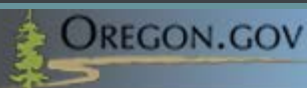


# Oregon Office of Economic Analysis

Oregon Economic News, Analysis and Outlook

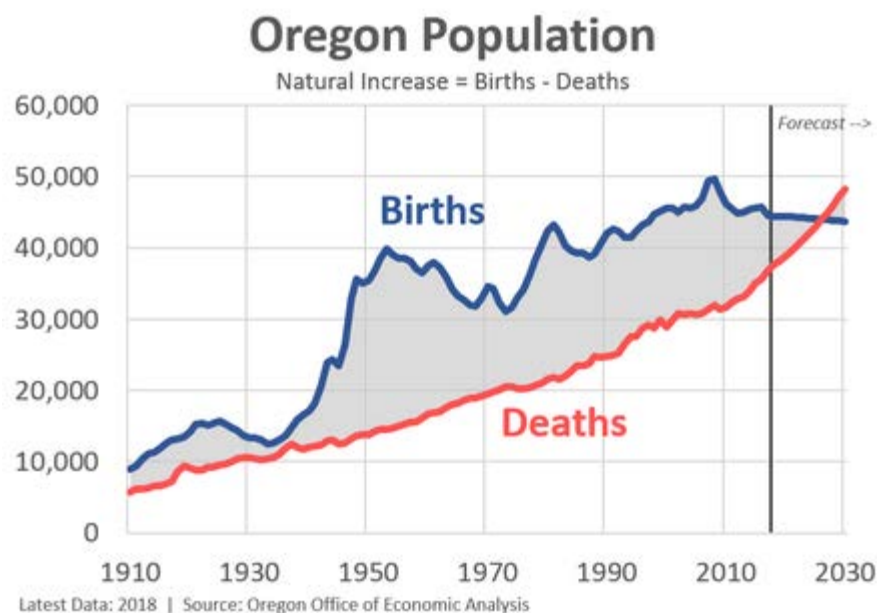


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## ☰ Oregon Births and Deaths, Part 3 Posted by: [Josh Lehner](#) | May 29, 2019

Previously in [Part 1](#) we looked at the big picture for Oregon births and deaths and across counties. In [Part 2](#) we explored the declining birthrate. Today in Part 3 we will look at the rise in Oregon deaths, which are expected to outnumber births by the middle of next decade. As with the low birthrates, the rising deaths are a nationwide trend and not necessarily unique to Oregon.



An aging population accounts for much of the increase in the number of deaths. However in recent years, deaths are rising a bit faster than expected. While there are myriad causes of death, and I'm certainly no doctor or coroner, there is at least one clear trend pushing back on medical advancements and it ties in with the economic literature. But first let's start with a high level look. After falling for decades, mortality rates are no longer declining for the working-age population in the past 10 or 15 years. Life expectancy is slowing down or even stagnating as a result.

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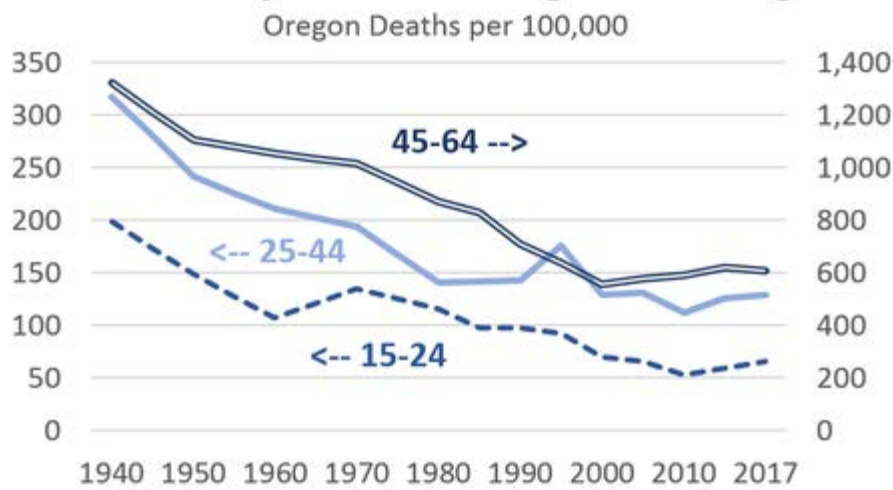
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## Mortality Rates No Longer Declining



