

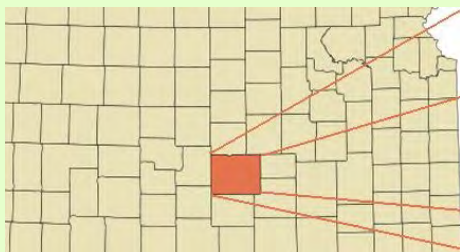
Reno County

Community Data Book

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Healthy Living in a Healthy Community



Reno County Health Improvement Council

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Director's Summary

Assessment of a community's health status is one of public health's core functions.

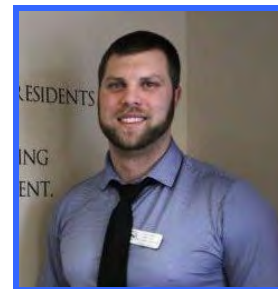
There are many ways to assess the public health system and health care needs. This data book seeks to answer questions about the health status of the community, including the conditions that exist in our community. Further, this report offers context by comparing multiple years of local and/or peer community's data.

We hope this data book will provide community organizations, agencies, coalitions and Reno County residents with measures that will support new and continued efforts to improve the health of Reno County.

In 2016, our community prioritized five health issues based on the prevalence (number of people affected) and the level of community involvement to address the issues. You'll find in the matrix provided how different data sources and their representation of the top five health issues are validated. Each issue is an adaptive and complex challenge. To improve health outcomes, each issue will require individual health behavior and systems changes to help individuals make healthy choices. Measures related to these priorities are found throughout this data book.

These resources contain the most current information available to most indicators. However, different sources update information at different times. If health status information included here sparks additional questions about community health data, please contact the health department at **620-694-2900**.

The staff of the Reno County Health Department look forward to using this health assessment to work with our community partners to lead changes that help create healthy lifestyles for Reno County residents.



Nicholas S Baldetti

Director/Health Officer

Reno County Health Department

Identified Risk Factors Among Our Population

	Kansas Health Matters	Reno County BRFSS	Community Commons Data	County Health Rankings	Community Opinion Survey
Obesity	X	X	X	X	X
Alcohol Abuse		X	X	X	X
Drug Abuse			X		X
Healthcare Costs		X			X
Mental Health		X			X
Smoking	X	X	X	X	

Reno County Community Health Assessment 2015/2016

An assessment of Reno County, conducted by the Reno County Health Improvement Council

The Reno County Health Improvement Council is comprised of members from Horizons Mental Health, Hospice and Homecare of Reno County, Hutchinson Regional Medical Center, Wesley Towers, Reno County Health Department, Hutchinson Clinic, Prairie Star Health Center and United Way of Reno County. The Health Improvement Council conducted a Community Health Assessment (CHA) for the 63,718 residents of Reno County, Kansas. (US Census Bureau QuickFacts) Member organizations of the Council serve Reno County and residents from the surrounding area.

Reno County measures 1,256 square miles and is the third largest county in size in the state behind Butler and Finney Counties. The population of Reno County has decreased from 64,511 residents in 2010 to 63,718 according to US Census Bureau update estimates (US Census Bureau QuickFacts).

Reno County includes both urban and rural areas. The local area economy is heavily dependent on agriculture. Traditionally this meant the sale of commodities such as wheat and beef. However, Reno County has resources of salt production, including Carey and Morton Salt, Siemens Wind Energy, and Alcoa Aerospace Center. The median annual family income in the county currently is \$44,673 compared to the median annual family income in the state of Kansas of \$52,504 (US Census Bureau QuickFacts).

The first Community Health Assessment for Reno County was conducted in 2012 and a Community Health Improvement Plan (CHIP) was adopted in 2013. The Reno County Health Improvement Council was responsible for tracking the progress towards the goals established in the 2013 CHIP. The Council has continued to meet and in 2015 began the process of conducting an updated Community Health Assessment (CHA).

How the Assessment was conducted

The Council met and decided that the best way to start the updated health assessment process was a community survey. The survey was distributed electronically and in paper form and consisted of fifteen questions that assess the respondents' perceptions of the health of Reno County and also collected Respondents' demographic information. 1,478 people responded to the survey, representing 2.3% of Reno County's total population. On the next page is a comparison of the demographic characteristics of the survey's respondents to the demographics of Reno County.



Demographics of Survey Respondents Compared to Demographics of Population of Reno County

	Survey Respondents	Reno County
Female	81.27%	49.60%
65 and older	17.05%	18%
High school or higher	99.04%	88.40%
Bachelors degree or higher	46.24%	19.70%
White	94.82%	92.30%
Black	.43%	3.40%
Hispanic	3.05%	9%
American Indian	.28%	.80%
Asian	.21%	.60%
Native Hawaiian	.14%	.10%
Median Household Income	\$60,000-\$79,000	\$44, 673
Married and living together	72%	
Employed Full Time	72.27%	

The respondents of the survey have different demographic characteristics than the population of the county as a whole. Because data needs to be representative to be valuable for planning processes, the Health Improvement Council decided to make efforts to collect data from the groups that were under-represented in the first community survey. The Salvation Army, First Course groups at Hutchinson Regional Medical Center and Circles of Hope were utilized to target groups who were under-represented in the first round of data collection. Demographic information was not collected for these respondents, but their responses were incorporated into the data that the Council used to identify the top areas of concern for the county.

What We Asked

The questions asked of the respondents were:

1. How would you rate your community as a “Healthy Community”?
2. Please indicate your level of agreement with each of the following statements:
 - a. I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health, education, recreation, and social belonging).
 - b. The community has enough health and wellness activities to meet my needs.
 - c. I am satisfied with the health care available in our community.
 - d. I have access to the medical specialist I need.
 - e. In the last year, I chose not to receive health care services due to cost.
 - f. I have my own doctor I see whenever I am sick.
 - g. I am satisfied with public health services (food safety, disease prevention, immunizations, etc).
 - h. If I need help or assistance during times of stress, I have support in my community.
 - i. There is enough access to medical care for residents with low income in our community.
 - j. This community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior care and other services for the elderly living alone).
 - k. It is easy for me to get to places (grocery stores, doctor, work, etc).
 - l. There are jobs available in the community (consider locally owned and operated businesses, jobs with career growth, livable wages, etc).
 - m. I feel my community is a safe place to live and raise children (consider size, location, cost, etc).
 - n. I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.)
 - o. I have seen improvement in healthy activities and healthy eating options in my community in the last three years.
 - p. I have seen improvement in the access to healthcare options in my community in the last three years,
 - q. I feel helpless in making changes to my community.
3. In the following list, what do you think are the 3 most important “health problems” in our community?
 - a. Aging problems
 - b. Alcohol Abuse
 - c. Bullying
 - d. Cancers
 - e. Child Abuse/Neglect
 - f. Dental Problems
 - g. Diabetes
 - h. Domestic Violence
 - i. Drug Abuse
 - j. Heart Disease and Stroke
 - k. High Blood Pressure
 - l. Infant Death
 - m. Infectious Disease
 - n. Mental Health Problems
 - o. Obesity
 - p. Rape/sexual assault
 - q. Respiratory/lung diseases
 - r. Smoking
 - s. Suicide
 - t. Teenage Pregnancy
 - u. Other (write in)

4. In the following list, what do you think are the 3 most important “risky behaviors” in our community?

- a. Alcohol Abuse
- b. Dropping Out of School
- c. Drug Abuse
- d. Lack of Exercise
- e. Poor Eating Habits
- f. Not Getting “shots” to Prevent Disease
- g. Texting/Cell Phone While Driving
- h. Tobacco Use/E-Cigarette Use
- i. Not Using Birth Control
- j. Not Using Seat Belts or Child Safety Seats
- k. Unsafe Sex
- l. Other (write in)

5. In the following list, what is the biggest barrier of access to healthcare for you?

- a. Available medical specialist
- b. Hours of Operation for Healthcare Facilities
- c. Transportation to Healthcare Facilities
- d. Lack of Medical Resources/Referral Services
- e. Lack of Coordination between Multiple Medical Providers
- f. Other (write in)

Questions 6-15 collected the demographic information that is displayed in the table above.

The Results

After collecting these first two rounds of data from the community, the Reno County Health Improvement Council met to aggregate, compare and analyze the responses that were received. Based upon this analysis, it was determined that the top five issues that impact the health of Reno County are:

Alcohol
Health Care Costs
Drug Abuse
Mental Health
Obesity

Full results of the community survey may be obtained by contacting the Reno County Health Department at (620) 694-2900.

From the Community Health Survey:

In the following list, what do you think are the 3 most important “health problems” in our community?

1,433 Respondents answered as follows:

	# of times selected
Drug Abuse	839
Obesity	675
Mental Health	562
Alcohol	306
Child Abuse/Neglect	293
Aging Problems	286
Cancers	257
Smoking	233
Heart Disease and Stroke	214
Diabetes	209
Domestic Violence	163
Dental Problems	139
Bullying	109
High Blood Pressure	93
Teenage Pregnancy	79
Respiratory/Lung Diseases	54
Infectious Disease	43
Suicide	42
Rape/Sexual Assault	30
Infant Death	11

Gathering Further Community Input

With these top five issues identified, the Health Improvement Council asked the residents of Reno County to provide more input into the things that affect our health and the things that we are able to change. The Council conducted a Community Health Discussion on April 26, 2016 and invited everyone in Reno County to attend. The results from the initial primary data collection, as well as, the most recent secondary data from sources like the Kansas Health Matters and the County Health Rankings were shared with everyone in attendance by Lisa Gleason of United Way of Reno County, the facilitator of the Council and the discussion, and by Nick Baldetti, Health Officer and Director of the Reno County Health Department. After sharing these results with those in attendance, all participants were asked to brainstorm at their tables all of the resources that are currently in place to address each of the five issues to identify strategies/ideas for future work on those issues.

At the end of the convening, following the discussion and brainstorming, we asked all participants to rank the top five issues identified by feasibility and by impact of proposed strategies.

The Council then analyzed all of the data and strategies collected at the Community Health Discussion and identified Obesity and Mental Health as the two areas that have the greatest potential impact on the health of Reno County.

Transitioning from Assessment to Planning

The next steps in this process are to identify the goals and objectives that Reno County seeks to reach in the areas of Obesity and Mental Health over the next three years. Continued community input and the collaboration of all of the sectors that affect the health of Reno County are the keys to creating and implementing effective and sustainable change in these areas. The Community Health Discussion was the start of the 2016 Community Health Improvement Planning process for Reno County. This process will create the strategic plan for improving the health of Reno County over the next three years.

The Community Health Improvement Plan is contained in a second document that will be presented to the public in the Fall of 2016. The Council will continue to monitor the progress towards the goals identified in the CHIP throughout the next three years and will provide oversight and guidance to the Obesity and Mental Health workgroups that will be created.

Community Health Improvement Council Members

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Data Book compiled and edited by Samantha Zeller, a Health Promotion Intern from Emporia State University with the Reno County Health Department. The Health Improvement Council thanks Sam for her work on this project throughout the summer.

Mission

Our mission is to improve the health of Reno County residents by preventing disease, promoting wellness, and protecting the public's health and environment.

Healthy Living in a Healthy Community



Public Health
Prevent. Promote. Protect.

Population

1.1 Demographics

Reno County is one of the geographically largest counties in Kansas (1,255 square miles) with a total population of **63,718**. It is home to Hutchinson, the county seat, with a population of 41,642 and several small surrounding communities. Reno County is the 9th most populated county in the state out of 105 counties. The median household income for both the county (\$46,673) and city of Hutchinson (\$41,677) is considerably lower than the state's rate (\$51,872). Presumably 15.8% of its counties residents live in poverty.



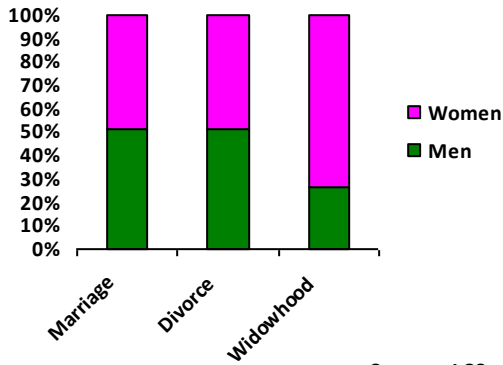
Rural Reno County is home to a significant number of Amish families who are quite dependent upon agriculture and value a minimalist lifestyle. Hutchinson has three state prison facilities (minimum, medium, and maximum security) that provide steady employment for many, but draws a number of transient families to the area who are in need of a variety of social services. There is also a great deal of manufacturing work, which leads to a variety of shift work, strenuous activity, and can take a serious toll on their health if not managed properly.

Demographics	Reno (2010)	Reno (2014)	Kansas (2010)	Kansas (2014)
Population	64,511	63,793	2,853,132	2,904,021
Persons under 18 years	23.6%	23.2%	25.5%	24.9%
Persons 65 years and over	17%	18%	13.2%	14.3%
Race and Ethnicity				
White persons	90.6%	92.9%	83.8%	86.8%
Black persons	3%	3.4%	5.9%	6.3%
American Indian and Alaska Native persons	0.7%	0.8%	1.0%	1.2%
Asian persons	0.5%	0.6%	2.4%	2.8%
Persons reporting two or more races	2.6%	2.2%	3.0%	2.8%
Persons of Hispanic or Latino Origin	8.1%	9.0%	10.5%	11.4%

Source: US Census

1.2 Married Population

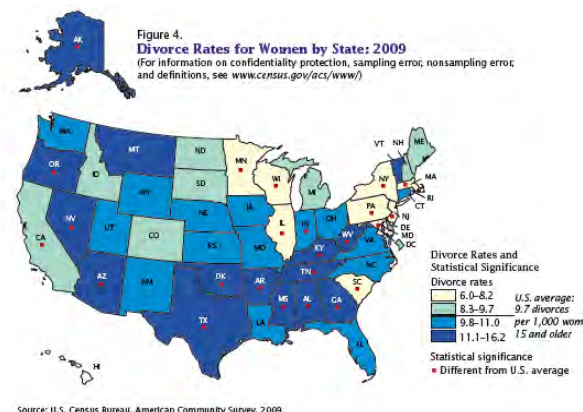
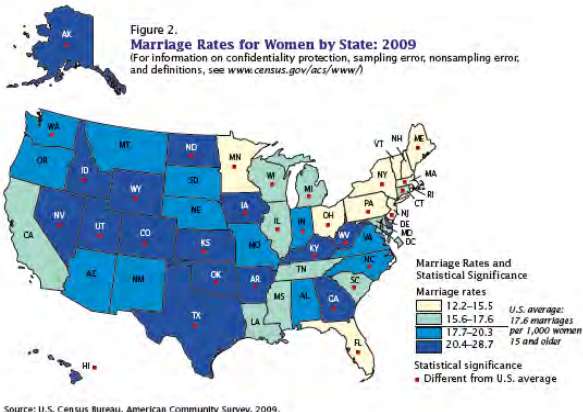
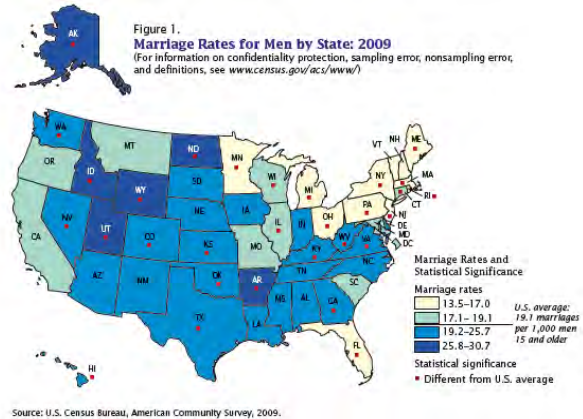
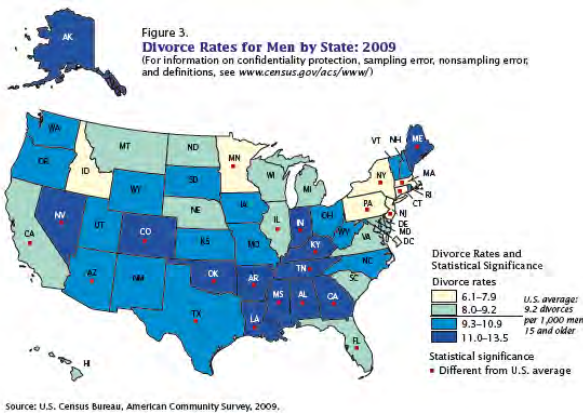
Rates per 1,000 Men and Women Aged 15 and Over for the Nation:2009



Source: ACS

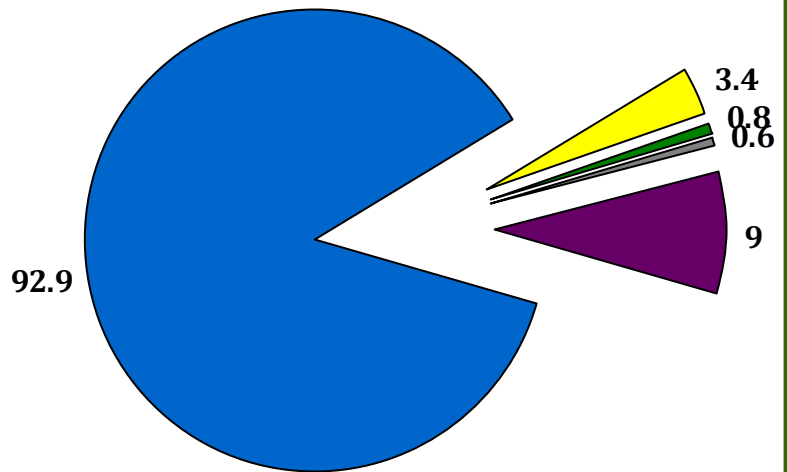
Marriage, divorce, and singlehood are important roles in the lives of many adults in the United States. Marital events signify transitions into adulthood and the opportunity for a family. These figures were obtained by the American Community Survey (ACS). This questionnaire mechanism is mailed by the US Census Bureau every month for a nationwide sample. The United State's marriage rate is 19.1, where Kansas's is 22.1. For males, Kansas has a slightly higher rate of divorces, at 10.2 compared to the national average at 9.2. Female marriage rates in Kansas are higher at 20.8 compared to the US at 17.6.

The below figures show marriage and divorce rates across the United States. Rates of marriage and divorce are fluctuated by demographics and location. There can also be difficult transitions affecting the social, emotional, and economic well-being of families. Women and men aged 25-34 were the highest to be married whereas the highest percentages of those men and women divorced were in the age category of 35-44 years old. Among the widowed, males and females over the age of 65 years old held the highest occurrence.



