Introduction

In July 2016, Cloud County Health Center presented the community with a Community Health Needs Assessment Survey, asking their opinions on the most important health issues in our community that need addressing over the next three years. The surveys were made available at the County Fair, online via Facebook, and the hospital website (www.cchc.com), Cloud County Health Department, local radio station and registration desks for the hospital and Family Care Center Clinic. We received over 500 responses. The Community Health Assessment Committee then met to discuss the results and develop a follow-up Implementation Strategy (or as called in this effort – a Community Health Implementation Plan). The resulting plan was developed by a 50% weighting to the community responses and a 50% weighting to the committee input. This year, the committee was comprised of 18 members of various organizations throughout the community listed as an addendum to the plan. The federal Patient Protection and Affordable Care Act (PPACA) requires that tax-exempt hospitals complete this assessment (CHNA) once every three years and the adopt a written strategy to be called here the Cloud County Community Health Improvement Plan. County Health Departments are also required to use the CHNA in their program planning efforts.

The CCHC (Cloud county Health Center) is required to formally adopt the CHIP within the current tax year that the CHNA was completed. It is then expected to monitor this plan and develop an annual report on its progress.

This Plan addresses 2 Priority Need Areas identified in the CHNA. This Plan covers the next three years until a new or revised CHNA is developed as required. It details specific tasks to be completed, how these tasks will be measured, who will be responsible for completing the identified tasks, and target dates for completion of each task.

This Implementation Plan will be monitored by an identified person or organization that will also develop an annual update report on its progress.

Percent of Adults who are Overweight

This indicator shows the percentage of adults 18 years and older who are overweight (body mass index between 25.0-29.9 kg/m²).

35.4

35.3

35.3

Measurement Period: 2013

Why is this important?

Being overweight affects quality of life and puts individuals at risk for developing many adverse health conditions, including heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Percent of Adults who are Overweight : Time Series
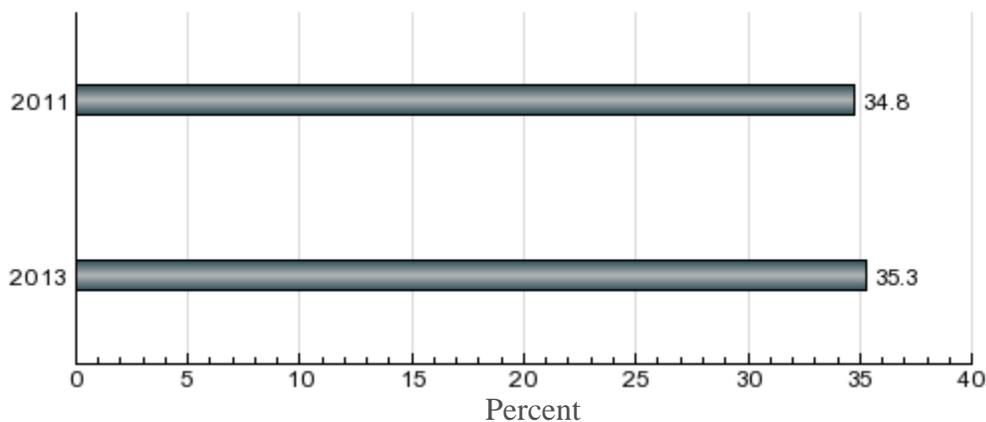
Percent of Adults who are Obese

This indicator shows the percentage of adults 18 years and older who are obese (body mass index ≥30 kg/m²).

28.9

30.0

Comparison: U.S. Value

30.0

Percent

Measurement Period: 2013

Why is this important?

Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Obesity leads to significant economic costs due to increased healthcare spending and lost earnings.

The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and older) who are obese to 30.6%.

Percent of Adults who are Obese : Time Series
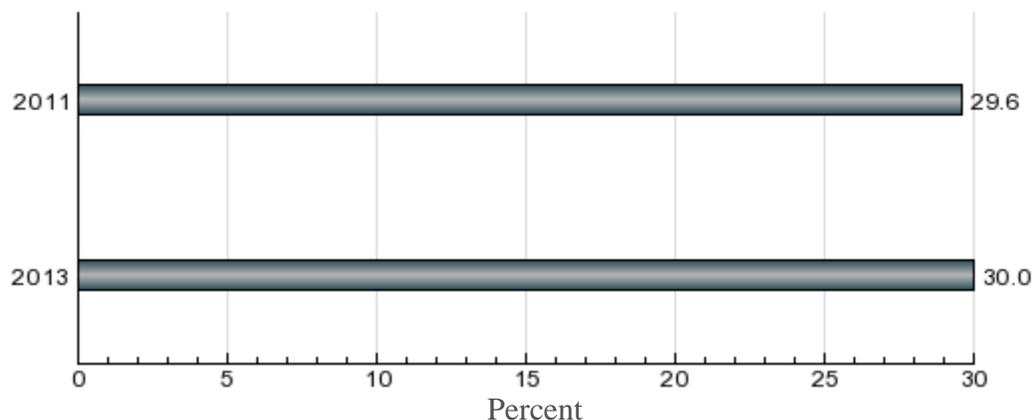
2011   29.6

2013   30.0

Percent

Depression: Medicare Population

This indicator shows the percentage of Medicare beneficiaries who were treated for depression.
Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

Why is this important?

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. Many people with depression never seek treatment; however, even those with the most severe depression can improve with treatments including medications, psychotherapies, and other methods.
According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.
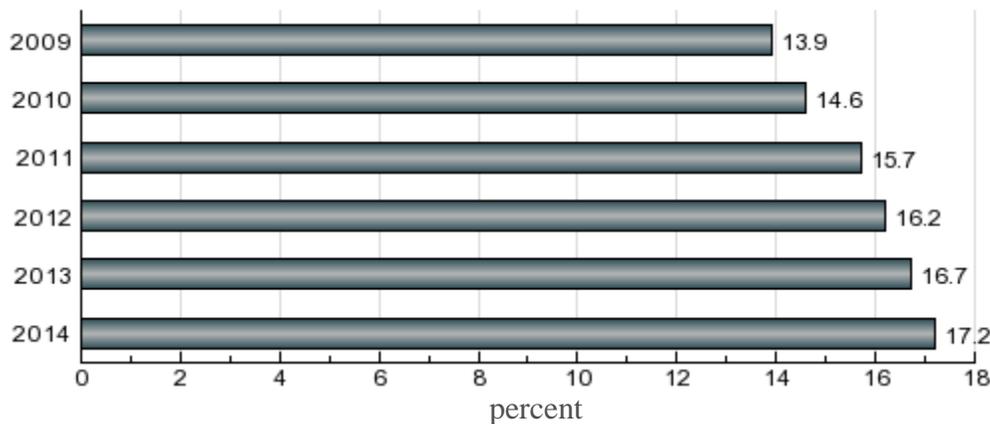
16.1