Source: Oregon Health Authority, Oregon Office of Economic Analysis

It is possible that we have reached the limits of medical care and are at a lower bound for mortality. It could be other causes of death that are harder to treat with medicine pushing back on mortality improvements. And we do see some of this. In particular, as **vehicle miles traveled rebounds** in recent years, so too have driving-related deaths. That said, health-related deaths are also a mixed bag. There are ongoing improvements in cancer-related deaths, signaling medical advancements are not tapped out. But offsetting these gains are increases in deaths due to high blood pressure and diabetes, which may be tied to rising obesity rates.

All of that said, the lion's share of increasing death rates is even darker. Nationwide and here in Oregon we are experiencing a rise in the so-called "deaths of despair," or those due to alcohol, drug overdoses, and suicide. This is a phrase coined by Princeton economists Anne Case and Angus Deaton. I cannot do this research justice here, so **please read their paper**. But I can show you the increases in the past decade or two. Today, depending upon the age group, such deaths account for 10-50% of all deaths in Oregon, essentially double the share from 15 years ago.

*Note: Poisonings are largely drug overdoses and the rise is tied to the opioid crisis. Chronic liver disease is largely about heavy drinking. The research overall focuses on white, non-Hispanics as the rise in these deaths is most pronounced among this demographic, particularly over the past 20 years. In recent years, these increases are more widespread across racial and ethnic groups.*

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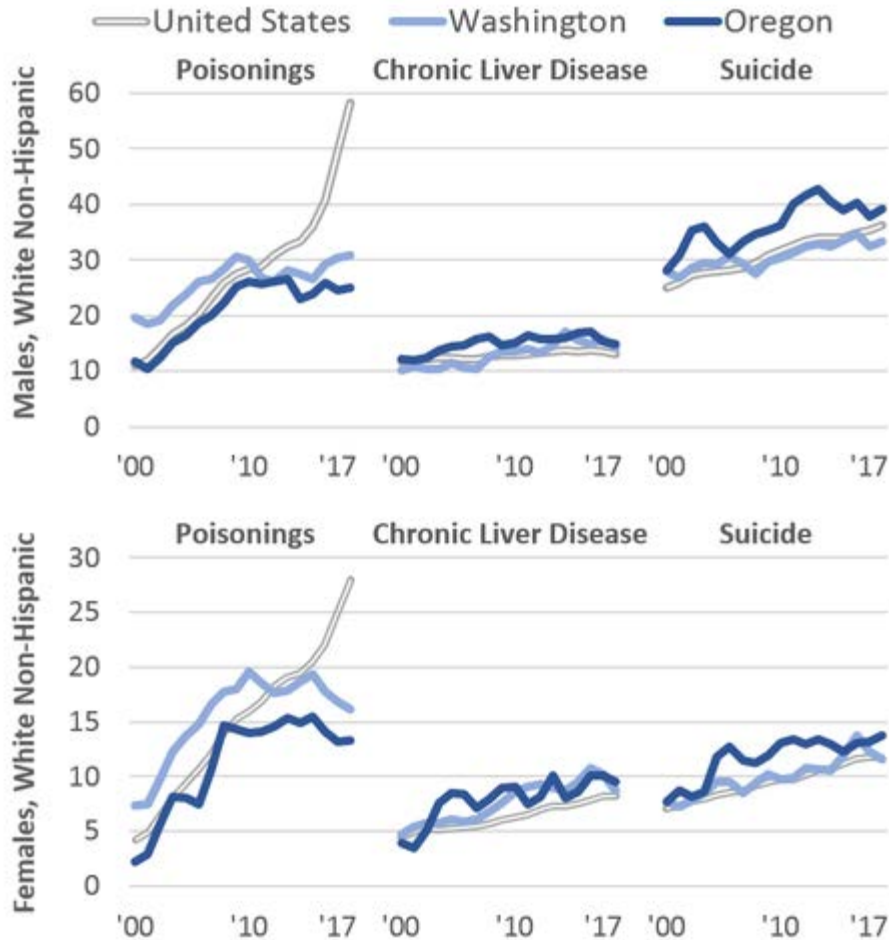
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# PNW Deaths of Despair