1.3 Population by Race and Ethnicity

- White persons
- Black or African American
- American Indian and Alaska Native persons
- Asian persons
- Hispanic or Latino persons



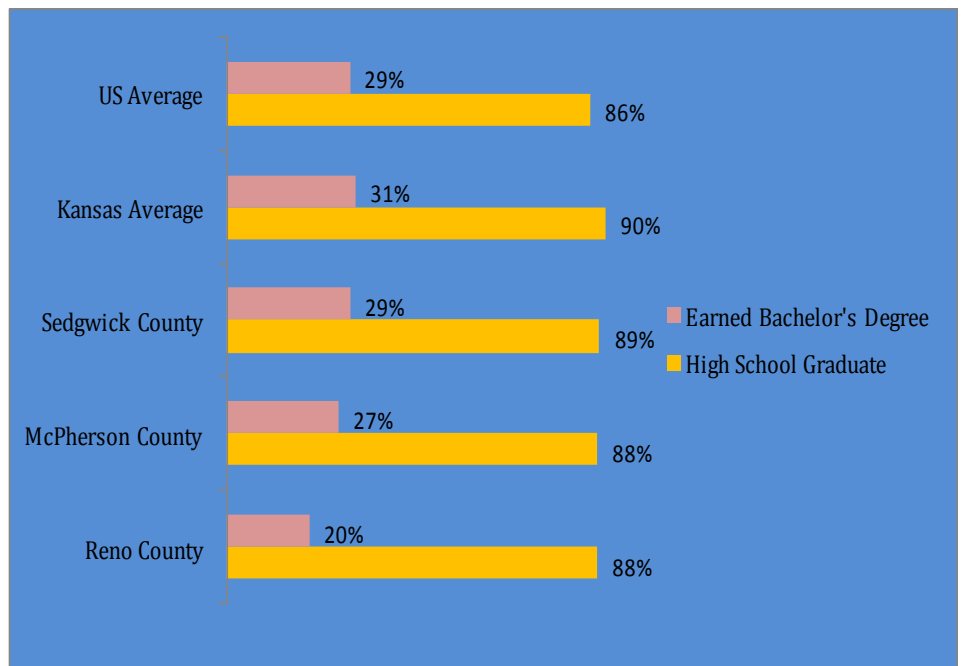
Source: Profile of General Population 2015 U.S. Census

In Kansas, the dominant race is white. However, there is a growing population of all races, ethnicities, and cultures in rural Kansas. With many different cultures, we encompass a population with vast interests and lifestyles. This prompts progress in the process of becoming cultured and being open to individuals unique traditions, views, and backgrounds. Reno County is a diverse population with much to offer not only its' residents, but travelers of all. In 2010, our population was 90.60% white and 3% black or African American. In 2010, we also had a population of .7% American Indian, where it has increased to .8% in 2015.

1.4 Population by Educational Attainment

Compared to our neighboring counties, Reno County remains about average to that of high school graduation rates. Additionally, Reno County has seen an increase in High School graduation rates. In 2000 it was 85.9%, and in 2008, it was up to 90.2%. For our county, the dropout rate was 1.8% in the 2014-2015 school year.

In comparison to the state as a whole, Reno County has almost a 10% difference in the population not holding a Bachelor degree.

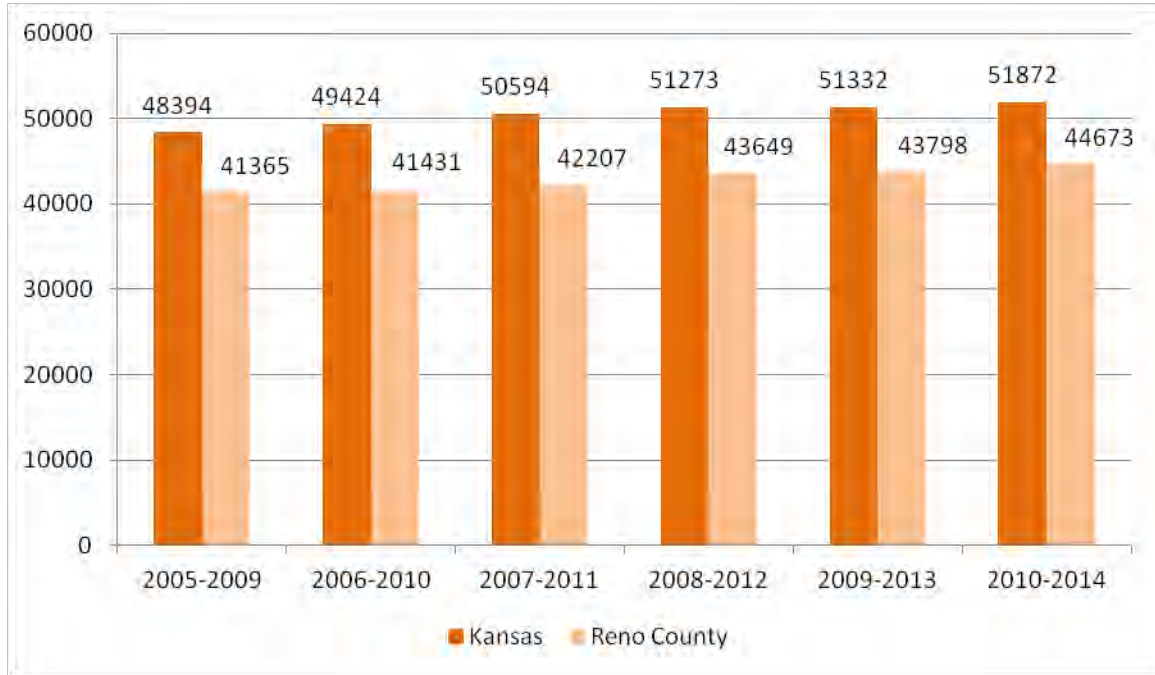


Source: 2010 US Census Bureau

Population

1.5 Household Income

Household Income in Reno County vs. Kansas



Source: 2010-2014, Kansas Health Matters

The household income of Reno County residents has been significantly lower than the Kansas average through the years. The median household income as of 2015 was \$46,473. These are important areas of our community to consider as the household income can reflect the affluence, prosperity, productivity, and safety of our residents. Areas that have a higher median household income most likely have more well educated residents, cleaner environments, and lower unemployment rates. Higher employment rates in a community can lead to better access of healthcare, which in turn leads to better health outcomes. Having a lower income can make it difficult for individuals to choose healthier options, keep their houses maintained, and have difficulty getting their children to school safely.

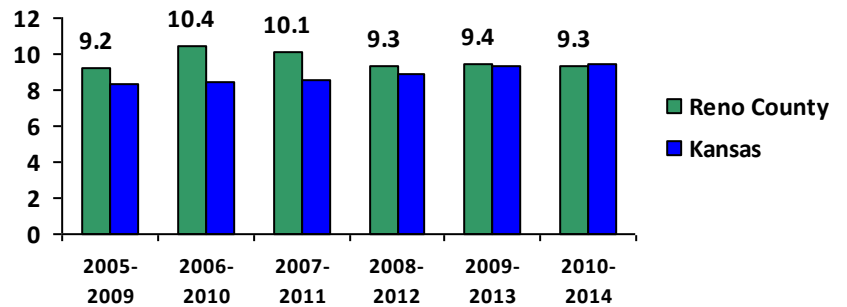


1.6 Poverty

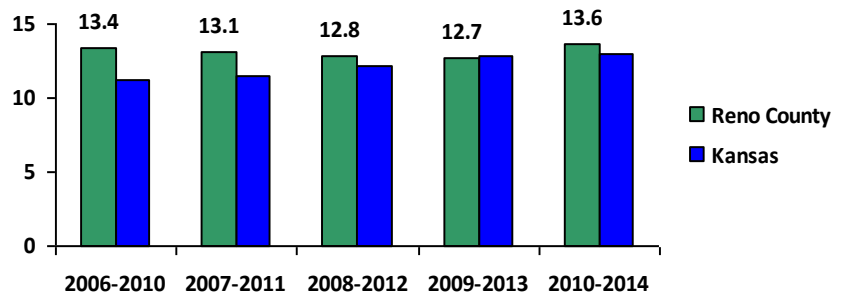
In 2010, the U.S. poverty threshold for a single person age 65 or younger was \$11,344; for a family of four, including two children, it was \$22,113. A high poverty rate can be a cause and consequence of poor economic conditions. Poverty levels in Reno County have been slightly higher than the Kansas average, except for the most recent years of 2010-2014, where Reno County has been slightly lower. In 2013 in the state of Kansas, the poverty level was **18.2%**. In 2014, the poverty level in Reno County was **15.8%**. 1 in 5 Kansas children live in poverty.

Source: US Census Bureau

Families Living Below Poverty Level



Poverty by School Enrollment



1.7 Percent School Free and Reduced Lunches

School District	10-11	11-12	12-13	13-14	14-15	15-16
USD 313 Buhler	36.90%	39.39%	41.42%	39.42%	36.81%	38.56%
USD 310 Fairfield	71.38%	66.67%	69.53%	72.57%	68.88%	70.47%
USD 312 Haven	43.69%	44.12%	43.36%	43.68%	43.45%	43.98%
USD 308 Hutchinson	63.98%	66.72%	67.93%	67.62%	67.84%	68.17%
USD 309 Nickerson	60.18%	59.53%	64.19%	61.78%	59.86%	58.36%
USD 311 Pretty Prairie	38.79%	38.49%	36.49%	38.73%	35.23%	33.46%

Source: Kansas Department of Education

Research shows that poverty among young children carries consequences far beyond their childhood in everything from educational outcomes and worker productivity to long-term healthcare costs. Free and reduced lunch meals are made available to families who cannot afford the full priced meal and allows their children to still receive a nutritious meal without the full cost. In the Fairfield school district for the last school year, more than 70% of its students' received free or reduced school lunches. Out of all school districts in Reno County, half of the schools have 50% or more students on free and reduced lunches.

Access to Care

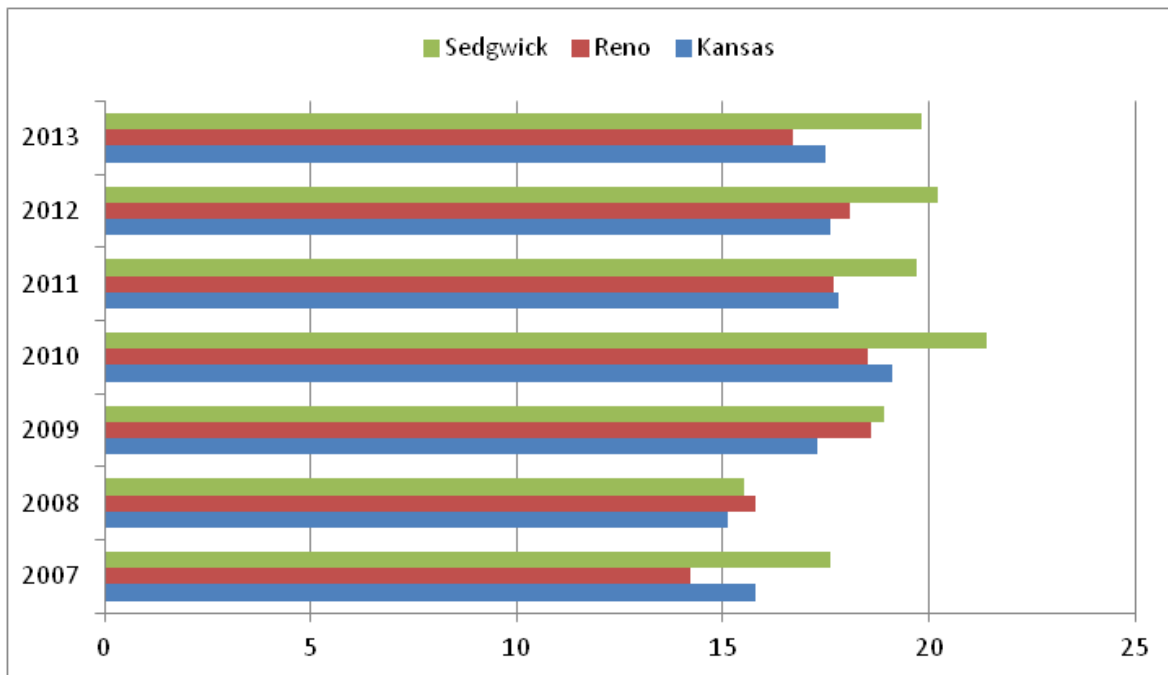
2.1 Uninsured Residents

	Reno	Kansas
Adults who lack health care coverage	15.7%	17.1%
Adults aged 18 to 64 years old who lack health care coverage	20.6%	20.8%
Adults with no personal doctor	20.0%	21.5%
Adults who could not see a doctor because of cost in the past 12 months	13.6%	13.6%
Adults with fair or poor perceived health status	14.3%	15.4%

15.7% of Reno County residents lack health care coverage. This is lower than the Kansas average at 17.1%. Additionally, adults in Reno County who perceive their health status as fair or poor is 14.3%.

Source: BRFSS, 2013

Percent of Uninsured Adults Population



Source: Kansas Health Matters, 2013

Uninsured people are less likely to receive medical care, more likely to die early, more likely to have poor health status, and are less likely to regard their health as a priority. In comparison to a neighboring county, Reno County has seen an unpredictable trend through the years of uninsured adults.



Not having access to adequate health coverage can make it difficult for individuals to get the health care they need. The Affordable Care Act, implemented in 2010, was meant to expand the coverage of health insurance to millions of Americans who were previously uninsured. However, there were gaps in the ACA coverage, posing major issues for the individuals who fell into those gaps, not qualifying for any level of insurance.

Primary care is the foundation of preventive health care in our community. It also adds a strong workforce that is essential to our community. Primary care physicians play a key role in providing and coordinating high-quality health care. In Reno County there is approximately 1,984 people per one physician. Having the adequate access to primary care can reduce ER visits by diagnosing issues before they become a significant problem.

Due to the aging and growing of our population, the demand for health care providers has never been greater. Federal funding for doctor training programs still remains at the 1997 levels, resulting in a predicted shortage of 90,000 doctors by 2025. Without proper intervention, primary care and health care of any sort could be jeopardized.

Secondary Care is seeing a specialist after being referred by your primary care provider. When you are facing a more specific problem, that is when you will see a specialist to identify your diagnosis.

The demand for healthcare in the United States is not something new to our growing society. But, there is a growing gap between a shortage of qualified medical personnel and the sick public. Preventative care is the logical way to provide the means for the growing gap to have a healthier, more productive public.

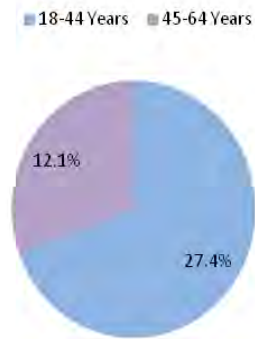
Source: Kansas Health Matters

2.2 Health Coverage by Selected Characteristics

Access to Health Care

Access to health care may be defined as “*the timely use of personal health services to achieve the best possible health outcomes*” which includes both the use and effectiveness of services such as health information and preventive treatment. Access to quality care is necessary to eliminate health disparities, increase the number of years of life, and increase the *quality* of life.

Percent of Adults Who Lack Health Care Coverage

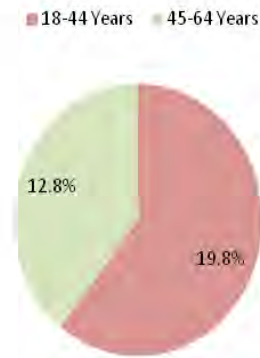


Source: BRFSS

In 2013, 22% of men in Reno County did not have a personal doctor or health care provider. Additionally, 13.6% of Reno County residents could not visit a doctor because of cost.

In Kansas, 17.1% of the population lack health care coverage. In Reno County, 15.7% lacked health care coverage in 2013. **27.4% of individuals aged 18-44 years of age lack health care coverage.** As defined, health care coverage could include health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare.

Percent of Adults Who Could Not See a Doctor Because of Cost



Source: BRFSS

Health insurance protects individuals from the unthinkable that could happen in their lives. No one plans on getting sick, hurt, or enduring hospital time, but health insurance helps to cover these costs and offers many benefits. Preventive care that is included in health insurance makes available services such as vaccines, screenings, check-ups, and more at little to no cost.

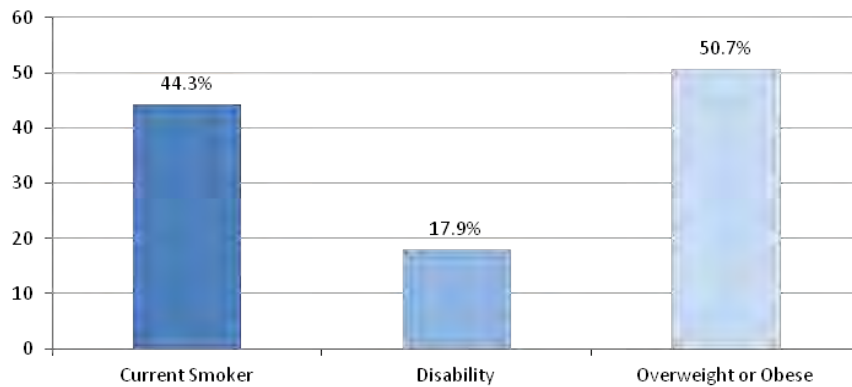
One of the most common reasons of bankruptcy is due to medical bills. There are different aspects that influence the cost of medical care such as the severity of your condition, where you were cared for at, what kind of physician cared for you, and the intensity of the service (labs, x-rays, hospital stay).

Access to Care

2.3 Health Care Access by Health Conditions

A lack of health care coverage due to certain health care conditions can make it more difficult or impossible to get the resources needed to treat the conditions individuals face. Two in five adults who currently smoke lack health care coverage. Of the individuals overweight or obese in Reno County, more than **half** of these residents lack health care coverage.

Percent of Adults Who Lack Health Care Coverage by Health Conditions



Source: BRFSS

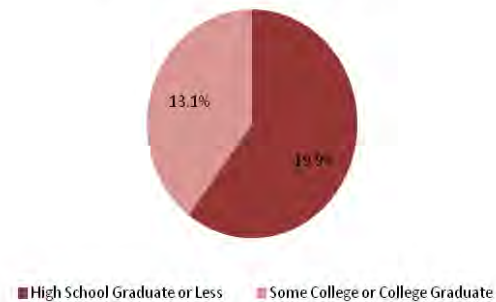
2.4 Lack of Health Care Coverage by Education

Among adults ages 18 years and older who completed less than a high school education, 13.3% lack health care coverage.

Individuals with less educational attainment tend to face more challenges accessing healthcare services. They find obstacles in finding a primary care provider, low rates of insurance, and have less income for copayments, specialist appointments, and prescription costs.

In fact, many individuals with less education have worse health than people with higher education due to the lack of knowledge and access to care. If an individual cannot afford to go to the doctor or do not have access, symptoms and conditions can become worse because they are not seen by a physician in a timely matter.

Percentage of Adults Who Lack Health Care Coverage by Education



Source: BRFSS

Births

Throughout this section and the rest of this book, references are made to Healthy People 2020. Developed with the best scientific knowledge available, Healthy People 2020 is a comprehensive set of disease prevention and health promotion objectives for America. National health objectives were designed to identify the most significant preventable threats to our health and to establish goals to reduce those threats. Healthy People 2020 established these targets to be achieved by the year 2020.

Birth Statistics such as premature births, low birth weight, teenage pregnancy, and insufficient prenatal care are all indicators of a newborn's health and subsequent quality of life. However, assuring healthy babies is not just about prenatal care. The health of babies is an important indicator of the health of the community.

Interactive relationships with co-existing factors may compound the likelihood of poor birth outcomes, especially for teens. Examples include family income, access to care through health insurance, adequate prenatal care, high school graduation, oral health, drug and tobacco use, mental health, and obesity.

As described in the section in Access to Care, lack of health insurance influences care seeking behaviors, which in turn may result in late initiation of prenatal care and less healthy prenatal behavior, which are all potential negative impacts on birth outcomes. Poor birth outcomes are not only emotionally and financially devastating for families; they are costly for state and federal financing systems. For example, Medicaid finances **40 percent of the four million annual births** in the United States, and pays for 50 percent of hospital stays for premature and low-birth-weight infants.



Source: Hutchinson Regional Healthcare System

3.1 Births by Age

The chart below displays birth rate categorized by age ranges for the past 10 years. Some key points illustrated included:

- 83.8% of births were to mothers age 20-34 , with the highest percentage of babies being born to mothers ages 25-29, with 257 babies born.
- In 2014, 737 babies were born in Reno County.
- Total births have decreased in the years 2008 -2011.
- Births from mothers 10-14 years old have decreased to 0 in 2013-2014.

