Overview/Executive Summary
Cobb & Douglas Public Health (CDPH) published the most recent Community Health Assessment (CHA) in October 2017, and since has been actively improving health status throughout Cobb and Douglas Counties. The 2018 annual CHA update focuses on three important health topics:

1. **Opioid Overdoses**: updated state and local statistics demonstrate the continued opioid crisis. As a result, much work is being done in Georgia, both at the state level and locally, to combat this public health emergency.

2. **Racial & Gender Differences in Age-adjusted Mortality Rates of Major Cardiovascular Diseases**: While local and state trends in deaths due to major cardiovascular diseases have remained relatively stationary from 2013 to 2017, racial and gender differences exist in mortality rates.

3. **2018 Population Health Outcome Metrics**:
   a. Cobb & Douglas Public Health agency (C2C) metrics
   b. Cobb2020 metrics
   c. Live Healthy Douglas metrics
Opioid Overdoses

### Opioid-Related Overdose Morbidity and Mortality in 2017

<table>
<thead>
<tr>
<th></th>
<th>Any Opioid</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ED Visits</td>
<td>Hospitalizations</td>
<td>Deaths</td>
<td>ED Visits</td>
<td>Hospitalizations</td>
<td>Deaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
<td>Rate</td>
<td>No.</td>
</tr>
<tr>
<td><strong>Georgia</strong></td>
<td>3174</td>
<td>30.4</td>
<td>1760</td>
<td>15.8</td>
<td>1043</td>
<td>10.0</td>
<td>1305</td>
<td>12.7</td>
<td>281</td>
</tr>
<tr>
<td><strong>Cobb</strong></td>
<td>277</td>
<td>36.2</td>
<td>111</td>
<td>14.2</td>
<td>127</td>
<td>16.0</td>
<td>159</td>
<td>20.9</td>
<td>32</td>
</tr>
<tr>
<td><strong>Douglas</strong></td>
<td>77</td>
<td>55.0</td>
<td>19</td>
<td>12.1</td>
<td>21</td>
<td>14.3</td>
<td>31</td>
<td>22.7</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Age-adjusted rate per 100,000 population.
95% confidence intervals (CI) are presented for rates, rates for counts under 5 may be unstable
Any opioid may include prescription and/or illicit opioids—categories are not mutually exclusive.


In 2017,
- Both Cobb and Douglas Counties experienced a higher rate of Emergency Department visits due to opioid overdoses than Georgia as a whole, with Douglas County nearly double the rate of the state average for both any opioid and heroin.
- Both counties also had a higher rate of deaths than Georgia due to opioid overdoses. Cobb County had double the rate of deaths due to heroin, but Douglas County had too few deaths to calculate a valid rate (<5).
Since the publication of the 2016 CHA, considerable work has occurred at the local and state level in Georgia to combat the ever-increasing opioid-involved overdoses among residents.

**Georgia:**

- In March 2018, the Georgia Legislature passed a law moving the Prescription Drug Monitoring Program (PDMP) oversight to the Department of Public Health and setting more strict expectations on how this tracking system was to be used to reduce opioid prescribing practices in Georgia.

- On 8/15/18, Georgia Representative Karen Handel convened 200+ stakeholders from around Georgia to learn more about national groundbreaking laws to address the opioid/heroin crisis and to inspire discussion around the issues. CDPH leadership participated in this meeting to understand what could be done at a local level.

- On 8/21/18, the Georgia Department of Public Health (DPH) convened 500+ stakeholders in Forsyth, GA to learn about the current opioid issues in Georgia and to get key informant feedback on the following plans that were drafted in early 2018:
  - Prescription Drug Monitoring Program: [https://dph.georgia.gov/pdmp](https://dph.georgia.gov/pdmp)

  CDPH Leadership participated in the meeting and began developing the local strategic response plan in coordination with DPH strategies.

- In November 2018, DPH announced it would fund several regional Opioid Coordinator positions throughout Georgia to help develop local strategic plans and to further the use of the ODMAP software ([http://www.odmap.org/](http://www.odmap.org/)) for real time overdose information. At that time, CDPH put the local fund-seeking plans on hold to be compliant with state-wide efforts.

- Due to delays in activating the statewide Opioid Coordinator positions until July 2019, many local CDPH activities were put on hold. CDPH leadership continued to seek opportunities to learn about model practices and to link with other local partners in preparation for the new fiscal year which will bring DPH funding to the districts (July 2019) for at least 3 years and additional funding from Cobb County Government (October 2019) to CDPH.

