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Public Health
Seattle & King County

Health Care for the Homeless Network
Public Health—Seattle & King County

2006 Annual Report on Homeless Deaths

Issued November 2007

Preface

I am pleased to share with you the *2006 Annual Report on Homeless Deaths in King County*. Similar to the prior two annual reports, this report provides information on the deaths of people who were identified as homeless by the King County Medical Examiner beginning in 2004. The report is now prepared annually by the Health Care for the Homeless Network and provides a summary of deaths through 2006.

In 2006, deaths that came under the jurisdiction of the King County Medical Examiner included 110 people who were considered likely homeless. As explained in the report, this number does not represent *all* homeless deaths in King County because not all homeless deaths come under the Medical Examiner's jurisdiction.

Within these summaries, we see a glimpse of the harsh realities experienced by people living on the streets and within other unstable living conditions in our community. Many of the deaths were premature and preventable. As we work to end homelessness in our community, we must not forget the 110 people who died while homeless in 2006, the 94 people who died in 2005, and the 82 people in 2005, and all others from the past who died in our community while living in a state of homelessness.

David Fleming, MD
Director and Health Officer

2006 Annual Report on Homeless Deaths

Prepared by Health Care for the Homeless Network
Public Health – Seattle & King County **Issued November 2007**

Introduction

This report summarizes the 2004-06 demographic and cause of death data from the King County Medical Examiner (KCME) on deaths of individuals identified as having been likely homeless at the time of death.

Beginning in 2004, KCME added a field to their database to identify decedents who are determined to have been "likely homeless."[1] "Likely homeless" cases are those in which the person resided or died at one of a list of homeless emergency and transitional shelters, was known to have been homeless, couch surfing, sleeping outdoors, or staying at motels, had "no permanent address," or was otherwise suspected to have been homeless as a result of the case investigation or communication with next of kin. (See Appendix A for a more detailed definition.)

The KCME takes jurisdiction of a death in King County when:

- the cause is unnatural (accidents, homicides, and suicides),
- the person died suddenly when in apparent good health and without an attending physician in the 36 hours preceding death, and
- the circumstance is suspicious, unknown, or obscure.

Since this summary only includes deaths under KCME jurisdiction, we recognize that it is not representative of all deaths of homeless persons in King County. Individuals may not be included in this report if they were hospitalized for care at the time of their death, their next of kin was present at the time of death and provided an address, or insufficient information exists to presume a "likely homeless" status. Such decedents would have a death certificate filed with the state since all deaths in King County are recorded, however, they may not be captured within this summary.

In 2006, 23 people known to be homeless by the Health Care for the Homeless Network (HCHN) died but did not fall within the KCME jurisdiction.[2] An additional set of homeless deaths may also have occurred that were not known to either HCHN or KCME. Since the deaths summarized in this report do not constitute a representative sample of *all* homeless deaths, comparisons between years and other implications must be considered cautiously.

Data summary

A. How many died?

Table 1a: Demographic data	2004	2005	2006	Total
Total deaths	82	94	110	286

Between 2004 and 2006, 286 decedents were identified as likely homeless by the KCME and are included in this report. This includes 110 people who died in 2006, which is an increase of 17% compared to 2005 (94 deaths), and an increase of 34% compared to 2004 (82 deaths). Additional homeless deaths may not be represented in this summary for reasons described previously.

The higher number of deaths occurred in the backdrop of a slightly lower number of homeless individuals recorded at the beginning of 2007 during the annual One Night Count of People who are Homeless in King County.[3] Because this summary data, as well as the One Night Count, can be impacted by a number of conditions, comparing the proportion of homeless persons who have died each year must be considered cautiously.

Fetal deaths are excluded from this summary report. Although not included in the summary tables, such deaths remind us that pregnant women are among the homeless population in King County. We do not know the extent of fetal deaths and miscarriages among women who are homeless in King County, or if the prevalence is any different from the general population. One may presume that the health risks associated with homelessness place a fetus at increased risk of an adverse outcome.