Births in Reno County by Age Range

Mother's Age	10 to 14	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 plus
Years							
2004	0	20	72	302	242	131	67
2005	3	17	79	294	239	132	50
2006	2	16	66	298	271	160	63
2007	0	20	75	295	255	132	65
2008	0	23	82	289	256	135	66
2009	0	29	77	269	260	148	64
2010	0	26	61	234	241	136	63
2011	2	16	58	243	258	126	56
2012	1	16	45	217	245	151	67
2013	0	16	57	217	248	135	70
2014	0	16	45	212	257	148	59
10 Year Total	8	215	717	2870	2772	1534	690

Source: KIC, KDHE

3.2 Births by Race/Ethnicity

In 2011, 86 percent of all babies born in Reno County were white. In 2014, 90.8% of babies born in Reno County were white. Additionally, the Hispanic birth rate has decreased 1.9% in 5 years.

2014 Births in Reno County by Race/Ethnicity



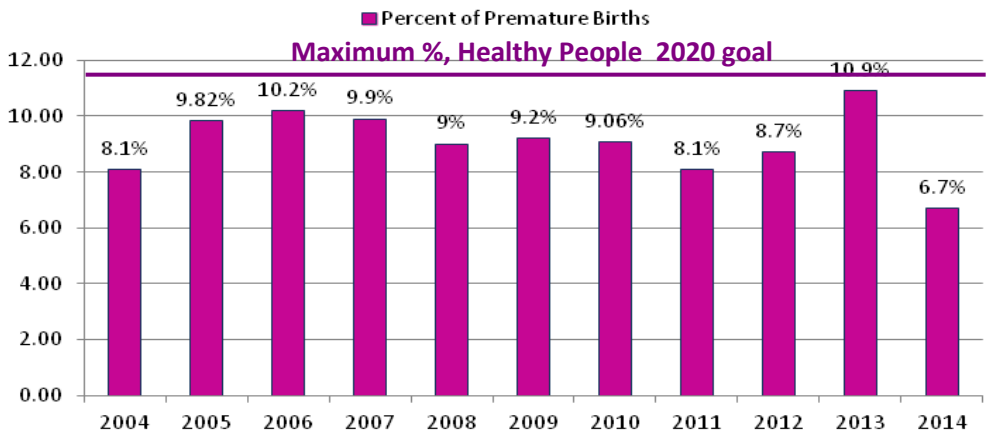
Source: KIC, KDHE

3.3 Preterm Births

A preterm birth is a birth before 37 weeks gestation.

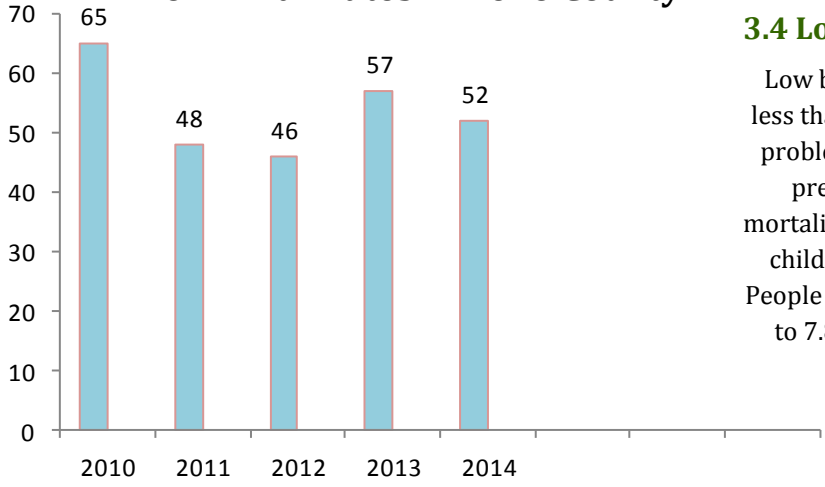
According to Healthy people 2020, preterm births are the leading cause of neonatal deaths that are not associated with birth defects. The Nation's goal, set by Healthy People 2020, is to reduce the preterm births to 11.7 percent of all births.

Percent of Premature Births in Reno County



Source: KIC, KDHE

Low Birth Rates in Reno County



3.4 Low Birth Weight

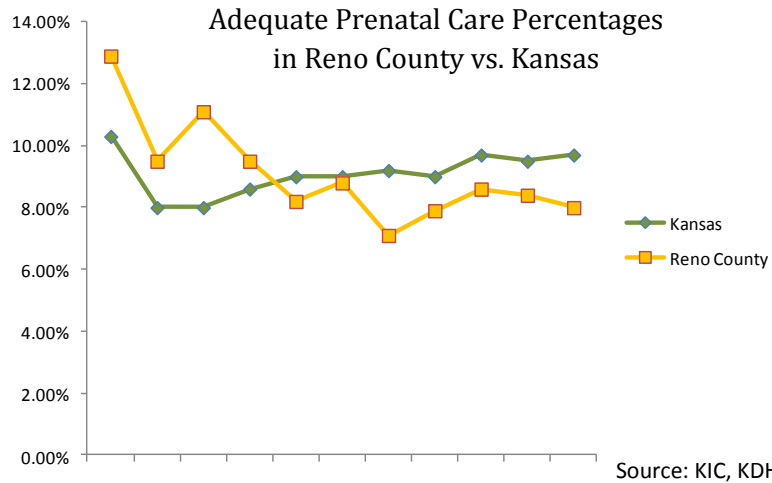
Low birth weight (LBW), defined as a birth weight less than 2,500 grams (5.5 pounds), remains a major problem across the United States. LBW is the most prevalent and dominant risk factor for infant mortality (infant death prior to the first birthday) and childhood developmental disorders. The Healthy People 2020 goal is to reduce low-birth-weight births to 7.8 percent. Reno County has been under the national goal in 9 of the past 10 years.

Source: KIC, KDHE

Births

3.5 Adequate Prenatal Care

Adequate prenatal care is a critical factor in achieving healthy pregnancy outcomes. Prenatal care is important for the infant *and* mother. Early prenatal care can identify maternal disease and risks for complications of pregnancy, thus improving birth outcomes. Mothers who do not receive prenatal care are **three times more likely** to give birth to a low-weight baby, and their baby is five times more likely to die. Young women among their teens are the least likely to receive adequate prenatal care. This



Source: KIC, KDHE

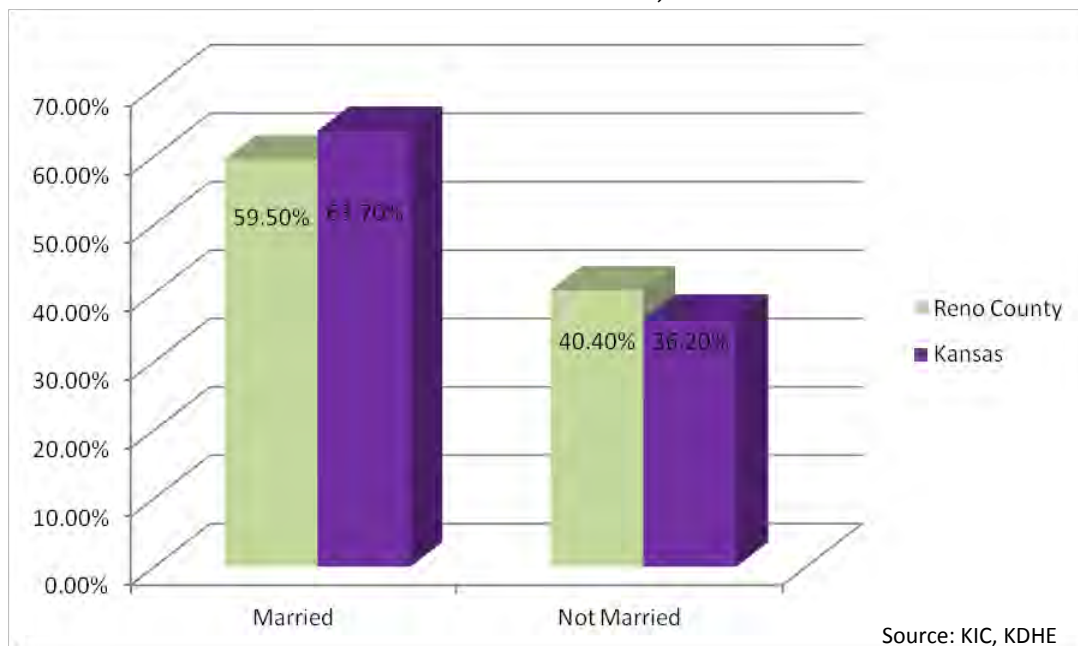
HE

information was gathered from mothers who indicated at birth that adequate prenatal care was received. Reno County has remained under the Kansas average for the past 10 years in adequate prenatal coverage.

3.6 Martial Status of Mother

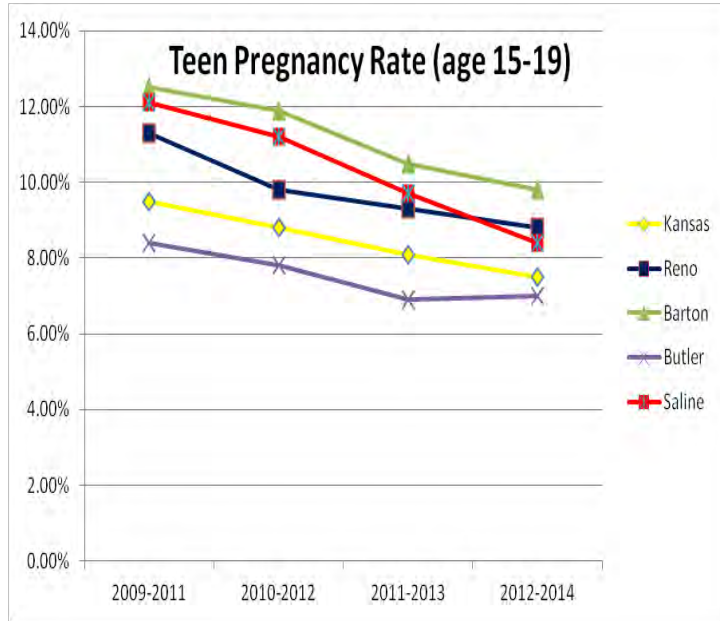
According to the National Center for Health Statistics, the proportion of births to unmarried women is a key social indicator. Tracking this data reveals that children of unmarried mothers are at higher risk of having adverse birth outcomes such as low birth weight and infant mortality. Children of unmarried mothers are also more likely to live in poverty than children of married mothers. In 2009, 41% of all births in the United States were to unmarried women. In 2011, 42% of all births in Reno County were to unmarried women. **In 2014, from mothers the age of 20-24, there were more individuals who were not married than married having children.** Out of 212 mothers in that age group, 128 were not married, compared to the 84 married. In 2014 as of 737 mothers, 458 were married in Reno County.

Martial Status of Mother, 2014



Source: KIC, KDHE

3.7 Teenage Pregnancy



Source: KIC, KDHE

The rate of teenage pregnancy in the state of Kansas has been decreasing consistently for the past 4 years. However, Reno County still remains at a higher percentage for teenage pregnancy compared to the state of Kansas.

The Kansas pregnancy rate in 2014 among females 15-17 compares with the Healthy People 2020 national target of 36/2 pregnancies per 1,000 age-group population. Kansas has lower teen pregnancy rates than the national targets, but the state's birth rate for females aged 15-19 has consistently remained higher than the state rate. However, teen births for Kansas and the nation have been declining since 2008. Adolescent and teen pregnancy accounts for more than **\$9 billion** per year in costs related to increased healthcare and foster care, increased incarceration rates among children of teen parents, and lower educational attainment and income among teen mothers. Pregnancy and birth also represent significant contributors to high school dropouts rates.

Births that result from unintended pregnancies can have negative consequences such as birth defects, low birth weight, and even death in the child. Publicly funded family planning services prevents 1.9 million medical expenses in unintended pregnancies. 82% of pregnancies to mothers ages 15-19 are unintended and 1 in 5 unintended pregnancies each year is among teens.



Becoming a Mom is a class that is provided by the Hutchinson community to prepare women and their families for the journey of motherhood.

Injury

Regardless of gender, race or economic status, injuries remain a leading cause of death for Americans of all ages. **Unintentional injury is the 4th leading cause of death in the United States.** Additionally, millions of Americans are injured each year and survive. Unintentional accidents, such as falls, broken bones, and motor vehicle accidents vary widely in their impact on people, from temporary discomfort and inconvenience to more serious suffering and disability, chronic pain, lifestyle modifications, and even death.

This section describes various types of injuries, such as poisoning, motor vehicle accidents, and alcohol related events.

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2014

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Drowning 991	Unintentional Drowning 388	Unintentional MV Traffic 345	Unintentional MV Traffic 384	Unintentional MV Traffic 6,531	Unintentional Poisoning 9,334	Unintentional Poisoning 9,116	Unintentional Poisoning 11,009	Unintentional Poisoning 7,013	Unintentional Fall 27,044	Unintentional Poisoning 42,032
2	Homicide Unspecified 119	Unintentional MV Traffic 293	Unintentional Drowning 125	Suicide Suffocation 225	Homicide Firearm 3,587	Unintentional MV Traffic 5,856	Unintentional MV Traffic 4,308	Unintentional MV Traffic 5,024	Unintentional MV Traffic 4,554	Unintentional MV Traffic 6,373	Unintentional MV Traffic 35,736
3	Homicide Other Spec., Classifiable 83	Homicide Unspecified 149	Unintentional Fire/Burn 68	Suicide Firearm 174	Unintentional Poisoning 3,492	Homicide Firearm 3,260	Suicide Firearm 2,830	Suicide Firearm 3,953	Suicide Firearm 3,910	Suicide Firearm 5,367	Unintentional Fall 31,959
4	Unintentional MV Traffic 61	Unintentional Suffocation 120	Homicide Firearm 58	Homicide Firearm 115	Suicide Firearm 2,270	Suicide Firearm 2,829	Suicide Suffocation 2,057	Suicide Suffocation 2,321	Unintentional Fall 2,658	Unintentional Unspecified 4,590	Suicide Firearm 21,334
5	Undetermined Suffocation 40	Unintentional Fire/Burn 117	Unintentional Other Land Transport 36	Unintentional Drowning 105	Suicide Suffocation 2,010	Suicide Suffocation 2,402	Homicide Firearm 1,835	Suicide Poisoning 1,795	Suicide Poisoning 1,529	Unintentional Suffocation 3,692	Suicide Suffocation 11,407
6	Unintentional Drowning 29	Unintentional Pedestrian, Other 107	Unintentional Suffocation 34	Unintentional Fire/Burn 49	Unintentional Drowning 507	Suicide Poisoning 800	Suicide Poisoning 1,274	Unintentional Fall 1,340	Suicide Suffocation 1,509	Unintentional Poisoning 1,993	Homicide Firearm 10,945
7	Homicide Suffocation 26	Homicide Other Spec., Classifiable 73	Unintentional Natural/Environment 22	Unintentional Other Land Transport 49	Suicide Poisoning 363	Undetermined Poisoning 575	Undetermined Poisoning 637	Homicide Firearm 1,132	Unintentional Suffocation 698	Adverse Effects 1,554	Suicide Poisoning 6,808
8	Unintentional Natural/Environment 17	Homicide Firearm 47	Unintentional Pedestrian, Other 19	Unintentional Suffocation 33	Homicide Cut/Pierce 314	Homicide Cut/Pierce 430	Unintentional Fall 504	Undetermined Poisoning 820	Undetermined Poisoning 539	Unintentional Fire/Burn 1,151	Unintentional Suffocation 6,580
9	Undetermined Unspecified 16	Unintentional Struck by or Against 35	Unintentional Struck by or Against 16	Unintentional Poisoning 22	Undetermined Poisoning 229	Unintentional Drowning 399	Unintentional Drowning 363	Unintentional Suffocation 452	Homicide Firearm 538	Suicide Poisoning 1,028	Unintentional Unspecified 5,848
10	Unintentional Fire/Burn 15	Unintentional Natural/Environment 35	Unintentional Firearm (Fired) 14	Homicide Cut/Pierce 19	Unintentional Other Land Transport 177	Unintentional Fall 285	Homicide Cut/Pierce 313	Unintentional Drowning 442	Unintentional Unspecified 530	Suicide Suffocation 880	Unintentional Drowning 3,406

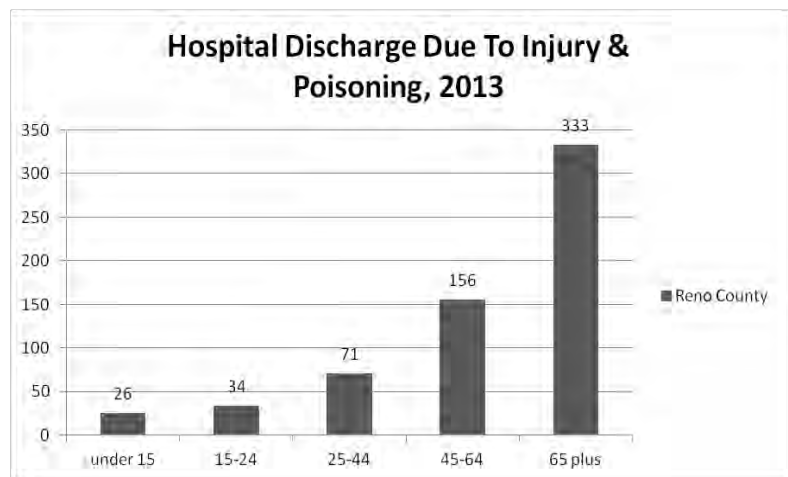
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



4.1 Injury Statistics

One way to look at injury is by hospitalization diagnosis. It is important to note that these are in-patient, not emergency department visits.

In 2013 there were 620 hospitalizations due to injury or poisoning, which is less than the five year average of 778. The most popular age of injury occurred in those over the age of 65. In that age range, it is possible that many of these injuries occurred from falls in the home.



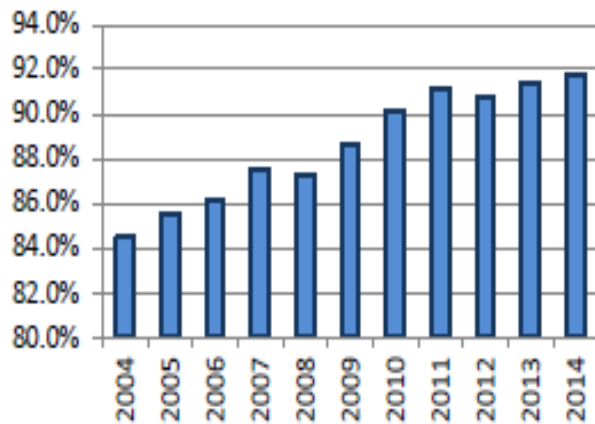
Source: KIC, KDHE

4.2 Motor Vehicle Accidents, Injuries, and Deaths

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States.

More than 41 million people in the United States die in motor vehicle crashes each year, and crash injuries result in about 500,000 hospitalizations. Increased use of **safety belts** and **reductions in driving while impaired** are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes. In 2014, out of 341 fatal accidents in Kansas, there were 385 fatalities. Wearing a seatbelt could have had a significant impact on that figure.