25-54 Year olds, Deaths per 100,000



Following Case and Deaton (2017), deaths include those due to poisonings (X40-45,Y10-15,Y45,Y47,Y49), suicide (X60-84,Y87), and alcoholic liver disease and cirrhosis (K70,K73,K74)  
 Data: 2 Yr Avg | Source: Brookings Institute, CDC, Oregon Office of Economic Analysis

It is clear that the rise in “deaths of despair” are not confined to the Rust Belt or Appalachia or wherever most of the media reports have focused in recent years. They are more acute there, but the rise is seen nationwide. Here in Oregon, unfortunately, we see higher rates of death due to heavy drinking and suicide. These issues are not only bigger here, they are also rising over time. In the big picture, both Oregon and Washington have higher rates of the “deaths of despair” but the increases over time have been slower than in most other states.

The big reason for that is the stabilization seen in drug overdoses in recent years. To be sure, Oregon sees more deaths today than 20 years ago, but these types of deaths are no longer rising like elsewhere in the nation. I think this highlights a clear policy and public health win here in Oregon. You can see this on the [Opioid Data Dashboard from the Oregon Health Authority](#). After Oregon created the prescription drug monitoring program, the opioid prescription rate has dropped by 25-30 percent and pharmaceutical opioid-related deaths are down too. That said, while the pharmaceutical ones are down, we are seeing a rise in synthetic opioid deaths due to fentanyl and the like, which is a **growing problem everywhere**. Additionally, higher usage of naloxone is able to save those who overdose and while findings are somewhat mixed, legalized marijuana may also help with opioid and drug-related addictions and prevent subsequent deaths.

Now, while we see some clear improvements in the past decade here in Oregon

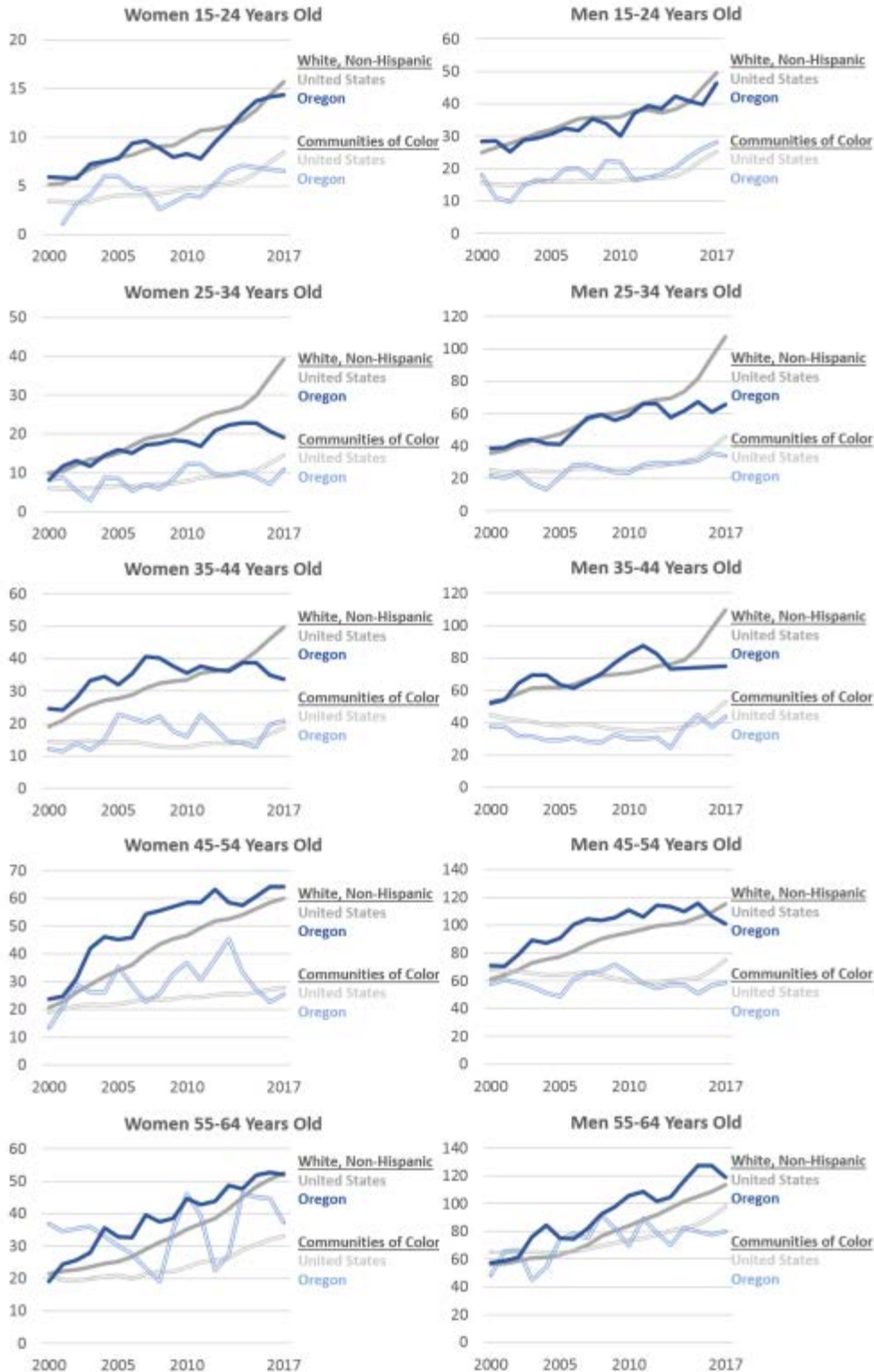
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among the prime working-age population, these seem to be confined to just a couple age groups, unfortunately. If we look at total “deaths of despair” by age group in Oregon compared to the nation, we see very similar trends for teenagers and for the age cohorts 55 and older (not all shown here). These charts also show the increases among our communities of color in recent years.