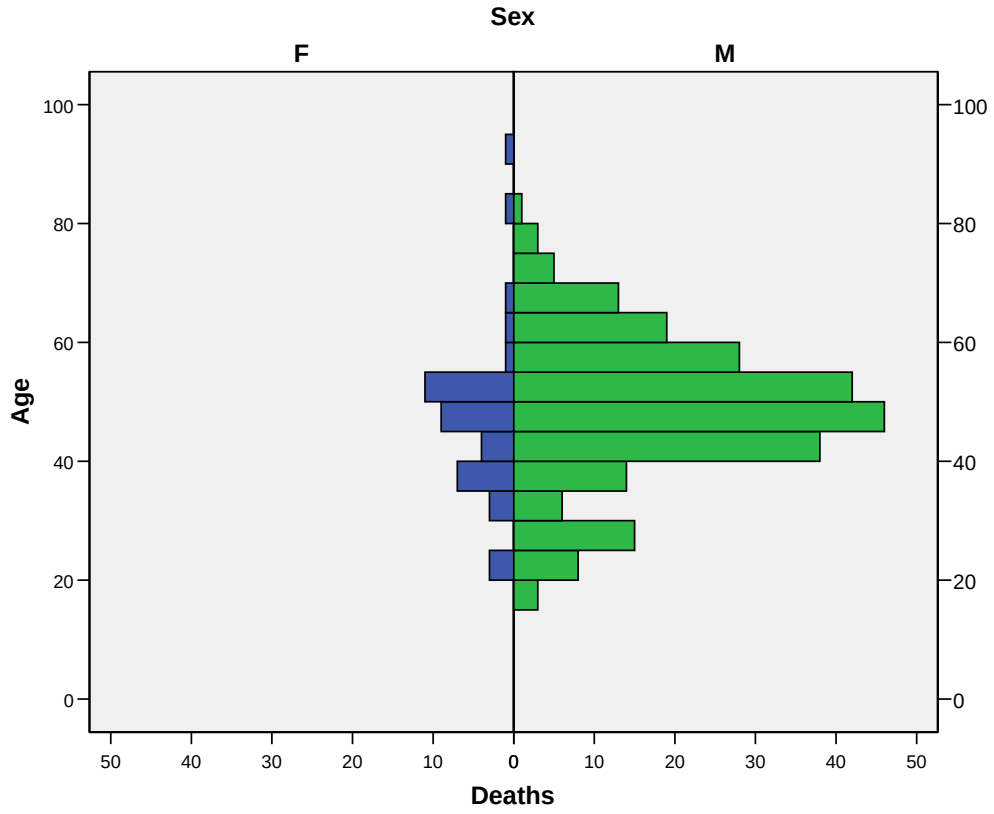
B. What age and gender were they?

Table 1b: Demographic data	2004	2005	2006	Total
Age 17-19	0 (0%)	0 (0%)	3 (3%)	3 (1%)
20-29	8 (10%)	6 (6%)	12 (11%)	26 (9%)
30-39	12 (15%)	13 (14%)	5 (5%)	30 (11%)
40-49	29 (35%)	33 (35%)	35 (32%)	97 (34%)
50-59	21 (26%)	32 (34%)	29 (26%)	82 (29%)
60-69	9 (11%)	6 (6%)	19 (17%)	34 (12%)
70-79	2 (2%)	1 (1%)	5 (5%)	8 (3%)
80+	0 (0%)	2 (2%)	1 (1%)	3 (1%)
Unknown [4]	1 (1%)	1 (1%)	1 (1%)	3 (1%)
Average age at time of death (excluding cases of unknown age) [5]				
Females	44 years (n=16)	45 years (n=12)	50 years (n=14)	46 years (n=42)
Males	48 years (n=65)	47 years (n=81)	48 years (n=95)	48 years (n=241)
Total average	47 years (n=81)	47 years (n=93)	48 years (n=109)	47 years (n=283)
Gender Females	16 (20%)	12 (13%)	14 (13%)	42 (15%)
Males	66 (80%)	82 (87%)	96 (87%)	244 (85%)

Across all three years, the age range was from 17 years to 93 years. The median age was 48. Since it is not feasible to calculate life expectancy or death rates from this data, we have used average age (i.e. mean age) at death to describe the life span of individuals in this summary. The average age at death in 2006 was 48 years, only slightly higher than the prior two years. This remains substantially lower than the overall life expectancy at birth in the United States of 77.8 years.[6]

Similar to prior years, the majority of deaths (87%) were male. The higher frequency of male deaths as compared to female deaths in this report may reflect the likelihood that circumstances of male deaths more frequently result in KCME investigation compared to female deaths. The pyramid below includes all 283 decedents between 2004 and 2006 whose age was known (the ages of three decedents were not known). The figure shows a normal bell curve for males (on the right), and a skewed curve for females (on the left) due to a disproportionately lower number of female deaths at older ages.