- During the 2019 Georgia Legislative session, a model syringe exchange bill was passed that will position GA to help reduce infectious diseases in drug users. This bill will also provide an avenue for heroin users to get introduced to treatment options.

**Addiction and Overdose Resources:**

- Emergency Help for Opioid Overdoses: [https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses](https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses)
Cobb County and Douglas County:

- In late 2017, the Cobb2020 Partnership for a Healthier Cobb County and Live Healthy Douglas (our counties’ CHIP Coalitions) added a new regional Behavioral Health workgroup to the Coalitions. Initial work centered around creating a multisectoral workgroup to address Behavioral Health and Substance Abuse issues in both counties, providing presentations to reduce stigma and create awareness and beginning to create a resource database for the district.
Racial & Gender Differences in Age-adjusted Mortality Rates of Major Cardiovascular Diseases

While local and state trends in deaths due to major cardiovascular diseases have remained relatively stationary from 2013 to 2017, racial and gender differences exist in mortality rates.

(Note: Major cardiovascular diseases include but are not limited to high blood pressure, heart attack, stroke, hardening of the arteries, and aortic aneurysm).

Source: DPH OASIS

![Trends in Age-adjusted Mortality Rates due to Major Cardiovascular Diseases, 2013-2017](chart1.png)

![Racial Differences in Age-adjusted Major Cardiovascular Diseases Mortality Rates - Cobb County, 2013-2017](chart2.png)
2013-2017 aggregate data show us that when the mortality rates are compared across races and genders once adjusted for age:
Cobb County:

- Black residents have higher rates of death due to major cardiovascular disease compared to their White counterparts, at 221.8 vs 191.4 per 100,000, respectively, although lower than the state average of 281.7 per 100,000.
- Black males (279.0) and White males (233.4) have higher mortality rates compared to Black and White females in Cobb at 188.5 and 158.3 per 100,000, respectively.

Douglas County:

- At 274.2 per 100,000, Black residents have slightly higher age-adjusted major cardiovascular mortality rates than their White counterparts’ rate of 260.0 per 100,000.
- Black males (338.8) and White males (315.1) have higher mortality rates compared to Black and White females in Douglas at 228.5 and 216.3 per 100,000, respectively.

**Why Age Adjust?**

Age-adjusted rates allow you to compare health statistics (like death rates) between population groups, even though the size of the groups or the age of group members might be very different. It is the best way to compare the impact of diseases like heart disease, cancer, and stroke that are heavily influenced by increasing age.
Agency & Coalition Population Health Outcome Metrics

CDPH tracks two types of population health outcome metrics: internally (called agency C2C metrics) and externally for the CHIP/coalitions (Cobb2020 & Live Healthy Douglas). All these metrics were reviewed, updated, and approved in Summer 2018.

Tracking

All population health outcome metrics are tracked annually through InsightVision, a cloud-based Performance Management software system that CDPH adopted in 2016. Screenshots from InsightVision are included for reference below.