18.2

Comparison: U.S. States
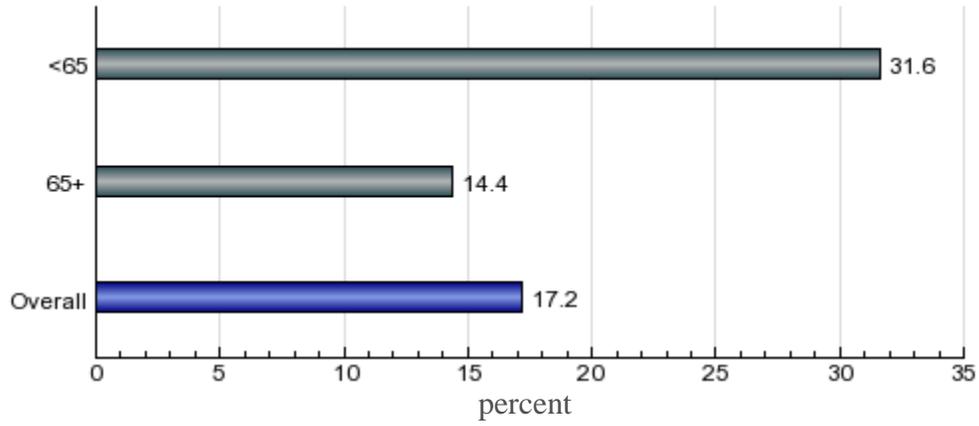
17.2

percent

Measurement Period: 2014

Depression: Medicare Population : Time Series

Year	percent
2009	13.9
2010	14.6
2011	15.7
2012	16.2
2013	16.7
2014	17.2

Depression: Medicare Population by Age

Age	percent
<65	31.6
65+	14.4
Overall	17.2

Depression: Medicare Population by Gender

Gender	percent
Female	21.3
Male	12.1
Overall	17.2
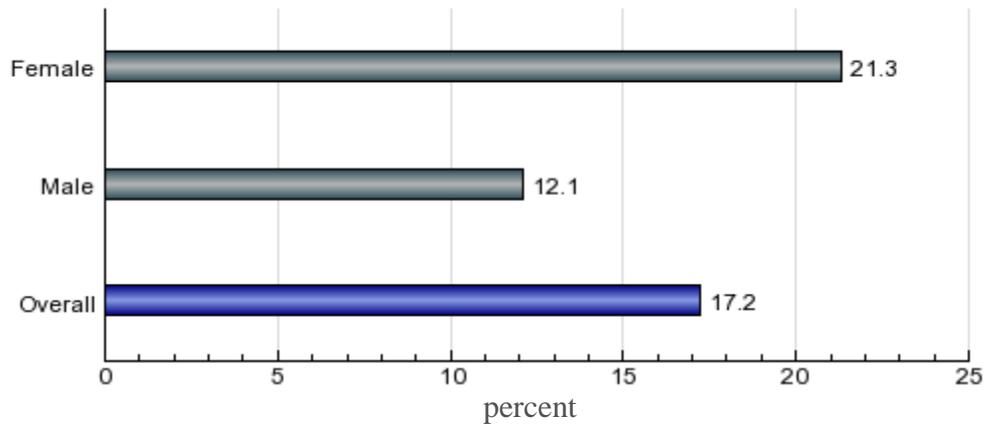
Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder

This indicator shows the percentage of adults that have ever been diagnosed with some form of depressive disorder (including depression, major depression, dysthymia, or minor depression).
NOTE: Estimates are not available for the counties with an insufficient sample.

18.7

18.1

Comparison: U.S. Value

18.1

Percent

Measurement Period: 2013

Why is this important?

Depression affects about 20.9 million Americans or 9.6% of the United States population aged 18 years or older. It is associated with increased risk of morbidity, mortality and impaired quality of life. Depressive and related depressive disorders are the cause of more than two-thirds of suicides each year. Depression is a risk factor for noncompliance of medical treatment and may increase severity of a disease. It is also a costly disease; in 2002, an estimated $83 billion were spent on direct and indirect cost in the United States.
Healthy People 2020 has included Mental Health as one of the ten leading indicators for monitoring health status of the nation and has recommended increasing the proportion of adults with recognized depression who receive treatment.

Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder : Time Series
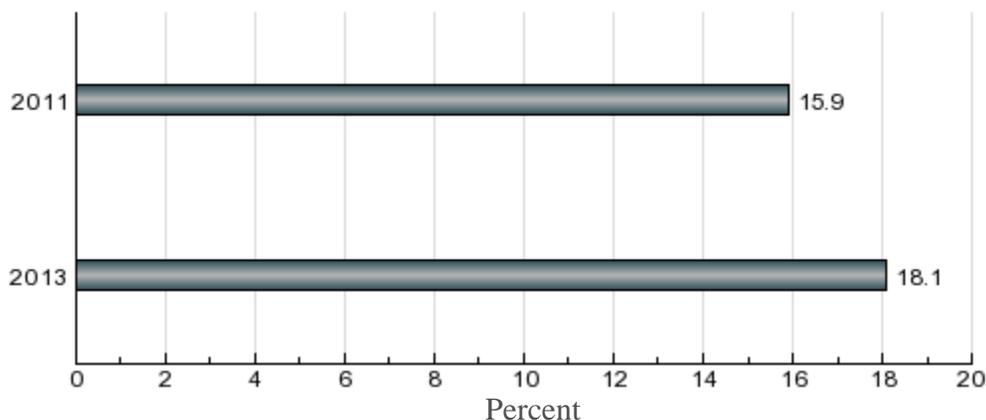
Percent of Adults with Diagnosed Diabetes

This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

9.7

9.6
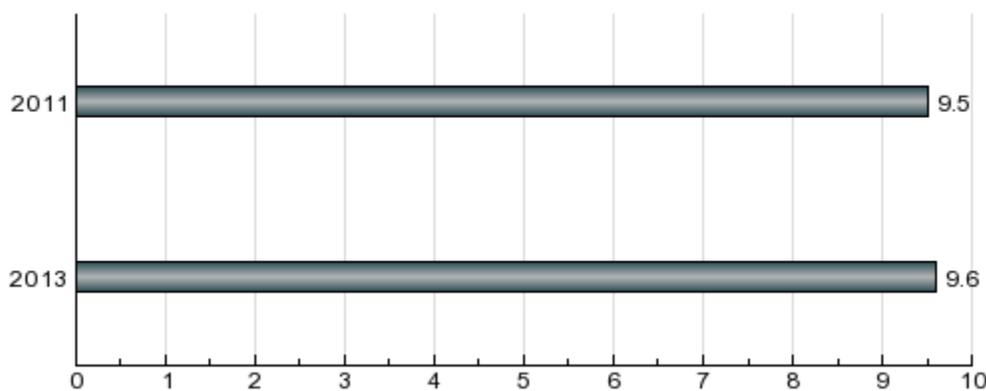
Comparison: U.S. Value

9.6

Percent

Measurement Period: 2013

Why is this important?

Diabetes is the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. **Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditures attributable to diabetes in the U.S. in 2012 was estimated to be $176 billion.**

Percent of Adults with Diagnosed Diabetes : Time Series

Age-adjusted Diabetes Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to Diabetes.

20.9

19.5

Comparison: U.S. Value

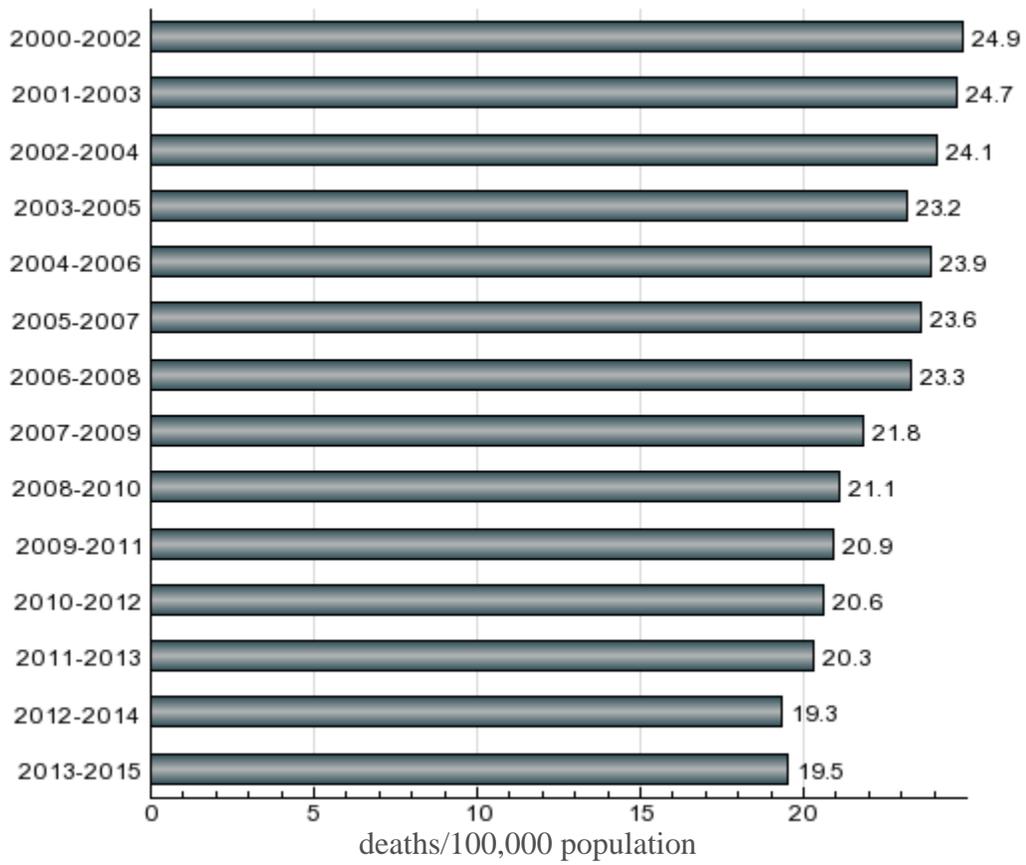## 19.5

deaths/100,000 population

Measurement Period: 2013-2015

Why is this important?