Figure 1: Age and sex pyramid



The number of deaths of individuals under 29 years old more than doubled between 2005 (6 deaths) and 2006 (15 deaths). However, the number of deaths of individuals in the next higher age group (30-39 years) was lower in 2006 (5 deaths) compared to 2004 and 2005 (12 deaths, 13 deaths respectively). Fluctuations within these age categories merit monitoring in the future.

Similarly, the number of individuals between ages 60-69 years was notably higher in 2006, compared to other years. Across all years, the oldest decedents (over 80 years old) were female.

The youngest decedents (under 20 years of age) were male. These young people may not represent all deaths of homeless youth over this period. Based on the previously mentioned limitations, deaths not encompassed in this summary may include:[7]

- homeless unattached youth who were reported under a guardian or family member's address and not identified as homeless;
- young children, who are more likely to die in the hospital, and therefore not fall under the jurisdiction of the KCME.

C. What race/ethnicity were they?

Table 1d: Demographic data		2004	2005	2006	Total
Race	White	57 (70%)	69 (73%)	83 (76%)	209 (73%)
	African American	12 (15%)	17 (18%)	22 (20%)	51 (18%)
	Native American	8 (10%)	6 (6%)	1 (1%)	15 (5%)
	Asian and Pacific Islander	1 (1%)	0 (0%)	0 (0%)	1 (0%)
	Other/Unknown	4 (5%)	2 (2%)	4 (4%)	10 (3%)
Hispanic as ethnicity [8]		6 (7%)	6 (6%)	11 (10%)	23 (8%)

Consistent with populations served by HCHN[9] and with the Annual One Night Count,[10] decedents were disproportionately African American and Native American relative to the general population in King County.[11]

D. By what manner did they die?

Table 2a: Circumstances at death		2004	2005	2006	Total
Manner	Natural [12]	37 (45%)	34 (36%)	35 (32%)	106 (37%)
	Accident (total)	32 (39%)	39 (41%)	49 (45%)	120 (42%)
	- *Intoxication* [13]	*22* (27%)	*28* (30%)	*29* (26%)	*79* (28%)
	- *Other*	*10* (12%)	*11* (12%)	*20* (18%)	*41* (14%)
	Suicide	5 (6%)	10 (11%)	8 (7%)	23 (8%)
	Homicide	4 (5%)	8 (9%)	11 (10%)	23 (8%)
	Undetermined	4 (5%)	3 (3%)	7 (6%)	14 (5%)

Similar to 2005, the largest percentage of deaths in 2006 were *accidental* in manner (45%). In comparison, the majority of deaths in 2004 were *natural*.[14] In 2006, the proportion of deaths that were accidental and not attributable to intoxication was higher (18%), compared to 2004 (12%) and 2005 (12%). The sheer number of non-intoxication-related accidental deaths nearly doubled in 2006 (20 deaths) compared to 2004 (10 deaths) and 2005 (11 deaths). As described earlier, deaths to individuals under a doctor's care in the prior 36 hours before death do not generally fall under the medical examiner's jurisdiction. For this reason, we speculate the number of deaths due to natural causes may be higher.

The proportion of deaths that were suicides remained slightly higher in 2006 (8 deaths or 7%), compared to 2004 (5 deaths or 6%). Across all three years, 23 people died by suicide. All but

one of the decedents were male. Their ages ranged from 17 years old to 84 years old. Twenty-six percent (26%) were to young people under 24 years old.

An increasing percentage of deaths were homicides in 2006, representing 10% of deaths. Across all three years, 23 people died by homicide. Homicide victims comprised both males (87%) and females (13%). Twenty-one of the 23 homicides occurred in Seattle and South King County.

Victims of homicide ranged in age from 21 years old to 60 years old. Decedents 48 years old or younger were statistically more likely to be victims of homicide, compared to decedents above 48 years old [$X^2 = 4.84$, $p=0.022$]. This is a similar to what is seen in the general population where young males are more likely to be victims of homicide.[15] The available data, however, does not tell us if young people who are homeless are more likely to die from homicide compared to young people who are in stable housing.

