

2025

Reno County Community Health Needs Assessment



Healthcare Access Taskforce

Reno County's Healthcare Access Taskforce is responsible for planning and implementing the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

Organizations involved in this year's CHNA includes:

Reno County Health Department
Hutchinson Regional Medical Center
United Way of Reno County
Horizon's Mental Health Center
PrairieStar Health Center
City of Hutchinson

To view the interactive version of the results, visit www.renocountycha.org

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Executive Summary

The 2025 Reno County Community Health Needs Assessment (CHNA) offers a comprehensive overview of health conditions, concerns, challenges, and strengths across the County. By utilizing data from secondary sources, surveys, and feedback from partners, the assessment highlights key health trends and socioeconomic conditions that impact residents, particularly in the more vulnerable areas of the community.

Key Findings

- **Health Disparities:** Residents experiencing the poorest health outcomes are more likely to be low-income, uninsured, disabled, or members of the Black or Hispanic/Latino communities. The 67501 zip code and those living in neighborhoods in south-central Hutchinson consistently rank highest in health vulnerability.
- **Chronic Conditions and General Health:** Rates of Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease, complete tooth loss, and stroke are worse in Reno County than the state averages. Many households report that they lack the time, access, or financial stability to receive healthcare.
- **Behavioral Health Needs:** Youth and adults report high levels of mental health distress, with suicide rates above the state average. Mental health challenges are experienced differently by specific demographics, such as young girls. Access to timely, affordable behavioral health remains a challenge for residents due to access, transportation, or stigma.
- **Substance Use and Recovery:** Methamphetamine remains the leading cause of non-fatal and fatal overdoses in Reno County. While recovery housing is available and often viewed positively, stigma, cost, and criminal-record restrictions are hindering individuals from achieving and sustaining long-term recovery.
- **Food Insecurity:** Food insecurity rates have gone up, especially for children, following the expiration of the pandemic-era food supports. Black and Hispanic/Latino households are nearly twice as likely to experience food insecurity.
- **Transportation and Access to Care:** Many residents face transportation barriers that limit their access to healthcare, employment, and social services. Partner organizations report inconsistent or absent transportation supports. Low-cost services are also often located further away geographically compared to where vulnerable populations reside.
- **Housing Instability:** Safe and affordable housing remains in short supply. Rent costs, high demand for recovery-friendly housing, and record-related discrimination are current barriers to housing.
- **Community Partnerships:** Although considerable collaboration is occurring among organizations in the county, data sharing and service integration remain uneven across sectors. There is also a lack of focused input from community members, with more substantial reliance on general feedback or survey forms.

Priority Areas for Action

1. **Access to Care:** Improve affordability, coverage, and proximity to services, especially for dental, behavioral, and specialty care.
2. **Behavioral Health & Substance Use:** Expand early intervention, especially for at-risk youth. Expand peer support and the recovery infrastructure.
3. **Food Security:** Strengthen outreach for SNAP and increase access to food.
4. **Transportation:** Work toward providing coordinated and affordable transportation options for clients to access medical care. Offer services closer to where populations without vehicles live.
5. **Affordable Housing:** Invest in recovery-friendly and low-barrier housing, especially for populations reentering the community from criminal justice settings.
6. **Addressing Health Disparities & Community Voice:** Center efforts around the voices and needs of communities experiencing the most significant health disparities.

This CHNA is meant to serve as a foundation document for Reno County's next iteration of the Community Health Improvement Plan (CHIP), which aims to drive cross-sector solutions that create lasting improvements in the quality of life for all residents living and working in the community.

About the Assessment

To maintain accreditation, Hutchinson Regional Medical Center and the Reno County Health Department are required to complete a Community Health Needs Assessment (CHNA) every 3 to 5 years. These assessments help identify the issues that matter most to residents and inform local organizations about the community's needs and priorities.

The findings are then used to develop a Community Health Improvement Plan, which guides efforts to improve health and well-being in Reno County over the following three years.

This assessment was prepared by:



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HEALTH STRATEGIES & GEOSOLUTIONS



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CEO Message

The collective responsibility of a local public health and health care delivery system is to develop and promote resources that make health and healing possible for everyone. To do this, we need to understand the resources our family, friends and neighbors are seeking to improve their health as they define it. A Community Health Needs Assessment is a means of identifying and describing the health needs and resources of our local population. It serves as a mechanism to inform the development of systems that empower people to make informed choices about their health.

The information in this report will help public health and health care providers align and focus their efforts on what matters most to you, the community member. Hutchinson Regional Healthcare System and each of its affiliate organizations are already using this data to inform our work. Our gratitude goes out to each person who was responsible for making it a reality.



**Ben
Anderson** “

*CEO of Hutchinson Regional
Healthcare System*

Public health works best
when it's aligned with
the needs of the people
we serve.

Methodology and Process



Community Survey

We asked all Reno County residents to participate in a community survey about the top issues facing the community to learn how different groups view health priorities. 367 residents answered the survey.



Partner Survey

A survey was sent out to organizations in Reno County to ask about their services, staff skills, equity, and the ten essential public health services. 20 organizations answered the survey.



Listening Sessions

Listening sessions were conducted with groups of community members and professionals providing services. These sessions collected information about challenges accessing healthcare and how to improve health in Reno County.



Secondary Data

Secondary data was collected and visualized to help determine priority questions for the household survey and to provide contextual information about the health of the community.



Household Survey

We randomly selected 210 households from 30 blocks to take a survey about community health, barriers, and solutions. These results will provide a baseline of information needed to determine health priorities for the next three years.



Feedback

Preliminary results were shared with partner organizations for feedback about the results and the data points that would be most useful for community groups to incorporate in their work.

Household Survey

A modified Community Assessment for Public Health Emergency Response (CASPER) approach was used to conduct household surveys. A total of 184 household surveys were received from geographic areas across Reno County. While this falls short of the CDC-recommended 210 surveys (based on 30 clusters with 7 interviews per cluster), the survey retained key CASPER principles to ensure broad community representation and inform public health planning.

Multiple methods were used to collect surveys from participants in the 30 randomly selected areas. Selected households received two letters by mail, and all remaining surveys were collected through phone calls or door-to-door outreach.

The 67501 zip code experienced a higher-than-expected refusal rate, estimated at approximately 43%, which may have limited participation from that area and slightly impacted geographic representativeness. For comparison, the 67502 zip code had a refusal rate around 17%.

With a sample size of 184 out of approximately 25,344 total households in the county, the resulting margin of error (MOE) is $\pm 6.9\%$ at a 95% confidence level, which is within an acceptable range for community health assessments.

Data Analysis

Quantitative data was analyzed primarily with SAS Base 9.4, which was used to generate the ANOVA tables, chi-square tables, and linear regression models. Data visualizations were created with Canva, Flourish, and ArcGIS Pro. Geospatial analyses were conducted using a suite of ArcGIS products including ArcGIS Pro, ArcGIS Online, and ArcGIS Business Analyst.

Disclaimer

Portions of the writing and data analysis in this Community Health Needs Assessment were developed with the assistance of generative AI tools to enhance clarity, consistency, and efficiency. All content was reviewed, interpreted, and finalized by the author. This document reflects human judgement, context, and expertise throughout.

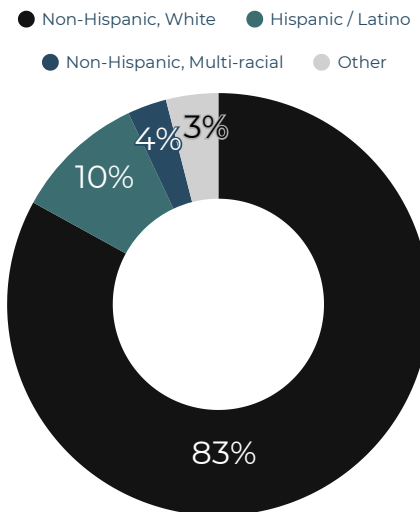
Demographics

Race / Ethnicity

Reno County is experiencing a population decline, decreasing from over 64,000 residents in 2010 to 60,946 residents in 2024, with an estimated annual growth rate of -0.3% from 2024 to 2029 (U.S. Census, 2010; Esri, 2024).

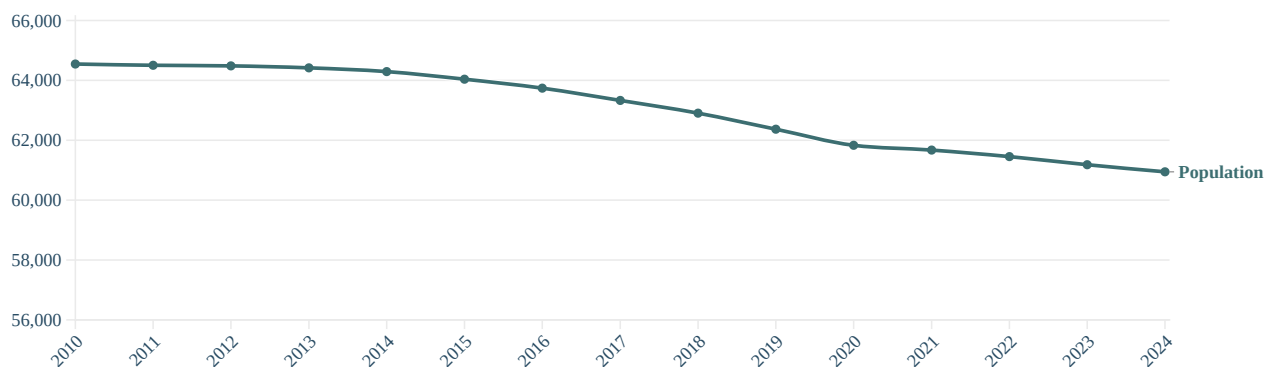
Nearly 83% of Reno County residents identify as non-Hispanic, White. The non-Hispanic, White population is also the fastest declining population. The multi-racial is the fastest growing while the Hispanic / Latino population remains relatively stable.

Race/Ethnicity



Source: Esri (2024)

Population by Year



Source: Esri (2024)

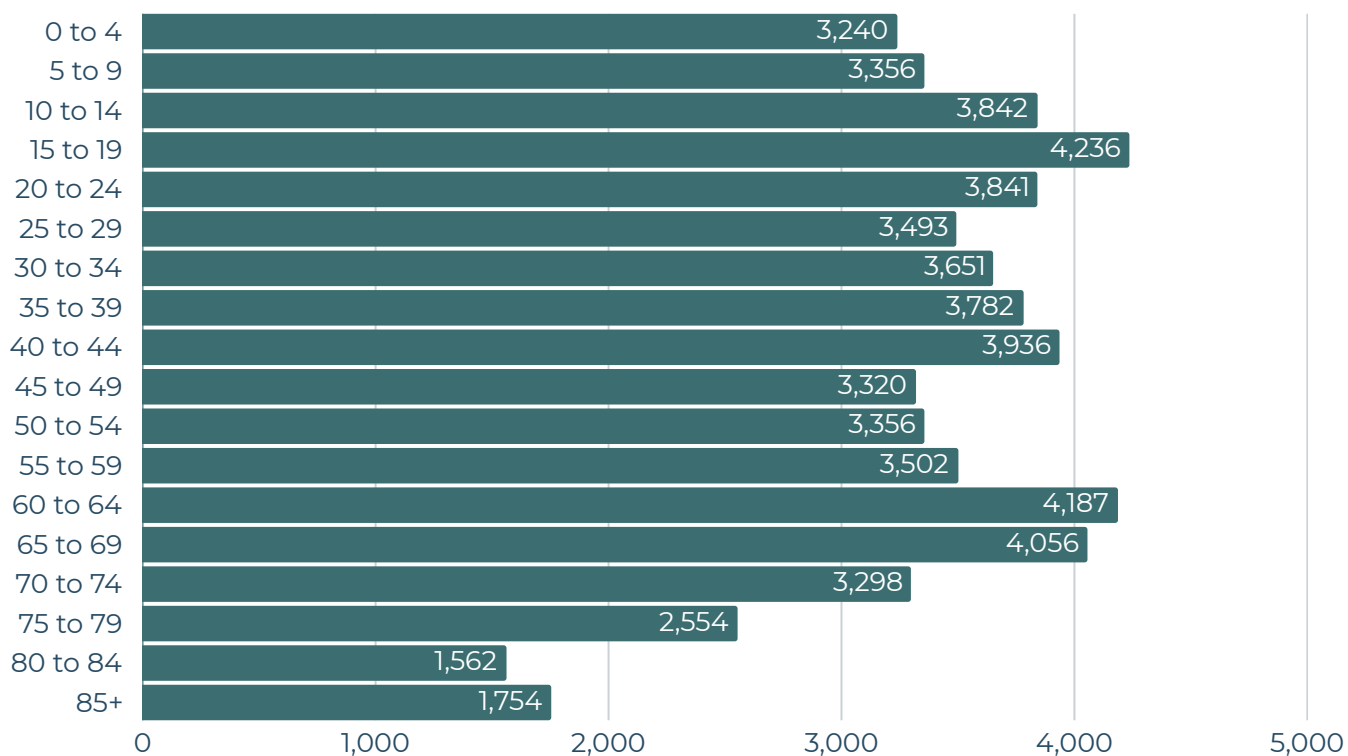
Defining Reno County Demographics in the Context of Health

Several factors related to our work, play, and living environments significantly impact our health. These factors include the environment (air quality, lead exposure), physical (access to parks and clinics, quality of housing), and financial (poverty, jobs). In Reno County, like many other counties in the U.S., adverse health outcomes disproportionately affect people of color and people living in poverty.

Reno County is also at a higher risk of straining available resources due to the large number of individuals under 16 years of age and those over the age of 65. There are not enough workers in the County to help pay for an increase in services through taxes (see financial section). With an aging community, this puts services such as elder care and youth development at risk, but also makes it more challenging to achieve equitable health care access for those living in poverty and for people of color.

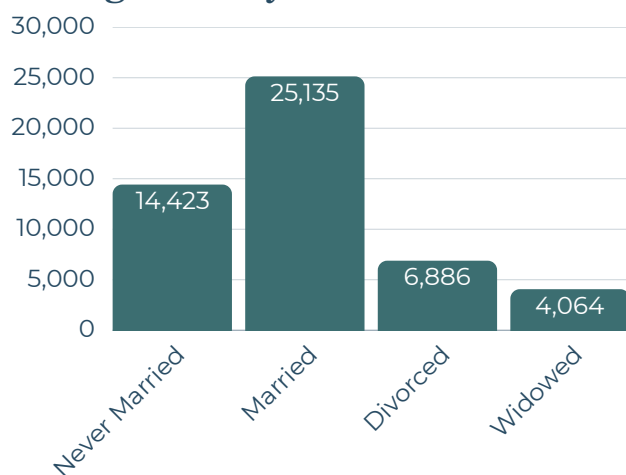
As the population becomes increasingly diverse, it is essential to work towards empowering local communities to make informed decisions and improve their quality of life. Keeping people in Reno County and protecting their health will improve the workforce, lessen the strain on key resources, and provide more individuals with opportunities to thrive.

Population by Age Group



Source: Esri (2024)

Age 15+ by Marital Status



Source: Esri (2024)

Marital Status

In Reno County, 49.8% of the population aged 15 and above are married, compared to 52.3% of the entire Kansas population. This places Reno County in the bottom 20% of all Kansas counties.

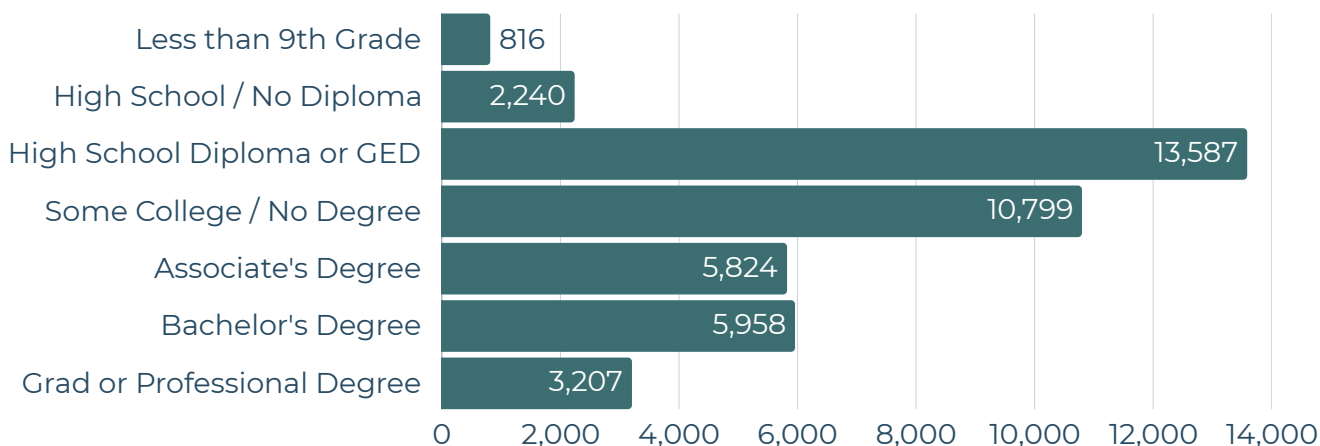
About 13.6% of the age 15+ population is divorced compared to the 10.7% of the 15+ Kansas population. Reno County is in the top 40% of all Kansas counties in terms of its divorce rate.