1. Agency C2C metrics
2. Cobb2020 CHIP metrics
3. Live Healthy Douglas CHIP metrics
# MeasureBoard

## BSC: C2c: Community Health Metrics Meeting Target

<table>
<thead>
<tr>
<th>Associated Measures</th>
<th>Name</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BA: C2c: # of Acute Hepatitis B Infections</td>
<td>7</td>
<td>12</td>
<td>2</td>
<td>5</td>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NC: C2c: # of Arboviral Illness</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IP: C2c: # of Children (0-19y) Killed in a MVC</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>5</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1st: C2c: # of children enrolled in preK in public school with developmental needs</td>
<td>1,377</td>
<td>1,518</td>
<td>1</td>
<td>1,400</td>
<td>FY 2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SP: C2c: # of Cryptosporidium Cases</td>
<td>30</td>
<td>30</td>
<td>1</td>
<td>25</td>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS: C2c: # of Foodborne Outbreaks</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OSSM: C2c: # of Impaired Streams in Cobb &amp; Douglas Counties</td>
<td>50</td>
<td>50</td>
<td>1</td>
<td>49</td>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WIC: C2c: % of 2-4 year old WIC Children who are Obese</td>
<td>13.4%</td>
<td>13.0%</td>
<td>2</td>
<td>9.5%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDP: C2c: % of Adult Cigarette Smokers</td>
<td>9.1%</td>
<td>13.4%</td>
<td>1</td>
<td>12.0%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SH: C2c: % of Children ages 6-17 who missed 11+ days of school per year due to illness or injury by age group</td>
<td>3.2%</td>
<td>3.6%</td>
<td>1</td>
<td>2.0%</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Category</td>
<td>Description</td>
<td>2019</td>
<td>2017</td>
<td>Change</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-------------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>C2c: % of Children Fully Immunized</td>
<td>Imm</td>
<td>85.0%</td>
<td>85.0%</td>
<td>1</td>
<td>85.0%</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>C2c: % of Low Birth Weight Babies</td>
<td>PCM</td>
<td>8.8%</td>
<td>9.3%</td>
<td>1</td>
<td>7.8%</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: % of students with Caries Experience (treated or untreated tooth decay) in GA</td>
<td>OH</td>
<td>52.0%</td>
<td>23.6%</td>
<td>2</td>
<td>25.0%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>C2c: % of Tourist Accommodations with Bedbugs</td>
<td>TA</td>
<td>4%</td>
<td>2%</td>
<td>1</td>
<td>5%</td>
<td>FY 2018</td>
<td></td>
</tr>
<tr>
<td>C2c: Age-Adjusted Breast Cancer Mortality Rate</td>
<td>BCCP</td>
<td>22.5</td>
<td>25.7</td>
<td>2</td>
<td>20.0</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: Age-Adjusted Mortality Rate</td>
<td>VR</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>C2c: District TB Case Rate</td>
<td>TB</td>
<td>3.3</td>
<td>2.0</td>
<td>1</td>
<td>2.9</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: HIV Prevalence Rate</td>
<td>HIV</td>
<td>413.0</td>
<td>431.6</td>
<td>1</td>
<td>372.0</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>C2c: Major cardiovascular ER visit rate</td>
<td>CDP</td>
<td>833.2</td>
<td>841.6</td>
<td>5</td>
<td>800.0</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: Number of Reported Elevated Blood Lead Levels in Children (&gt;9.9 mcg/dl)</td>
<td>CH</td>
<td>5</td>
<td>12</td>
<td>1</td>
<td>5</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>C2c: Pertussis Incidence Rate</td>
<td>EPI-Acute</td>
<td>3.0</td>
<td>2.4</td>
<td>2</td>
<td>2.0</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: Pregnancy Rate (10-19 Years of Age)</td>
<td>AH</td>
<td>11.1</td>
<td>10.8</td>
<td>2</td>
<td>12.3</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>C2c: Prevalence of Autism Spectrum Disorders in GA</td>
<td>BCW</td>
<td>N/A</td>
<td>17.00</td>
<td>0</td>
<td>10.00</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>C2c: Prevalence of children ever diagnosed with a developmental disability</td>
<td>CMS</td>
<td>6.04%</td>
<td>6.99%</td>
<td>2</td>
<td>5.00%</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Description</td>
<td>2016</td>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EHDI: C2c</strong></td>
<td>Prevalence Rate of Infants Diagnosed with Hearing Loss (CY)</td>
<td>1.7</td>
<td>1.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPI-STI: C2c</strong></td>
<td>Rate of Primary and Secondary Syphilis Infections in Males</td>
<td>21.2</td>
<td>23.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Cobb CHIP

### Scorecards

#### Customer

<table>
<thead>
<tr>
<th>Name</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1.1: Tobacco Product Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2c: % of Adult Cigarette Smokers</td>
<td>9.1%</td>
<td>13.4%</td>
<td>1</td>
<td>12.0%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 1.2: Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of CCSD students who are in Aerobic Capacity Healthy Fitness Zone</td>
<td>N/A</td>
<td>70.1%</td>
<td>0</td>
<td>73.5%</td>
<td>FY 2017</td>
<td></td>
</tr>
<tr>
<td>% of physically inactive adults (District Only)</td>
<td>20.9%</td>
<td>17.4%</td>
<td>1</td>
<td>16.5%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 1.3: Healthy Eating</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of CCSD students who are in the Body Composition (BMI) Healthy Fitness Zone</td>
<td>N/A</td>
<td>69.0%</td>
<td>0</td>
<td>72.5%</td>
<td>FY 2017</td>
<td></td>
</tr>
<tr>
<td>% of obese adults with BMI of 30 or higher (District Only)</td>
<td>21.9%</td>
<td>23.4%</td>
<td>2</td>
<td>22.2%</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 2.1: Access to Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adults who have not had a medical appointment due to cost (District Only)</td>
<td>17.6%</td>
<td>18.4%</td>
<td>2</td>
<td>17.5%</td>
<td>2014</td>
<td></td>
</tr>
</tbody>
</table>
### Scorecards