Table 2b: Circumstances at death*		**2004-06**
Homicide Method	Shot	9 (39%)
	Stabbed	7 (30%)
	Other physical assault, blunt force	5 (22%)
	Fell from height during altercation	1 (4%)
	Died in grass fire set by assailant	1 (4%)
	Total	23 (100%)

** Two victims were assaulted (shot or stabbed) in the past, and died of injuries between 2004-06.*

E. How did they die?

Table 3: Primary cause of death (categorized)	**2004**	**2005**	**2006**	**Total**
Acute intoxication	20 (24%)	30 (32%)	29 (26%)	79 (28%)
Trauma related (total):[16]	21 (26%)	29 (31%)	39 (35%)	89 (31%)
Trauma – Homicide	*4* (5%)	*8* (9%)	*11* (10%)	*23 (8%)*
Trauma – Suicide	*5* (6%)	*10* (11%)	*8* (7%)	*23 (8%)*
Pedestrian - vehicle (1 hit by train)	*4* (5%)	*3* (3%)	*6* (6%)	*13 (5%)*
Fire	*1* (1%)	*4* (4%)	*3* (3%)	*8 (3%)*
Drowning	*3* (4%)	*0* (0%)	*3* (3%)	*6 (2%)*
Blunt force – unknown detail	*1* (1%)	*1* (1%)	3 (3%)	*5 (2%)*
Fall[17]	*0* (0%)	*1* (1%)	*5* (5%)	*6 (2%)*
Inhalation of carbon monoxide	*1* (1%)	*1* (1%)	*0* (0%)	*2 (1%)*
Motor vehicle accident	*0* (0%)	*1* (1%)	*0* (0%)	*1 (0%)*
Secondary infection following trauma (probable fall, hit by car)	*2* (2%)	*0* (0%)	*0* (0%)	*2 (1%)*
Cardiovascular disease	10 (12%)	14 (15%)	23 (21%)	47 (16%)
Other natural causes (stroke, respiratory failure, infections, etc)	5 (6%)	5 (5%)	8 (7%)	18 (6%)
Infection/condition secondary to alcohol or IV drug use	8 (10%)	6 (6%)	3 (3%)	17 (6%)
Pneumonia	7 (9%)	5 (5%)	0 (0%)	12 (4%)

Table 3 contd: Primary cause of death (categorized)	2004	2005	2006	Total
Cirrhosis	5 (6%)	2 (2%)	2 (2%)	9 (3%)
Cancer	4 (5%)	1 (1%)	1 (1%)	6 (2%)
Hypothermia/environmental exposure	1 (1%)	1 (1%)	2 (2%)	4 (1%)
Complications due to diabetes	0 (0%)	1 (1%)	2 (2%)	3 (1%)
Tuberculosis	1 (1%)	0 (0%)	0 (0%)	1 (0%)
Unknown cause	0 (0%)	0 (0%)	1 (1%)	1 (0%)

The three most frequent specific causes of death were the same across the three years: trauma (32%), acute intoxication (28%), and cardiovascular disease (17%).

Although 2006 KCME data is not yet available, when compared to the total number of deaths in King County under KCME jurisdiction in 2004 and 2005, homeless individuals represented a disproportionate number of homicide deaths (15%, or 12 of 80), carbon monoxide deaths (86%, or 6 of 7), and pedestrian – vehicle deaths (39%, or 7 of 18).

F. What time of year did they die?

Table 2c: Circumstances at death		2004	2005	2006	Total
Season	Winter (Oct-March)	47 (57%)	47 (50%)	60 (55%)	154 (54%)
	Summer (April-Sept)	34 (42%)	46 (49%)	49 (45%)	129 (45%)
	Unknown [3]	1 (1%)	1 (1%)	1 (1%)	3 (1%)

Across all three years, a slightly higher percentage of deaths overall occurred in the winter months. Four deaths between 2004-06 were related to cold exposure. Two of the deaths occurred the first week in November (2004 and 2005), and the other deaths occurred mid-November and late-December.

Other deaths possibly related to dealing with the cold are highlighted below. They occurred throughout King County, and occurred in both summer and winter months.