Education Rates

The largest educational groups in Reno County are those with a High School Diploma/GED and Some College/No Degree.

Compared to the rest of Kansas, Reno County is in the bottom 40% for the proportion of adults aged 25 and above who have at least a Bachelor's degree.

Educational Attainment (Age 25+ Population)



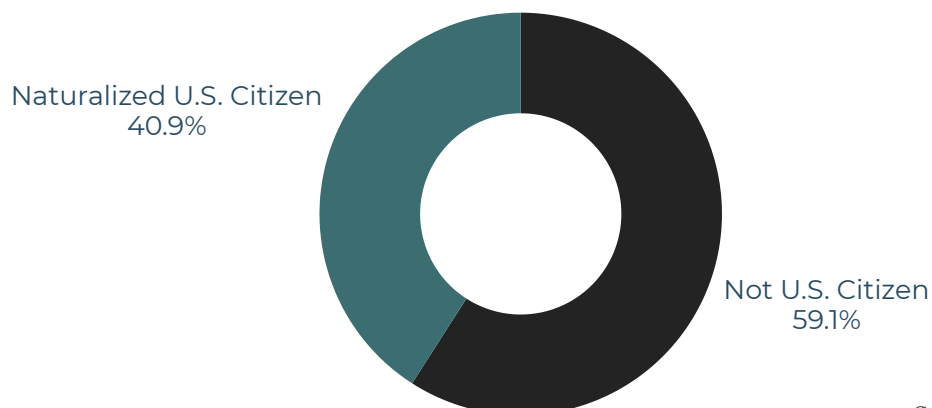
Source: Esri (2024)

Foreign-Born Population & Language Access

Roughly 59% of the foreign-born population in Reno County are not U.S. citizens. Foreign-born individuals may not be U.S. citizens for various reasons, such as being in the U.S. on a work or educational visa, having refugee or asylum status, or holding a green card without having yet applied for naturalization.

Approximately 10% of the Spanish-speaking population either does not speak English or does not speak English well.

Foreign-Born Population



Source: Esri (2024)

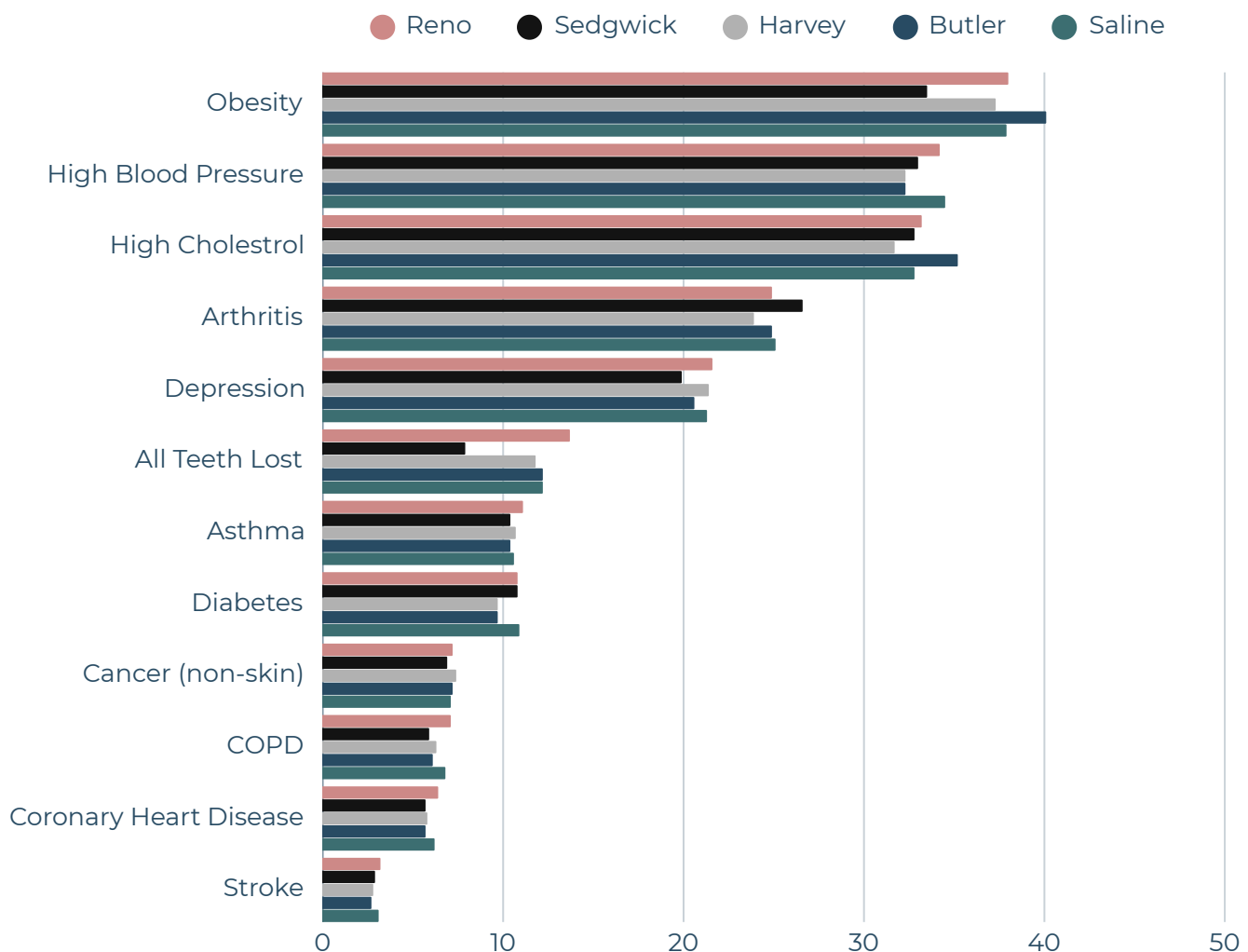
General Health

Health Outcomes

To compare health outcomes in Reno County with those of other Kansas counties, we selected geographically close counties (Harvey and Sedgwick) as well as counties most similar in size (Butler and Saline). We employed age-adjusted rates for more accurate comparisons. Since age significantly influences most health outcomes, age-adjusted rates help account for variations in age distribution within a population.

Reno County consistently exhibits poorer results across most measurable health outcomes compared to other counties. In terms of health outcomes, Reno County fares worse than the comparison counties in conditions such as asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, complete tooth loss, stroke, and depression.

Health Outcomes by County (Age-Adjusted %)

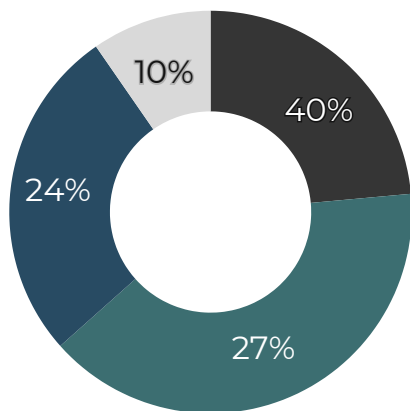


Source: CDC PLACES (2024)

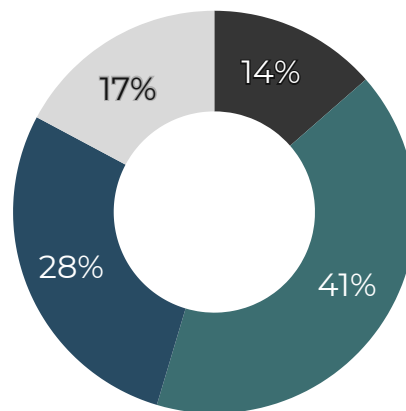
Self-Care

Almost 40% of adults in Reno County are estimated to completely agree on the importance of seeing a doctor when feeling unwell. However, around 55% either somewhat or completely agree that they lack the time to take care of themselves. These issues compound when considering that an estimated 66% of adults force themselves to go to work even when they are sick (see the jobs/finance section).

Important to See A Doctor When Sick



Too Busy to Take Care of Myself



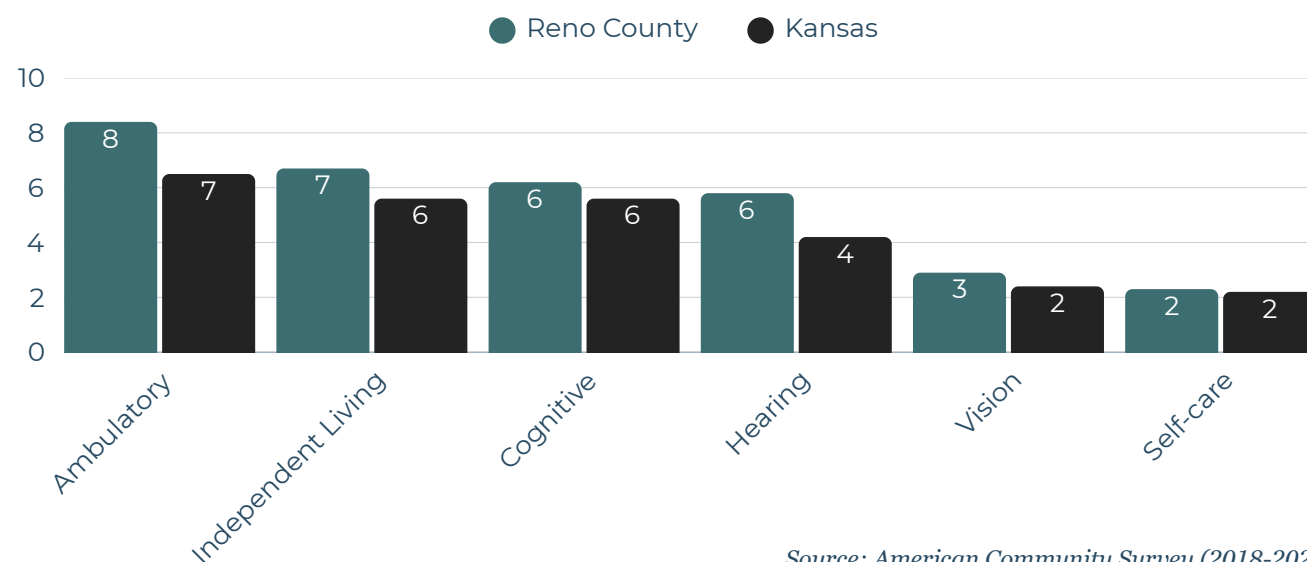
● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree

Source: Esri & MRI-Simmons (2024)

Disabilities

The most common disability in Reno County is mobility issues. Among those over the age of 75, around 53% experience at least one type of disability (ACS, 2018-2022). This is an increase from the 2016 to 2020 data, which estimated that roughly 45% of the population aged 75 and older had a disability.

Disabilities by Type (% of Population)



Source: American Community Survey (2018-2022)

Leading Causes of Death in Reno County by Year

#	2019	2020	2021	2022	2023
1	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Malignant neoplasms
2	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Diseases of heart
3	Chronic lower respiratory diseases	COVID-19	COVID-19	COVID-19	Chronic lower respiratory diseases
4	Accidents (unintentional injuries)	Chronic lower respiratory diseases	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Accidents (unintentional injuries)
5	Cerebrovascular diseases	Accidents (unintentional injuries)	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Diabetes mellitus
6	Alzheimer disease	Cerebrovascular diseases	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
7	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Alzheimer disease
8	Nephritis, Nephrosis	Alzheimer disease	Alzheimer disease	Influenza & pneumonia	Nephritis, Nephrosis
9	Influenza & pneumonia	Influenza & pneumonia	Chronic liver disease & cirrhosis	Alzheimer disease	COVID-19
10	Intentional self-harm (suicide)	Essential hypertension & hypertensive renal disease	Influenza & pneumonia	Parkinson disease	Chronic liver disease & cirrhosis

COVID-19

In 2023, COVID-19 fell to the 9th most common cause of death for Reno County residents. This marks the first time since 2019 that COVID-19 was not among the top causes of death. However, it still accounted for more deaths than either influenza or pneumonia. The two most common causes of death have remained consistent over the five years analyzed. Diseases of the heart and malignant neoplasms have held the top two spots. Malignant neoplasms are cancerous tumors that can spread to other parts of the body. In 2023, malignant neoplasms were the leading cause of death.

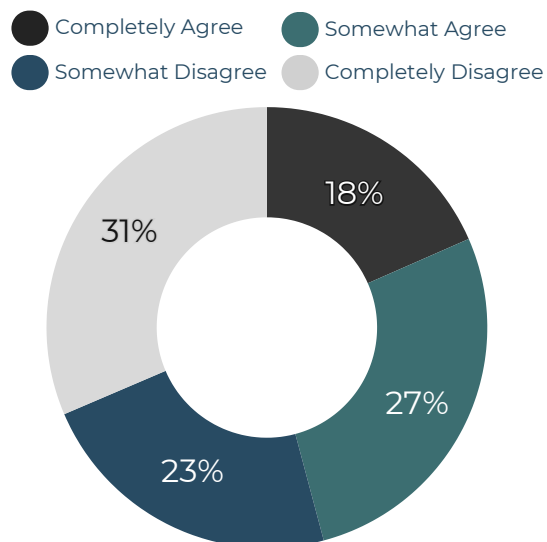
Health Care Costs and Insurance

Approximately 46% of Reno County residents are estimated to struggle with healthcare costs.

One reason several residents may struggle is the lower rates of insurance coverage. In the southern part of Hutchinson, there is one census tract where nearly 1 in 5 adults do not have health insurance coverage.

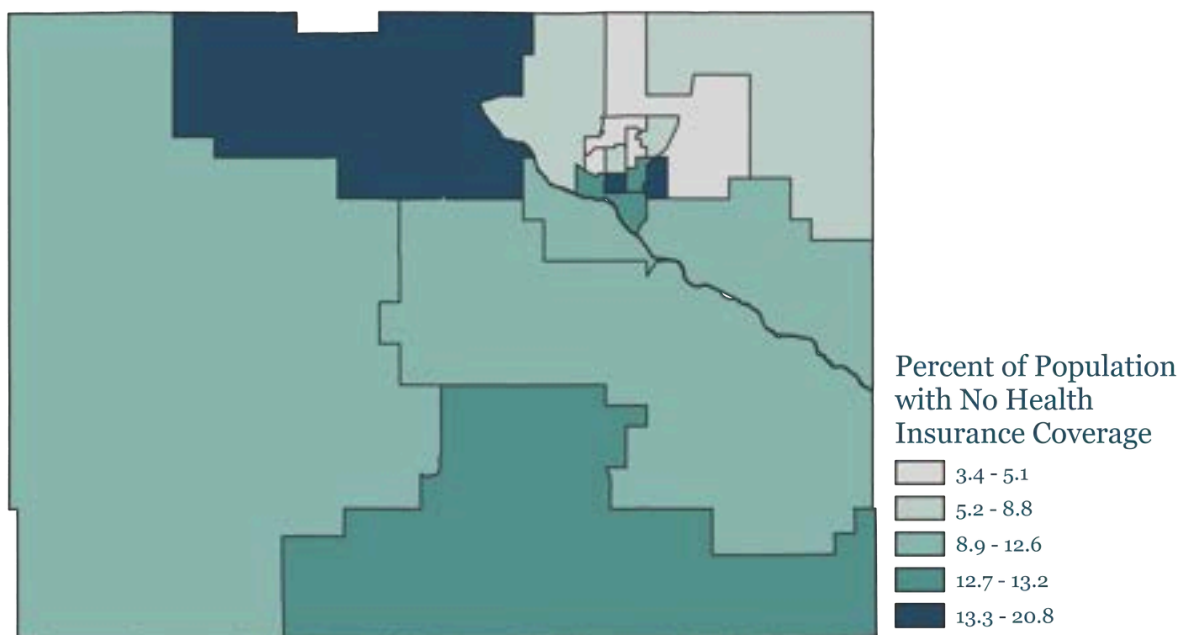
When combined with other barriers, such as lack of transportation and distance away from medical providers, residents in these areas are more likely to forgo medical care altogether.

