determinants of health. Despite these challenges, AI/AN in Oregon have made considerable progress on key health measures. Indian health clinics in Oregon continue to work toward improving patient care, and have shown improvements across many clinical screening and disease management indicators.

However, AI/AN in Oregon continue to face many health disparities. All-cause mortality rates for AI/AN are approximately 43% higher than the rates for NHW in the state. Heart disease, diabetes, and cancer pose heavy burdens for tribal communities. Unintentional injuries are also concerning, particularly among children and young adults. Motor vehicle crashes and accidental overdose are the leading contributors to unintentional injury deaths among AI/AN in Oregon. Rates of suicide, binge drinking, and drug and alcohol associated deaths are higher among AI/AN than NHW.

Many of these health conditions are preventable. Programs aimed at encouraging healthy lifestyles are the best approach for addressing many of the health disparities experienced by AI/AN in Oregon. Avoiding tobacco, getting regular physical exercise, eating a healthful diet, and maintaining a healthy body weight are key to preventing and managing heart disease and diabetes. These factors also protect against many types of cancer. Injury prevention efforts focused on motor vehicle safety and overdose prevention are particularly needed among youth. Mental health programs, including suicide prevention and campaigns targeting substance abuse, will have broad reaching effects across the spectrum of both community and personal health and well-being. Finally, being able to access affordable and quality healthcare close to home is key to maintaining good physical and mental health throughout life.

This report shows a baseline of where we stand today. It can also help Tribes plant the seeds for healthier AI/AN communities by showing the strong roots from which to grow, and uncovering the challenges that must be addressed.
The maps presented in this section show how mortality and hospitalization rates for AI/AN vary across the state of Oregon. Lighter color indicates a lower rate, and darker color higher rates. Rates are given for “health districts”, which are based on the healthcare/emergency preparedness regions designated by the state Office of Emergency Management, with some changes to better align with tribal areas.

Counties included in each district are:

**District 1 (Northwest):** Clatsop, Tillamook, Yamhill, Polk, Marion, Lincoln, Benton, Linn, Columbia, Washington
**District 2 (Portland):** Multnomah, Clackamas
**District 3 (Southwest):** Lane, Douglas, Coos, Curry
**District 4 (South):** Josephine, Jackson, Klamath, Lake
**District 5 (Central):** Hood River, Wasco, Sherman, Gilliam, Wheeler, Grant, Jefferson, Crook, Deschutes, Harney, Baker, Malheur
**District 6 (North East):** Morrow, Umatilla, Union, Wallowa

Tribal lands are found in the following districts:

- Confederated Tribes of Grand Ronde: District 1
- Confederated Tribes of Siletz Indians: District 1
- Coos, Lower Umpqua and Suislaw Tribes: District 3
- Coquille Tribe: District 3
- Cow Creek Band of Umpquas: District 3
- Klamath Tribes: District 4
- Confederated Tribes of Warm Springs: District 5
- Burns Paiute Tribe: District 5
- Confederated Tribes of the Umatilla Indian Reservation: District 6

Districts shown with diagonal lines across are those for which the AI/AN rate was statistically significantly higher than the NHW rate in the district. Districts show as plain white are those for which there were fewer than five AI/AN cases and thus the rates were not calculated.
Map 2: AI/AN age-adjusted all-cause mortality rates by health district, Oregon, 2006-2010.
Map 3: AI/AN age-adjusted diabetes hospital discharge rates by health district, Oregon, 2010-2011.
Map 5: AI/AN age-adjusted heart disease hospital discharge rates by health district, Oregon, 2010-2011.
Map 7: AI/AN age-adjusted unintentional injury hospital discharge rates by health district, Oregon, 2010-2011.
Map 8: AI/AN age-adjusted unintentional injury mortality rates by health district, Oregon, 2006-2010.
Map 9: AI/AN age-adjusted motor vehicle crash (MVC) mortality rates by health district, Oregon, 2006-2010.
Map 10: AI/AN age-adjusted homicide mortality rates by health district, Oregon, 2006-2010.
Map 12: AI/AN age-adjusted hospital discharge rates for alcohol and substance use disorders, by health district, Oregon, 2010-2011.
### Abridged Life Tables for American Indians and Alaska Natives of Oregon, 2008-2010 (Both Sexes)

<table>
<thead>
<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between x to x+n</th>
<th>Total number of person-years lived above age x</th>
<th>Expectation of life at age x</th>
<th>Lower CI</th>
<th>Upper CI</th>
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CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
## Abridged Life Tables for American Indians and Alaska Natives of Oregon 2008-2010 (Male)

<table>
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<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between ages x to x+n</th>
<th>Total number of person-years lived above age x</th>
<th>Expectation of life at age x</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
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<tbody>
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<td>Birth to 1 year</td>
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<td>34.86</td>
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</table>

CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
### Abridged Life Tables for American Indians and Alaska Natives of Oregon 2008-2010 (Female)

<table>
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<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between ages x to x+n</th>
<th>Total number of person-years lived above age x</th>
<th>Expectation of life at age x</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
</thead>
<tbody>
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CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
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- Mental Health & Suicide
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