- Between 2004 and 2006, eight decedents died from fires in encampments such as tents, a cargo container, and other temporary shelters. Causes included the explosion of a camp stove, electrical fire, smoking, and structural fires.

- Six deaths were related to carbon monoxide. Some carbon monoxide deaths were attributed solely to inhalation of carbon monoxide (as listed in the table), and others were attributed to carbon monoxide in combination with other substances (cocaine and/or methamphetamine).[18] Sources of carbon monoxide included propane heaters and gas-powered generators. These deaths occurred in 2004 and 2005. No deaths in this summary occurred during the windstorms of 2006 when other carbon monoxide poisonings were reported in King County.[19]

G. Where did the incidents occur that led to their deaths?

Table 4: Incident locations	2004	2005	2006	Total
Seattle	58 (71%)	67 (71%)	79 (72%)	204 (71%)
South King County	14 (17%)	18 (19%)	15 (14%)	47 (16%)
East King County	2 (2%)	3 (3%)	4 (4%)	9 (3%)
North King County	2 (2%)	1 (1%)	0 (0%)	3 (1%)
Outside King County	4 (5%)	0 (0%)	6 (6%)	10 (4%)
Outside Washington*	0 (0%)	1 (1%)	2 (2%)	3 (1%)
Unknown location	2 (2%)	4 (4%)	4 (4%)	10 (4%)

** Three incidents occurred out-of-state; however, the deaths occurred at local hospitals and were under the jurisdiction of the KCME.*

Similar to prior years, most incidents in 2006 occurred in Seattle (72%) followed by south King County (14%). Across King County, Seattle experienced the greatest increase in the number of deaths across all three years. Aside from Seattle, the incident cities with the highest number of deaths were Kent (10 deaths), Federal Way (8 deaths), Renton (8 deaths), Auburn (7 deaths), and Tukwila (6 deaths). (See Appendix B for a more detailed breakdown by city.)

No incidents occurred in North King County in 2006. As with other county lines, this raises questions about the number of individuals taken to hospitals outside the county, such as South Snohomish County hospitals. Any such deaths would not come under the jurisdiction of the KCME.

H. What substances were involved in intoxication deaths?

The figure below summarizes the types of drugs involved in the 79 homeless deaths during 2004-06 in which the primary cause of death was acute intoxication. Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination. For this report, substances categorized within "street drugs" include cocaine, heroin, and methamphetamine. Prescription substances include those which can be prescribed by a medical provider such as other opiates and over 20 other prescription medications. Prescription drugs may represent either legal or illegal substances depending on whether the individual had been prescribed the medication or whether the person bought or otherwise acquired it on the street.

Table 5: Substances (# cases)	2004	2005	2006	Total
Any street drugs	15	24	20	59
Any prescription drugs *	13	15	20	48
Any alcohol	8	7	7	22
Total acute intoxication deaths	20	30	29	79

The number of intoxication deaths in 2006 remained nearly equal to 2005, and represents a 50% increase over 2004. As shown in the figure above, the largest change was in the street drugs category. The number of deaths associated with street and prescription drugs remains