Percent of Occupants Safety Belt Use All Ages

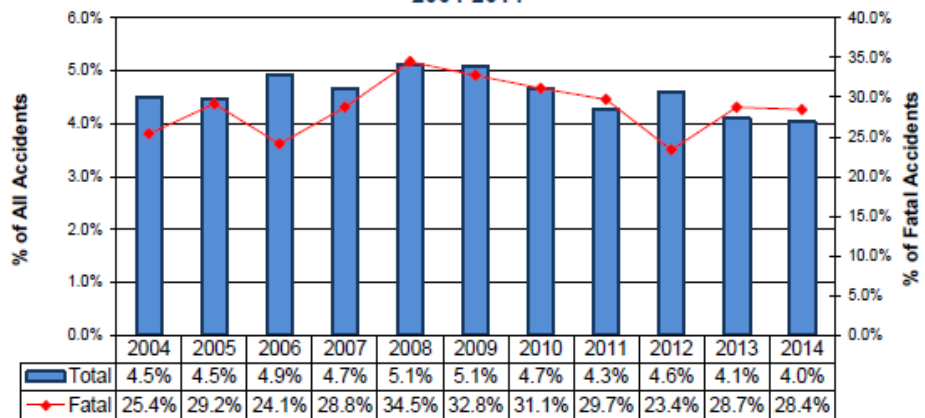


In 2014, there were 59,533 traffic accidents. Of those, 2,400 accidents were alcohol-related.

The most common age of alcohol related accidents was among 20-24 year olds, who also had the highest fatality rates.

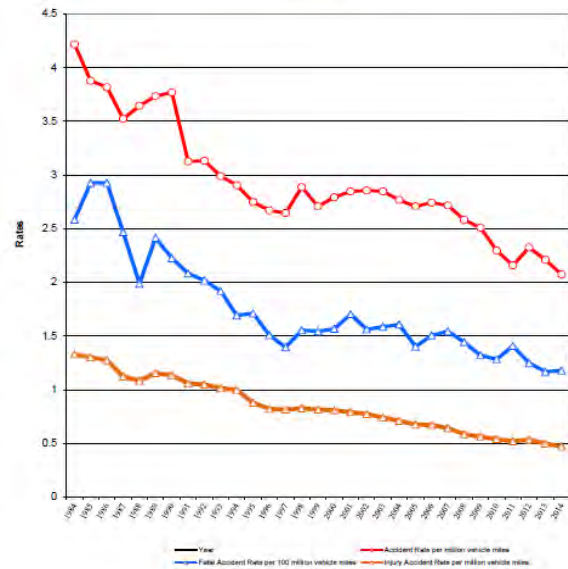
In 2004, there were 3,328 alcohol related accidents. In 2014, there were 2,400 recorded. **However, with almost 1,000 less accidents, there still remained the same fatality in both years, with 99 fatalities in 2004 and 97 in 2014.**

Alcohol-Related Accident History 2004-2014



Source: Kansas Health Matters, State of Kansas Highway Safety Plan

Statewide Accident Rates: All Accidents, Fatal Accidents, & Injury Accidents 1984 - 2014

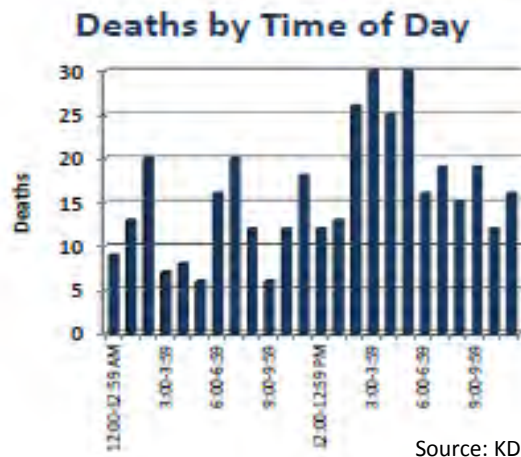


Source: 2014 Kansas Traffic Accident Book

The state of Kansas experiences 60,000 crashes annually. In Kansas, Reno County is ranked 6th in the highest total crash rates in Kansas, with 1383. In regards to fatal crashes in 2014, Reno County was ranked #7 in relation to the crashes that occurred. **Additionally, the number one reason noted in Kansas for accidents was that the driver was inattentive and distracted.**

4.3 Automobile Accidents Attributed To Distracted Drivers

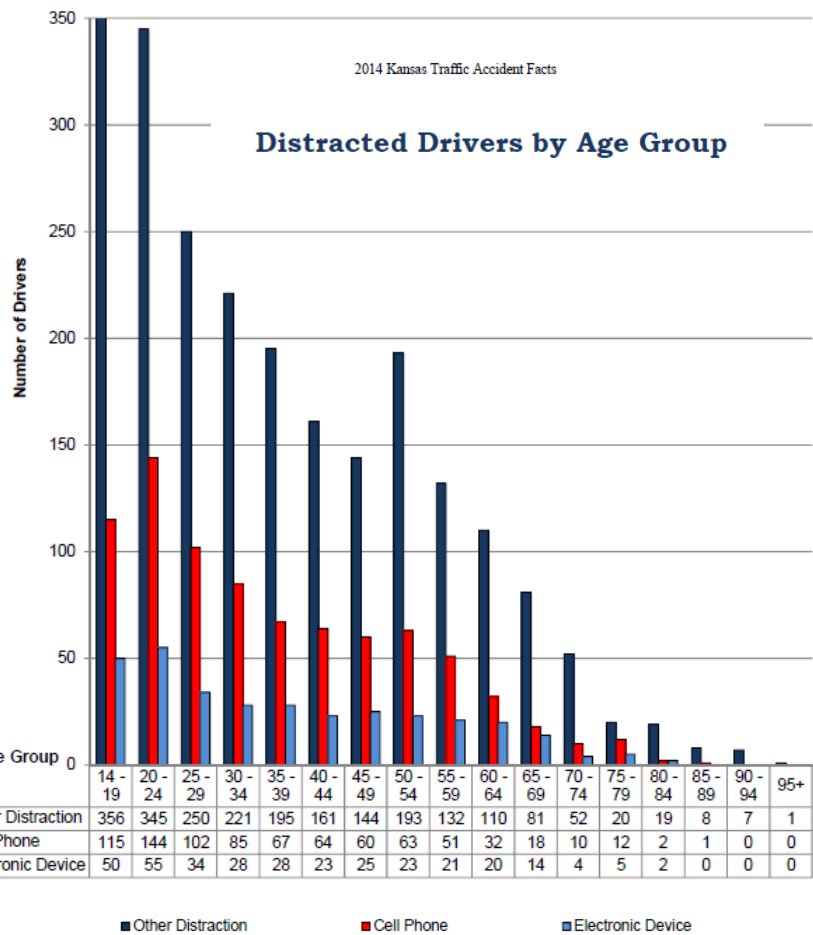
This graph depicts accidents by the time of day and deaths by time of day. The most frequent accidents occur from 4-6 pm. The most deadly time of day to be on the road is from 3-6 pm.



Source: KDOT

In 2014, 6 people had deaths attributed to being distracted by a cell phone when driving, while 240 were injured. **The total amount of accidents due to distraction in 2014 was 531.**

The number of accidents attributed to cell phone use has nearly doubled over the last six years. In 2010, other electronic devices, including DVD players, stereos, GPS units, etc. contributed to 46 injuries and zero deaths. Other distractions in or around the vehicle, including applying makeup, reading, children, food etc. contributed to many injuries. There is a strong correlation between age of driver and distracted driving accidents: the highest prevalence of distracted drivers by cell phone use were from drivers age 24 and younger. Driver distraction is a contributing cause for vehicular accidents.



Source: Kansas Traffic Accident Book, 2014

Mortality

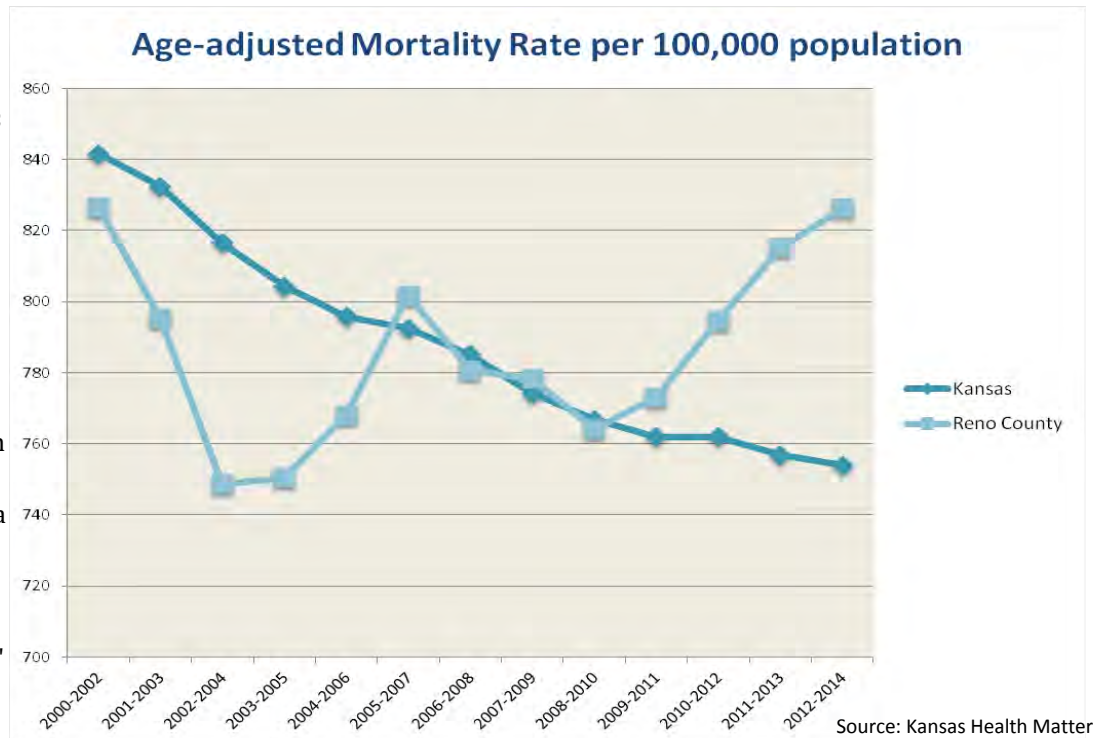
5.1 Mortality Rates

Mortality or death rates are often used as measures of health status for a population. Health status is influenced by many factors such as age, race, gender, occupation, education, and income.

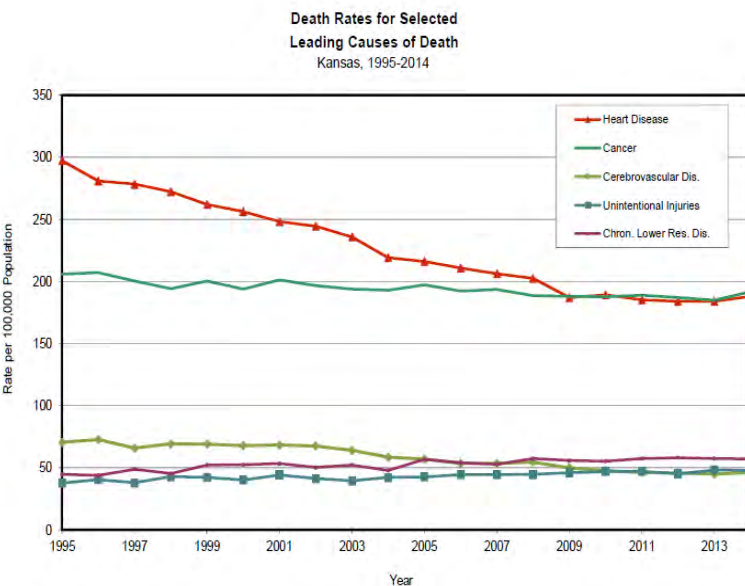
The strongest of these factors affecting the risk of death is **age**.

Populations often differ in their age composition. It is significant to note that a "young" population has a higher proportion of persons in the younger age groups, while an "old" population has a higher proportion in the older age groups.

Therefore, it is important to control for differences among the age distributions of populations when making comparisons among death rates to assess the relative risk of death. Age-adjusted mortality rates are valuable when comparing two different geographic areas, causes, or time periods.



Source: Kansas Health Matters



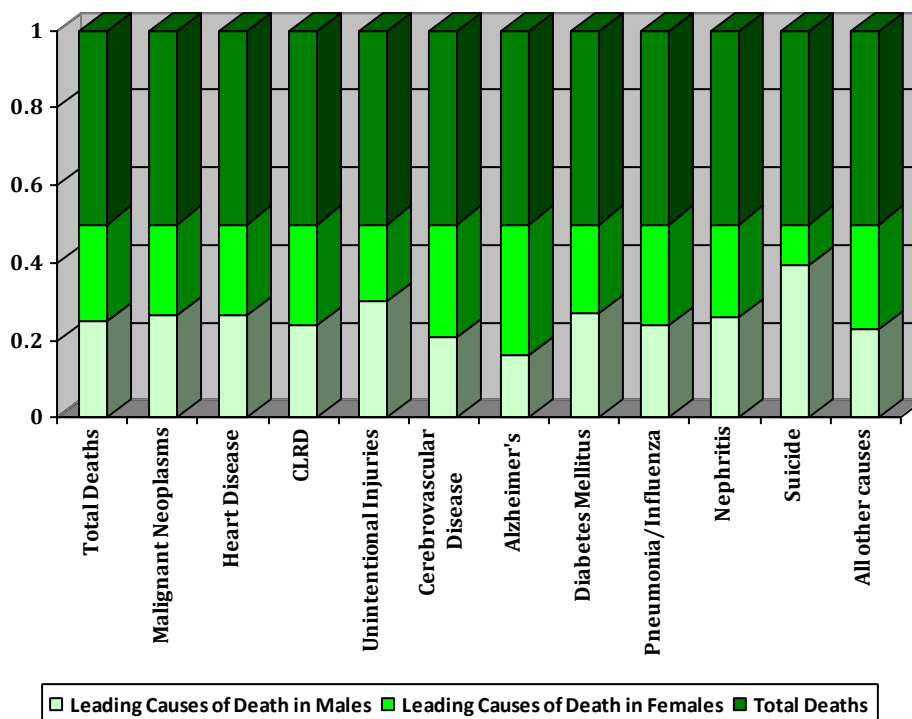
Source: KDHE, Vital Statistics, 2014

5.2 Death Rates

Approximately half of cardiac and stroke deaths occur within one hour of the onset of symptoms and before the patient even reaches the hospital. Therefore, timely access to the hospital and recognition of the symptoms of heart attack and stroke are imperative in reducing death due to these diseases. In 2010, cardiovascular disease, including heart disease and stroke, was the leading cause of death in the United States and in Kansas. In 2014, heart disease is still the leading cause of death in the United States, but in Kansas, cancer has topped the list. Recognizing early symptoms and beginning treatment as soon as possible are imperative to fighting the fight.

5.3 Death Rates By Leading Causes Of Death

Top Ten Leading Causes of Death by Population in Kansas, 2014



Source: KDHE, Vital Statistics, 2014

Within the top leading causes of death in Kansas, many different indicators have become especially prevalent in our society today.

Malignant Neoplasm is a disease in which abnormal cells divide uncontrollably and destroy body tissue. This is commonly referred to as cancer, and there are many different types. A few of the most common sites for cancer include the respiratory system, digestive organs, genitals, and breast tissue.

Heart Disease includes a range of conditions that affect your heart. This can include coronary heart disease, heart defects, or arrhythmias. Heart disease and cardiovascular disease are used interchangeably.

Chronic Lower Respiratory Disease is a condition that is caused by the obstruction of an airway leading to shortness of breath in the lungs. The three major diseases associated with CLRD are chronic bronchitis, emphysema, and asthma. COPD or Chronic Obstructive Pulmonary Disease is the most deadly of CLRD. *In Kansas, Reno County has the 4th highest population with deaths related to CLRD.*

Unintentional Injuries encompass injuries that were not intended. A few most common in Kansas were motor vehicle accidents, falls, and poisonings.

Cerebrovascular Disease is a condition that affects the circulation of blood to the brain, causing limited or no blood flow to affected areas of the brain. In 2014, 721 deaths were attributed to complications having a stroke. In fact, 1 in 6 deaths in Kansas are seen as a stroke.

Alzheimer's Disease is a progressive mental deterioration that most commonly occurs to older generations. Alzheimer's affect more women than men and is the most common form of dementia with individuals 65 or older.

Diabetes Mellitus is a disease that affects how your body uses blood sugar or the glucose in your body.

Pneumonia is an inflammation of the lungs caused by an infection. **Influenza** is a contagious infection of the respiratory system.

Nephritis is an inflammation of the kidneys, and there are many different types.

Suicide is the act of taking one's own life. On average, each day in Kansas during 2014, 1 suicide was committed.

Mortality

5.4 Top 5 Causes of Death Kansas, 2013

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Cerebral Vascular Disease

5.5 Top 5 Causes of Death US, 2013

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Cerebral Vascular Disease

In regards to mortality rates worldwide, men and women do not have the same life expectancy. This is due to genetic factors, lifestyle choices, stress management techniques, and many other components. Worldwide, males in Switzerland have the highest life expectancy, with an average life span of 80.7 years. Japan has the longest life expectancy for women, at 86.6 years of age. In the same study completed in 2013, US males ranked 25th out of 31 countries in life expectancy, living 76.4 years old. US women ranked 27th with 81.2 years of age.

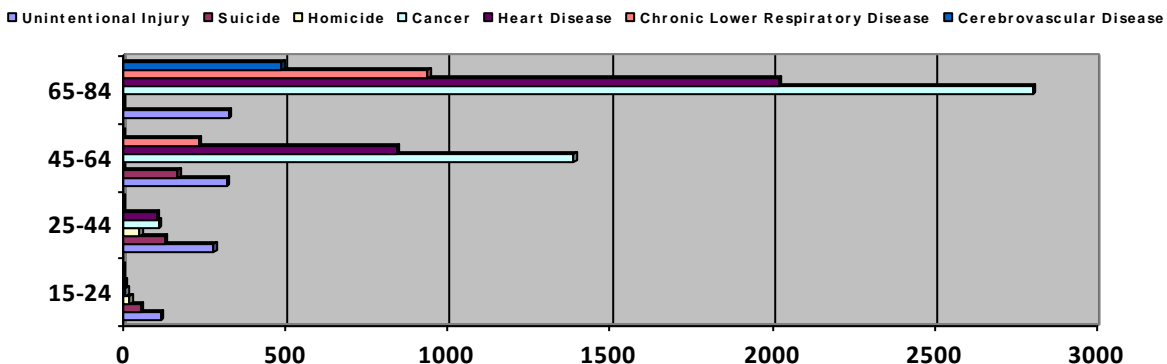
Life expectancy is a good indicator to evaluate the overall health of a population. Considering how poorly ranked the United States is compared to the rest of the world, there are factors that need to be considered to improve life expectancy, as well as the quality of life.

The top causes of death comparable to the US and Kansas are quite similar. **Cancer and Heart Disease are the two top killers in Kansas and nationwide.** Yet, preventative measures still seem to be decided. Preventative care and holding the initiative to change lifestyle habits is a way to help bring down these rates and the costs they accrue. Despite genetic predispositions, eating a healthy diet, engaging in regular physical activity, abstaining from tobacco products, maintaining a healthy weight, and receiving regular check ups will help aid in the prevention of these conditions.