Struggles with Health Care Costs



Source: Esri & MRI-Simmons (2024)

% of Population Without Health Insurance by Census Tract



Source: American Community Survey (2018-2022)

Health Care Access

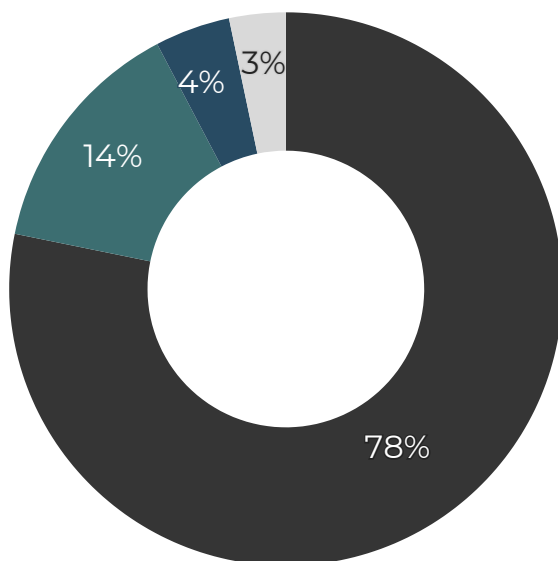
Approximately 77% of Reno County residents rate their physical health as excellent, very good, or good, indicating a generally positive view of health among the majority of the population. A similar proportion also reported being able to access health care when needed over the past 12 months. Therefore, most residents do not perceive access to healthcare as a significant obstacle.

However, some groups were less likely to rate their physical health as “good” or better. These populations may face structural, financial, or social barriers that lead to poorer health outcomes. These groups include:

- Individuals with no health insurance
- Individuals with a disability
- Renter households
- Individuals with a vocational degree/certificate
- Households earning less than \$25,000
- Hispanic / Latino population

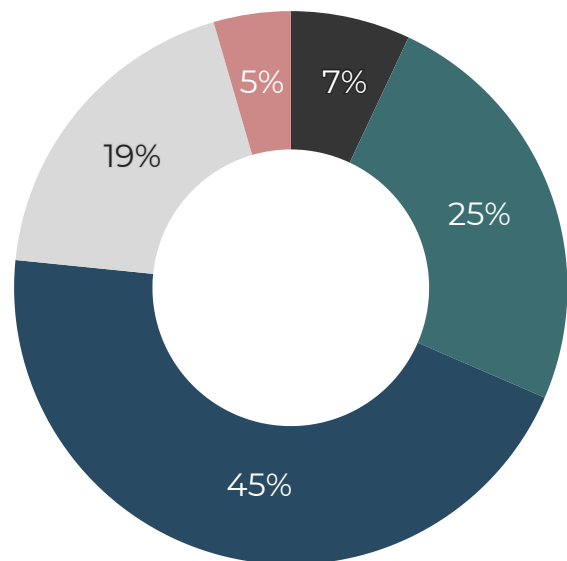
Received Healthcare When Needed (Last 12 Months)

- Always ● Sometimes
● Did Not Need ● Never



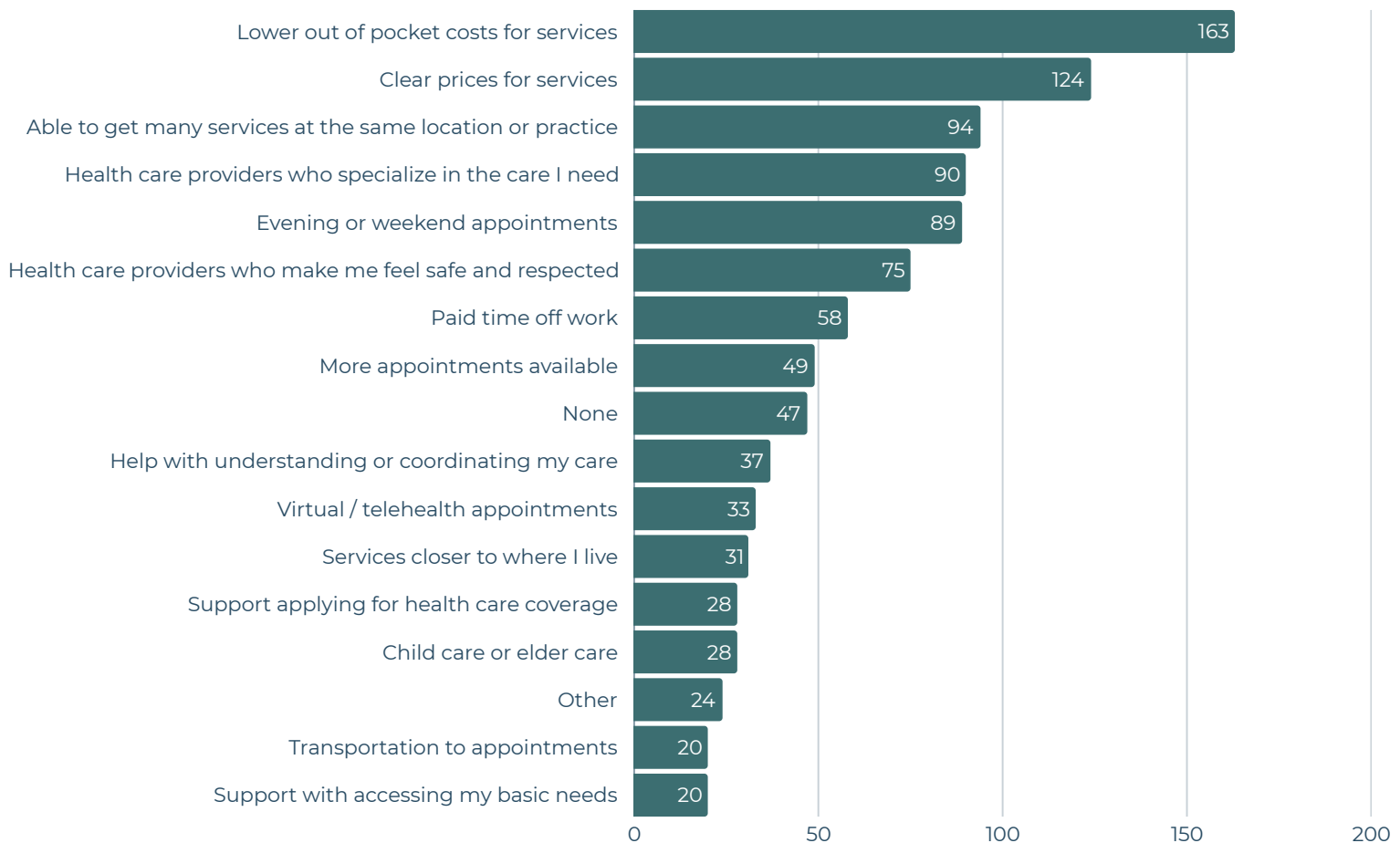
Physical Health Rating

- Excellent ● Very Good
● Good ● Fair ● Poor



Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

What would help you or your family get the healthcare you need?



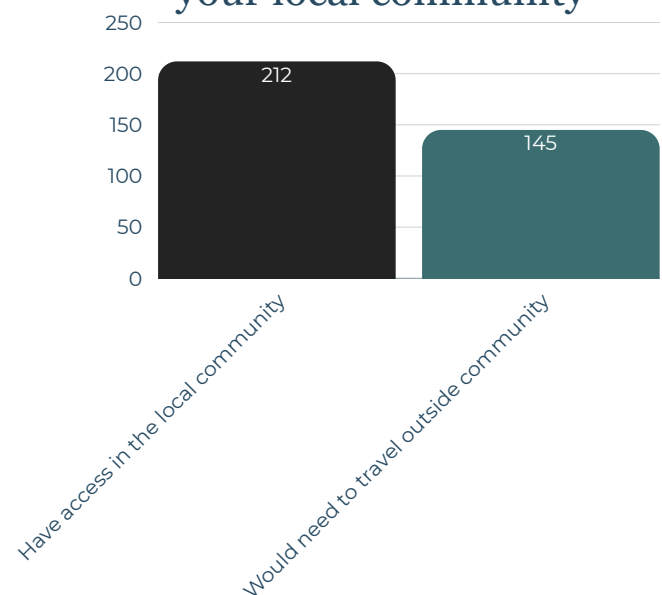
Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

Overall, residents of Reno County feel they have access to quality healthcare in their community. However, those living outside Hutchinson are less likely to agree. Other groups less likely to agree include:

- Individuals without health insurance
- Households earning less than \$25,000 per year
- Non-white population
- Individuals with limited or no access to transportation

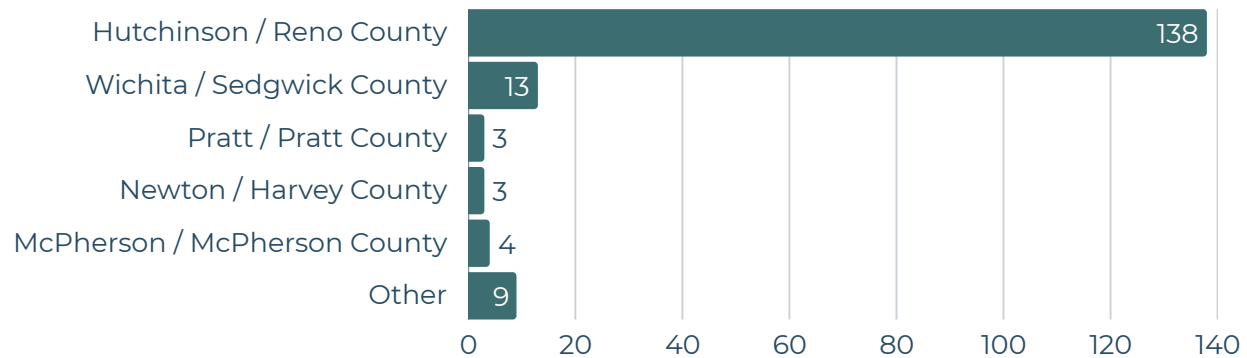
Some access issues may be related to a provider in Hutchinson no longer accepting Blue Cross Blue Shield insurance (BCBS). The discontinuation of BCBS acceptance was the top concern mentioned by residents when they shared their thoughts on the community's health.

Access to quality healthcare in your local community



Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

Location of Healthcare Services



Source: Reno County Household Survey (April 2025)

While 41% of the community survey respondents stated they would need to travel outside their local community to access quality healthcare, approximately 75% ($\pm 6.5\%$) of Reno County households report receiving the majority of their healthcare services within the county. The discrepancy between these results may suggest that many users of local healthcare services find the quality lacking or that the services do not meet their needs.

7.1% ($\pm 3.9\%$) receive the majority of their services in Wichita or Sedgwick County. When community respondents were asked about improvements to healthcare services, many mentioned more specialized care is needed and that they travel to Wichita for those services.

When it comes to non-financial barriers to care, 15.8% of households reported struggling to take time off work to attend medical appointments. Additionally, 21.7% ($\pm 6.0\%$) report that they frequently or occasionally delayed medical care due to cost, with zip code 67501 and households earning less than \$50,000 being more likely to delay care due to cost.

Struggled to Access Healthcare Services in Last 12 Months Due to...	Agree	Disagree
Lack of transportation	6.5% ($\pm 3.6\%$)	91.3% ($\pm 3.9\%$)
Providers are too far away	8.2% ($\pm 3.9\%$)	88.6% ($\pm 4.4\%$)
Not able to take time off work	15.8% ($\pm 5.3\%$)	82.1% ($\pm 5.5\%$)
Providers not accepting new patients	6.5% ($\pm 3.6\%$)	89.7% ($\pm 4.3\%$)

Source: Reno County Household Survey (April 2025)

Vaccinations

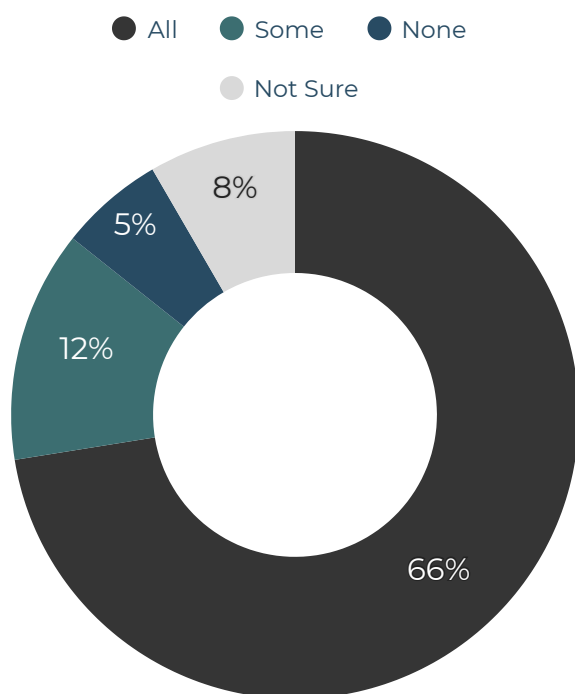
Approximately 65.8% ($\pm 6.9\%$) of Reno County households say that all members of their household have received the recommended vaccinations for their age group, while 7.6% ($\pm 3.8\%$) are not sure about their household's vaccination status. Overall, 8 out of 10 households knew where to access their vaccination records. Among those who were unsure whether all household members were vaccinated, 43% ($\pm 7.3\%$) also reported being unaware of where to access vaccination records.

In general, Reno County households are supportive of vaccinations for preventable diseases. The rate of households with all members receiving their vaccinations mirrors the rate of households that strongly support these vaccinations.

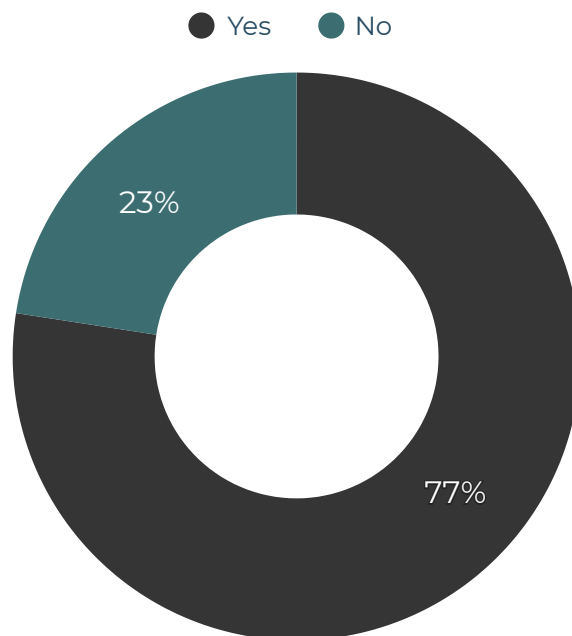
Among Medicare enrollees who receive annual flu vaccinations, Reno County ranks in the bottom 10 in the state of Kansas, with 27% of this population receiving a yearly flu vaccination, compared to a state average of 38%. There are 48 counties above this average, with Douglas County and Johnson County achieving vaccination rates over 60% (County Health Rankings, 2024).

There were no significant differences in support for vaccinations among any group in Reno County.

% of Household Members Received
All Recommended Vaccinations



Know Where to Access
Vaccinations Records



Source: Reno County Household Survey (April 2025)

Substance Use

In 2024, Reno County experienced an estimated 371 suspected overdoses, along with 17 suspected fatalities from overdose (including intentional overdose). While overall overdoses are occurring at similar levels to the last couple of years, fatalities from overdose have dropped (ODMAP, 2024).

Addiction and Substance Use

Nearly 40% of Reno County residents who answered the community survey identified substance use as a top five concern in their community. Those who were more likely to say substance use is a primary concern consisted of:

- Households earning more than \$100,000 each year
- Individuals out of work
- Individuals with an Associate's Degree

Suspected Overdoses by Substance Type

	Opioids (including fentanyl)	Methamphetamine
Suspected Overdoses	113	123
Naloxone Administrations	67	13

Note: Some overdoses might be counted more than once if the individual was using both opioids and methamphetamine at the time of the overdose.

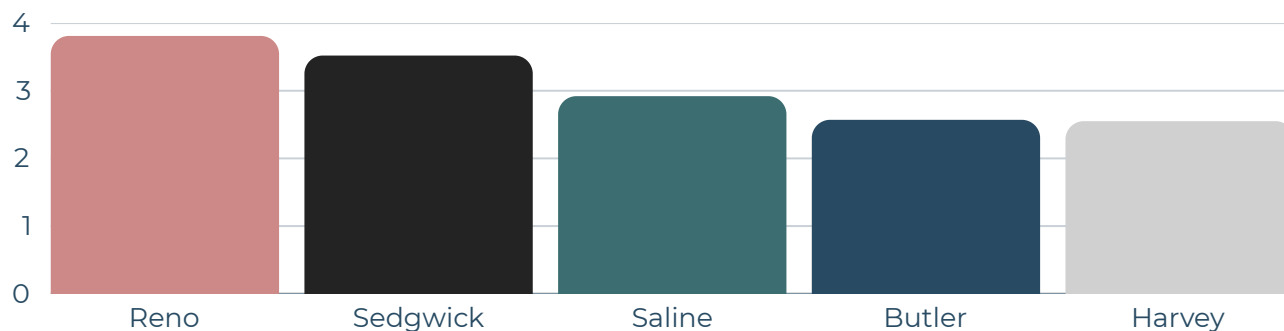
Source: Kansas Board of EMS, Reno County Coroner, ODMAP

Suspected Overdose Emergency Department Visits

In 2024, Reno County residents made 232 suspected overdose visits to the emergency department (ED). Nearly one in three of these overdoses were identified as suicide attempts at the time of the visit. Among counties with at least 50 overdose ED visits, Reno County has the fourth highest suicide attempt rate by overdose in Kansas (Shawnee: 48.5%; Douglas: 38.2%; Jefferson: 36%).