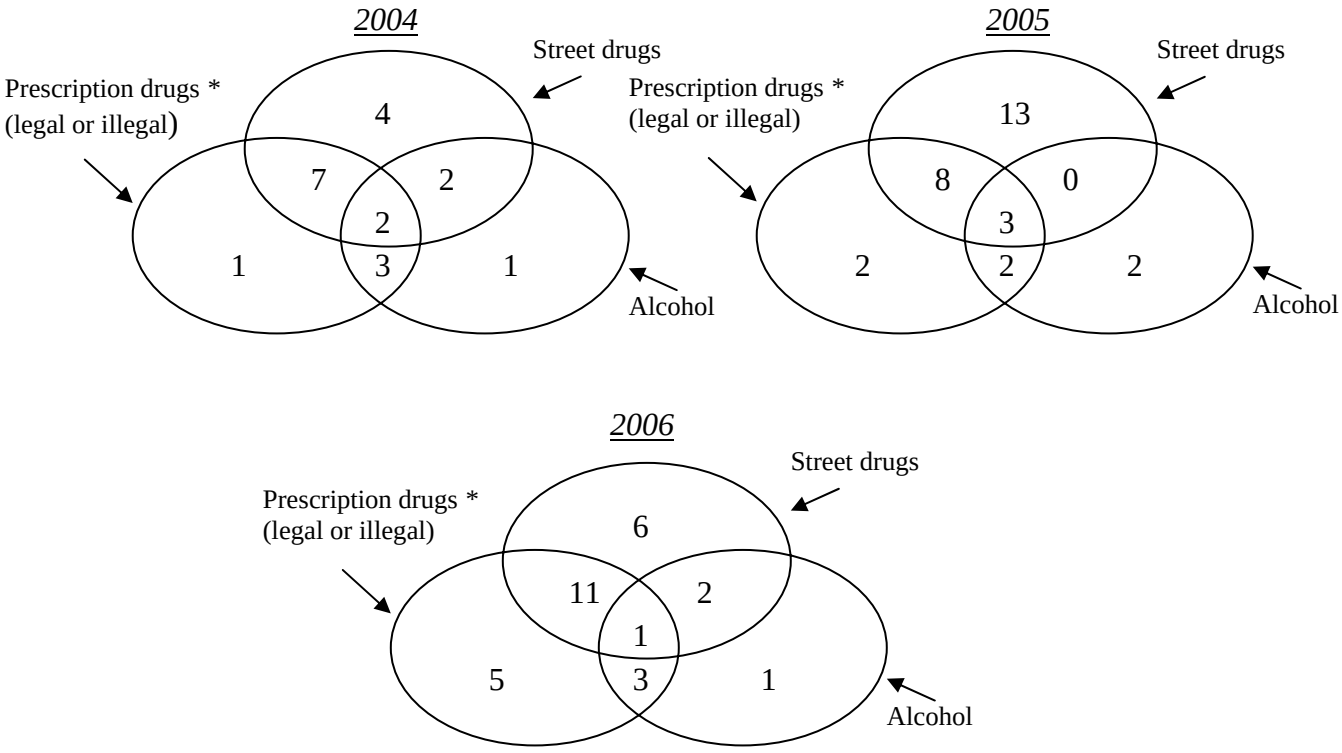
consistently higher compared to alcohol, across all three years. In 2006, the number of deaths involving prescription drugs equaled the number involving street drugs.

Similar to the prior two years, cocaine comprised the highest proportion (involved in 18 or 62%) of the acute intoxication deaths. Heroin and other opiates were involved in 15 intoxication deaths (52%) in 2006 which is lower than the prior two years. Methamphetamines were involved in 1 intoxication death (3%) which is similar to 2004, but significantly lower than in 2005 (involved in 7 or 23%).[20] In comparison to the total number of methamphetamine-related deaths under KCME jurisdiction in 2004 and 2005, 9 (19%) of the 47 deaths were to likely homeless individuals.

Of prescription drug-related deaths between 2004 and 2006, methadone was involved in the highest number of deaths (24 deaths or 30%), with the number increasing slightly each year. Street drugs were involved in 14 (58%) of the 24 deaths involving methadone. Other methadone-related deaths were in combination with alcohol, other prescription drugs, or methadone alone.

Across all three years, cocaine was involved in 45 deaths, primarily in Seattle (35 or 78%) and South King County (7 or 16%). Heroin and other opiates were involved in 37 deaths, exclusively in Seattle (31 or 84%) and South King County (6 or 16%). Methamphetamines were involved in 10 deaths, half in Seattle and half in South King County. Alcohol intoxication was involved in 22 deaths, primarily in Seattle (17 or 77%) and South King County (4 or 18%).

Figure 2: Substances involved in homeless acute intoxication deaths *(not to scale)*



Discussion

The number of people under the KCME's jurisdiction who were likely homeless increased over the three years of this report (2004 through 2006). During that period, the notable differences included the increasing number of deaths due to homicide, as well as the number of accidental deaths that were not attributed to acute intoxication. Other cause of death and demographic information was relatively similar, such as deaths due to carbon monoxide poisoning, fire, and pedestrian-vehicle accidents.

Consistent across all three years, people are dying young. We know that 84% of the 286 homeless people who died in 2004-2006, died before the age of 60. Three of them died before the age of 20. Similar to previous studies on homeless deaths, people without a stable living situation are dying much earlier than the expected life span of 77.8 years.