Source: CDC

5.6 Leading Causes of Death by Age Groups in Kansas

Leading Causes of Death by Age Group in Kansas, 2013



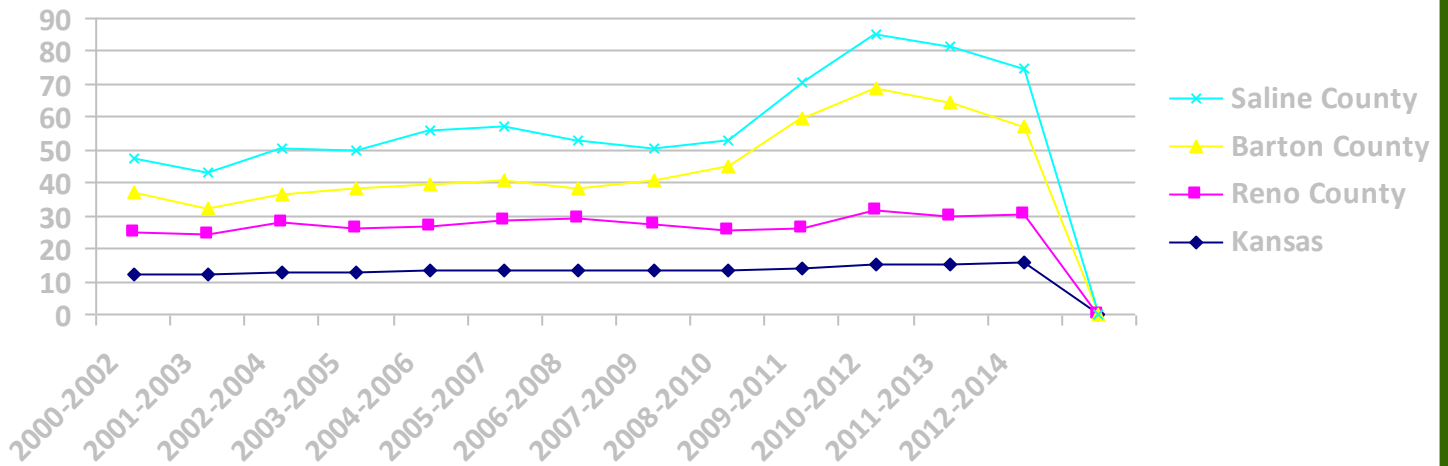
Source: KDHE, Vital Statistics

Identifying the top causes of death in Kansas enables individuals to understand and learn what issues are most prevalent to our area. It also provides awareness on what should be given top priority in preventative measures and signifies just how important your health is to your lifestyle. Initiatives and programs in Reno County specifically that work to make life more enjoyable, as well as a longer life, are what matters most to Kansans.

Mortality

5.7 Suicide

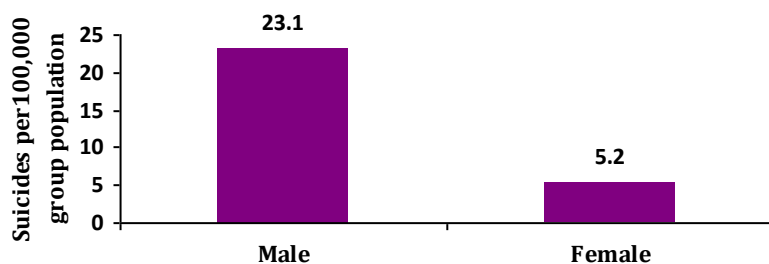
Suicide Mortality Rate per 100,000 population



Suicide results in the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. Its' impact is not limited to an individual person or family, but extends across generations and throughout communities. The extent of the problem and the complexity of its risk factors make suicide prevention well suited to a community-based public health approach that engages multiple systems and reaches all citizens. Depression and suicide are significant public health issues. Quick to note, depression is one of the most common mental disorders experienced by seniors. Reno County has seen a substantially higher suicide mortality rate than the state of Kansas for the past 14 years.

During the 2004-2013 period, the age group of 45-54 had the highest suicide rate, followed by the 35-44 age population. **Males accounted for 81.2 percent of suicides.** Additionally, the Kansas suicide rate was higher than the national rate each year during 2004-2013.

Age-Adjusted Suicide Rates by Sex, Kansas
2004-2013



Men of all ages and race/ethnicities are approximately four times more likely to die by suicide than females.

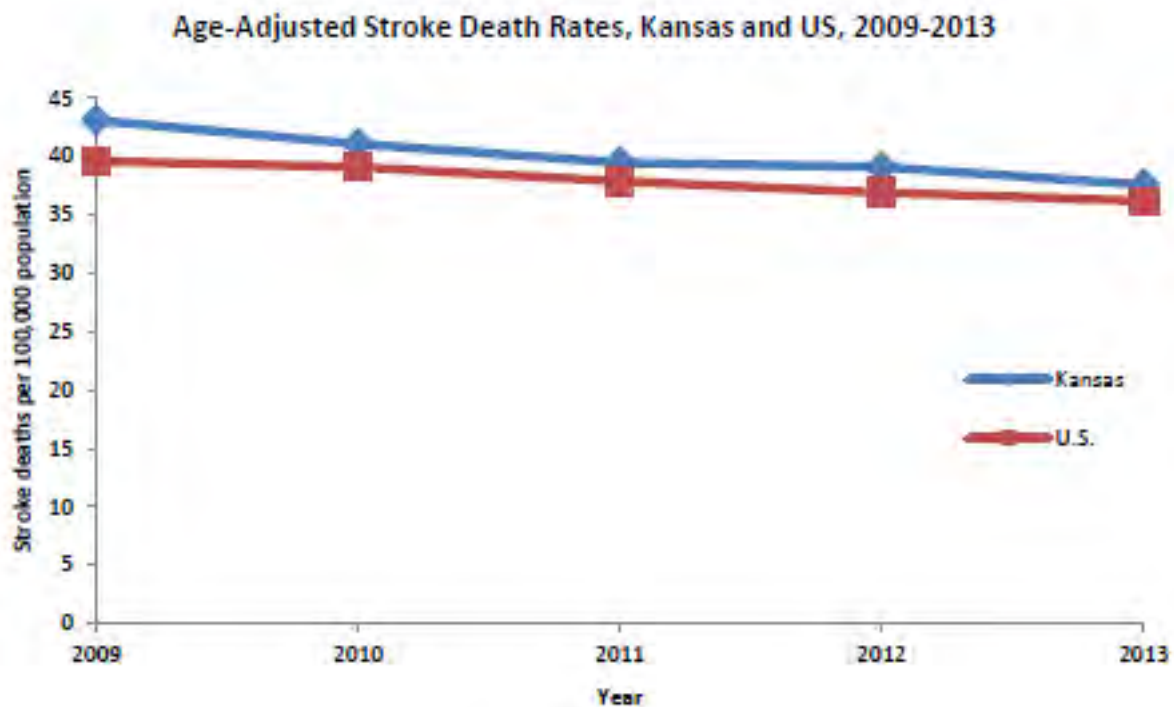
Suicide – MMWR

Source: KDHE, KHSR

5.8 Stroke Mortality

A stroke occurs when the blood supply to part of your brain is interrupted or reduced, depriving the brain tissue of adequate oxygen and nutrients. According to the CDC, strokes cost the United States an estimated 34 billion each year, which is accounting for health care services, medications, and missed days of work. High blood pressure, high cholesterol, and smoking are major risk factors for stroke.

Living an unhealthy lifestyle coupled with additional medical conditions can also increase your chances of suffering a stroke. **Every 4 minutes, one American dies from a stroke.** Stroke was the 5th leading cause of death in Kansas in 2013. Additionally, more Kansas women than men die of a stroke. Throughout the 2009-2013 period, the Kansas stroke death rate has been higher than the national rate.



Source: KDHE



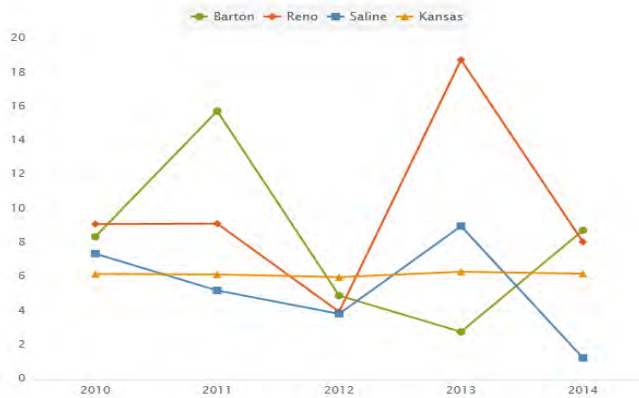
5.9 Infant Deaths

One of the basic indicators of the health of a community or state is infant mortality, the death of an infant before one year of age.

The number of infant deaths to Kansas residents dropped from 290 in 2009 to 253 in 2010. From 2010-2014, 6.3 infants died per 1,000 live births that took place. Over the last 22 years, Kansas has experienced a statistically significant declining trend in the annual infant mortality rate (with a lot of ups and downs in between).

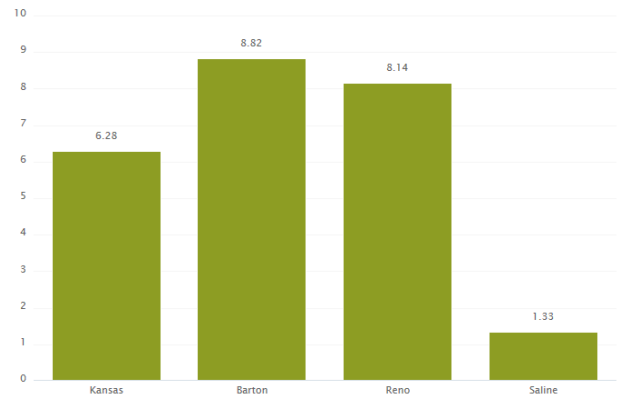
The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

Infant Mortality Rate for Selected Counties and Kansas



INFANT MORTALITY (RATE PER 1,000) (RATE)

Kansas Action for Children
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation



INFANT MORTALITY (RATE PER 1,000) (RATE) - 2014

Kansas Action for Children
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

Reno County had a spike in infant mortality in 2013, as did Saline county. However, the Kansas rate has remained fairly constant during 2010-2014.

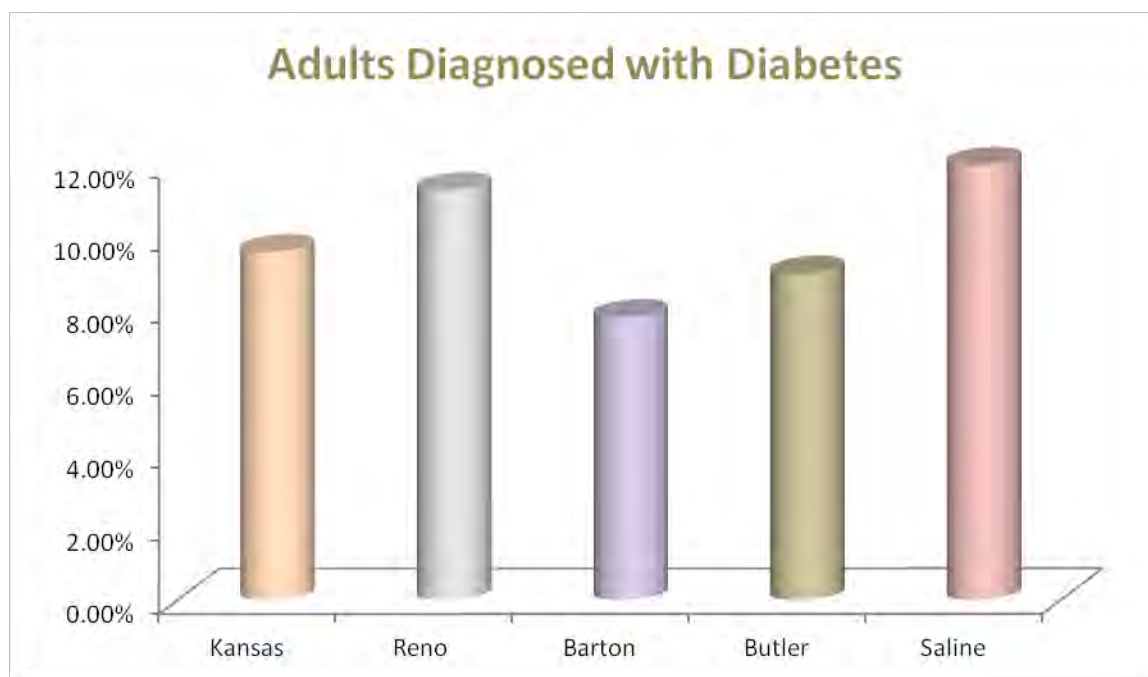
Source: Kansas Health Matters, Kids Count

Mortality

5.10 Adults Diagnosed With Diabetes

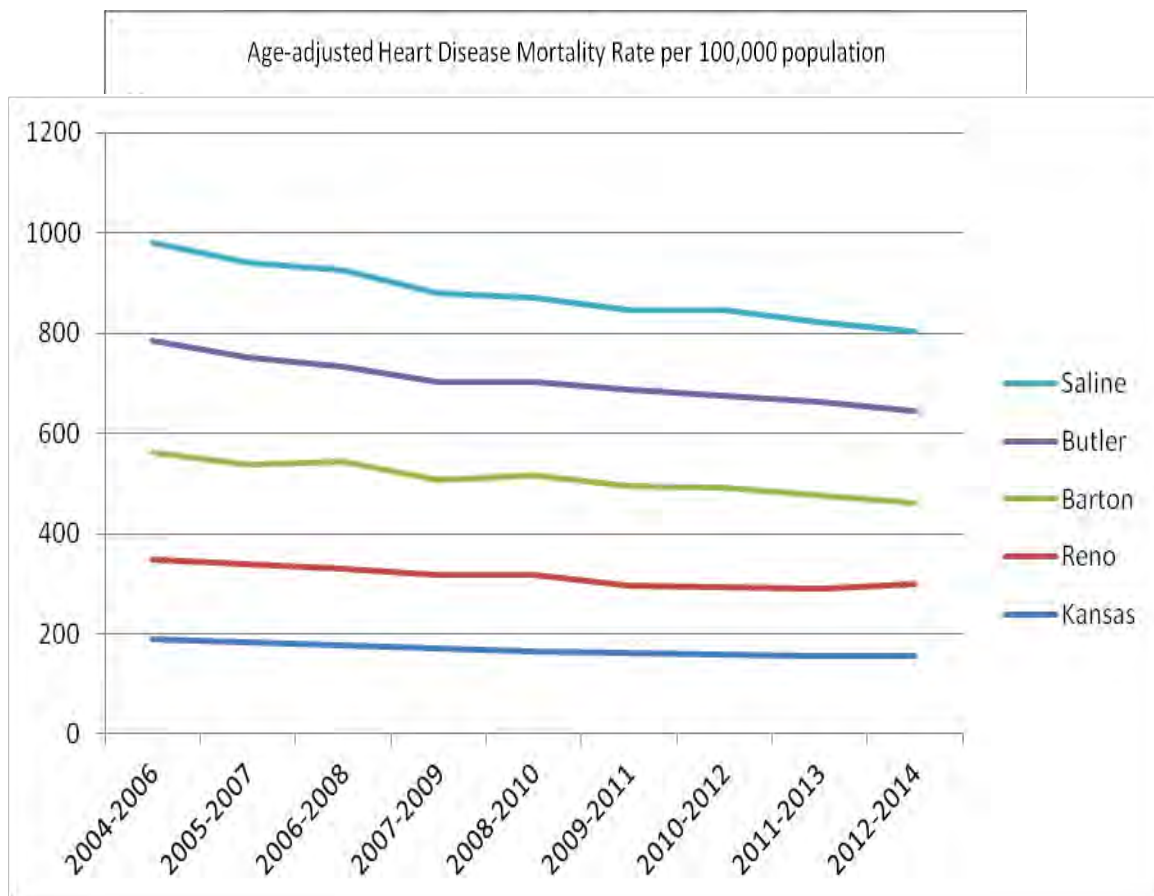
In 2014, 29.1 million people, which is about 9.3% of the population, had diabetes. It is estimated that 8.1 million people are living with diabetes that is undiagnosed. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations 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 2012 was estimated to be \$176 billion. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

In 2013, Kansas had 9.6% of its population diagnosed with diabetes, with Reno County at 11.3%, higher than the state average.



Source: Kansas Health Matters

5.11 Heart Disease Mortality



About 610,000 people die of heart disease in the United States every year. Additionally, men are more likely to die from coronary heart disease. In 2013, 5.5% of Reno County residents had heart disease. A few risk factors of heart disease include diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce the risk for cardiovascular disease. **Heart disease is the number one killer worldwide and the second most common cause of death in Kansas.** Per population, Reno County has a lower incidence of heart disease than a few of our surrounding counties.

Morbidity

Morbidity is a measure of disease incidence or prevalence in a given population, location or other grouping of interest. Epidemiology is the study of the distribution of causes and antecedents of health and disease in humans, with the goal of determining the cause of disease. In this section, we identify key morbidities within Kansas. The County Health Rankings rank each county in Kansas on the basis of certain health outcomes and health factors. This gives a breakdown of where Reno County stands in regards to the other 104 counties.

Reno County ranks 57th for health outcomes and 63th for health factors.

6.1 County Health Rankings

	Reno County	Error Margin	Top US Performers*	Kansas	Rank (of 105)
Health Outcomes					57
Mortality					38
Premature death	8,200	7,400-9,100	5,200	6,800	
Quality of Life					56
Poor or fair health	14%	14-15%	12%	15%	
Poor physical health days	3.3	3.1-3.4	2.9	3.2	
Poor mental health days	3.0	2.9-3.2	2.8	3.0	
Low birth weight	7%	6-8%	6%	7%	
Health Factors					63
Health Behaviors					61
Adult smoking	17%	17-18%	14%	18%	
Adult obesity	33%	31-36%	25%	30%	
Physical inactivity	27%	25-29%	20%	25%	
Excessive drinking	16%	15-17%	12%	17%	
Alcohol-impaired driving deaths	18%	11-26%	14%	33%	
Sexually transmitted infections	316.6		134.1	381.6	
Teen births	41	38-45	19	38	
Clinical Care					10
Uninsured	13%	12-15%	11%	14%	
Primary care physicians	1,600:1		1,040:1	1,330:1	
Preventable hospital stays	47	43-51	38	55	
Diabetic monitoring	92%	86-97%	90%	86%	
Mammography screening	70%	64-75%	71%	63%	
Social & Economic Factors					76
High school graduation	86%		93%	85%	
Some college	63%	58-67%	72%	69%	
Unemployment	4.4%		3.5%	4.5%	
Children in poverty	21%	16-26%	13%	18%	
Income inequality	3.9	3.6-4.2	3.7	4.4	
Children in single-parent households	30%	25-34%	21%	29%	
Violent crime	440		59	360	
Physical Environment					88
Air pollution-particulate matter	10.5		9.5	10.9	
Drinking water violations	Yes		No		
Severe housing problems	12%	11-14%	9%	13%	
Driving alone to work	82%	80-84%	71%	82%	
Long commute- driving alone	16%	14-18%	15%	20%	
* 10th/90th percentile, i.e., only 10% are better				Source: County Health Rankings 2016	
Note: Blank values reflect unreliable or missing data					

6.2 Measures of Morbidity

Measures of morbidity include factors such as health behaviors, clinical care, social-economic factors and the physical environment.

Reno County ranks 57th in the state of Kansas for health outcomes. Health behaviors such as obesity, sexually transmitted infections, and physical inactivity are higher than national benchmarks and/or higher than Kansas rates.

Clinical care ranks Reno County at 10th in the state with diabetic and mammography screening, primary care physicians, and preventable hospital stays.