In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

Age-adjusted Diabetes Mortality Rate per 100,000 population : Time Series

Period	deaths/100,000 population
2000-2002	24.9
2001-2003	24.7
2002-2004	24.1
2003-2005	23.2
2004-2006	23.9
2005-2007	23.6
2006-2008	23.3
2007-2009	21.8
2008-2010	21.1
2009-2011	20.9
2010-2012	20.6
2011-2013	20.3
2012-2014	19.3
2013-2015	19.5

deaths/100,000 population

Age-Adjusted Years of Potential Life Lost - Diabetes

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.
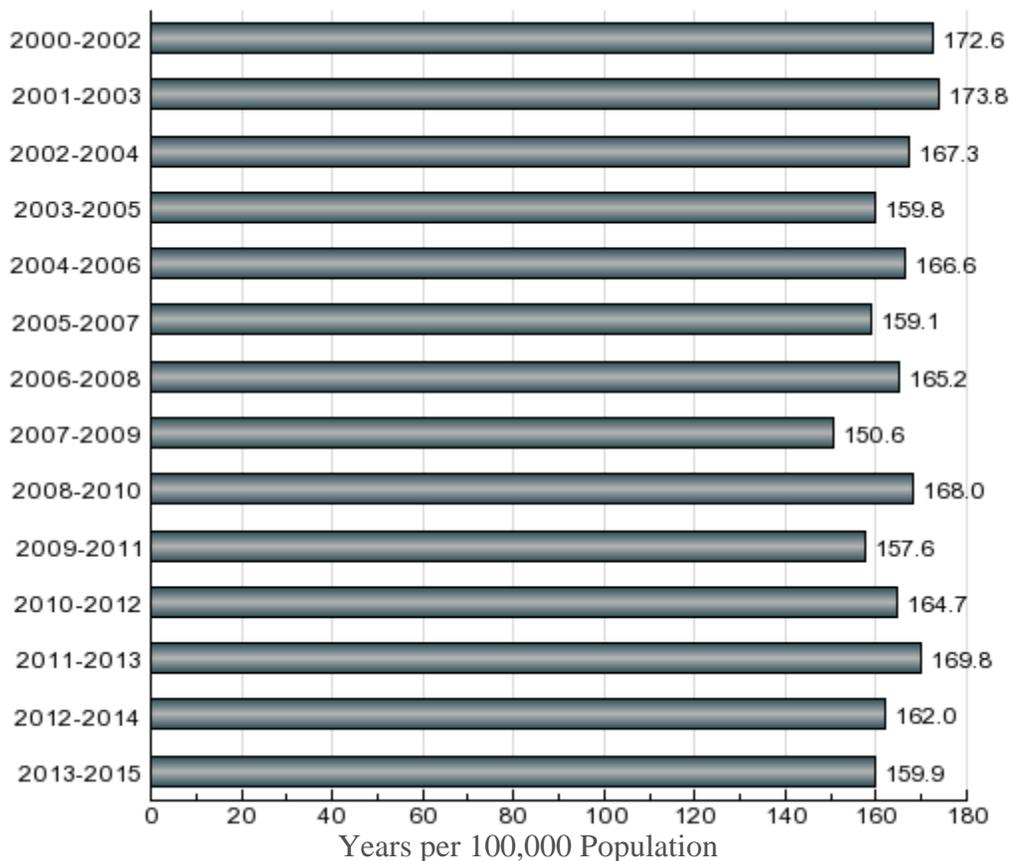
Comparison: Prior Value

159.9

Years per 100,000 Population

Measurement Period: 2013-2015

Why is this important?

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure of the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify the social and economic losses due to premature death.

Age-Adjusted Years of Potential Life Lost - Diabetes : Time Series

Period	Years per 100,000 Population
2000-2002	172.6
2001-2003	173.8
2002-2004	167.3
2003-2005	159.8
2004-2006	166.6
2005-2007	159.1
2006-2008	165.2
2007-2009	150.6
2008-2010	168.0
2009-2011	157.6
2010-2012	164.7
2011-2013	169.8
2012-2014	162.0
2013-2015	159.9

Years per 100,000 Population

Age-adjusted Heart Disease Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.

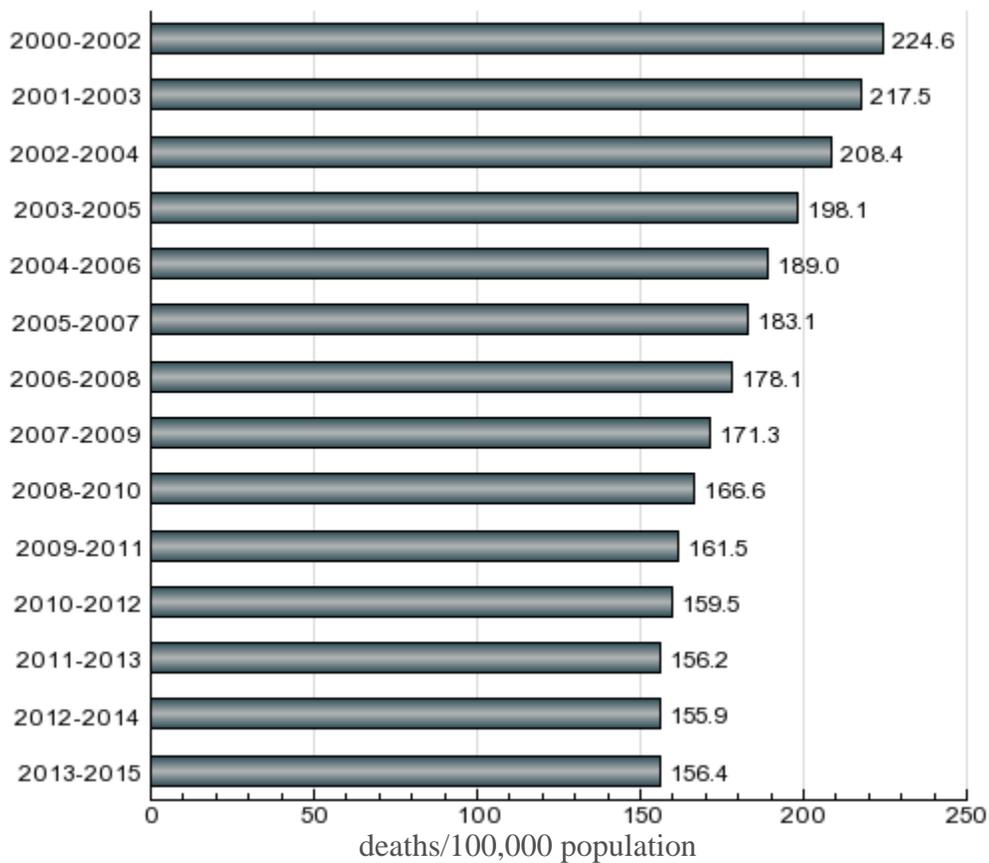167.0

156.4

Comparison: U.S. Value

156.4

deaths/100,000 population

Measurement Period: 2013-2015

Why is this important?

Heart disease in the number one cause of death in the U.S. and Hawaii. Physical inactivity, overweight, and obesity are considered cardiovascular risk determinants. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce the risk for cardiovascular disease. In 2009, the U.S. spent an estimated $68.9 billion on costs associated with stroke, including health care, medicine, and lost productivity.

Age-adjusted Heart Disease Mortality Rate per 100,000 population : Time Series

Period	deaths/100,000 population
2000-2002	224.6
2001-2003	217.5
2002-2004	208.4
2003-2005	198.1
2004-2006	189.0
2005-2007	183.1
2006-2008	178.1
2007-2009	171.3
2008-2010	166.6
2009-2011	161.5
2010-2012	159.5
2011-2013	156.2
2012-2014	155.9
2013-2015	156.4

deaths/100,000 population

Heart Disease

Heart disease refers to several types of heart conditions. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. Heart disease is a leading cause of death in Kansas.

Age-adjusted Heart Disease Mortality Rate per 100,000 population

Age-Adjusted Years of Potential Life Lost - Heart Disease

Heart Disease Hospital Admission Rate

Ischemic Heart Disease: Medicare Population

State: Kansas

Heart Disease Indicator Map: Age-adjusted Heart Disease Mortality Rate per 100,00 Population

Cloud ▾

220.3deaths/100,000 population
What is this indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.
Learn more

Heart Disease

Heart disease refers to several types of heart conditions. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. Heart disease is a leading cause of death in Kansas.

Age-adjusted Heart Disease Mortality Rate per 100,000 population

Age-Adjusted Years of Potential Life Lost - Heart Disease

Heart Disease Hospital Admission Rate

Ischemic Heart Disease: Medicare Population

State: Kansas

Heart Disease Indicator Map: Age-adjusted Heart Disease Mortality Rate per 100,00 Population

Allen ▾

220.3deaths/100,000 population

What is this indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.

Despite declines in mortality since the 1960s, heart diseases remain among the leading causes of death and disability in Kansas, together killing over 10,600 residents each year and contributing to the state's escalating health care expenditures. On a typical day in Kansas, 29 people will die from heart diseases, many of them before their time, due to preventable risk factors. Each of these premature deaths is a terrible loss, and each represents a missed opportunity to apply proven prevention strategies.