Across the years, we also see that older homeless females are less likely to be represented among KCME deaths. The information in this report cannot answer the question of why this is so. A speculation might be that older females are more likely than males to be under a doctor's care at the time of their death, and thus not fall within KCME jurisdiction. As noted, natural deaths only come under KCME jurisdiction when the person died suddenly when in apparent good health and without an attending physician in the 36 hours preceding death, or when the circumstance is suspicious, unknown, or obscure. We can speculate that the number of homeless people in general who died from natural causes such as chronic illness, is likely under-represented in this report. In addition, those with terminal illnesses may have entered a long-term care facility prior to their death, and not be represented here.

The 79 deaths due to acute intoxication between 2004 and 2006 also warrant further discussion. Among the decedents was a young person who died of acute intoxication of prescription substances. The person sought medical care for a painful health condition at a local hospital just prior to the moment of death. This is just one example of the potential factors leading to death that we have little knowledge of at present. We suspect some decedents were coping with substance addiction, some with painful health conditions, and some may have intentionally or unintentionally combined street drugs with prescription substances. Case histories would provide a better picture of what happened to these 79 individuals.

The current information available for analysis has several limitations as described in this report. With additional data, we may come closer to answering the questions raised above, and to better guide community efforts that are organized to end homelessness in King County. Additional information could include a detailed analysis of selected homeless deaths, and an analysis of homeless cases that are *not* captured by the current methodology.

This report serves as a reminder of how urgent it is to end homelessness in King County. Individuals who died while homeless between 2004 and 2006 struggled with an array of health related issues including substance use, and acute and chronic medical conditions. One may ask, how could their homelessness, and their deaths be prevented? What is our goal as a community -- no person shall die homeless?

Health Care for the Homeless Network extends its thanks to the King County Medical Examiner's office for its assistance in gathering this data.

Appendix A:
Definition of "likely homeless" field in the King County Medical Examiner Database

Since it is not possible to identify all homeless people within the KCME caseload, the "likely homeless" field is used as a way of identifying those cases for which homeless status can be determined with at least reasonable certainty. A person is defined as homeless when he or she lacks a fixed and adequate nighttime residence. Included are persons (adults, children, and youth) temporarily living in:

- Emergency shelters for people who are homeless. This includes both public and private shelters (e.g. shelters operated by government, non-profit organizations, religious groups, and others).
- Hotel rooms for less than 30 days. (Includes people who pay for their own rooms and those whose room is paid by a public or private organization in order to provide emergency shelter. The latter are often referred to as "motel vouchers.")
- Public or private places not designed for, or ordinarily used as, regular sleeping accommodations for human beings. (Examples: sleeping on the streets or in parks; in the Sobering Center; camping in greenbelts or parks; abandoned buildings; vehicles; residents of "Tent City," etc.)
- An institution from which he/she would have been discharged with no place to go, and was apparently homeless upon entry to the facility (e.g. a treatment facility, mental health hospital, the Harborview Medical Respite program, jail, etc.)

The above categories are consistent with all federal HHS and HUD definitions of homeless persons. Three groups of people who are sometimes also categorized as "homeless" – depending on the federal program the definition pertains to – are (1) people living in transitional housing programs; (2) people living in "doubled up" situations-staying with others but on a short-term, temporary basis; and (3) people staying in private dwellings who are under imminent eviction. Individuals meeting these criteria would not be listed as "likely homeless" in the King County Medical Examiner database.

Appendix B: Incident city

	2004	2005	2006	Total 2004-06
South King County	Auburn 3 Des Moines 2 Federal Way 1 Kent 2 Maple Valley 1 Pacific 1 Renton 1 Tukwila 3	Auburn 2 Federal Way 6 Kent 4 Renton 5 Tukwila 1	Auburn 2 Burien 2 Des Moines 1 Enumclaw 1 Federal Way 1 Kent 4 Renton 2 Tukwila 2	**47**
East King County	Clyde Hill 1 Kirkland 1	Bellevue 2 Issaquah 1	Bellevue 1 Fall City 1 Kirkland 1 Redmond 1	**9**
North King County	Kenmore 1 Lake Forest Park 1	Kenmore 1		**3**
Outside King County*	Aberdeen 1 Everett 1 Sultan 1 Tacoma 1		Bremerton 1 Grandview 1 Lynden 1 Pasco 1 Spokane 1 Stanwood 1	**10**
Outside Washington*		San Francisco 1	Hayward 1 Panama 1	**3**

*Incident location leading to death was outside King County but death occurred within King County.