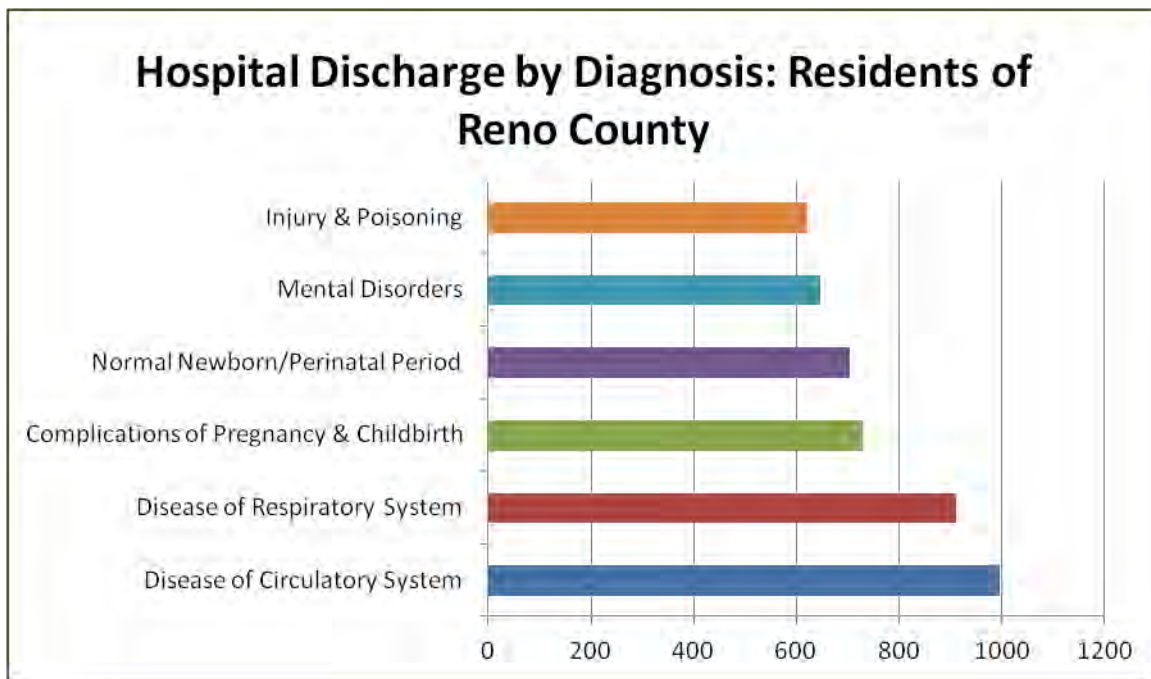
Percentage of Adults with Fair or Poor Self-Perceived Health Status:

- Reno County 14%
- Kansas 15%
- National 16%

People's subjective assessment of their health status is important because when people feel healthy they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community. In 2012, the national level had 10% of its population with a poor or fair self-perceived health status, now that number has risen to 16%, in under 4 years.

Source: County Health Rankings & Roadmaps, 2016

6.3 Top Discharge Diagnoses of Hutchinson Regional Medical Center

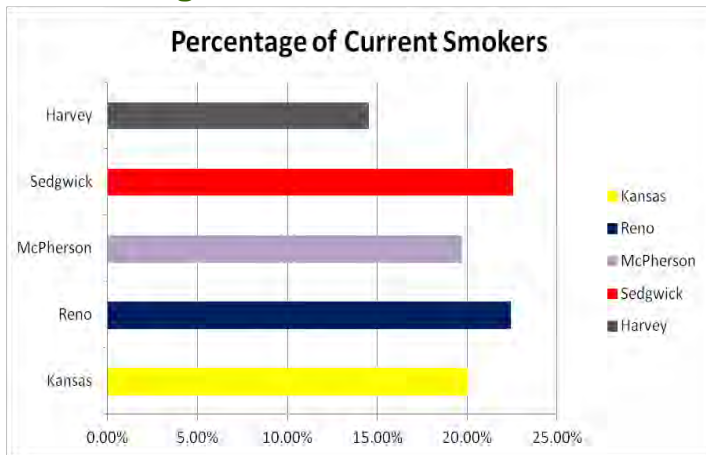


Source: KIC, KDHE, 2013

Heart disease is the leading cause of death in the United States. In relation, the most common hospital discharge in Reno county was a disease of the circulatory system. Arteriosclerosis is a disease of the circulatory system which causes the buildup of fatty deposits, causing the hardening of arteries. Restricted blood flow can result in a heart attack or stroke. And another common disease of the circulatory system is hypertension. Hypertension, most commonly referred to as high blood pressure, can lead to further complications such as a heart attack, stroke, or even kidney failure. The second highest hospital discharge in Reno County was diseases of the respiratory system, which can include influenza, pneumonia, chronic obstructive pulmonary disease, and lung cancer.

Morbidity

6.4 Smoking



Source: Kansas Health Matters, 2013, BRFSS

Tobacco use is the leading cause of preventable illness and death in the United States. Smoking rates decline significantly with **increasing income and educational attainment.** MMWR

Smoking rate

This graph shows the percentage of adults 18 years and older who currently smoke cigarettes. Reno County has been consistently higher than the Kansas average smoker rate. However, in the previous years, smoking rates have gone down in Kansas, from 25.3% in Reno County smoking cigarettes in 2011, to 22.4% in 2013.

Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans tributes to profound disability and pain in many others.

each year, and it con-

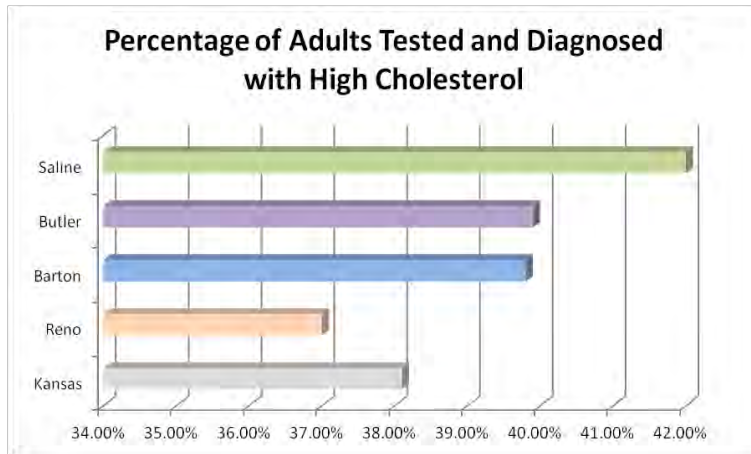
Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. Smoking costs the United States nearly **\$170 billion** in direct medical care for adults. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%. In 2013, 64.8% of residents in Reno County who were current smokers admitted to smoking cessation for one day or more because they were trying to quit. Implementing programs to help individuals quit from smoking can be a relentless process, but one that is profoundly rewarding.

6.5 Cholesterol

This shows the percentage of adults who have had their blood cholesterol checked and have been told that it was high.

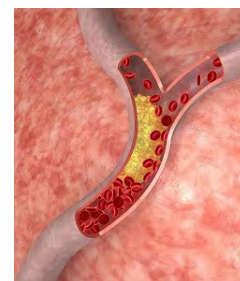
In Reno County, 37% of individuals were tested and diagnosed with high cholesterol in 2013.

High blood cholesterol is one of the major risk factors for heart disease. Studies show that the higher your blood cholesterol level reveal, the greater your risk for developing heart disease or having a heart attack. **Heart disease is the number one killer of men and women in the United States.** 71 million American adults have high low-density lipoprotein. However, only 1 out of every 3 adults have it under control and less than half of those adults get treatment. High blood cholesterol does not cause symptoms, so it is important to find out what your cholesterol numbers are. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. 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%.



Source: Kansas Health Matters, 2013, BRFSS, CDC

	Desirable range (mg/dl)
Total cholesterol	<200
LDL cholesterol	<100
HDL cholesterol	60 and higher
Triglycerides	<150



6.6 Hypertension

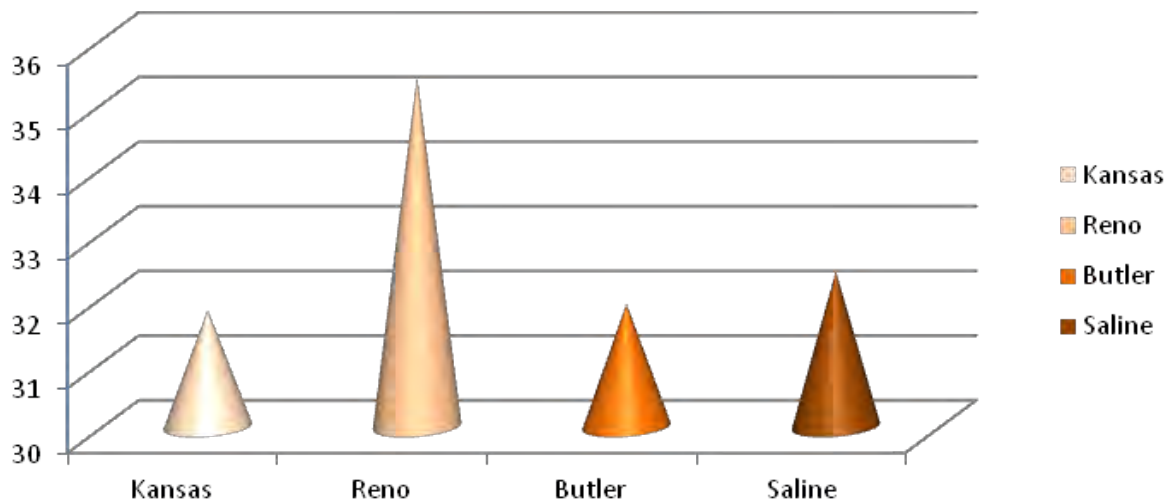
Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension). **According to the CDC, 1 in 3 US adults have high blood pressure.**

High blood pressure is the number one modifiable risk factor for stroke. In addition to the likelihood of suffering from a stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. 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, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active.

Blood Pressure Classification	Systolic Blood Pressure (mmHg)	Diastolic Blood Pressure (mmHg)
Normal	<120	and <80
Prehypertension	120-139	or 80-89
Stage I Hypertension	140-159	or 90-99
Stage II Hypertension	>160	or >100

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%. In Reno County, 35.4% of the population were diagnosed with hypertension in 2013.

Percentage of Adults Diagnosed with Hypertension



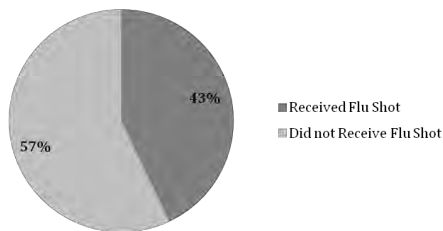
Source: Kansas Health Matters, 2013

Health Behaviors

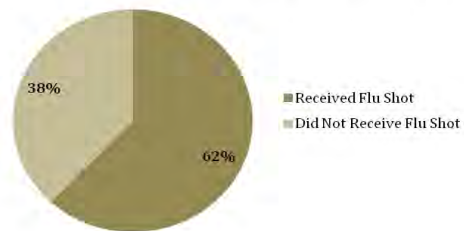
7.1 Vaccinations

Vaccines are not just for children and though most people received vaccines as infants and children, there are other vaccines that are important to get as adults to continue to protect from illness. Some vaccines decrease in effectiveness over time and adults may need **boosters** to be fully protected. As we age, our immune systems weaken and we can become more susceptible to deadly infections, such as pneumonia or the flu. Vaccines can help keep adults healthy long into old age.

Percentage of Adults 18 Years and Older Not Receiving a Flu Shot in Reno County

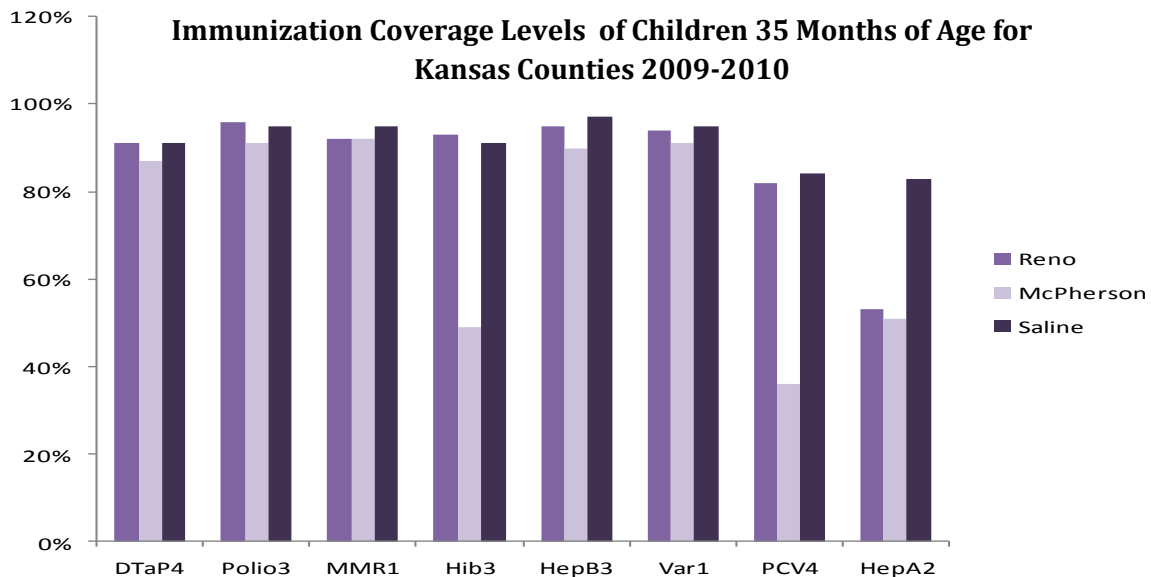


Percentage of Adults 65 Years and Older Not Receiving a Flu Shot in Reno County



Source: 2013 BRFSS

Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infections with influenza can cause high fever, diarrhea, and seizures in children. It is estimated that 226,000 people are hospitalized each year due to influenza and 36,000 die - mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to prevent the spread of influenza.



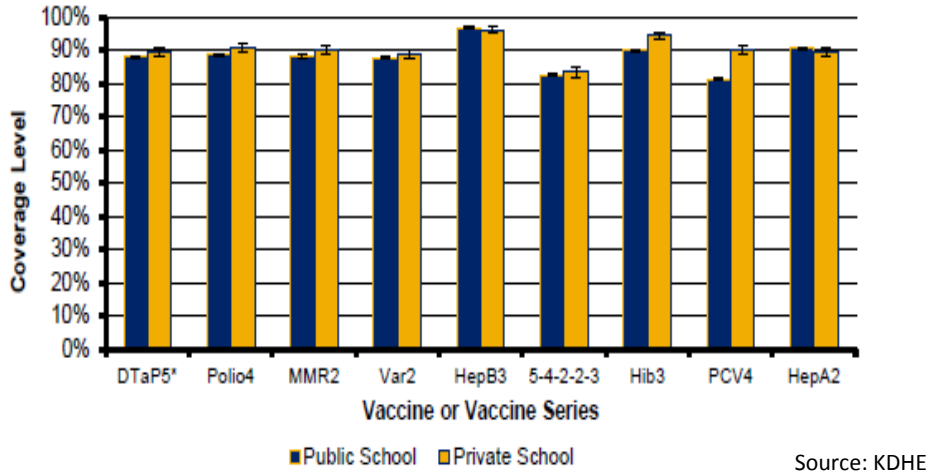
Source: Kansas Health Matters

In relation to immunizations received within a young age and in comparison with other counties, Reno County is consistently immunizing the population, as well as being proactive in vaccinations. The HepA3 vaccination rates are especially low in McPherson and Saline county, but Reno county is above the 90th percentile.

7.2 Childhood Immunizations

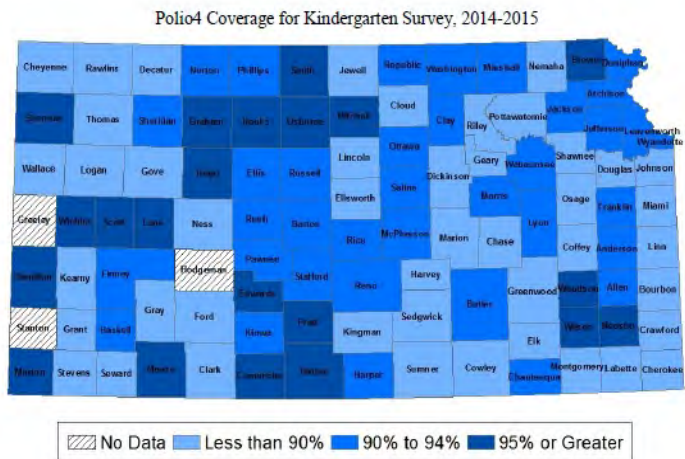
This graph displays the immunization coverage levels of Kansas kindergartners. In particular, it measured vaccination in public and private school systems. Data is from the Kansas Department of Health and Environment and are based on a retrospective survey of immunization certificates conducted each fall at the time of enrollment in kindergarten. The current immunization levels were measured in the school year of 2014-2015.

Figure 2: Immunization coverage levels of Kansas kindergartners at school entry, by school type, Kansas 2014-2015



Percentage of infants fully immunized at 24 months

This displays Kansas coverage for the Polio4 vaccine for children in Kindergarten amongst counties in Kansas, according to the Kansas Department of Health and Environment. Polio is a contagious viral illness. A few complications of this illness can include permanent muscle paralysis, disability, and deformities of the hips, ankles, and feet. Thanks to the vaccine, an outbreak has not occurred since 1979.



Source: KDHE

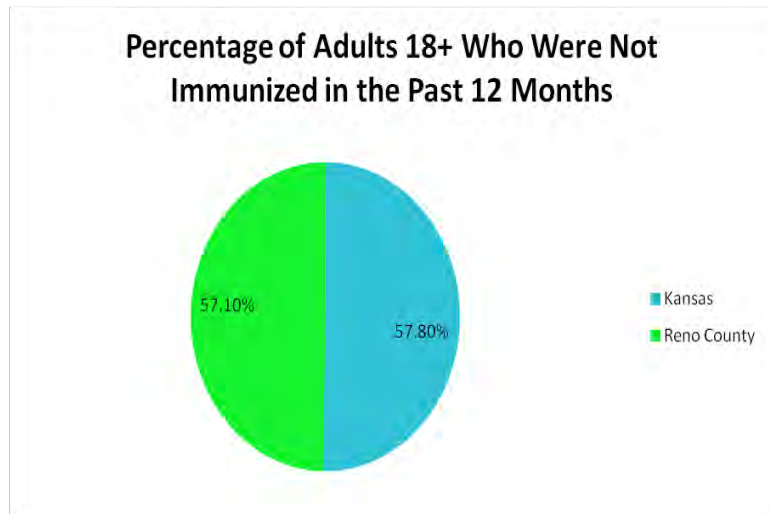
Vaccine coverage is of great public health importance. By having greater vaccine coverage, there is an increase in the immunity in individuals, which leads to lower disease incidence and an ability to limit the size of disease outbreaks. Outbreaks of preventable diseases occur when many parents decide not to vaccinate their children. Vaccines are safe and effective, as they undergo long and careful reviews by scientists, doctors, and the federal government to make sure they are safe. If children are not vaccinated, they can spread disease to other children who are too young to be vaccinated or those with weakened immune systems, such as people with cancer. As a public healthcare entity, it is important to protect each other by effective vaccination.