Age-Adjusted Years of Potential Life Lost - Heart Disease

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.
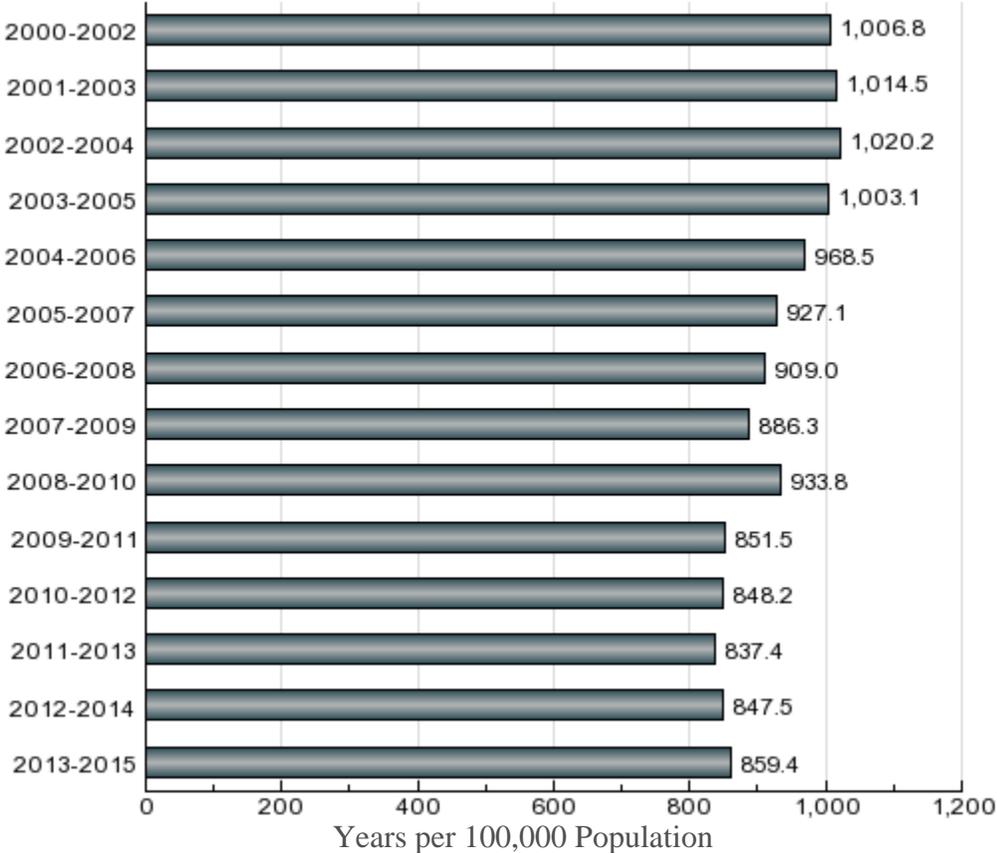
Comparison: Prior Value

859.4

Years per 100,000 Population

Measurement Period: 2013-2015

Why is this important?

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure of the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify the social and economic losses due to premature death.

Age-Adjusted Years of Potential Life Lost - Heart Disease : Time Series

Period	Years per 100,000 Population
2000-2002	1,006.8
2001-2003	1,014.5
2002-2004	1,020.2
2003-2005	1,003.1
2004-2006	968.5
2005-2007	927.1
2006-2008	909.0
2007-2009	886.3
2008-2010	933.8
2009-2011	851.5
2010-2012	848.2
2011-2013	837.4
2012-2014	847.5
2013-2015	859.4

Years per 100,000 Population

Stroke: Medicare Population

This indicator shows the percentage of Medicare beneficiaries who were treated for stroke.
Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

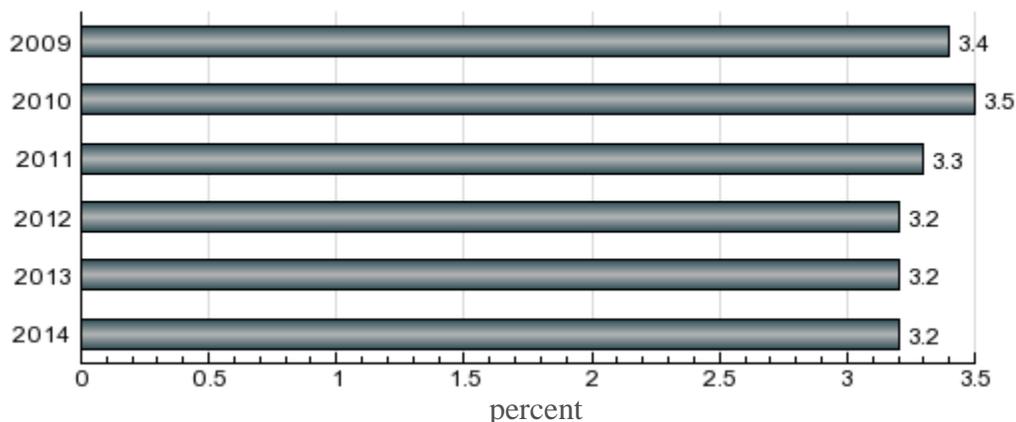3.5

3.9

Comparison: U.S. States

3.2

percent

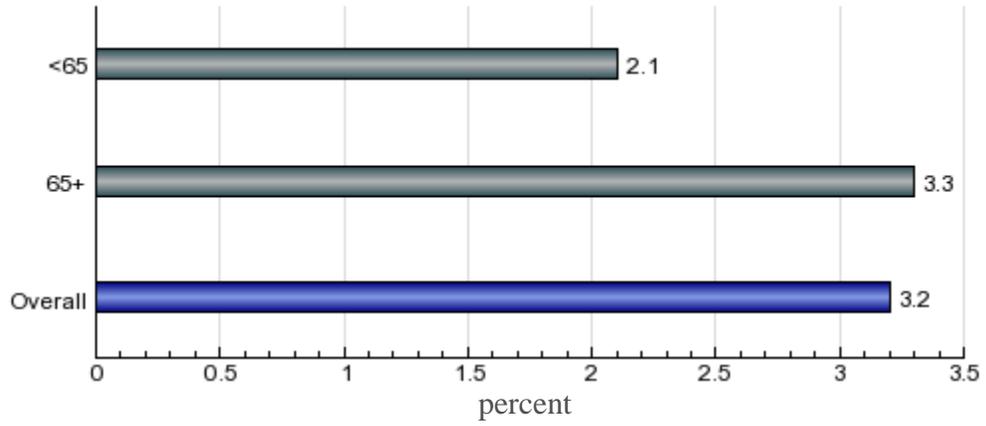**Measurement Period:** 2014

Why is this important?

A stroke occurs when a clot severely blocks the blood supply to the brain (ischemic) or when a blood vessel bursts resulting in bleeding into or around the brain (hemorrhagic). When either happens, brain cells begin to die and brain damage occurs. Abilities controlled by the affected area of the brain cannot function, which may result in an inability to control limbs on one side of the body, inability to understand or formulate speech, or the inability to see out of one eye. Nearly three-quarters of all strokes occur in people over the age of 65. The Centers for Disease Control and Prevention (CDC) states that stroke is the fourth leading cause of death in the United States, is a leading cause of long-term disability, and is the cause of almost 133,000 deaths annually. According to the CDC, strokes cost the United States an estimated $38.6 billion each year.
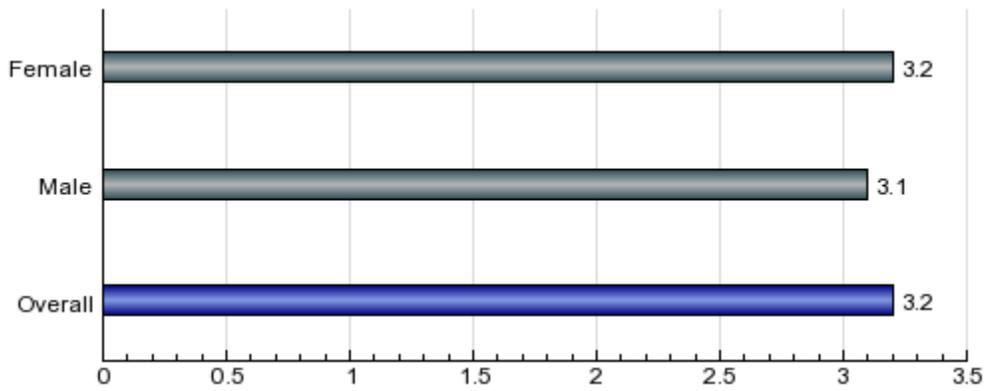
Stroke: Medicare Population : Time Series

Year	percent
2009	3.4
2010	3.5
2011	3.3
2012	3.2
2013	3.2
2014	3.2

Stroke: Medicare Population by Age

Category	percent
<65	2.1
65+	3.3
Overall	3.2

Stroke: Medicare Population by Gender

Category	percent
Female	3.2
Male	3.1
Overall	3.2

Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to cerebrovascular disease.