According to studies from Premier, Inc., the 232 emergency department visits cost between \$198,128 and \$293,248. EMS care for each overdose call can cost as much as \$850, totaling up to \$315,350. Together, these factors may contribute to costs of up to \$608,598 in 2024.

Overdose ED Visit Rate per 1,000 People by County (2024)



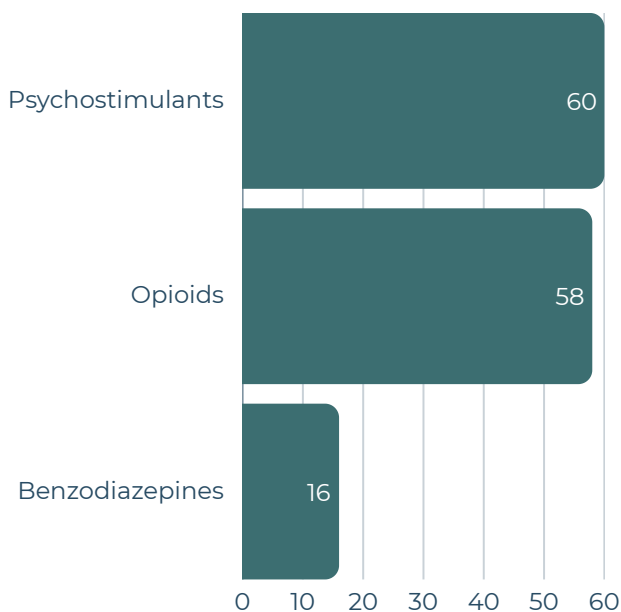
Source: ESSENCE

Overdose Fatalities

Between 2018 and 2024, psychostimulants were found in overdose fatalities at a slightly higher rate than opioids, including fentanyl. Overdose fatalities peaked in 2021 and saw a 50% decline in 2023 compared to 2022.

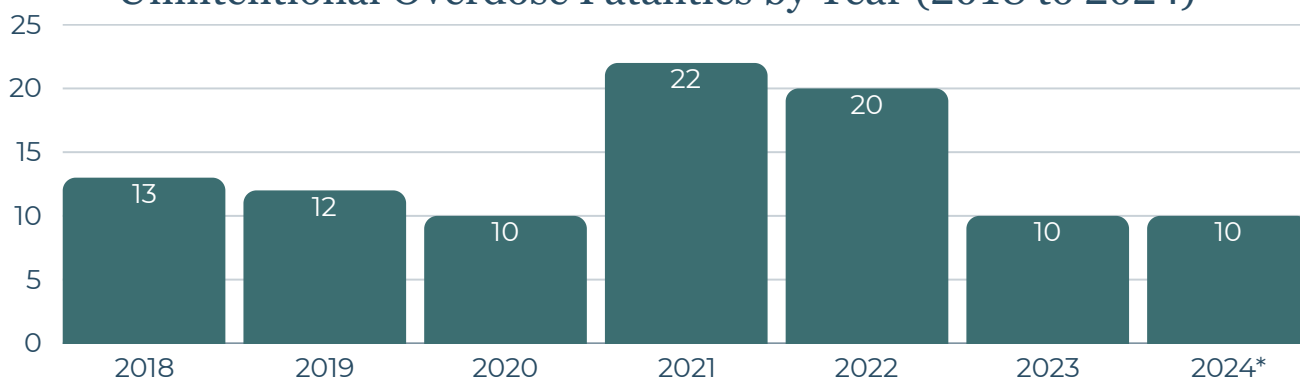
There are several potential reasons for the sharp decline. The increase in naloxone distribution and availability likely contributed to a decrease in fatalities, especially since Reno County experienced declines in fatal overdoses in previous years while the majority of counties saw increases. Other potential explanations include the tolerance built up to more potent opioids like fentanyl and the unfortunate fact that there are fewer people alive for the drugs to kill.

Overdose Fatalities by Drug Type (2018 to 2024)



Source: CDC WONDER

Unintentional Overdose Fatalities by Year (2018 to 2024)



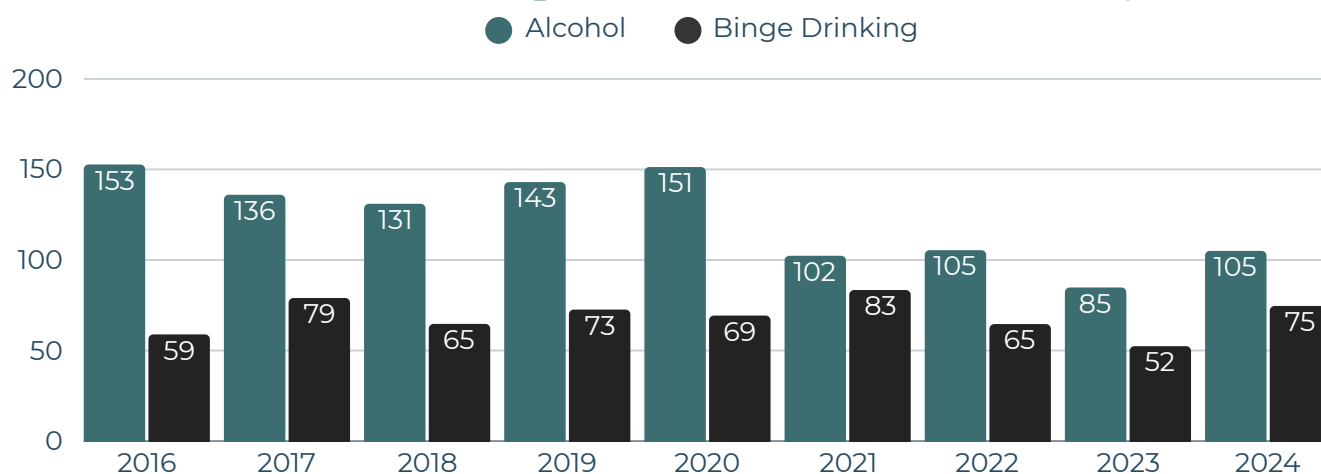
*2024 data is preliminary

Source: CDC WONDER

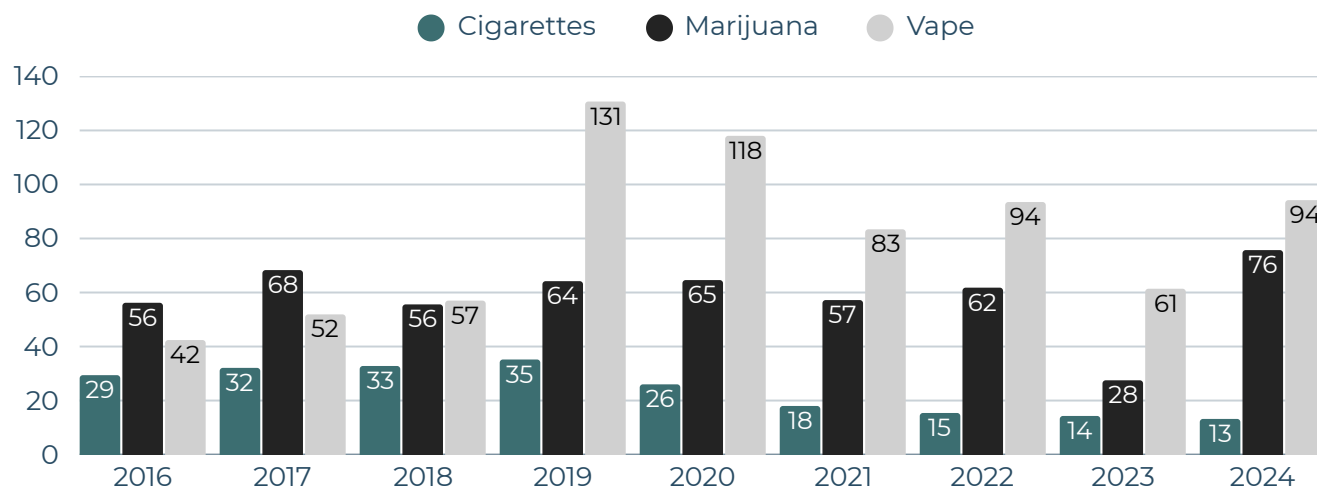
Youth Substance Use

Overall, there are fewer youth using substances today than there were in 2016, except for vapes or e-cigarettes. Vaping hit a peak in 2019, with nearly 131 per 1,000 students between 6th and 12th grades reporting the use of vapes. Alcohol use has remained relatively stable following the onset of the COVID-19 pandemic. Due to the significant drop in alcohol use from 2020 to 2021, the pandemic likely played a role in the decreasing rates of use. The downward trend of cigarette use started before the pandemic and reached a new low in 2024, which coincides with the shift toward vaping.

Youth Alcohol Use per 1,000 Students (Past 30-Days)



Youth Smoking Rate per 1,000 Students (Past 30-Days)

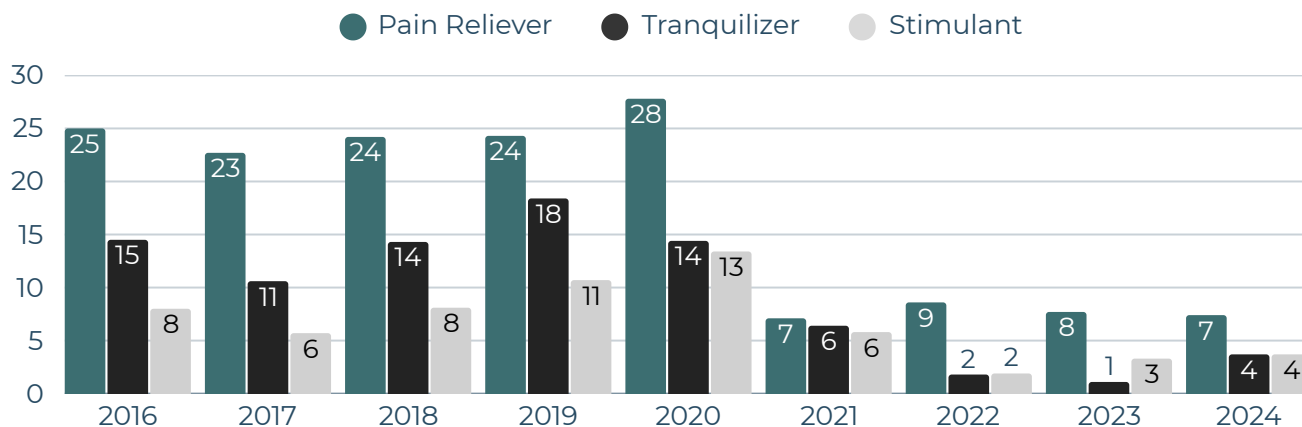


Source: Kansas Communities that Care (2024)

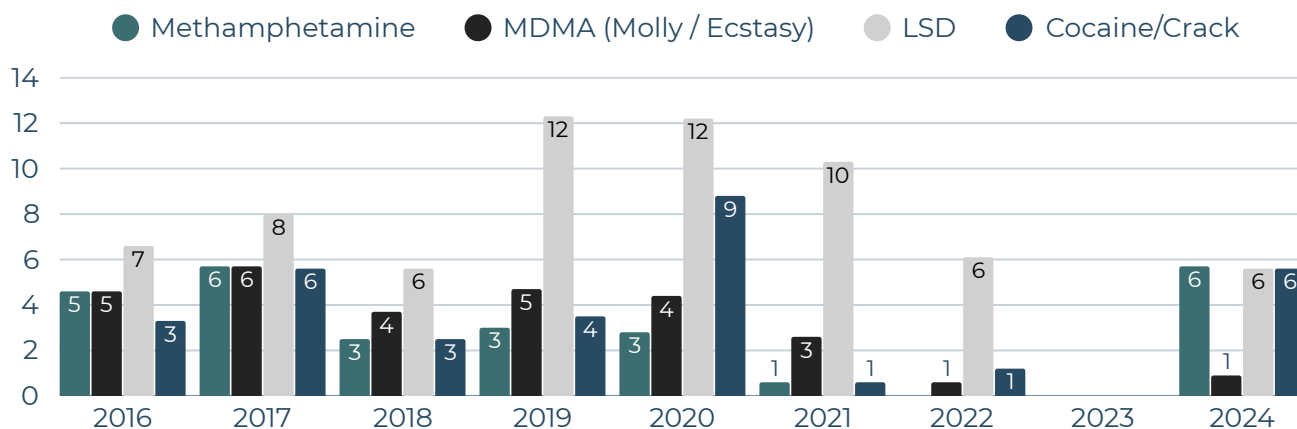
Among students in junior and high schools in Reno County, alcohol and vapes are the most commonly used substances, while marijuana is more popular than cigarette smoking. Prescription drug misuse and illegal drug use remain relatively low, with less

than 1 % of students reporting misuse in the past 30 days. Misuse occurs when a student uses a prescription that doesn't belong to them or exceeds the recommended dosage.

Prescription Drug Misuse per 1,000 Students (Past 30-Days)



Illicit Drug Use per 1,000 Students (Past 30-Days)



Source: Kansas Communities that Care (2024)

Substance Use in the Community

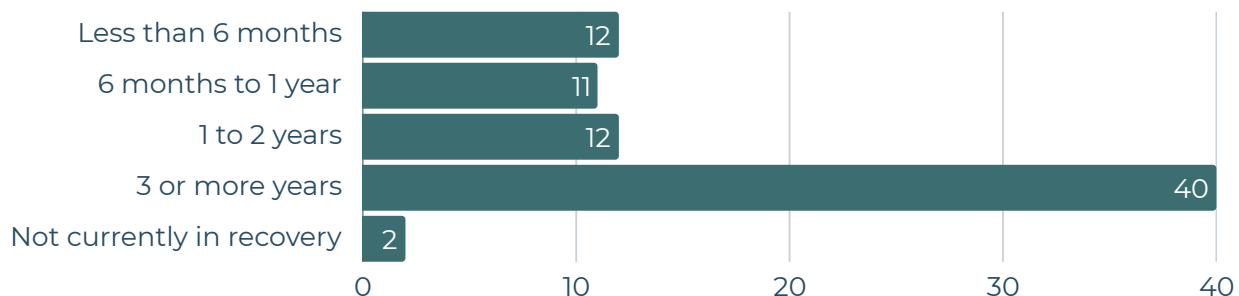
An estimated 1,369 Reno County households—with a range of approximately 554 to 2,179—have at least one member who struggled with substance use in the last 12 months. When asked about any history of substance use struggles within the household, 15.8% ($\pm 5.2\%$) of respondents reported that at least one member had experienced such challenges.

Additionally, 16.3% ($\pm 5.3\%$) of households—an estimated 2,788 to 5,483 households—reported having a friend or family member in Reno County who is currently struggling with substance use (Reno County Household Survey, April 2025).

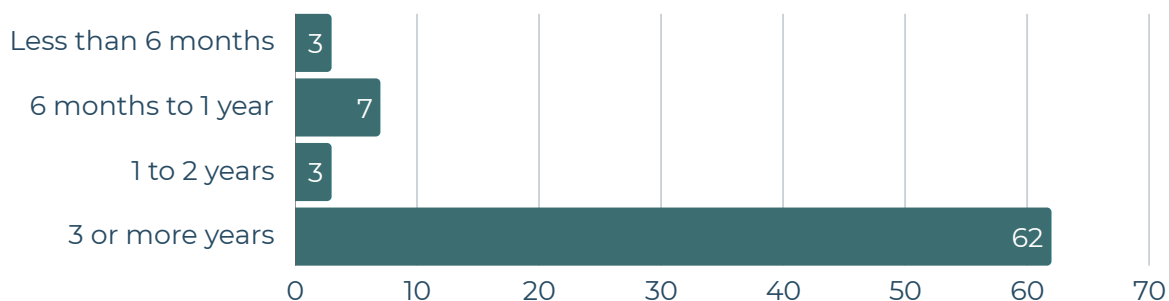
Voices of Recovery

As part of this Community Health Assessment, individuals in recovery from substance use disorders and people who use drugs were asked to participate in a separate survey to determine the needs of the Reno County recovery ecosystem. Seventy-seven individuals living in Reno County with a history of substance use participated in this survey.