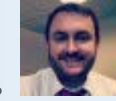
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## Deaths of Despair

Deaths per 100,000 Due to Poisonings, Chronic Liver Disease and Suicide



Mark McMullen



Josh Lehner

Now, the reason our office began digging into this work was not just due to the

rising number of deaths impacting the population forecast, nor the landmark Case and Deaton paper, but as part of the big picture issue of labor supply. As we **wrote a couple years ago**, we have seen a rise in the number of Oregonians saying they are not looking for work due to illness or disability. Given there was not a corresponding rise in the actual number Social Security Disability payments, it is an open question just what is going on here. How much of it is a genuine public health crisis, in part due opioids and the factors leading to “deaths of despair”? Clearly these issues are impacting the population even if they are unlikely the leading cause of lower labor force participation rates.

Finally, this research is still very new and ongoing. Case and Deaton did a great job of pioneering the work, laying out their data and methodologies and even advancing possible hypotheses as to why these increases are occurring. However, what is clear from the work, including a number of recent papers from other authors, is these deaths are not directly tied to current economic conditions. This is the biggest misconception about this research. Someone does not lose his job today and die tomorrow of liver disease. It takes a long period of heavy drinking for your liver to fail. The initial factor behind these behaviors or cause of depression may be economic-related in some cases, but these tragic outcomes are years in the making.

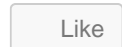
As such, Case and Deaton stress a long-term, cumulative impact. They highlight a few possible factors, but, overall no clear consensus has been reached in determining just now much each may or may not play a role. The factors listed include the break down of social institutions including marriage, manufacturing, unions, religion, in addition to overall economic conditions and stress. In a presentation with the Legislature a few years ago, former Representative Barnhart, himself a former psychologist, noted that these outcomes may stem from depression. And the late economist Alan Krueger, who recently took his life, studied pain medication usage among adults, how they used it to cope, and how it impacted their daily lives.

Clearly this topic and underlying issues run deep. It is not just about whether someone has a job today or not, even as economic conditions likely play a role somewhere along the way. As such it is more about human behavior and societal changes, which can be harder to understand and in cases like this, more uncomfortable to talk about. However, the increase in the number of deaths that are not due to an aging population has a big impact on the economic and demographic data that our office uses. More importantly, the considerable rise in the “deaths of despair” has a big impact on our lives and those of our friends, colleagues, and neighbors.

*For more, see the Oregon Health Authority for detailed data on **Oregon's vital statistics including a life expectancy map by census tract**. OHA also has a lot of resources regarding **suicide prevention, substance use, using naloxone to save a life, county mental health services** and more. The Governor's **Opioid Epidemic Task Force** in recent years has been working on ways to improve treatment in addition to possible regulations and policies.*

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