36.5

38.2
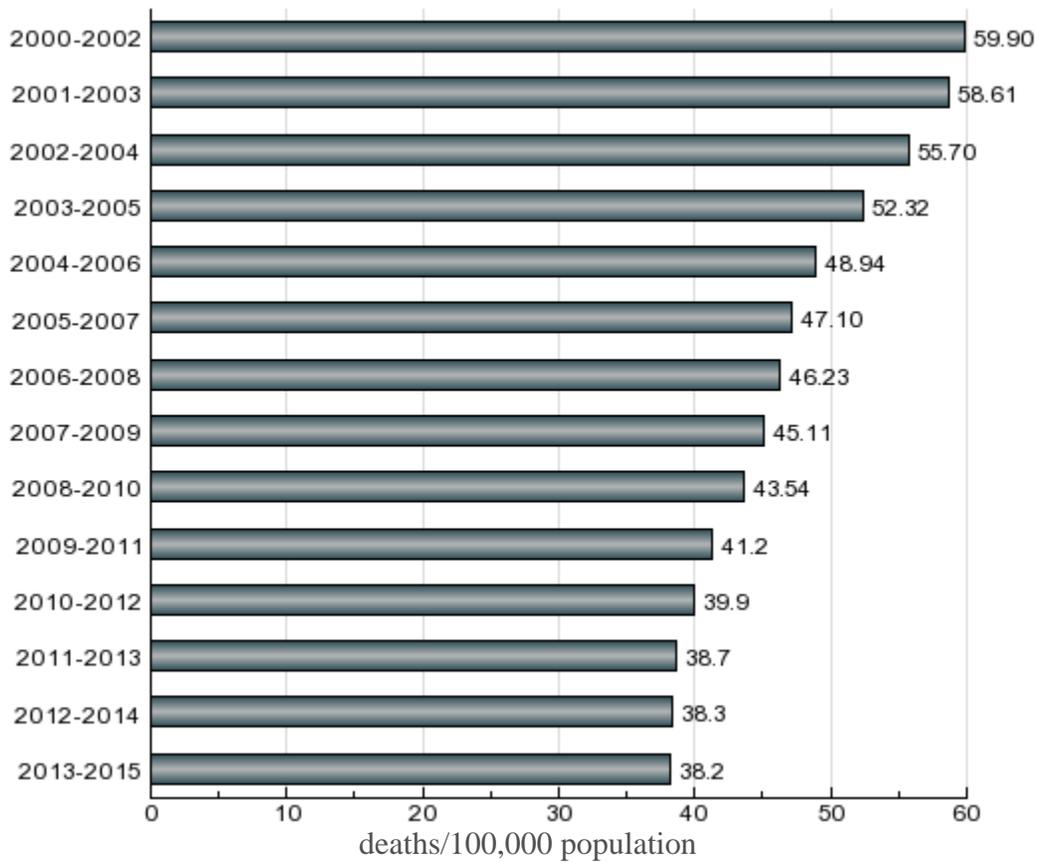
Comparison: U.S. Value

38.2

deaths/100,000 population

Measurement Period: 2013-2015

Why is this important?

Stroke is the third leading cause of death among Americans, accounting for nearly 1 out of every 17 deaths. It is also the leading cause of serious long-term disability. Risk factors for stroke include inactivity, obesity, high blood pressure, cigarette smoking, high cholesterol, and diabetes.

Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population : Time Series

Period	deaths/100,000 population
2000-2002	59.90
2001-2003	58.61
2002-2004	55.70
2003-2005	52.32
2004-2006	48.94
2005-2007	47.10
2006-2008	46.23
2007-2009	45.11
2008-2010	43.54
2009-2011	41.2
2010-2012	39.9
2011-2013	38.7
2012-2014	38.3
2013-2015	38.2

deaths/100,000 population

Percent of Adults Who Currently Smoke Cigarettes

This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.


19.0

20.0

Comparison: U.S. Value

20.0

Percent

Measurement Period: 2013

Why is this important?

Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death for almost half a million Americans each year, and it contributes to profound disability and pain for many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.**

Percent of Adults Who Currently Smoke Cigarettes : Time Series
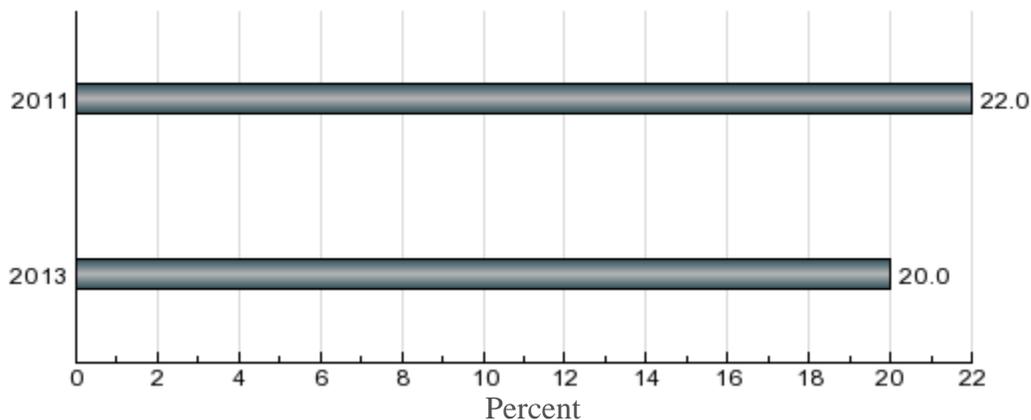
COPD: Medicare Population

This indicator shows the percentage of Medicare beneficiaries who were treated for chronic obstructive pulmonary disease (COPD).
Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).
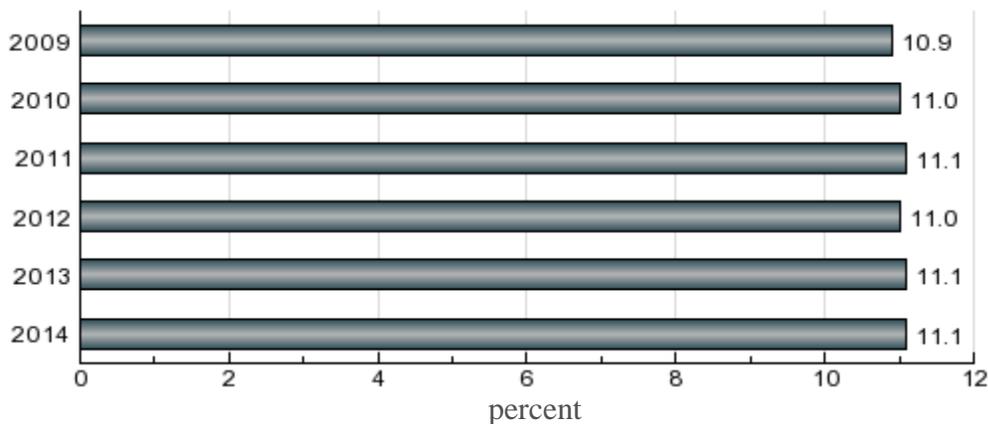

10.5

11.9

Comparison: U.S. States

11.1

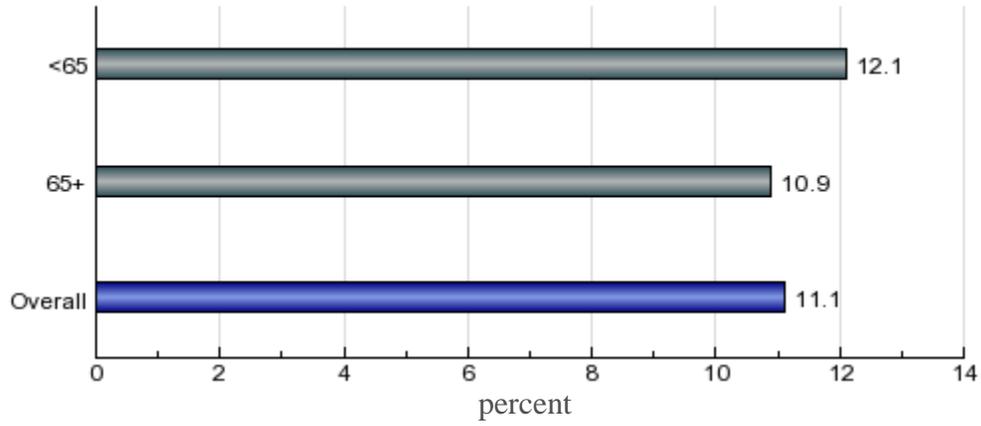percent

Measurement Period: 2014

Why is this important?