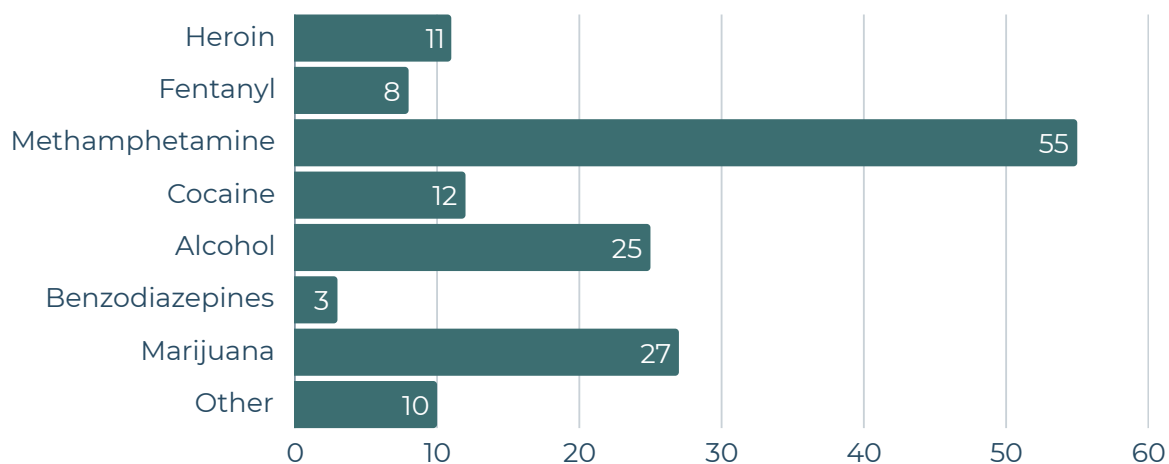
Respondents by Length of Time in Recovery



Respondents by Length of Time Living in Reno County



Respondents by Drug of Choice



Note: Participants may select more than one drug of choice

Source: Reno County Recovery Survey (April 2025)

Age of First Use by Substance Type

Substance Type	Under 10	10 to 12	13 to 15	16 to 18	19 or Older
Alcohol	23.4%	19.5%	35.1%	15.6%	5.2%
Tobacco / Vapes	14.3%	37.7%	24.7%	14.3%	6.5%
Marijuana	6.5%	18.2%	41.6%	28.6%	5.2%
Prescription Drugs (without prescription)	1.3%	3.9%	27.3%	28.6%	32.5%
Illicit Substances (not marijuana)	0%	11.7%	10.4%	35.1%	40.3%

Source: Reno County Recovery Survey (April 2025)

One area of interest in the survey was identifying the age of first use across different substances among individuals in recovery to inform both primary and secondary prevention strategies. The data suggest that early exposure to substances is common, particularly with legal and socially normalized substances. Over half of respondents (52%) reported initiating tobacco use before the age of 13, and 43% said they first used alcohol before turning 13. These early initiation patterns underscore the importance of beginning prevention education in late elementary or early middle school.

For marijuana, the most commonly reported age of first use was between 13 and 15, suggesting middle adolescence as a critical window for targeted intervention. In contrast, the misuse of prescription drugs had a more varied onset, spanning from early adolescence through young adulthood (ages 13 to 19+), indicating a broader and more prolonged period of risk that may require ongoing monitoring and engagement.

Illicit drug use generally began at age 16 or later, highlighting a slightly later stage of risk that often coincides with greater independence, increased peer influence, and potential exposure to higher-risk environments. These findings reinforce the need for a tiered prevention approach: early education to delay initiation, reinforcement during adolescence, and targeted secondary prevention strategies for those already experimenting or misusing substances.

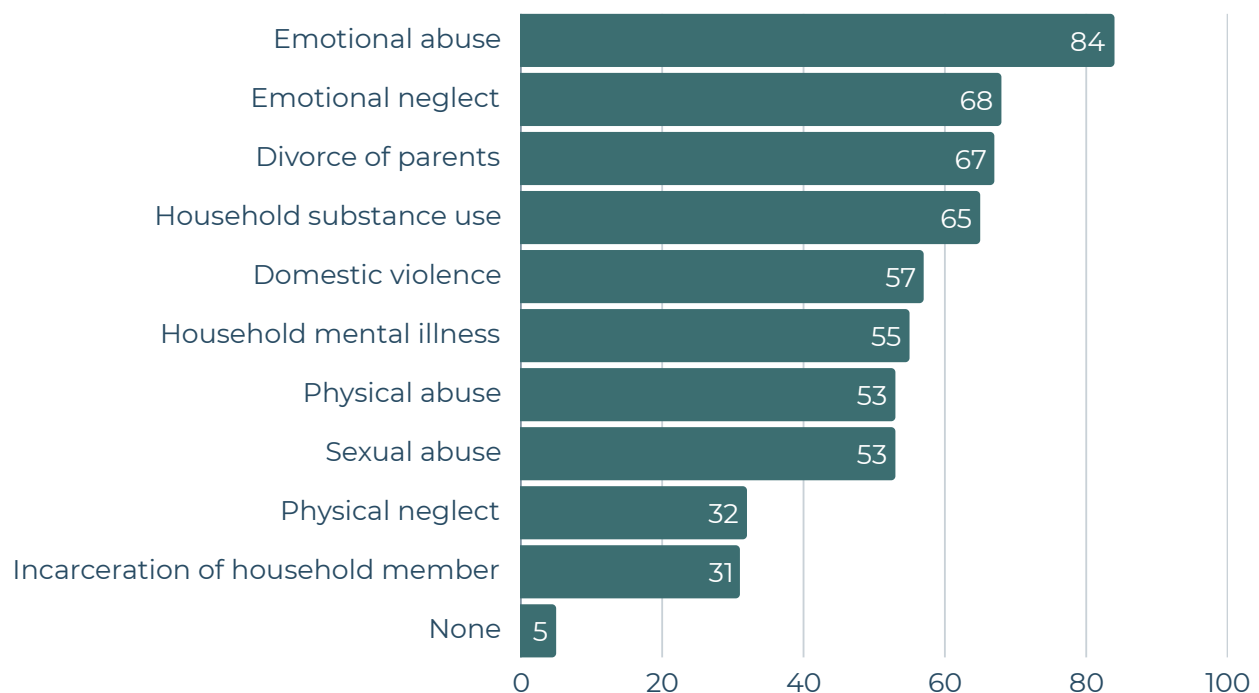
Traumatic Experiences

One common explanation for early substance use is the presence of Adverse Childhood Experiences (ACEs)—traumatic or stressful events that occur during childhood, such as abuse, neglect, or household dysfunction. Research has consistently shown that children who experience multiple ACEs are more likely to initiate substance use earlier than their peers, often as a coping mechanism or as a result of disrupted development and support systems. In some cases, early substance use may serve as a red flag, signaling that a young person is experiencing significant trauma and thus may benefit from early intervention and support services.

To assess the prevalence of childhood trauma among people in recovery, respondents were asked whether they had experienced any of the ten standard ACEs before the age of 18. Among the 75 individuals who responded, the average number of traumatic experiences reported was 5.7—indicating a high level of cumulative childhood adversity. Alarming, only 5.2% of respondents reported experiencing no ACEs, suggesting that nearly all individuals in recovery faced at least one significant traumatic event during their youth.

These findings provide further evidence of the strong link between childhood trauma and later substance use. They underscore the need for trauma-informed prevention strategies—especially those that address family instability, mental health, and early intervention in school and healthcare settings.

% of Participants by Type of Adverse Childhood Experiences



Source: Reno County Recovery Survey (April 2025)

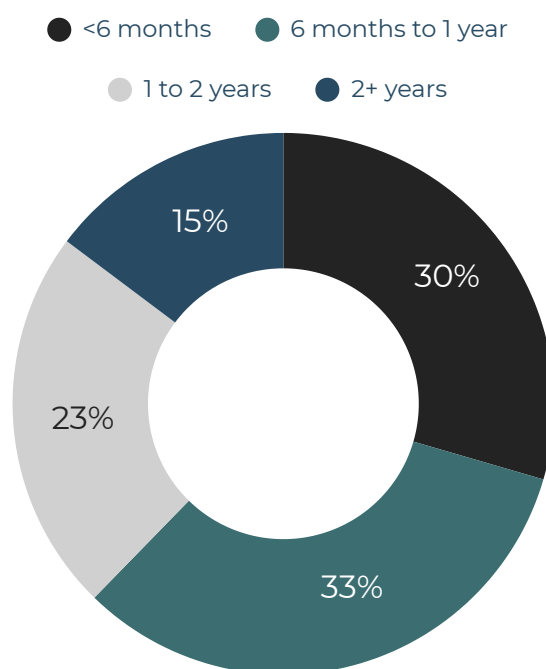
Housing

According to the survey, 83% of individuals in recovery have experienced homelessness, with 85% of those last experiencing it more than two years ago. Most (63%) were unhoused for up to one year, though durations varied widely.

The top barriers to stable housing were cost (69%) and criminal record restrictions (52%). These findings highlight how housing insecurity and substance use are intertwined, with criminal records creating ongoing barriers even after recovery begins. Addressing affordability and reforming housing policies for justice-involved individuals can help reduce homelessness, support recovery, and lower recidivism.

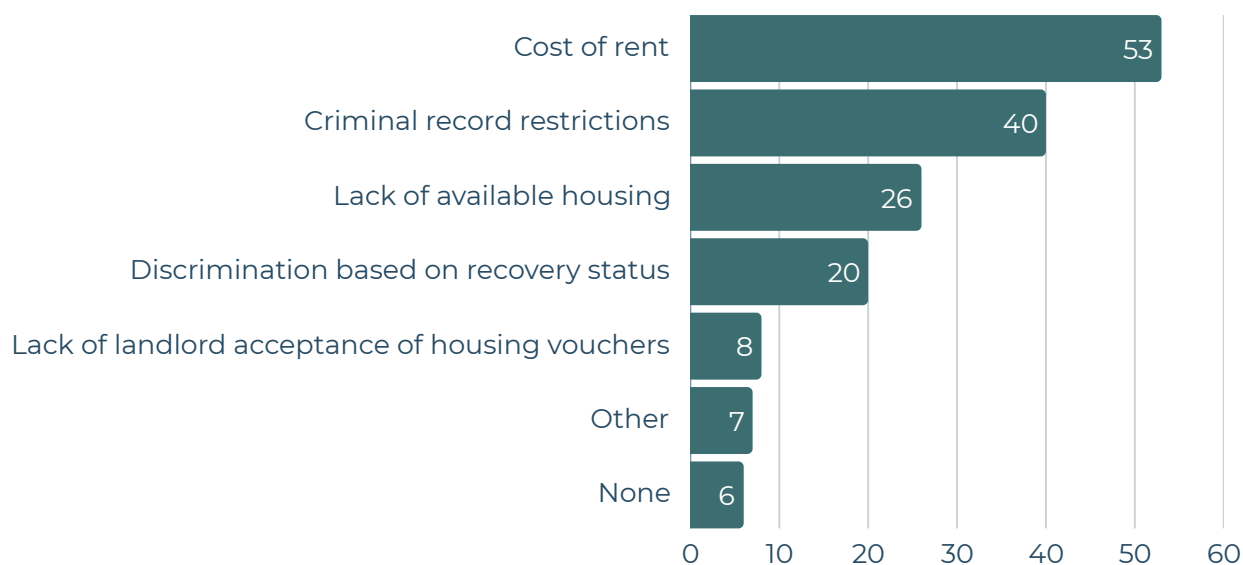
These results highlight the need for more supportive housing options and reentry programs that address both economic and legal barriers. Expanding access to affordable housing, reducing barriers related to criminal records, and integrating housing support with recovery services can create more stable pathways out of addiction and homelessness.

Length of Time Unhoused



Source: Reno County Recovery Survey (April 2025)

Challenges Accessing Stable Housing

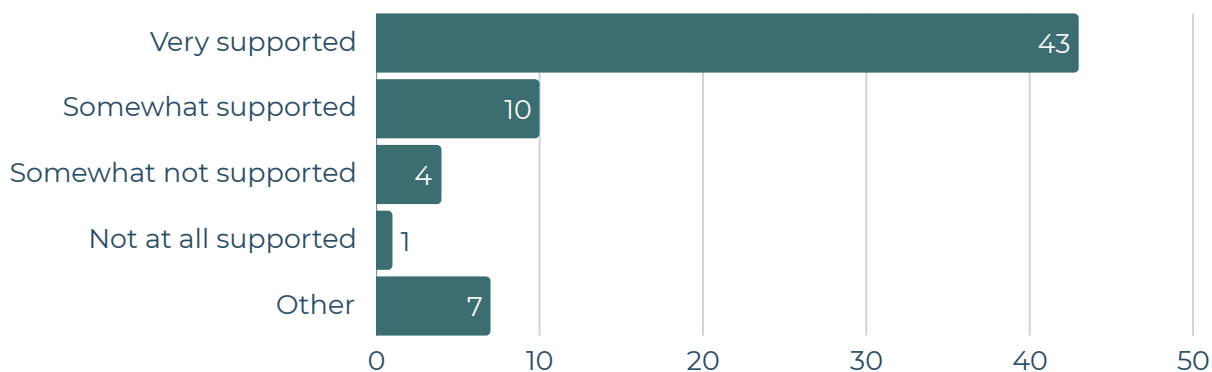


Source: Reno County Recovery Survey (April 2025)

Oxford Houses and other recovery homes are often a key part of a person's recovery journey, offering stability, support, and accountability. In Reno County, KS, there are 13 Oxford Houses—10 for men and 3 for women—with a total capacity of 120 residents. As of May 13, 2025, 15 of those beds were vacant. However, demand typically exceeds supply, and open slots tend to fill quickly.

Roughly 77% of survey respondents reported having lived in a recovery home at some point. Most described their experience positively, with nearly 3 out of 4 saying they felt very supported by fellow residents. This highlights the crucial role that recovery housing can play in fostering community and promoting long-term recovery.

Felt Supported by Members in Recovery Home

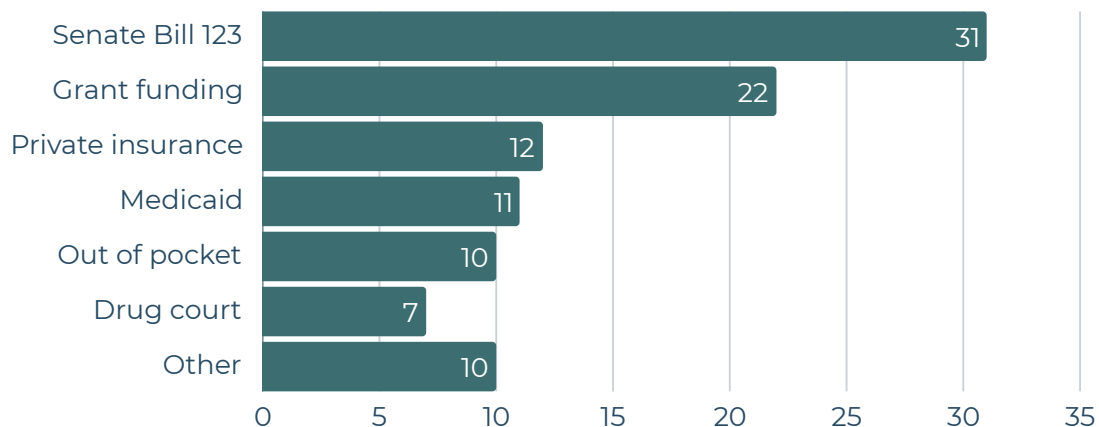


Source: Reno County Recovery Survey (April 2025)

Treatment

86% of survey respondents said that they received treatment for a substance use disorder. For many of these individuals, treatment was received through Senate Bill 123 (SB 123) or grant funding. SB 123 provides 18 months of community-based treatment with licensed providers. Between FY 2004 and FY 2024, the program paid approximately \$138 million for assessments and treatment (Kansas Sentencing Commission, 2024).