Notes and references

[1] This 2006 summary should not be compared directly with the 2003 King County Homeless Death Review prepared by Health Care for the Homeless Network (HCHN). Resources allowed for a special, in-depth study for the 2003 report, and a different method was used to identify the homeless population. Individuals in supportive housing were included in the 2003 report, and are not included here.

[2] The total 287 KCME likely homeless cases between 2004 and 2006 were cross checked with the HCHN encounter database. Of the 117 decedents in the HCHN encounter database who died in 2004-06, 66 were not on the KCME likely homeless list. All persons in the HCHN database have been homeless and have received HCHN health services at some time.

Among the 110 likely homeless decedents identified by the KCME in 2006, 29 (26%) had seen a HCHN care provider at least one time in the prior complete year before death (since January 1, 2005). This is slightly lower than in 2004 and 2005, where 34% had seen a HCHN provider at least one time in the prior complete year before death.

[3] Seattle King County Coalition on Homelessness. 2007 Annual One Night Count of People Who are Homeless in King County, WA. Available at: http://www.homelessinfo.org/pdf/ONCBook.pdf.

[4] The age of one decedent in 2005 was re-categorized to "unknown." The decedent was previously categorized in this table based on the date remains were found. The dates of death of three decedents are unknown.

[5] For the 2004 and 2005 reports, the average ages for decedents in 2004 were rounded (males: 48 years; total pop: 47 years). For decedents in 2005 and forward, the decision was made not to round the ages since a person who is 46.9 years is considered 46 years old by US standards, and not 47 years old.

[6] Centers for Disease Control and Prevention. Miniño AM, Heron M, Smith BL, Kochanek KD. Deaths: Final data for 2004. Health E-Stats. Released November 24, 2006. Available at: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/finaldeaths04/finaldeaths04.htm.

[7] Children, youth, and young adults are underrepresented in this summary relative to the homeless population served by HCHN in which 38% of clients are 34 years or younger and 13% are 17 years or younger.

[8] In 2004, five decedents with Hispanic ethnicity were included in a separate race category "Hispanic." For this report, these decedents were moved into the White category for race to reflect their reported race. These decedents are also included in the "Hispanic as Ethnicity" category.

[9] Health Care for the Homeless Network. 2006 Annual Report. Public Health – Seattle & King County. Available at: http://www.metrokc.gov/HEALTH/hchn/2006-annual-report.pdf.

[10] Seattle King County Coalition on Homelessness. 2007 Annual One Night Count of People Who are Homeless in King County, WA. Available at: http://www.homelessinfo.org/pdf/ONCBook.pdf.

[11] King County Budget Office. 2006 King County Annual Growth Report: Statistical Profile on King County. Available at: http://www.metrokc.gov/budget/agr/agr06/behind_cover06.pdf.

[12] Natural deaths are those for which a physical cause can be identified other than an accident, suicide, or homicide.

[13] Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination.

[14] For intoxication deaths, if there was no evidence substantiating an intentional act of suicide by intoxication, the KCME categorized these deaths as either accidental or undetermined depending on the circumstances.

[15] U.S. Department of Justice. Homicide trends in the U.S., 1976-2005. Available at: http://www.ojp.usdoj.gov/bjs/homicide/ageracesex.htm.

[16] Homicides, suicides, and accidents are reflected in Table 2 under manner of death. In Table 3 they are distributed under other categories based on the cause of death. Those involving trauma as the cause of death are listed under Trauma while the remainder fall into other categories. A difference from the 2004 and 2005 reports is that all homicides and suicides are reported together within their respective categories, rather than by the method.

[17] Two decedents were injured in the past, and the injuries were attributable to their deaths several years later.

[18] Four of the six carbon monoxide deaths are categorized under acute intoxication in Table 3.

[19] Public Health – Seattle & King County. Press Release on December 16, 2006. Available at: http://www.metrokc.gov/health/news/06121601.htm.

[20] A "probable methamphetamine" intoxication death in 2005 was not included in the total of 7 methamphetamine-related deaths in 2005.