Chronic obstructive pulmonary disease, or COPD, is a condition that restricts airflow into the lungs, making it difficult to breathe. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Common symptoms include shortness of breath, wheezing, and chronic cough. There is no cure for COPD, but smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms.
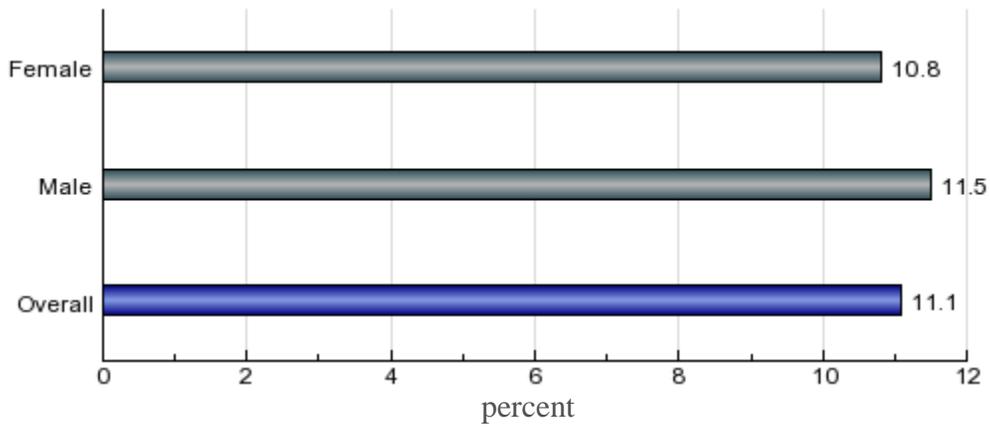
COPD: Medicare Population : Time Series

Year	percent
2009	10.9
2010	11.0
2011	11.1
2012	11.0
2013	11.1
2014	11.1

COPD: Medicare Population by Age

	percent
<65	12.1
65+	10.9
Overall	11.1

COPD: Medicare Population by Gender

	percent
Female	10.8
Male	11.5
Overall	11.1

Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to chronic lower respiratory disease.

- Value

- Time Period

-
  - 40.5
  - 49.5

- **Comparison:** U.S. Value

- deaths/100,000 population

- ## 49.5

  - **Measurement Period:** 2013-2015

- ## Why is this important?
- Chronic Lower Respiratory Disease (CLRD) is the fourth leading cause of death in the United States but the third leading cause of death in Kansas. It is projected to be third nationwide by 2020.

  Approximately 124,000 people die each year in the United States from CLRD. This estimate is considered low, however, because CLRD is often cited as a contributory, not underlying, cause of death on the death certificate. In Kansas in CLRD accounted for 1,577 deaths in 2009, producing an age-adjusted mortality rate of 50.9 deaths per 100,000 population.

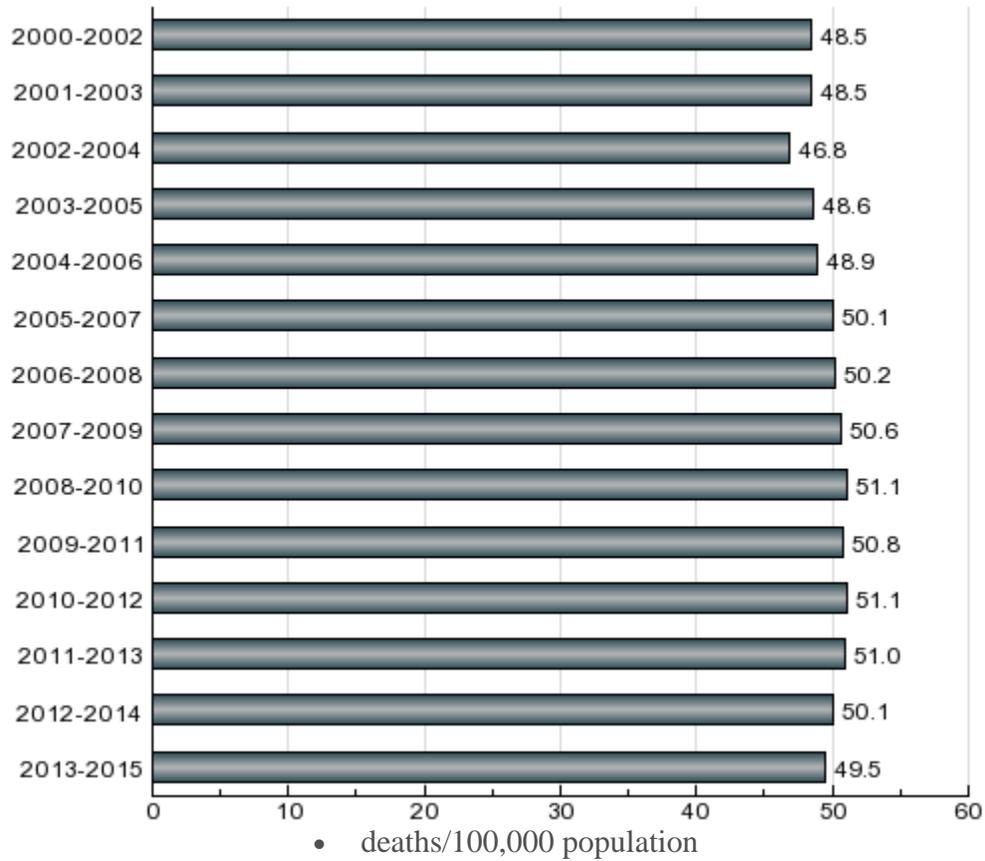 CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. Approximately $42.7 billion is spent annually on direct and indirect health care costs due to CLRD.

  Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases. Cigarette smokers are 10 times more likely to die from these diseases than nonsmokers. The remaining 20% of cases are attributable to environmental exposures and genetic factors. Asthma appears to have a strong genetic basis, with 30% to 50% of all cases due to an inherited predisposition.

  A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency. Smoking cessation in the single most effective way to reduce the risk of CLRD and its progression.

  Lower respiratory disease deaths increased in the United States by 163% between 1965 and 1998. This trend reflects smoking patterns initiated 30 to 50 years ago.

Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population : Time Series

Period	deaths/100,000 population
2000-2002	48.5
2001-2003	48.5
2002-2004	46.8
2003-2005	48.6
2004-2006	48.9
2005-2007	50.1
2006-2008	50.2
2007-2009	50.6
2008-2010	51.1
2009-2011	50.8
2010-2012	51.1
2011-2013	51.0
2012-2014	50.1
2013-2015	49.5

- deaths/100,000 population

- **Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease**

- This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.
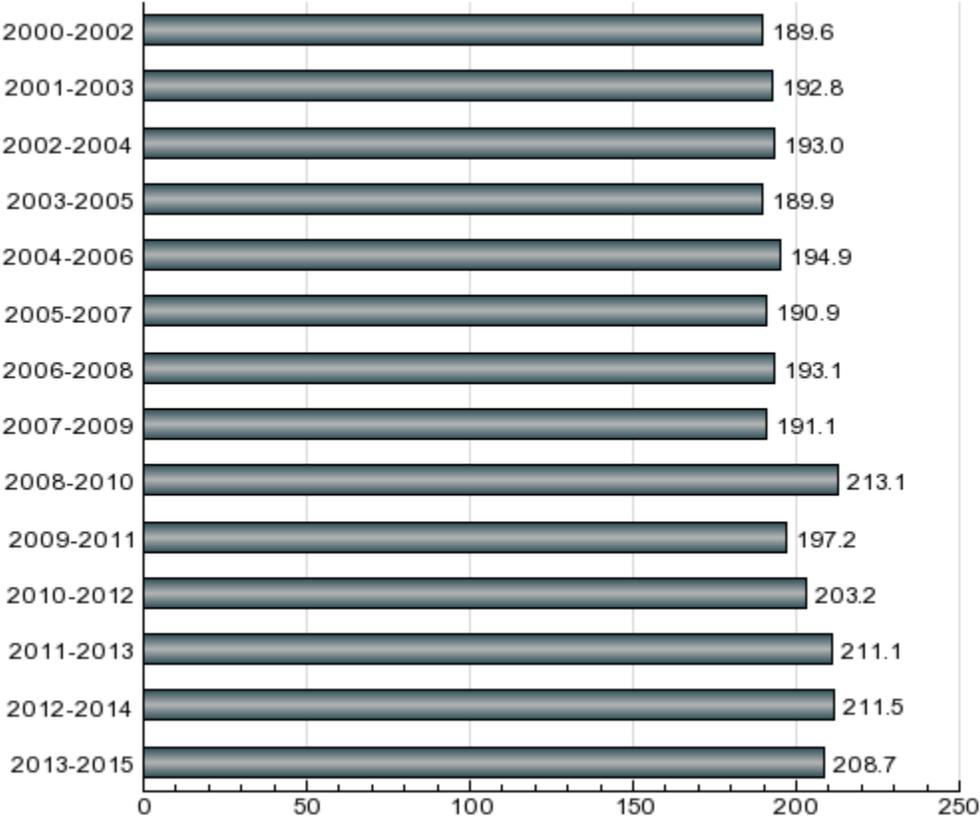
- **Comparison:** Prior Value

- ## 208.7

- Years per 100,000 Population

- **Measurement Period:** 2013-2015

- **Why is this important?**

- Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure of the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify the social and economic losses due to premature death.