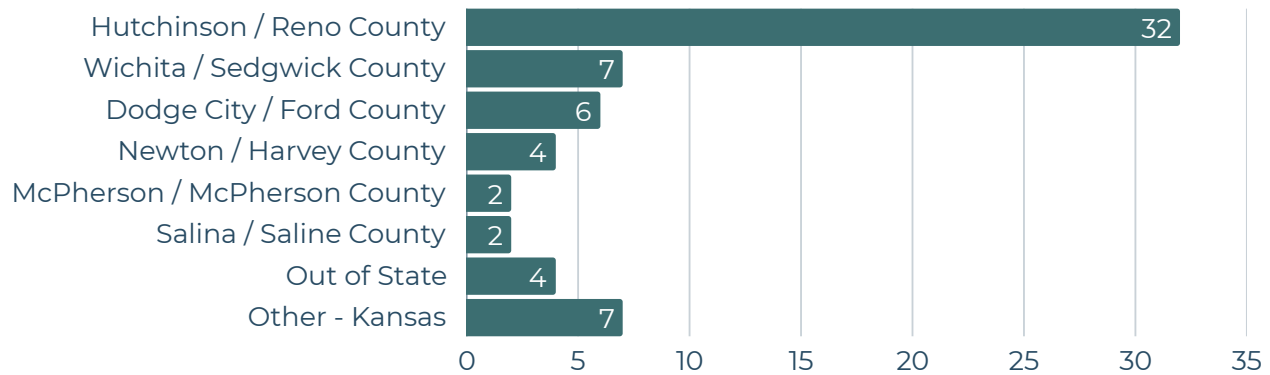
Programs for Treatment



Source: Reno County Recovery Survey (April 2025)

While most respondents utilized treatment programs at some point, a little less than half received that treatment in Hutchinson or Reno County (48.5%). Sedgwick and Ford counties were the most common out-of-county locations where respondents went for treatment, which may be due to the perceived lack of treatment options available in Reno County (33.8%).

Location of Treatment Program Received



Barriers to Treatment

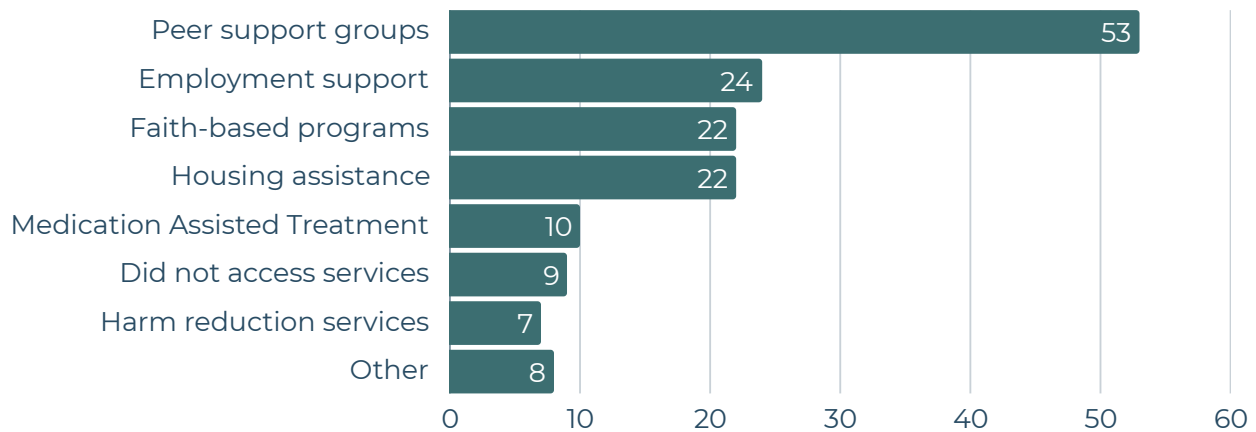
Barrier	Agree
None	31.2%
Cost of services	32.5%
Lack of providers	22.1%
Lack of transportation	27.3%
Insurance issues	31.2%
Stigma from providers	5.2%
Stigma from community members	23.4%
Long wait times	27.3%
Lack of available treatment options	33.8%

Source: Reno County Recovery Survey (April 2025)

Experiences During the Recovery Journey

Respondents overwhelmingly identified peer support groups and peer recovery services as the most helpful resources in their recovery, with 70.7% ranking them as the most useful. Other key supports included employment assistance (32.0%), housing support (29.3%), and faith-based programs (29.3%). While recovery looks different for everyone, these findings underscore the vital role of peer support in the recovery journey.

Most Helpful Services Accessed



Source: Reno County Recovery Survey (April 2025)

Approximately 58% of respondents reported having worked directly with a peer recovery coach. What's more telling is that 95.6% of those individuals described their peer coach as either somewhat or very supportive of their recovery. These overwhelmingly positive experiences suggest that integrating peer recovery coaches across systems—such as healthcare, corrections, and treatment—can strengthen recovery outcomes and provide much-needed support during vulnerable periods.

Given the high volume of interactions people who use drugs have with healthcare and criminal justice systems, it's essential to understand how those experiences are perceived. Overall, 50.7% of respondents reported no history of interaction with Hutchinson Regional Medical Center (HRMC). Among those who did, 30 out of 37 described their experience as somewhat or very negative. While individuals in recovery within the past two years reported slightly better experiences, their interactions were still largely negative—highlighting a continued need for more compassionate, trauma-informed care in clinical settings.

Judgmental and unhelpful staff were the most commonly cited reasons for negative experiences at the hospital. The most notable difference between individuals in recovery for two years or less and those in recovery for three or more years was in how they experienced the discharge process. More recent respondents described slightly more supportive or informative discharges, but many still reported feeling dismissed or inadequately connected to follow-up care.

Experience with the Hutchinson Hospital System by Length of Time in Recovery

Experience	2 Years or Less	3 Years or More
No Experience	51.5%	50%
Very Positive	6.1%	2.5%
Somewhat Positive	6.1%	5%
Somewhat Negative	21.2%	5%
Very Negative	14.3%	37.5%

Issues Identified During Hospital Visit by Length of Time in Recovery

Issues	2 Years or Less (12 responses)	3 Years or More (17 responses)
Judgmental staff	83.3%	100%
Unhelpful staff	66.7%	64.7%
Lack of appropriate care	50%	70.6%
Discharge without resources	25%	82.4%
Discharge without follow-up	25%	64.7%

Source: Reno County Recovery Survey (April 2025)

Around 78% of respondents reported having experience with the criminal justice system. When asked how that experience affected their access to treatment, housing, and employment, only treatment access received positive feedback—many noted that incarceration or court involvement helped them connect to services. However, housing and employment outcomes were largely adverse due to long-term barriers tied to having a criminal record. This suggests that while the criminal justice system often prioritizes treatment as a pathway to recovery, it falls short in addressing the broader support systems—such as housing and employment—that are essential to sustaining it.

Criminal Justice System Impact on Outcomes

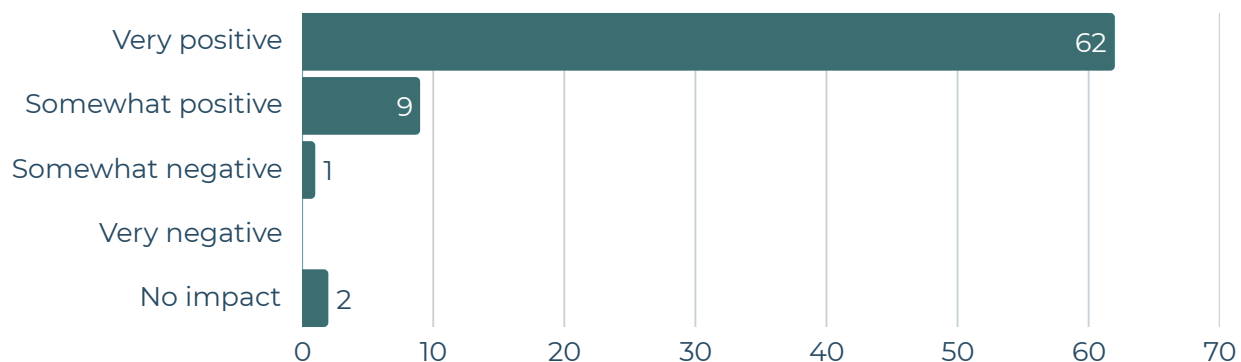
Outcome	Positive	Negative
Treatment	65.5%	17.2%
Employment	21.1%	31.6%
Housing	24.6%	40.4%

Source: Reno County Recovery Survey (April 2025)

Improvements

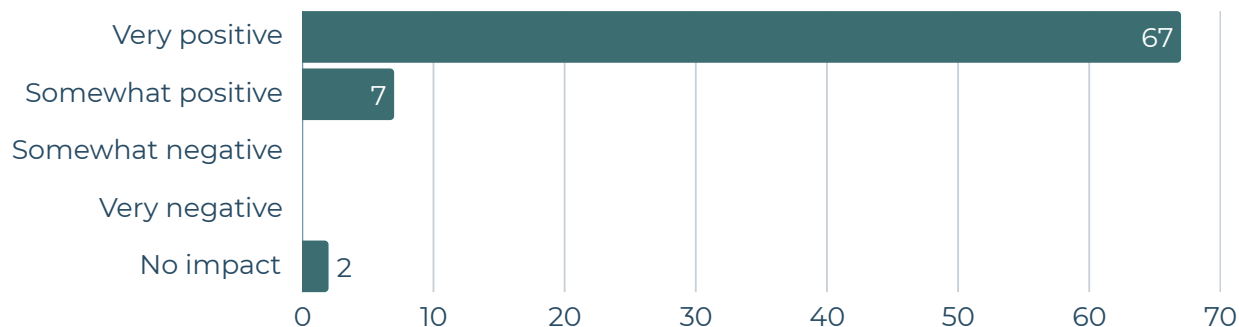
Individuals were asked about three specific programs and their potential impact on the recovery process. These programs included having a peer recovery coach in the hospital emergency department, a post-overdose outreach team consisting of a law enforcement officer and a peer recovery coach, and a pre-arrest diversion program that allows individuals to divert to peer support instead of being booked for low-level offenses. Individuals were also asked open-ended questions about overall ideas to improve youth prevention, treatment, hospital support, and the criminal justice system.

Peer Recovery Coach in the Hospital ED

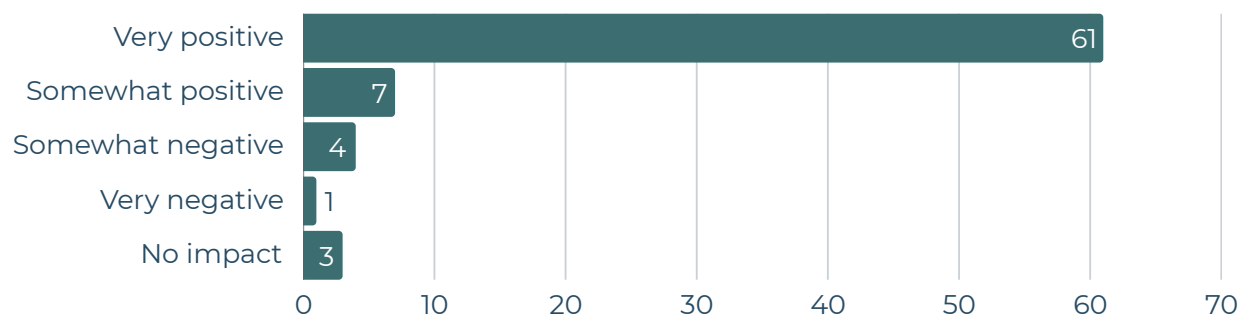


Source: Reno County Recovery Survey (April 2025)

Post-Overdose Outreach Teams



Pre-Arrest Diversion Programs



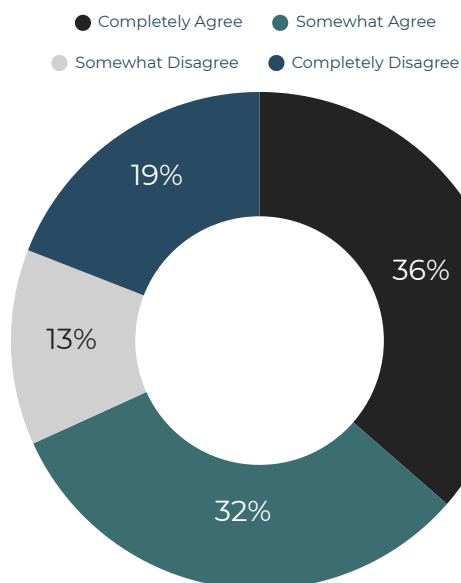
Source: Reno County Recovery Survey (April 2025)

All three programs received overwhelming support among people in recovery for the potential to create positive and long-lasting change. All three programs also fall under President Donald Trump's priorities to "strengthen the Nation's peer recovery support services workforce" and "encourage state and local efforts facilitating law-enforcement-assisted diversion to connect people who use drugs with supportive services that divert them from incarceration and reduce recidivism" (White House Office of National Drug Control Policy, 2025).

Recovery Home Support

While recovery housing is identified as a key component for sustaining recovery outcomes, it can be challenging for new recovery houses to open. Barriers can include neighborhood opposition, zoning regulations, and financial costs. In Reno County, the majority of households are relatively supportive of recovery homes opening in their neighborhood, with 68.2% ($\pm 6.9\%$) saying they somewhat or strongly support their development.

Support Recovery Home in Neighborhood



Mental Health

21.6

Reno County Suicide Rate (2018-2023)

Per 100,000 People

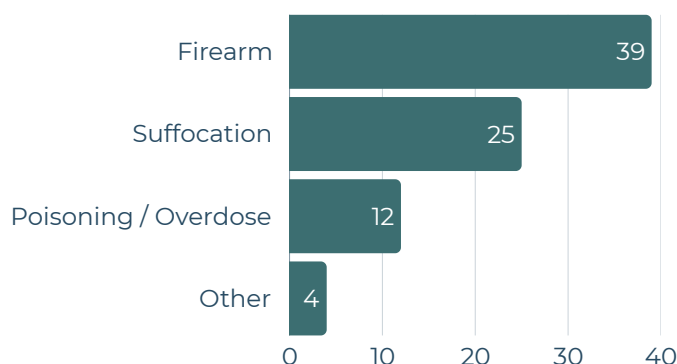
Kansas: 19.0

Reno County's suicide rate is slightly above the state average. Additionally, the county falls short in terms of mental health provider availability, with a ratio of 460 residents per provider, compared to the state average of 420 per provider for all of Kansas.

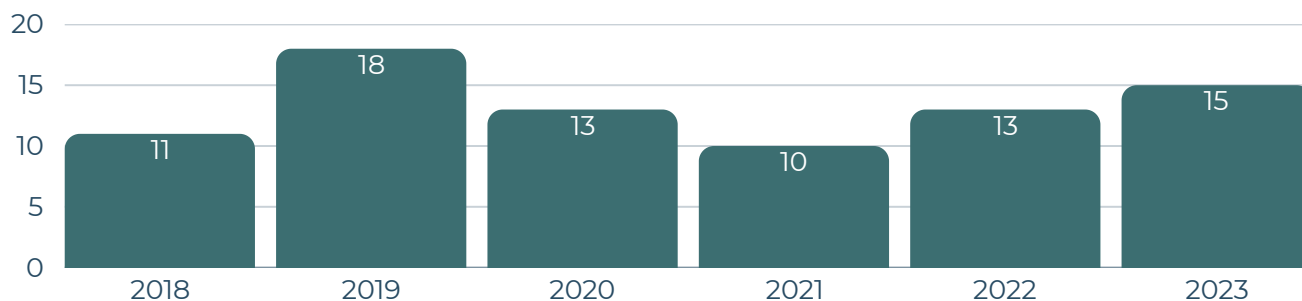
Suicide Fatalities in Reno County

2023 was the first time since 2019 and 2020 that the number of suicide fatalities in Reno County surpassed overdose fatalities. Suicide by firearm makes up nearly 50% of all suicide fatalities. An individual may be counted twice in the chart on the right if someone used multiple methods.

Suicide Fatalities by Method (2018-2023)



Suicide Fatalities by Year (2018-2023)



Source: CDC WONDER

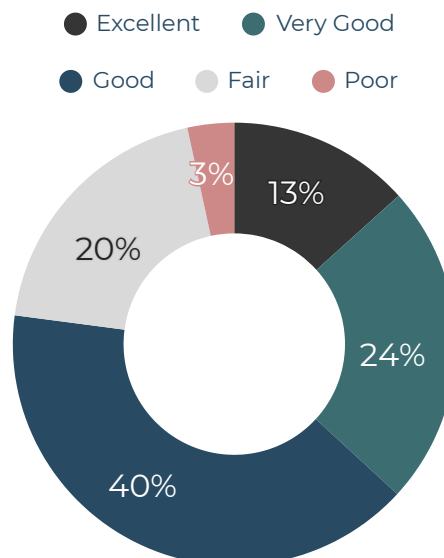
Overall Mental Health

Around 77% of respondents stated their mental health was good, very good, or excellent. Meanwhile, 27.9% ($\pm 6.5\%$) of households say a member of their household has struggled with mental health in the past year. Groups more likely to have a positive outlook on their mental health were Buhler zip code residents, individuals over the age of 65, those with a graduate degree, and households earning more than \$100,000 each year (See the appendix for more breakdowns).

Those less likely to have a positive outlook about their mental health include:

- Uninsured individuals
- Renter households
- Individuals with limited access to transportation
- Individuals with a high school diploma or GED
- Individuals out of work or unable to work
- Households earning less than \$25,000 per year
- Hispanic / Latino population

Mental Health Rating



Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

Mental Health Tops Community Concerns

In the Reno County community survey, 49% of respondents identified mental health as one of their top five concerns, making it the most selected response among all options. Additionally, 44% of participants stated that access to mental health care is one of the five most crucial factors for enhancing the quality of life and health in their community.