Health Behaviors

7.3 Influenza Vaccination

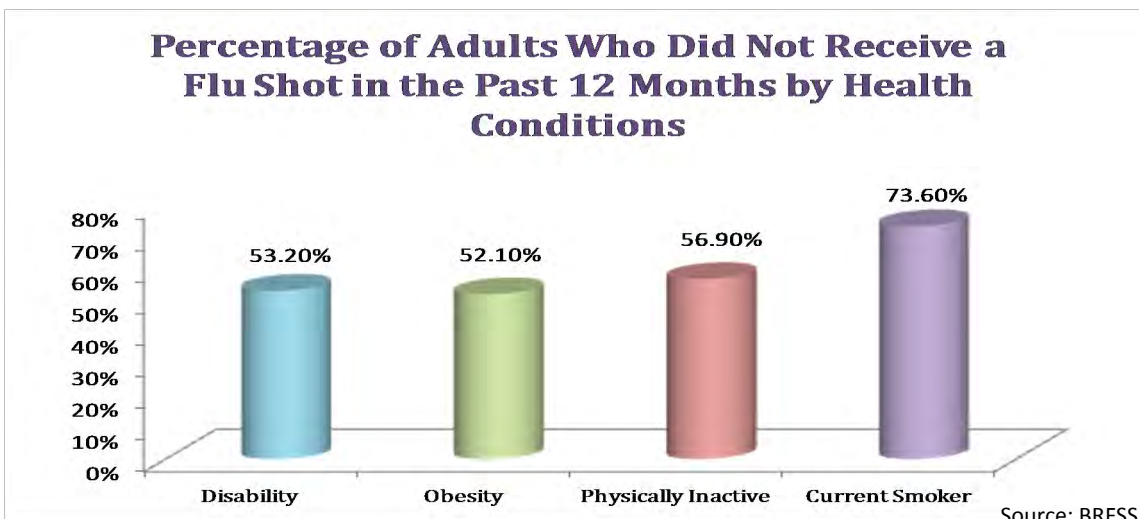
Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. The most effective way to prevent the flu is by receiving the vaccine each year. In 2013, influenza claimed 3,697 lives. It is recommended that the following adult groups receive an influenza vaccination every year:

- Adults ages 50 years and older. In 2013, 38.4% individuals aged 65 or older, did not receive a flu vaccination.
- Persons ages 2-64 years with underlying chronic medical conditions such as asthma, diabetes, and heart problems
- Pregnant females
- Adults with children <6 months in their home
- Residents of nursing homes and other chronic care facilities
- Health care workers who have direct patient contact
- Out of home caregivers



Source: Influenza Vaccination, BRFSS, 2013

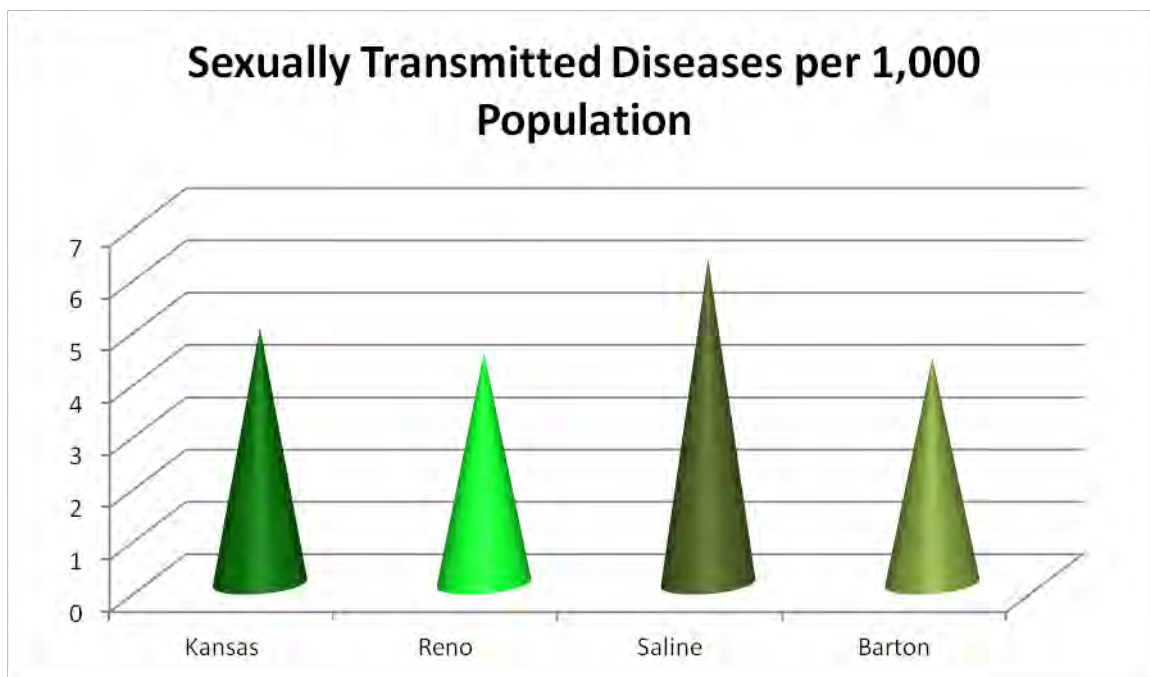
In 2013, 57% of adults in Reno County did not receive a flu shot within the past 12 months. More than half (53%) of adults living with a disability did not receive an influenza vaccination in the past 12 months. More than half (52%) of adults with obesity did not receive an influenza vaccination in the past 12 months. More than half (56%) of adults with obesity did not receive an influenza vaccination in the past 12 months.



Source: BRFSS

Vaccination is one of the most proactive ways parents can protect children from potentially harmful diseases.

Health Behaviors



Source: Kansas Health Matters, 2015

7.6 Sexually Transmitted Disease Rate

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19.7 million new STD infections each year. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of Chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

As of 2013, it is estimated that there are 3,372 persons living in Kansas living with HIV/AIDS. 51% of those diagnosis currently have the AIDS diagnosis. Kansas law makes it a crime for a person who knows he or she is infected with a life threatening communicable diseases, such as HIV, to expose another person to that disease.

About 25% of teenagers will have an STI before graduating high school. Teenagers and young adults have the highest rates of STIs than any other age group. The best way to prevent the spread of STI is abstinence. Education is the best way to let teenagers know of their risks and what the consequences can be. Abstinence, vaccination, reducing the number of sexual partners, communication, and using condoms are all ways to reduce your risk of STIs.

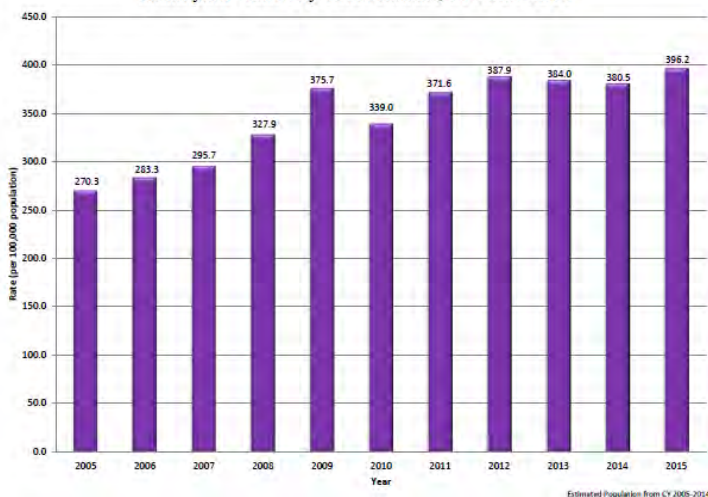
Source: KDHE



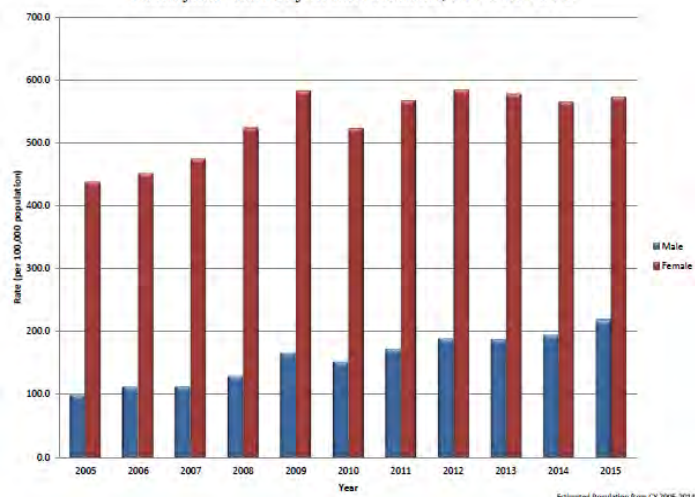
7.6 Sexually Transmitted Disease Rate (continued)

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. The CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.

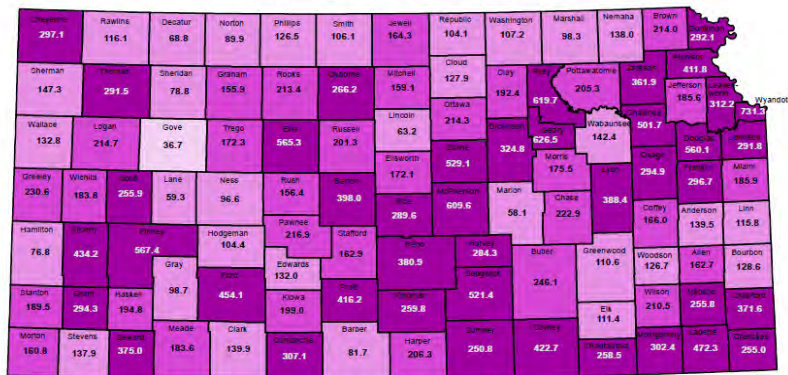
Chlamydia - Rates by Total: Kansas, CY 2005-2015



Chlamydia - Rates by Gender: Kansas, CY 2005-2015



Chlamydia - Rates by County: January - December 2015



Rate (per 100,000 population) Confirmed Case(s):

- 0.0
- 0.1 - 50.0
- 50.1 - 150.0
- 150.1 - 250.0
- > 250.0

Note: The total rate of chlamydia for Kansas was 396.2 per 100,000 population.

Data Source: Estimated Population from CY 2014, Kansas Information for Communities and Epi-Track database. Provided by: KS Department of Health and Environment, Bureau of Disease Control and Prevention

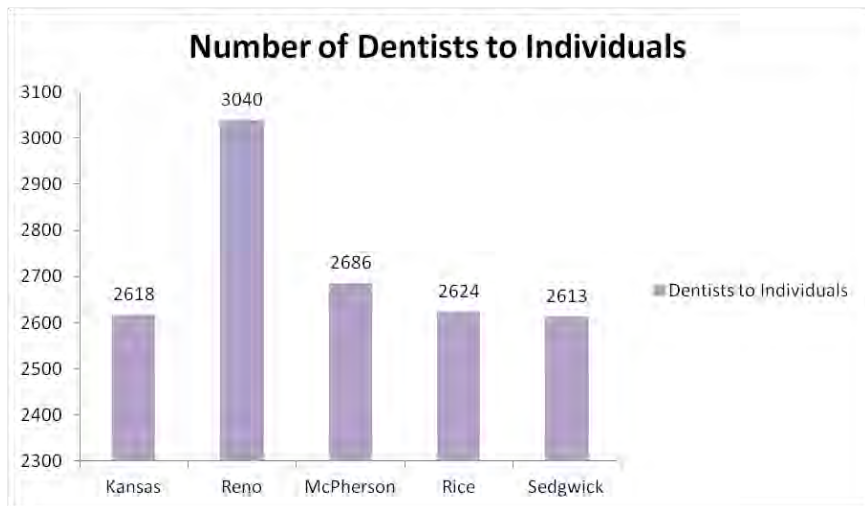
- Current prevention efforts have been unable to produce significant decreases in Chlamydia morbidity.
- In 2015, women from the age of 20-24 were the most common to be diagnosed with Chlamydia.
- Chlamydia may be present without signs or symptoms of disease.
- Chlamydia is treatable with a single dose of oral antibiotics.
- Chlamydia can cause serious long-term consequences that can be costly, including: ectopic pregnancy, infertility, and pelvic inflammatory disease.
- Each year, there are almost 3 million new cases of Chlamydia, many of which are in adolescents and young adults.

Health Behaviors

7.7 Oral Health

This graph shows the number of dentists to the population in our county, surrounding counties, and Kansas. Reno County has a substantial shortage of dentists in regards to their population.

Persons with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment, and discolored and damaged teeth. 1 in 5 adults experience anxiety due to the condition of their mouth and teeth. Additionally, low income adults are most likely to report having problems due to the condition of their mouth and teeth.



Source: Kansas Health Matters

Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

42% of Kansans view their oral health as very good. **However, 84% of Kansans agreed that the appearance of their mouth and teeth affects the ability to interview for a job.** This can cause embarrassment when applying for jobs and working with public entities.



7.8 Mental Health

Mental health plays a vital role in a person's well being, family and interpersonal relationships, and a person's involvement in society. Anxiety and depression are considered leading causes of mental health disorders. Anxiety disorders are the most prevalent mental disorders among adults in the United States.

On average, an estimated 40 million (18.1%) adults are affected with an anxiety disorder. Depression is one of the leading mental health disorders. It affects on average about 20.9 million (9.6%) of the adults, ages 18 years and older in the United States.

As indicative of the Community Opinion Survey, mental health was a category that the community chose to take especial interest in. They noted that it was a concern within the community and saw that it was an important aspect of health that needs special attention.

Types of Anxiety and Depression

The types of Anxiety include acute stress disorder, generalized anxiety disorders, obsessive compulsive disorders, panic disorders, posttraumatic stress disorder, social anxiety disorder, and specific phobias.

The types of Depression include major depression disorder, minor depression, dysthymia, and bipolar disorder.

In Kansas, according to the 2013 Behavioral Risk Factor Surveillance System Survey, an estimated 21.7% of Reno County residents have been diagnosed with a depressive disorder.

20.3% of Reno County adults ages 18 years to 44 years have been diagnosed with a depressive disorder. More than 1 in 4 females in Reno County have been diagnosed with a depressive order, and that has increased 7% since the last BRFSS was conducted in 2011. According to the National Alliance on Mental Illness, 20% of youth ages 13-18 live with a mental health condition.

Intervention and treatment is important to battling mental illness, as well as safe places for people to go when they need assistance. Reno County currently has many entities that provide assistance if someone is suffering from a mental illness.



Health Behaviors

7.9 Lead

Lead poisoning is a preventable health problem that may affect Kansas children and adults. Lead is a toxic metal that produces many adverse health affects. It is persistent and cumulative within our environment.

Lead-based paint can be found in most homes built before 1950 and many homes built before 1978. Lead can also be found on walls, woodwork, floors, windowsills, eating and playing surfaces, or in the dirt outside the home. Parents whose hobby or occupation involves working with, or around lead, can unknowingly bring lead dust home. Individuals should avoid "take-home" exposures by utilizing personal protection and hygiene after leaving the workplace. Blood lead levels as low as 5 micrograms per deciliter can be associated with harmful effects on children’s learning and behavior.

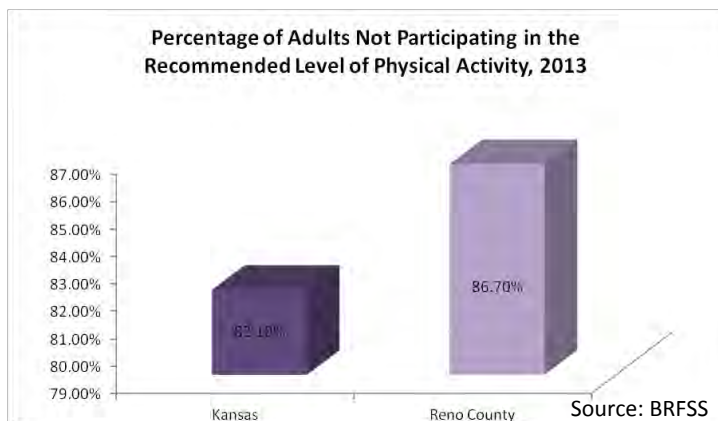
Source: Kansas Health Matters

7.10 Physical Activity

Regular physical activity throughout the lifespan is important in preventing premature death.

About 1 in 5 adults nationwide meet the recommended physical activity guidelines. Inactive adults have higher risks of early death, heart disease, stroke, type 2 diabetes, depression, and some cancers.

Regular physical activity can decrease the risk of numerous chronic diseases and conditions such as hypertension, diabetes, and certain types of arthritis. Regular physical activity also improves flexibility and joint mobility, decreases body fat, and aids in weight loss and weight maintenance.

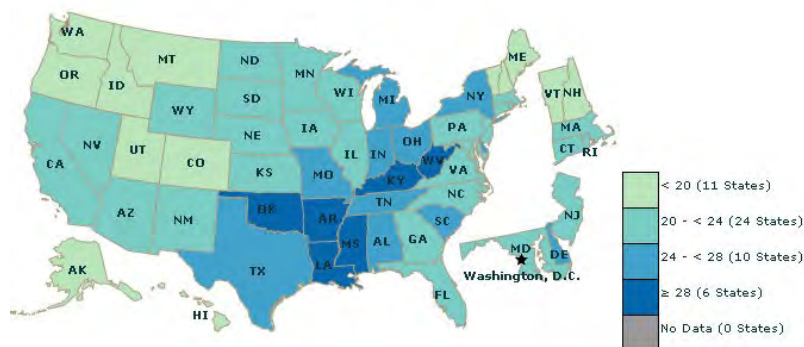


Less than 3 in 10 high school students will get the 60 minutes of recommended physical activity every day. This is especially alarming, considering the rising obesity rates.

Physical Activity Levels

Meets Recommendation: Moderate physical activity 30 minutes or more per day, 5 or more days per week OR vigorous physical activity 20 minutes or more per day, 3 or more days per week.

2014: Percent of adults who engage in no leisure-time physical activity †



Aerobic exercise is light activity that you can sustain over long periods of time, such as jogging, swimming, or riding your bike.

Anaerobic exercise is bursts of activity for short periods of time, such as sprinting, muscle building, and high-intensity training.

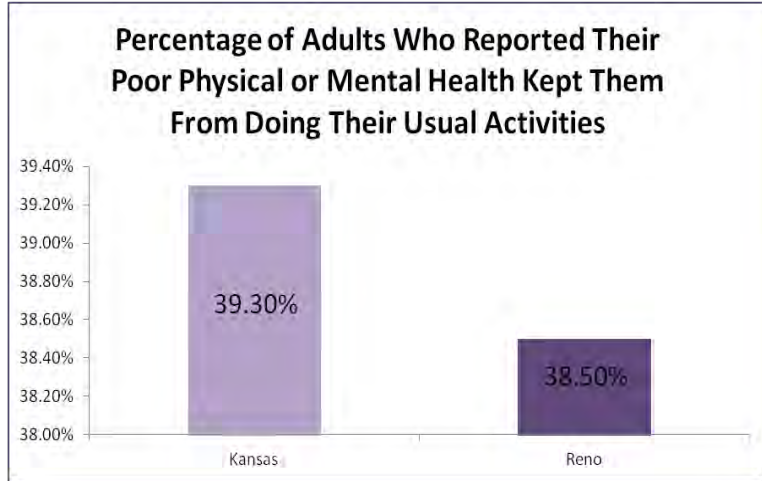
It is important to get a healthy mix of these exercise recommendations each week.

Source: CDC

7.10 Physical Activity

Active adults can reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition.