- **Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease : Time Series**

Period	Years per 100,000 Population
2000-2002	189.6
2001-2003	192.8
2002-2004	193.0
2003-2005	189.9
2004-2006	194.9
2005-2007	190.9
2006-2008	193.1
2007-2009	191.1
2008-2010	213.1
2009-2011	197.2
2010-2012	203.2
2011-2013	211.1
2012-2014	211.5
2013-2015	208.7

- Years per 100,000 Population

Percent of Adults with Diagnosed Hypertension

This indicator shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).
NOTE: Estimates are not available for the counties with an insufficient sample.

31.4

31.3

Comparison: U.S. Value

31.3

Percent

Measurement Period: 2013

Why is this important?

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure increases the risk for heart attack, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, diabetics, and heavy drinkers. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, maintaining a healthy weight, and staying physically active. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.**

Percent of Adults with Diagnosed Hypertension : Time Series
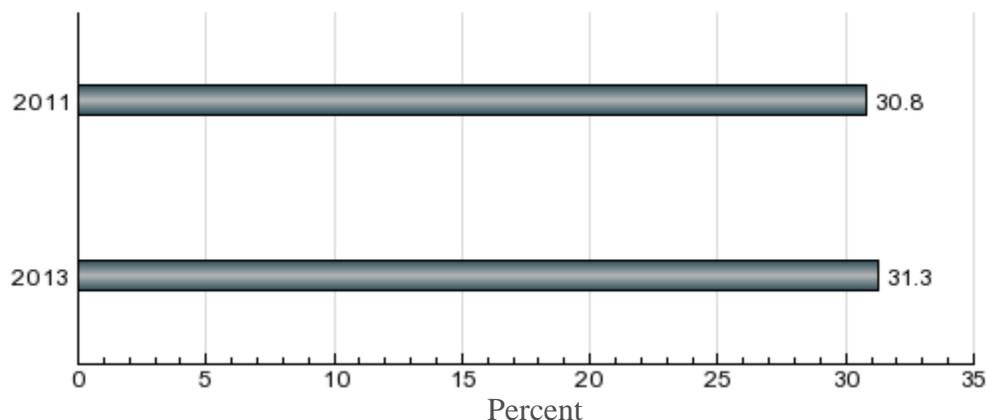
Year	Percent
2011	30.8
2013	31.3

Hypertension: Medicare Population

This indicator shows the percentage of Medicare beneficiaries who were treated for hypertension. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

54.9

58.1

Comparison: U.S. States

52.9

percent

Measurement Period: 2014

Why is this important?

Hypertension, also known as high blood pressure, is a significant increase in the blood pressure in the arteries. Many people with hypertension may not experience symptoms, even if their blood pressure is dangerously high. However, a few might experience severe headaches, dizziness, irregular heartbeats, and other symptoms. Hypertension is the leading cause of stroke and a major cause of heart attacks. In 2010, approximately 58 million persons adults were treated for hypertension. According to the Agency for Healthcare Research and Quality (AHRQ), direct medical spending to treat hypertension totaled $42.9 billion in 2010, with nearly half ($20.4 billion) of these costs attributed to prescription medications.
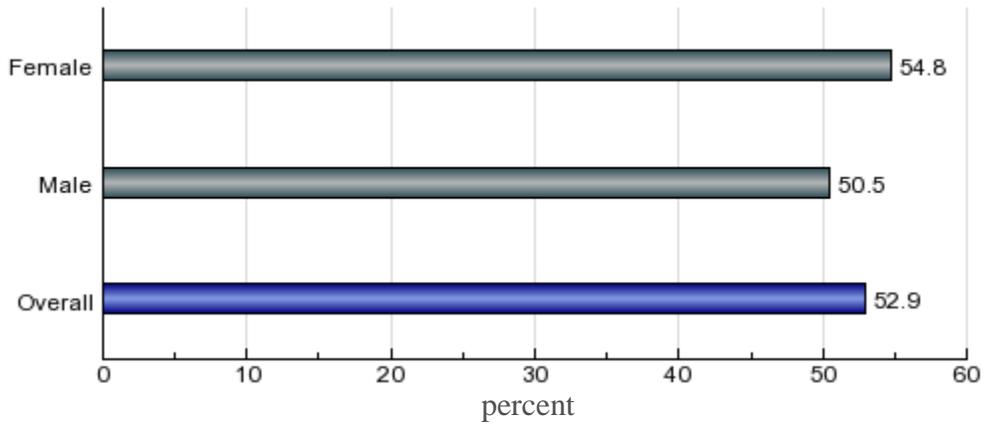
Hypertension: Medicare Population : Time Series

Year	percent
2009	52.0
2010	52.7
2011	52.6
2012	52.7
2013	52.9
2014	52.9
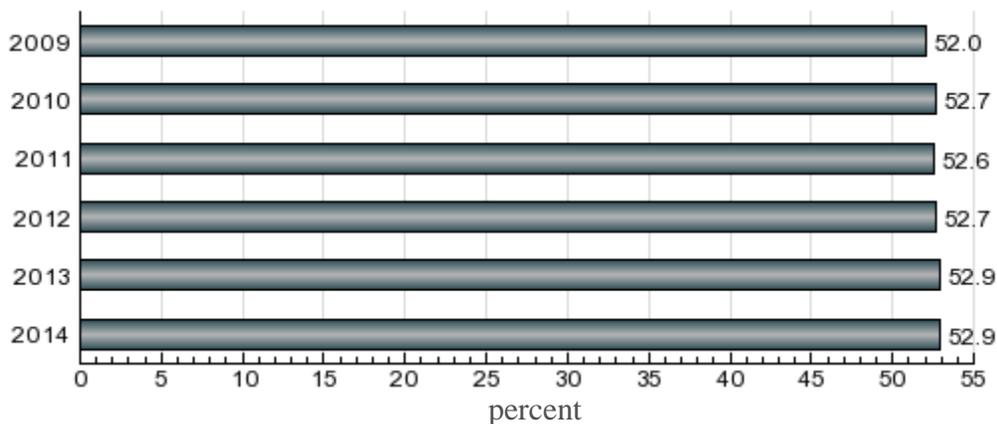
Hypertension: Medicare Population by Age
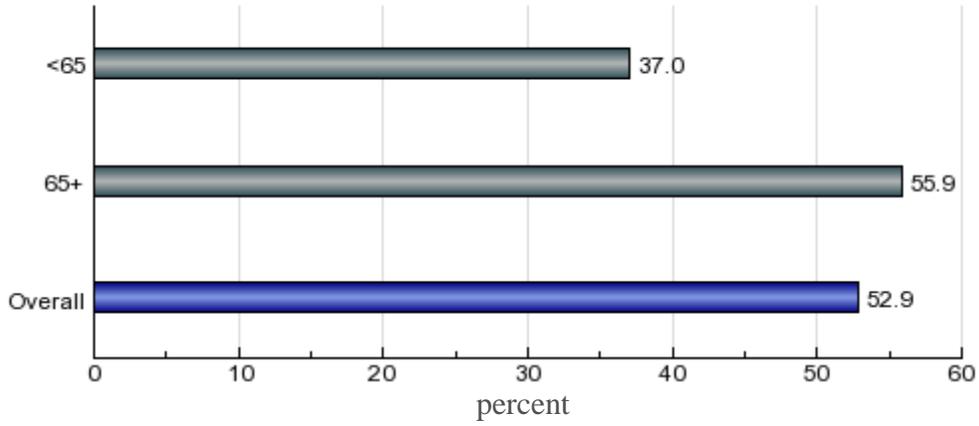
Hypertension: Medicare Population by Gender

Hypertension: Medicare Population by Race/Ethnicity

Percent of Adults Tested and Diagnosed with High Cholesterol

This indicator shows the percentage of adults who have had their blood cholesterol checked and have been told that it was high.
NOTE: Estimates are not available for the counties with an insufficient sample.