Groups More Likely to Say Mental Health is a Top Concern:

- Caregivers of adults age 18 to 64
- Individuals with limited access to transportation
- Individuals between ages 45 and 54
- Individuals out of work
- Households earning more than \$150,000 per year
- Individuals employed in a health-related field

Groups Less Likely to Say Mental Health is a Top Concern:

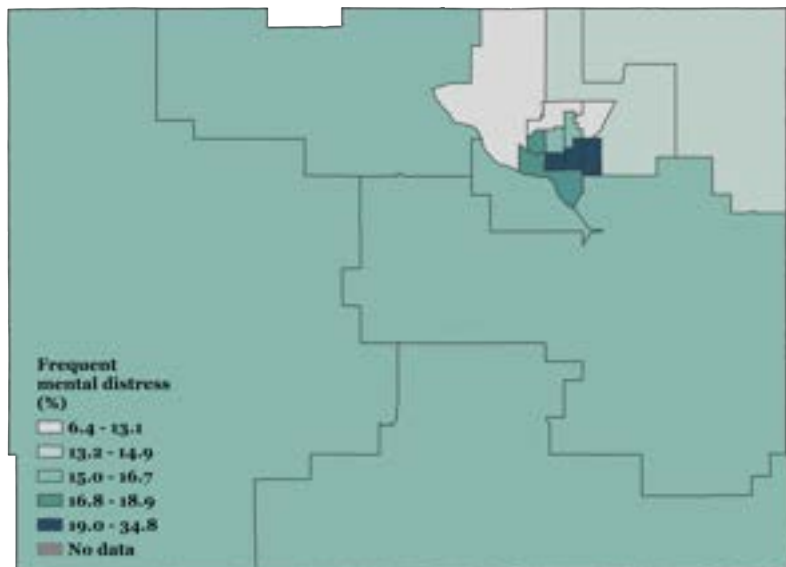
- Individuals on Medicare
- Veterans of the U.S. military
- Age groups 65 to 74 and 75+
- Individuals with a vocational degree / certificate
- Individuals who are retired or unable to work
- Non-white population
- Males

Frequent Mental Health Distress

Frequent mental health distress is defined as having 14 or more poor mental health days within 30 days. Overall, the proportion of adults in Reno County experiencing frequent mental health distress is on par with the state of Kansas at about 16%.

Frequent Mental Health Distress by Census Tract

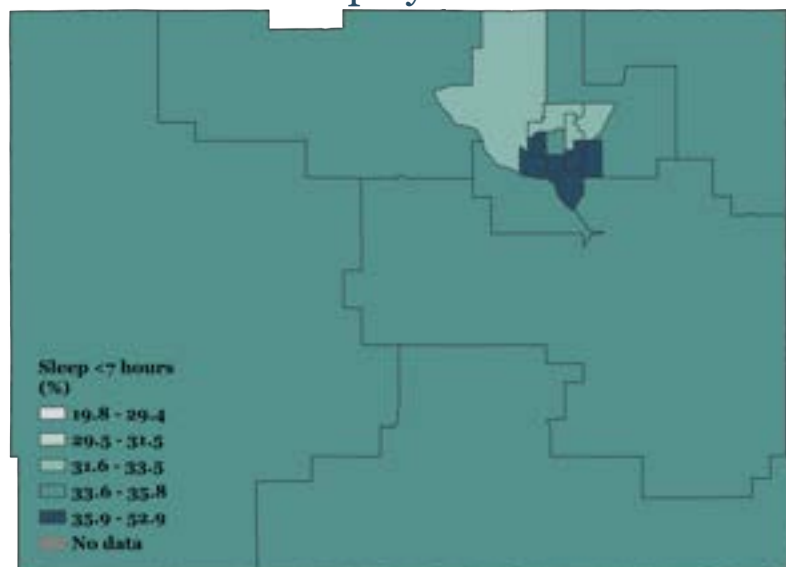
There are areas within Reno County that experience frequent mental health distress at much higher rates. There are three census tract areas in the south part of Hutchinson that have much higher rates of mental health distress. In one area, nearly 35% of adults experienced 14 or more poor mental health days in 30 days.



Lack of Sleep

Residents of Reno County are significantly less likely to meet the recommended guideline of getting 7 hours or more of sleep each night. In almost every census tract, at least 30% of adults average less than 7 hours of sleep per night.

Lack of Sleep by Census Tract



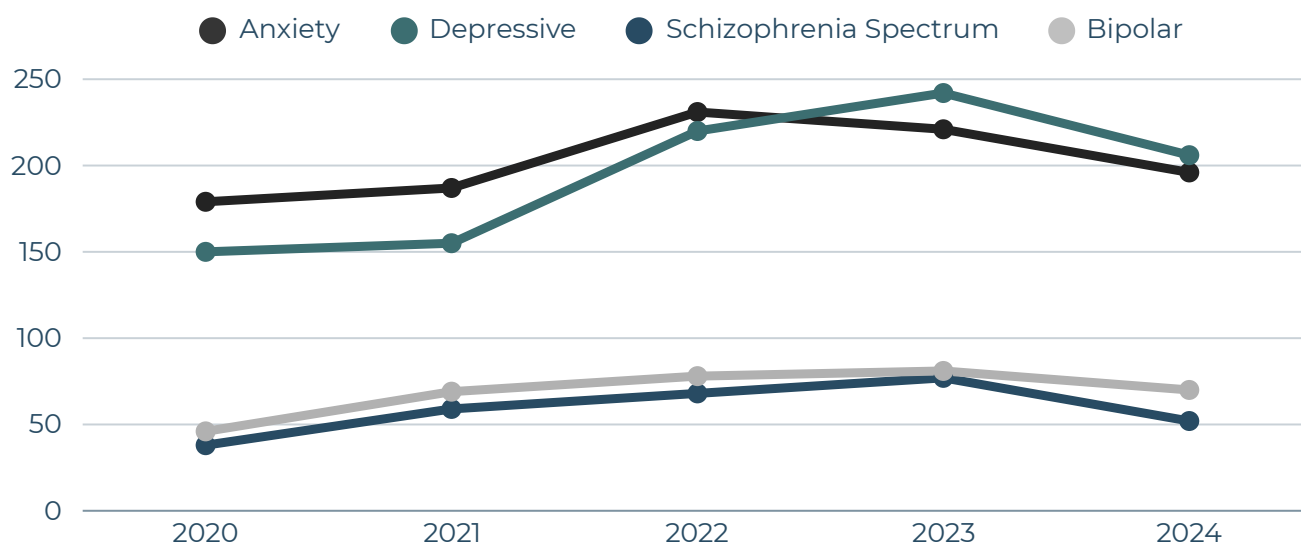
Sleep plays a pivotal role in reducing stress and improving concentration. Poor sleep is linked to other mental health challenges, such as anxiety and depression. Getting more than 7 hours of sleep each night can improve overall health and well-being.

Source: CDC PLACES (2024)

Mental Health Emergency Department Visits

Among Reno County residents, the most frequently encountered mental health diagnoses in emergency departments are anxiety and depressive disorder. Although the 2020 data is incomplete, anxiety has consistently been the leading mental health diagnosis until recent years. The incomplete data from 2020 also makes it difficult to compare data from before the COVID-19 pandemic and after. There are several other potential contributors to the increase in depressive or anxiety disorders, such as rising housing prices and other financial burdens due to inflation and economic concerns.

Hospital ED Visits by Mental Health Disorder Diagnosis

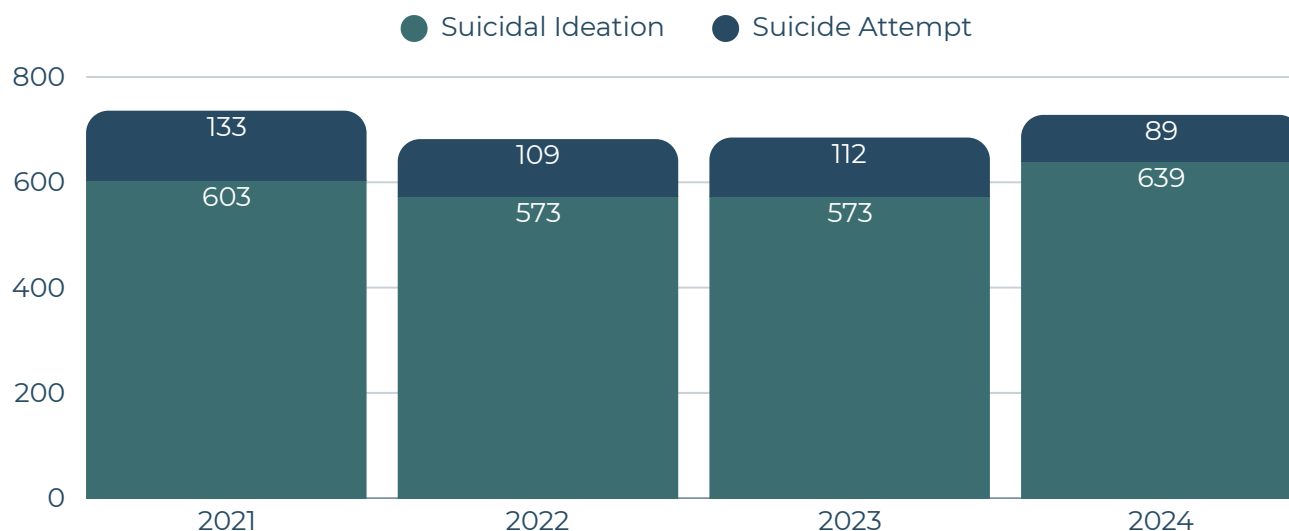


Note: Data from 2020 is partial and begins in March. Use caution when comparing data to 2020.

Source: ESSENCE

In contrast to the rising suicide fatalities observed in 2022 and 2023, emergency department visits for suicide attempts were lower in those years compared to 2021. The data from recent years shows that mental health concerns are not improving for the majority of residents in Reno County. However, current trends do not indicate a worsening of mental health issues unless the patterns from 2024 continue to escalate. Ongoing monitoring of mental health data will be essential to determine any advancements in this area.

Suicide-Related ED Visits by Year

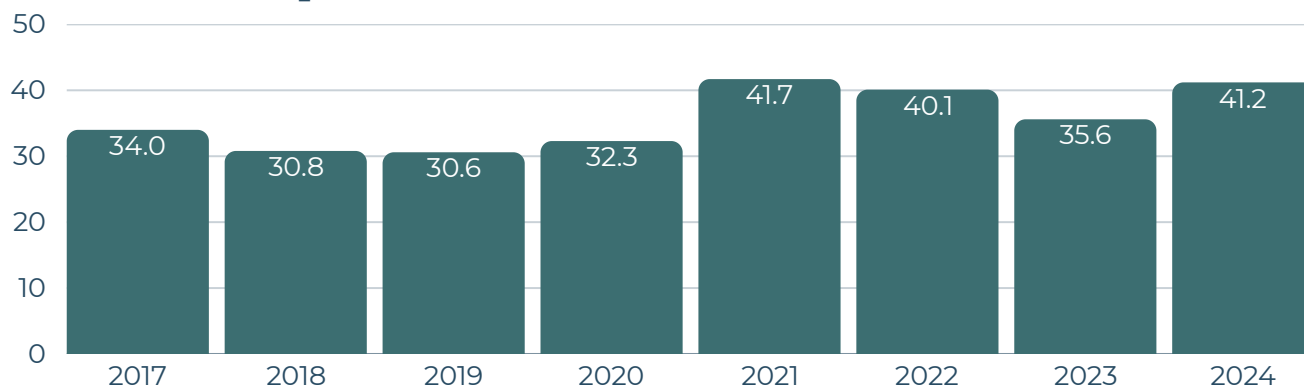


Source: ESSENCE

Youth Mental Health

Unlike hospital emergency department data, survey data are available to help measure mental health among youth. When it comes to youth experiencing 14 or more poor mental health days in 30 days, a significant increase occurred in 2021 and has primarily remained level since. The COVID-19 pandemic is one contributor to this increase. The increase in social media use likely plays another role in declining mental health.

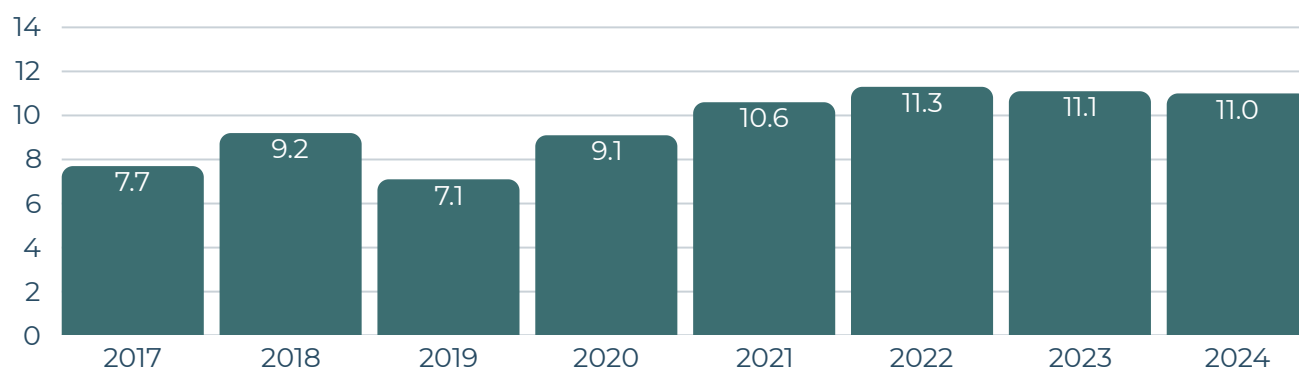
Youth Frequent Mental Health Distress (% Past 12 Months)



Source: Kansas Communities That Care (2024)

It is evident that the prevalence of mental health distress has risen considerably in recent years; however, this is not the case for suicidal thoughts. There has been a modest increase of about 2 percentage points in recent years compared to 2020, before the stay-at-home orders. When examining trends over time, youth suicidal ideation showed a gradual rise from 2010 to 2020, and this pattern has persisted from 2020 to 2024.

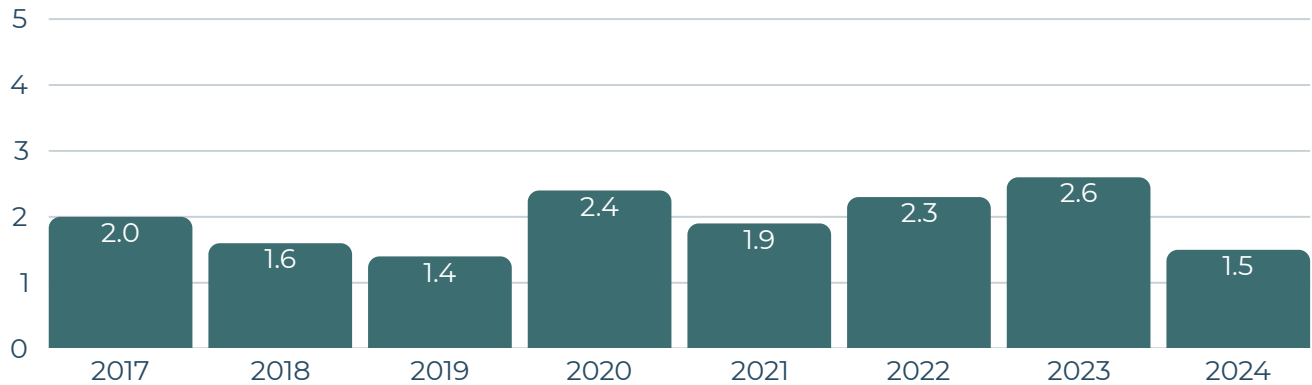
Youth Suicidal Ideation (% Lifetime)



Source: Kansas Communities That Care (2024)

The number of youth reporting they attempted suicide at least once in their lifetime shows no significant trends. Reported suicide attempts have risen and fallen several times over the last 8 years. These results may indicate a certain level of protective factors for most youth that prevent frequent mental health distress from escalating to suicidal ideation or suicide attempts.