<table>
<thead>
<tr>
<th>Metric</th>
<th>Goal 2.2: Chronic Disease Management</th>
<th>Goal 2.3: Infant Mortality</th>
<th>Goal 2.4: Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of self-pay visits to the ED that do not result in hospital admission (per 1,000 ppl)</td>
<td>72.4, 72.8</td>
<td>6.3, 6.7</td>
<td>16.1, 18.1</td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)</td>
<td>83.8, 86.2</td>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>Age-adjusted death rate due to drug overdoses (per 100,000 ppl)</td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)</td>
<td>157.7, 158.0</td>
<td></td>
<td>12.4, 12.6</td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl)</td>
<td>47.8, 19.3</td>
<td></td>
<td>16.1, 18.1</td>
</tr>
</tbody>
</table>

**Goal 2.2: Chronic Disease Management**

- **Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl):** 83.8, 86.2
- **Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl):** 157.7, 158.0
- **Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl):** 47.8, 19.3

**Goal 2.3: Infant Mortality**

- **Infant mortality rate (per 1,000 live births):** 6.3, 6.7

**Goal 2.4: Behavioral Health**

- **Age-adjusted death rate due to drug overdoses (per 100,000 ppl):** 16.1, 18.1
- **Age-adjusted death rate due to suicide (per 100,000 ppl):** 12.4, 12.6
## Douglas CHIP

### Scorecards

#### Goal 1.1: Tobacco Product Use

<table>
<thead>
<tr>
<th>C2c: % of Adult Cigarette Smokers</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.1%</td>
<td>13.4%</td>
<td>1</td>
<td>12.0%</td>
<td>2014</td>
<td></td>
</tr>
</tbody>
</table>

#### Goal 1.2: Healthy Eating

<table>
<thead>
<tr>
<th>% of DCSS students who are in the Body Composition (BMI) Healthy Fitness Zone</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>67.0%</td>
<td>0</td>
<td>70.4%</td>
<td>FY 2017</td>
<td></td>
</tr>
</tbody>
</table>

#### Goal 1.3: Youth Behavior

<table>
<thead>
<tr>
<th>% of DCSS middle and high school students reporting using prescription drugs without a doctor's prescription</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.9%</td>
<td>18.0%</td>
<td>1</td>
<td>17.1%</td>
<td>FY 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Premature death rate (YPLL 75) due to homicide, 1-24 years of age (per 100,000 ppl)</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>273.4</td>
<td>315.2</td>
<td>3</td>
<td>299.4</td>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Premature death rate (YPLL 75) due to motor vehicle crashes, 1-24 Years of Age (per 100,000 ppl)</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>506.4</td>
<td>522.6</td>
<td>1</td>
<td>496.5</td>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Premature death rate (YPLL 75) due to suicide, 1-24 years of age (per 100,000 ppl)</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>214.5</td>
<td>252.3</td>
<td>5</td>
<td>248.2</td>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>

#### Goal 2.1: Access to Primary Care
## Scorecards

### Goal 2.2: Chronic Disease Management

<table>
<thead>
<tr>
<th>Metric</th>
<th>2017</th>
<th>2018</th>
<th>Change</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of self-pay visits to the ED that do not result in hospital</td>
<td>121.8</td>
<td>125.8</td>
<td>1</td>
<td>+1.0%</td>
</tr>
<tr>
<td>admission (per 1,000 ppl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)</td>
<td>97.0</td>
<td>103.5</td>
<td>1</td>
<td>+6.6%</td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)</td>
<td>230.5</td>
<td>233.6</td>
<td>3</td>
<td>+1.3%</td>
</tr>
<tr>
<td>Age-adjusted hospital discharge rate due to high blood pressure (per</td>
<td>62.3</td>
<td>23.5</td>
<td>3</td>
<td>+63.0%</td>
</tr>
<tr>
<td>100,000 ppl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Goal 2.3: Mental/Behavioral Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>2017</th>
<th>2018</th>
<th>Change</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted death rate due to drug overdoses (per 100,000 ppl)</td>
<td>21.9</td>
<td>16.0</td>
<td>1</td>
<td>-31.1%</td>
</tr>
<tr>
<td>Age-adjusted death rate due to suicide (per 100,000 ppl)</td>
<td>10.1</td>
<td>13.5</td>
<td>1</td>
<td>+31.3%</td>
</tr>
</tbody>
</table>