38.4

38.1

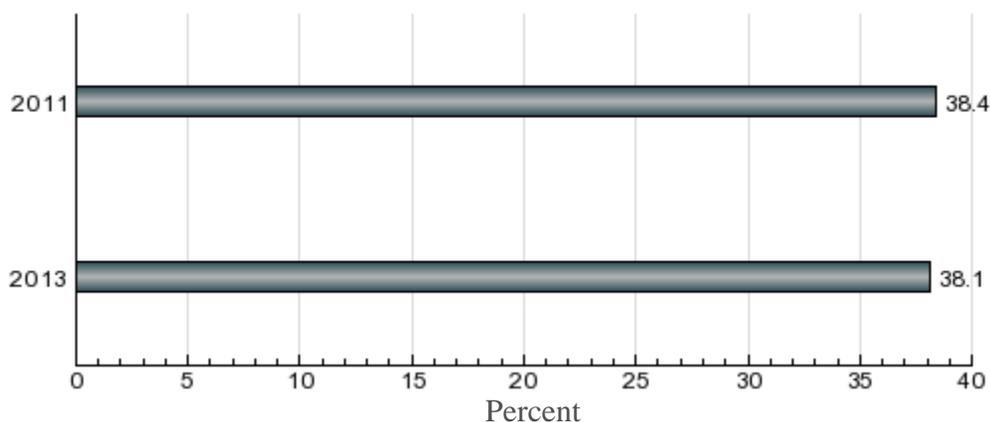**Comparison:** U.S. Value

38.1

Percent

Measurement Period: 2013

Why is this important?

High blood cholesterol is one of the major risk factors for heart disease. Heart disease is the leading cause of death among men and women in the United States. About 600,000 people die of heart disease in the United States every year–that's 1 in every 4 deaths. Every year about 715,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. Lowering high cholesterol levels is important for people of all ages, both men and women.
The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%.

Percent of Adults Tested and Diagnosed with High Cholesterol : Time Series

Death Rate due to Drug Poisoning

This indicator shows the death rate per 100,000 population due to drug poisoning.

14.0

17.9

Comparison: U.S. States

11.3

deaths/100,000 population

Measurement Period: 2012-2014

Why is this important?

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades. In 2010, 60% of drug overdose deaths were related to pharmaceuticals, the majority of which were prescription painkillers. Those who died from drug overdose in 2010 were more likely to be male, American Indian/Alaska Native, or between the ages of 45 and 49. Drug overdose deaths may be accidental, intentional, or of undetermined intent.

Death Rate due to Drug Poisoning : Time Series

Period	deaths/100,000 population
2004-2010	9.1
2006-2012	9.7
2012-2014	11.3

deaths/100,000 population
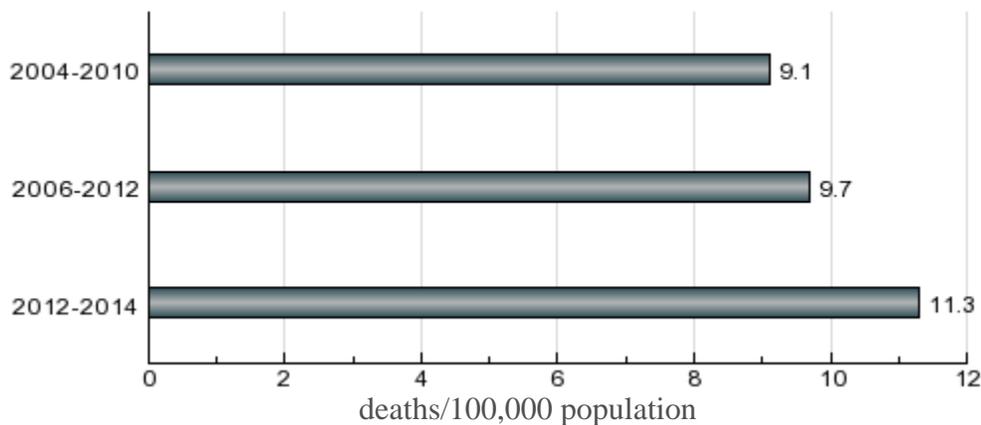
Percent of Adults Who are Binge Drinkers

This indicator shows the percentage of adults 18 years and older who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.
NOTE: Estimates are not available for the counties with an insufficient sample.

16.8

15.4

Comparison: U.S. Value

15.4

Percent

Measurement Period: 201

Why is this important?

Binge drinking is an indicator of excessive alcohol use. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women in the United States. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.
The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older engaging in binge drinking during the past 30 days to 24.3%.

Percent of Adults Who are Binge Drinkers : Time Series
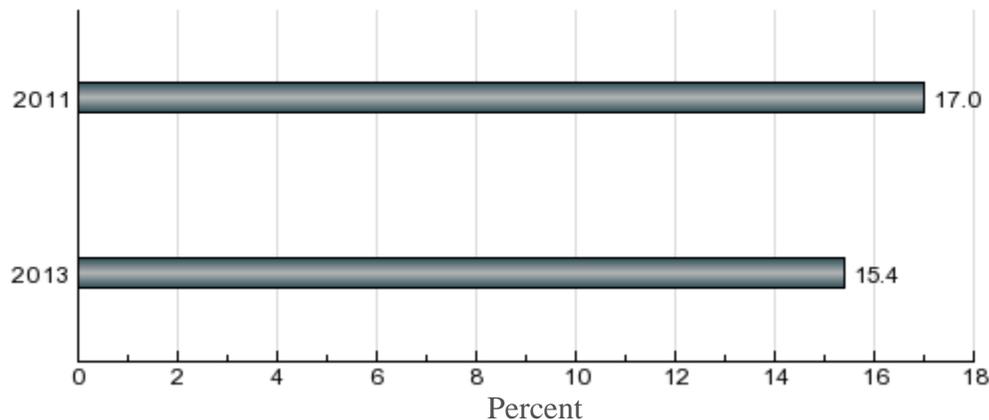
Alcohol-Impaired Driving Deaths

This indicator measures the percentage of motor vehicle crash deaths with alcohol involvement.

32.8

35.4

Comparison: U.S. States

32.8

percent

Measurement Period: 2010-2014

Why is this important?

Nearly one-third of all traffic-related deaths in the United States are caused by alcohol-impaired crashes. Alcohol-impaired traffic deaths are more likely to involve young adult drivers. Among drivers involved in fatal crashes in 2010 with blood alcohol concentrations of 0.08% or higher, 34% were between the ages of 21 and 24, 30% were 25 to 34 years of age, and 25% were 35 to 44 years of age. Effective measures to reduce deaths and injuries from alcohol-related crashes include sobriety checkpoints, ignition interlocks for people with a history of impaired driving, and community-based approaches to alcohol control and prevention of impaired driving.

Alcohol-Impaired Driving Deaths : Time Series

Period	percent
2008-2012	34.7
2009-2013	33.3
2010-2014	32.8

percent
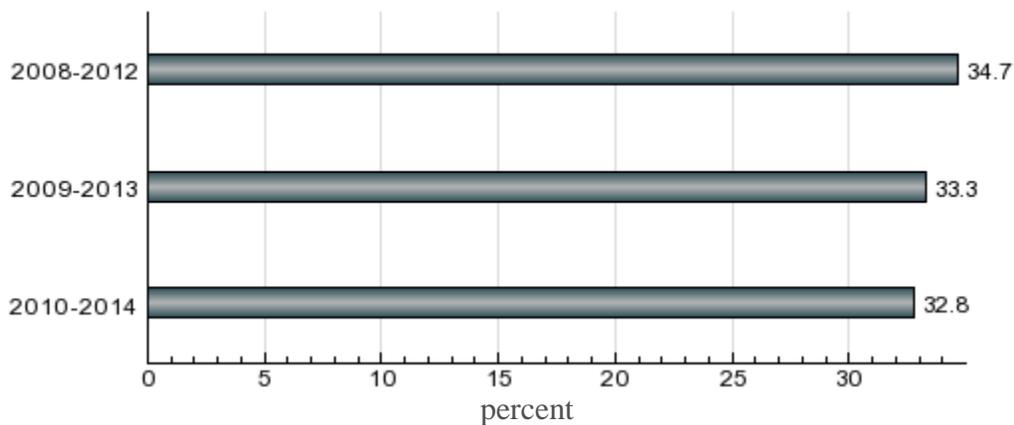
Community Health Needs Assessment Committee
Cloud County, Kansas
Sept. 2016

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