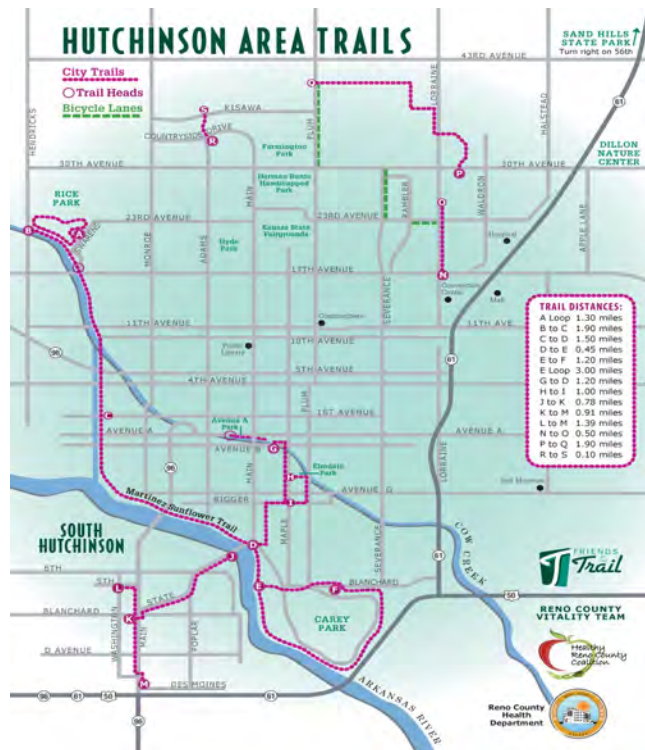
In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat. **The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.** 38.5% of Reno County residents reported that their poor physical or mental health kept them from doing their usual activities. The wide range of issues that may be coupled with this can have a significant impact on all populations. Among adults who completed less than high school education, 55% do not participate in the recommended level of physical activity.



Source: BRFSS

“10 minutes at a time is fine” Having to exercise each week for 150 minutes can become tiresome, but one can spread it out over a weeks period. Break up your activity into smaller chunks during the day. This way, getting your 150 minutes in will not seem as overwhelming.

This is a trail map in Hutchinson for its’ residents and community to use for walkable & rideable trails.



Health Behaviors

7.11 Tobacco Use

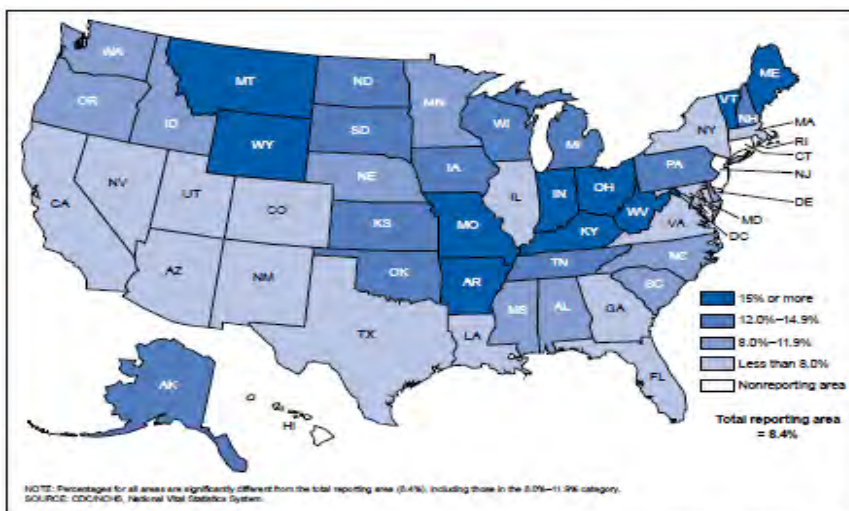


Figure 3. Prevalence of maternal smoking at any time during pregnancy: 46 states and District of Columbia, 2014

Source: National Vital Statistics Report

Maternal Smoking

Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. Women in their 20s were also at the highest smoking rate before pregnancy. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems. [Of 39,223 Kansas mothers pregnant in 2014, 12% smoked at some point during pregnancy.](#) Additionally, 1 in 10 women who were pregnant in 2014 smoked in the 3 months before pregnancy.

Adult Smoking

Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. 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%.

A majority of the tobacco users in Kansas want to quit, but they have been unable to do so for one reason or not.

KanQuit is a free service available to Kansans who are ready to quit any form of tobacco. It offers one-on-one coaching, telephone counseling, and provides support to create individualized plans for quitting tobacco and cravings.

Source: BRFS



Health Behaviors

7.12 Adult Obesity

Obesity, Physical Activity, & Healthy Eating

In addition to genetic factors, an unhealthy diet coupled with lack of exercise are both key contributors to the rising obesity epidemic. Being overweight or obese increases the risk for a number of health conditions, including: coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, liver disease, sleep apnea, respiratory problems, osteoarthritis, gynecological problems, and poor health status.



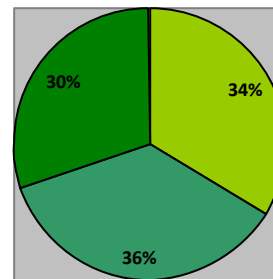
Source: USDA

Often, being overweight and battling obesity is the result of an overall energy imbalance due to both eating too many calories and getting too little physical activity. Consuming a healthy amount of calories and healthier foods are important in maintaining health. CDC recently released the new “My Plate” guidelines to encourage healthy eating. Consuming a healthy diet leads to a decreased risk of chronic diseases, such as type 2 diabetes, hypertension, and certain cancers, decreased risk of **overweight** and **obese**, and a decreased risk of micronutrient deficiencies.

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures. The CDC also sets activity recommendations indicating that physical activity is crucial for overall health status.

66.3% of Reno County residents are either overweight or obese. Compared to the Kansas values of 65.3%, we are slightly higher than the state average.

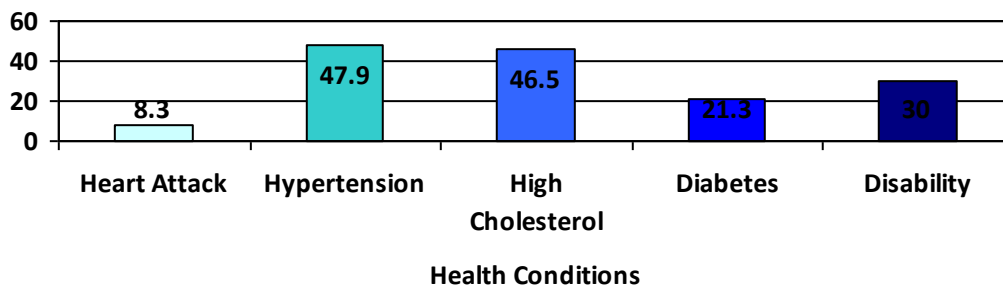
Weight Status of Adults 18 Years and Older



■ Neither Overweight or Obese ■ Overweight ■ Obese

Source: BRFSS

Percentage of Adults Who are Obese by Health Conditions in Reno County

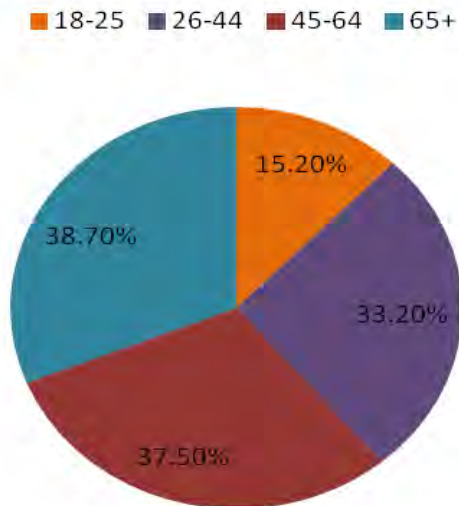


Source: BRFSS

Health Behaviors

7.12 Adult Obesity

Kansas Obesity Rate by Age



Source: BRFSS

Kansas ranks as **13th in the nation** for adult obesity rates. Its' current rate is 31.3%. It is up from 19.1% in 2000 and 13.5% in 1995. Every state in the US is above the 20% obesity rate. This is a climbing trend that, without proper intervention, will continue to climb with detrimental effects. As of 2015, Arkansas has the highest adult obesity rate at 35.9%.

A few barriers to fighting obesity include the influx of sugar in our daily diets, a more sedentary lifestyle, increased technology and electronics, accessibility of food, an uneducated population, and an ever changing lifestyle. The access and availability of fresh fruits and vegetables seems to be problematic for many Kansans. WIC services are available to all Kansas residents, as well as SNAP benefits and education, but are not being used effectively .

What constitutes in our population as obese? The BMI calculator combines your height and weight into a representation of health in the body mass index. These values change. A healthy BMI . Individuals with a normal BMI includes 18.5-24.9. An overweight BMI is 25.0-29.9. And an obese BMI is 30.0 and higher.

BMI Chart

Weight lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
Weight kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
Height in/cm	Underweight					Healthy					Overweight					Obese			Extremely obese					
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'7" - 170.1	15	16	17	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	34	35
5'9" - 175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	34
5'10" - 177.8	14	15	15	16	17	18	19	19	20	20	21	22	23	23	24	25	26	27	28	29	30	31	32	33
5'11" - 180.3	14	14	15	16	16	17	18	19	19	20	21	21	22	23	23	24	25	26	27	28	29	30	31	32
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	26	27	27	28	29	30
6'1" - 185.4	13	13	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	26	26	27	27	28	29
6'2" - 187.9	12	13	14	14	15	16	17	18	18	19	19	20	21	21	22	23	23	24	25	26	26	27	27	28
6'3" - 190.5	12	13	13	14	15	16	16	17	18	19	19	20	21	21	22	23	23	24	25	26	26	27	27	28
6'4" - 193.0	12	12	13	14	15	16	17	17	18	19	19	20	21	22	22	23	23	24	25	26	26	27	27	28

Childhood obesity has more than doubled in children in the past 30 years. In 2012, more than one third of children and adolescents were overweight or obese. Obesity is the result of a **caloric imbalance**; when the amount of calories consumed exceeds the amount of calories expended. This can be affected by genetic, behavioral, environmental, and lifestyle factors. The prevalence of overweight and obesity in Kansas in poor families is more than double the rate for children in higher-income families.

A report from the CDC in 2013 showed that Kansas, as well as 18 other states, experienced a slight decline in obesity rates among 2-4 year olds from low income families between 2008 and 2011. Kansas's rate declined from 13.3% to 12.7%.

Childhood obesity can have immediate and long term effects on their overall health. Obese youth are more likely to have risk factors for cardiovascular disease, high blood pressure, prediabetes, bone and joint problems, sleep apnea, and poor self esteem. Obesity is also associated with an increased risk for many types of cancer such as breast, colon, kidney, bladder, and esophagus.

Parents and schools setting a positive role model for their children is a crucial step in exhibiting a healthier lifestyle for their children. Healthy eating and regular physical activity are two of the best habits to lowering the risk of becoming obese.

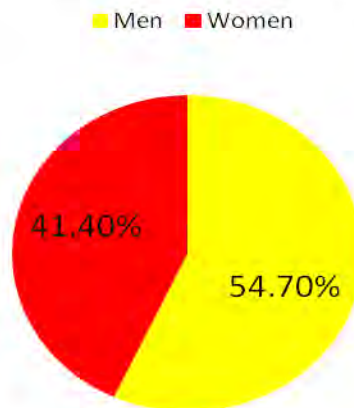
Source: State of Obesity



Health Behaviors

7.13 Nutrition

Percentage of Adults Who Reported Consuming Fruit Less Than 1 Time Per Day

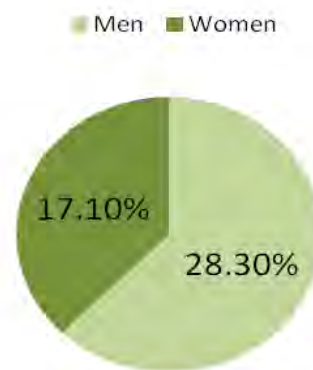


Source: BRFSS

Despite the benefits, many people still do not eat recommended levels of fruits and vegetables. This is particularly true of consumers with lower incomes and education levels. Consuming a fresh, healthy, and balanced diet in order to maintain a healthy weight and prevent chronic disease is essential in our daily lifestyles. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption. **It is recommended that you consume 5-9 servings of fruits and vegetables a day.** In Reno County, 47.7% of its residents do not eat 1 serving of fruit a day. 52.2% of residents that do not consume one serving of fruit a day are overweight. In regards to vegetables, of Reno County residents, 22.5% consume less than one vegetable everyday, and of those, 26.7% are obese.



Percentage of Adults Who Reported Consuming Vegetables Less Than 1 Time Per Day



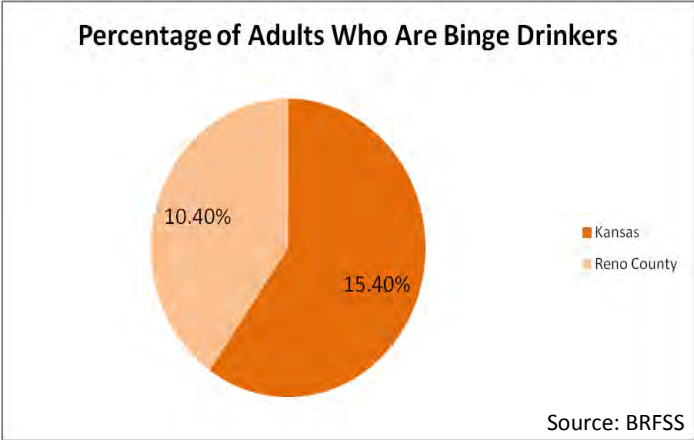
Source: BRFSS

7.14 Substance Abuse

Binge Drinking

Binge drinking is defined as consumption of five or more drinks for males and four or more drinks for females on one occasion. **1 in 6 US adults binge drink about four times a month.**

Binge drinking is associated with a number of adverse health effects including: motor vehicle crashes, falls, burns, drowning, hypothermia, homicide, suicide, child abuse, domestic violence, sudden infant death syndrome, alcohol poisoning, hypertension; myocardial infarction, gastritis, pancreatitis, sexually transmitted diseases, meningitis, and poor control of diabetes.



10.4% of adults in Reno County are binge drinkers as compared to the state average of 15.4%. Of those who are binge drinkers, men account for 13.9% of the population, whereas 7% are female. Additionally, 5.3% of Reno County adults reported that they were heavy alcohol consumers.

Consumption of too much alcohol is a risk factor for a number of adverse health outcomes. These include, but are not limited to, alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, fetal alcohol syndrome, and interpersonal violence. **More than half** of the alcohol consumed by adults in the United States is in the form of binge drinks.

Source: CDC



Health Care Facilities Available in Reno County

Hutchinson Regional Medical Center is the only hospital in Reno County and is a 501c3 nonprofit facility, with 199 licensed acute care beds. The hospital is part of the Hutchinson Regional Healthcare System (HRHS) which includes **Horizons Mental Health Center**, providing mental health services for people in Barber, Harper, Kingman, Pratt and Reno counties; **Hospice of Reno County/Home Care of Hutchinson**, providing medical and support services for individuals with life-limiting illness and their families; **Health-E-Quip**, a home medical equipment supply company; and the **Hutchinson Regional Medical Foundation**, enhancing patient care within the hospital and its affiliates through private donations. HRHS serves the health needs of more than 65,000 residents of Hutchinson and Reno County, as well as the surrounding Central Kansas region. HRHS employs approximately 1350 people, and is the largest employer in Reno County.

Prairie Star Health Center is a non-profit Federally Qualified Health Center (FQHC) offering comprehensive medical and dental services, selected eye services, and laboratory services to people of all ages. Prairie Star has been providing primary care services in Reno County since 1995. Prairie Star is one of only fifteen FQHCs in Kansas. Prairie Star participates in statewide diabetic and hypertension patient management networks.

Reno County Health Department is non-profit and provides public health services that assist Reno County citizens to prevent disease, maintain health, protect the environment, and promote wellness. Senior Health Services, Preparedness, Environmental Health, Basic Health Services, Epidemiology, Child Care Licensing, Health Education Services, Maternal Child Health Service, Women, Infants, and Children programs, Prenatal, Family Planning, Immunizations Services provided include adult and childhood immunizations, and international travel vaccines.

Hutchinson Clinic is a for profit team of 71 physicians and 22 Advanced Practice Providers located in central Kansas. The clinic's 600+ healthcare professionals provide comprehensive medical and surgical care.

Resources

Behavioral Risk Factor Surveillance System (BRFSS): BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Reno County BRFSS results from 2009-2010. <http://www.cdc.gov/brfss/>

Burnet, M. (1962). *History of Infectious Disease*. Cambridge, UK: Cambridge University Press.

Census Bureau (US), American Community Survey (ACS) One-year Estimates: ACS is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services. Information they need to plan investments and services. Information from the survey generates data that help determine how more than \$400 billion in federal and state funds are distributed each year. <http://www.census.gov/acs/www/>

Census Bureau (2010, US Population and Housing Census): The U.S. Census counts every resident in the United States. Census information affects the numbers of seats your state occupies in the U.S. House of Representatives. People from many walks of life use census data to advocate for causes, rescue disaster victims, prevent disease, research markets, locate pools of skilled workers and more. <http://2010.census.gov/2010census/>

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS): NCHS is the nation's principal health statistics agency, compiling statistical information to guide actions and policies to improve the health of Americans. <http://www.cdc.gov/nchs/>

Centers for Disease Control and Prevention (CDC), Morbidity & Mortality Weekly Report (MMWR): *MMWR* series is the CDC's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations. <http://www.cdc.gov/mmwr/>

County Health Rankings: This website provides access to the 50 state reports, ranking each county within the 50 states according to its health outcomes and the multiple health factors that determine a county's health. Each county receives a summary rank for its health outcomes and health factors and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. <http://www.countyhealthrankings.org/>

Data Book, Data Center KIDS COUNT. KIDS COUNT®, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the well-being of children in the United States. By providing high-quality data and trend analysis, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure better futures for all children — and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. State Grantee: Kansas Action for Children, Topeka, KS. <http://www.kidscount.org/datacenter>

Healthy People (2010 and 2020): Healthy People provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. http://www.cdc.gov/nchs/healthy_people.htm

Kansas Department of Education. Child Nutrition & Wellness at the Kansas State Department of Education (KSDE) provides information, resources, training and technical assistance to local agencies operating child nutrition and wellness programs. <http://www.ksde.org>

Resources

Kansas Department of Health and Environment (KDHE), Annual Summary of Vital Statistics: This report provides a summary of births, deaths, marriages, marriage dissolutions, and abortions in Kansas. In many instances, counts of events are accompanied by population-based rates and trends for key indicators are tracked. <http://www.kdheks.gov/hci/annsumm.html>

Kansas Department of Health and Environment (KDHE), Kansas Information for Communities (KIC): The KIC system gives users the chance to prepare their own queries for vital event and other health care data. The queries designed into this system will answer many health data requests. KIC programs allow you to generate your own table for specific characteristics, year of occurrence, age, race, Hispanic origin, sex, and county. Other information sources are also listed. <http://kic.kdhe.state.ks.us/kic/index.html>

Kansas Department of Health and Environment (KDHE), Kansas Rural Health Options Project (KRHOP): KRHOP is a public/private partnership of not-for-profit and governmental organizations including the Kansas Department of Health and Environment Bureau of Community Health Systems, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services, and the Kansas Medical Society. KRHOP offers technical support, information, networking opportunities, funding and other resources to Critical Access Hospitals and other rural providers. <http://www.krhop.net>

Kansas Department of Transportation (KDOT). 2008 Kansas Traffic Accident Facts, County Summaries. Accessed from <http://www.ksdot.org/burtransplan/prodinfo/2008factsbook/County.pdf>

Kansas Health Matters. Kansas Health Matters is a source of non-biased data and information about community health in Kansas. <http://www.kansashealthmatters.org>