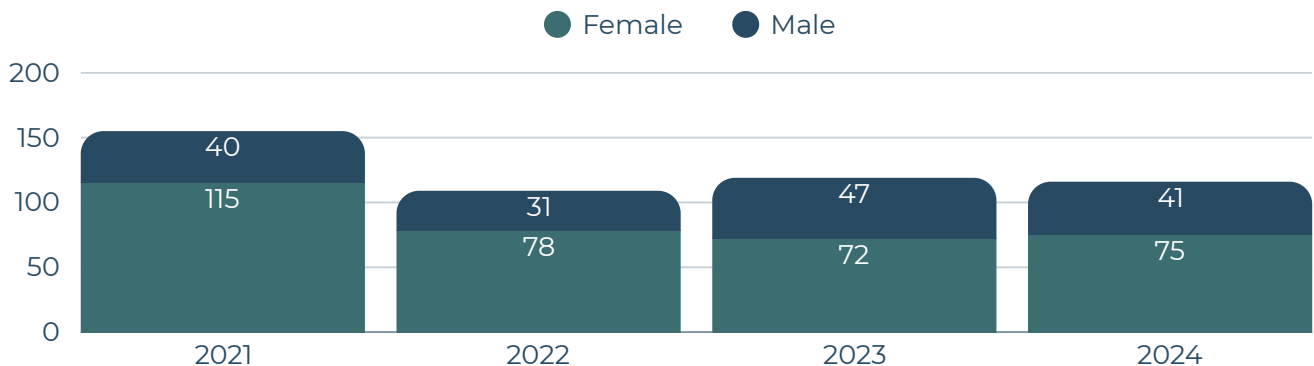
Youth Attempted Suicide (% Lifetime)



Source: Kansas Communities That Care (2024)

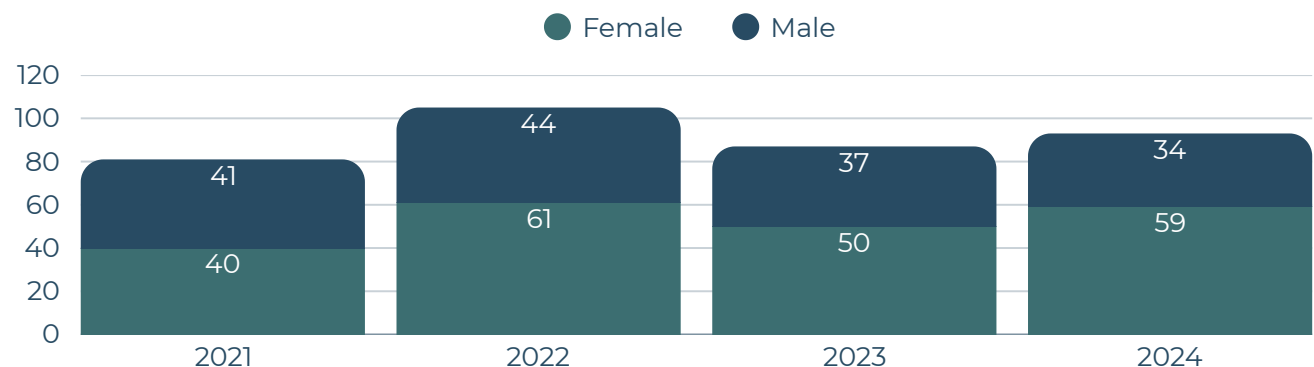
When looking at suicidal ideation emergency department visits in the hospital, youth aged 18 and younger make up about a sixth of all visits. A disproportionate number of those visits for suicidal ideation are females. Compared to suicidal ideation visits for those aged 19 to 25, youth are more likely to present in emergency rooms for suicide-related reasons. However, there are gendered differences. Female suicidal ideation visits drop precipitously in young adulthood.

Suicidal Ideation ED Visits (Age 12 to 18)



Source: ESSENCE

Suicidal Ideation ED Visits (Age 19 to 25)



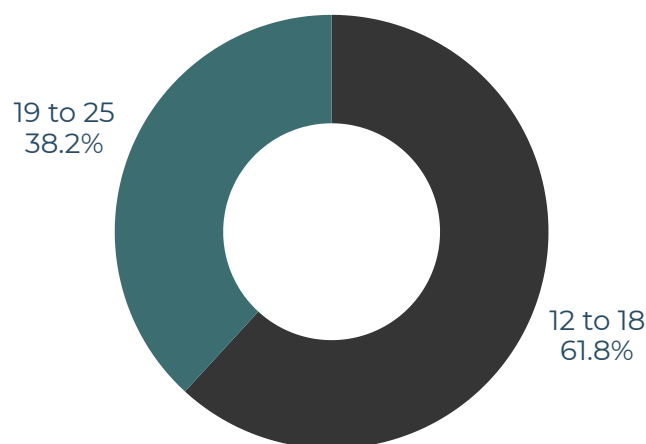
Source: ESSENCE

Between 2021 and 2024, male suicidal ideation visits were relatively equal between the 12 to 18 age group and the 19 to 25 age group. For females, nearly 62% of suicidal ideation visits were among the 12 to 18 age group. Mental health promotion and suicide prevention strategies need to reflect the differences between school-aged females and young adult females. Further information is required to determine why there is a significant drop in suicidal ideation among females once they reach adulthood.

Male Suicidal Ideation Visits by Age Group (2021 to 2024)



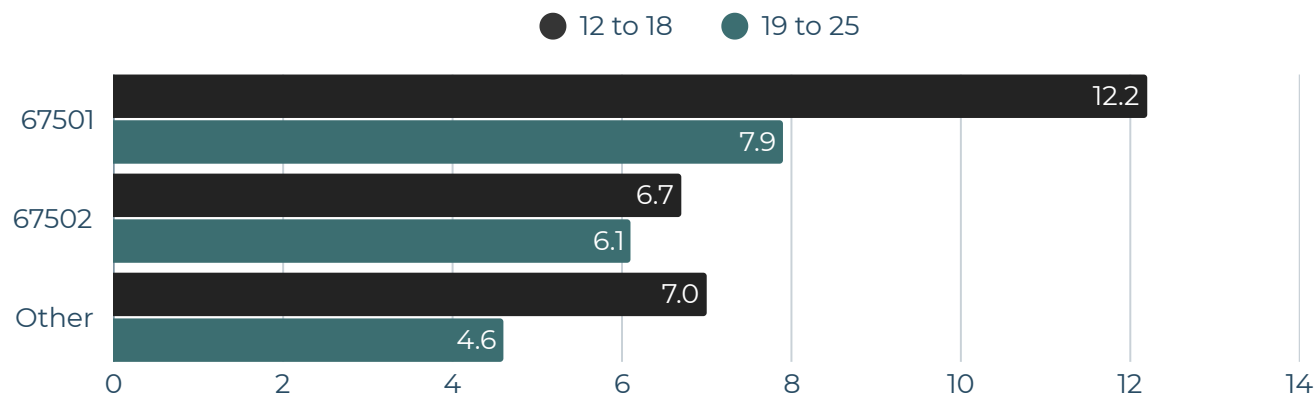
Female Suicidal Ideation Visits by Age Group (2021 to 2024)



Source: ESSENCE

When analyzing disparities by zip code, youth aged 12 to 18 residing in the 67501 area were notably more likely to visit a hospital emergency room due to suicidal thoughts. For every 100 young individuals in the 67501 zip code, there were 12 emergency department visits related to suicidal ideation. This represents four more visits per 100 individuals than the next highest group, which includes those aged 19 to 25 living in the same zip code. Overall, a significant number of both youth and adults in 67501 face adverse mental health outcomes.

Suicidal Ideation ED Visits by Zip Code and Age Group (Visits Per 100 People)

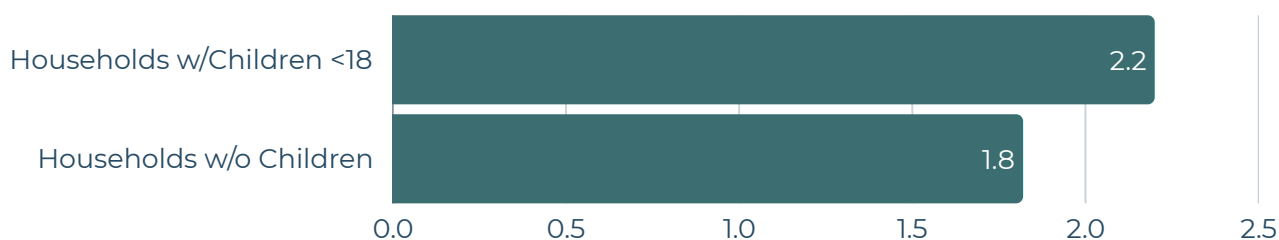


Source: ESSENCE

Social Media

Survey responses reveal little differences between most groups on how they view the impact of social media on their household's mental health. Overall, 34.7% ($\pm 7.2\%$) said they had some concerns about social media affecting their household's mental health. Households with children under 18 years of age reported slight to moderate levels of concern, with an average score of 2.2 out of 4. This was significantly higher than households without children (average = 1.82).

Concerned About Social Media Affecting Mental Health by Household Type



T-test $p = 0.0475$

source: Reno County Household Survey (April 2025)

Social Connections

A social connectedness index was created using four survey questions: feeling a sense of belonging, having someone to rely on for emotional support, being able to maintain social relationships, and frequency of interactions with neighbors. These responses were combined using principal component analysis (PCA) into a single score.

The first principal component, Prin1, captures the overall sense of social connectedness within the household. The second component, Prin2, reflects a contrast in the way households are connected or the types of connections they have.

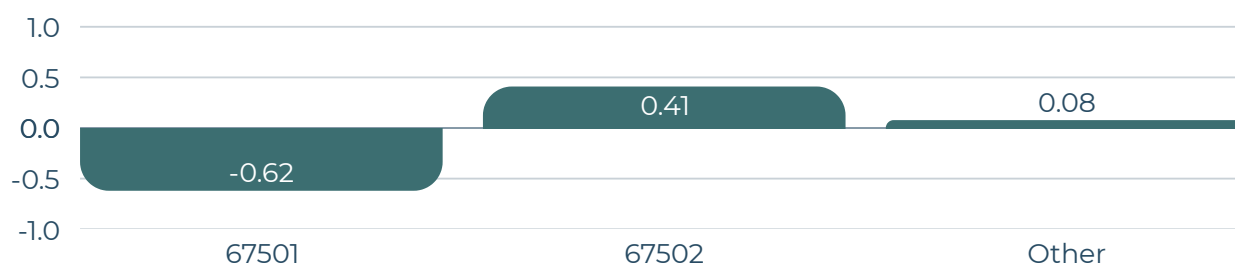
Variable Loadings on Principle Components of Social Connectedness

Variable	Overall Social Connectedness (Prin1)	Type of Connection - Emotional vs. Neighbor-based (Prin2)
Sense of Belonging	0.545	-0.425
Maintains Social Relationships	0.523	-0.495
Rely on Someone for Emotional Support	0.482	0.477
Interacts with Neighbors	0.443	0.588

source: Reno County Household Survey (April 2025)

Residents in the 67501 zip code had the lowest average score (-0.620) on the social connectedness index. In contrast, those in the 67502 zip code had the highest score (+0.410), a statistically significant difference ($p < 0.05$). This finding suggests critical geographic disparities in how socially connected residents feel across the County.

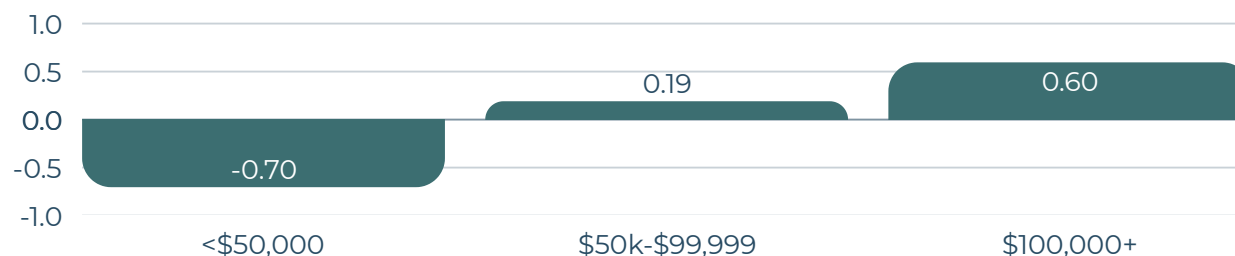
Social Connectedness Score by Zip Code



Statistically significant difference in connectedness between 67501 and 67502 (Tukey's $p < 0.05$).

Similar results were observed for households earning less than \$50,000, whose social connectedness score was -0.704, compared to those earning more than \$100,000, at +0.596 (p -value < 0.05). Therefore, economic well-being may play a role in how supported or socially connected households feel in their communities.

Social Connectedness Score by Income

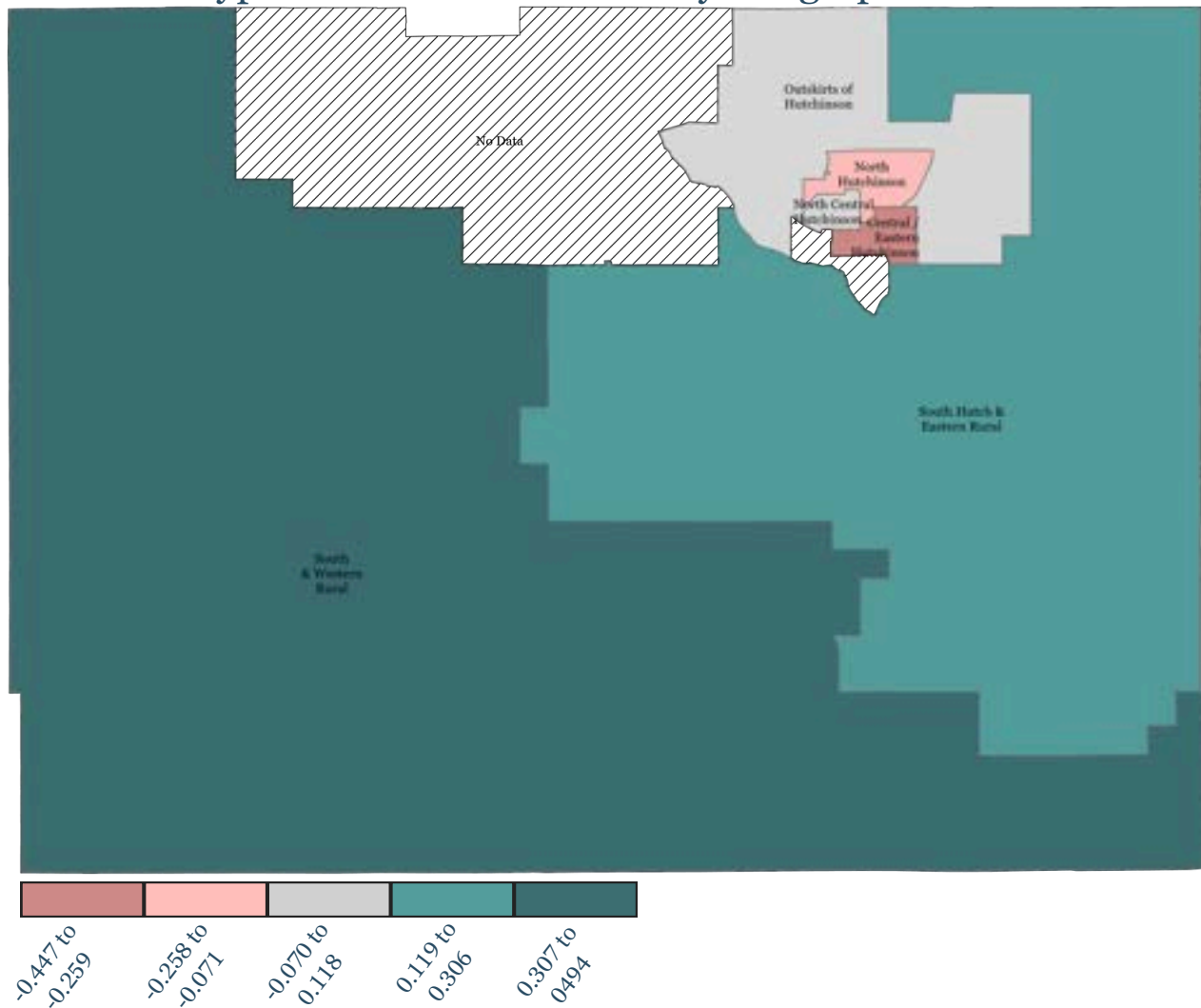


Statistically significant difference in connectedness between <\$50,000 and \$100,000+ (Satterthwaite $p < 0.0001$) and <\$50,000 vs. \$50k-\$99,999 (Satterthwaite $p = 0.0022$).

While social connection levels (Prin1) were similar across many areas and groups, there was a meaningful difference in the type of connection (Prin2) between the two rural regions of Reno County.

Residents in the Western/Southwest Rural census tracts had a higher average Prin2 score (0.494), indicating stronger neighbor-level interactions and practical support. The Central/Eastern Hutchinson households scored significantly lower (-0.447), indicating fewer neighbor interactions and more inward, emotionally focused connections. The difference in social connection structure may reflect community differences in trust or the availability of gathering spaces. The Central/Eastern Hutchinson area also scored significantly lower on social connections (Prin1 = -0.835) compared to Hutchinson Outskirts (0.531).

Type of Connections Score by Geographic Area



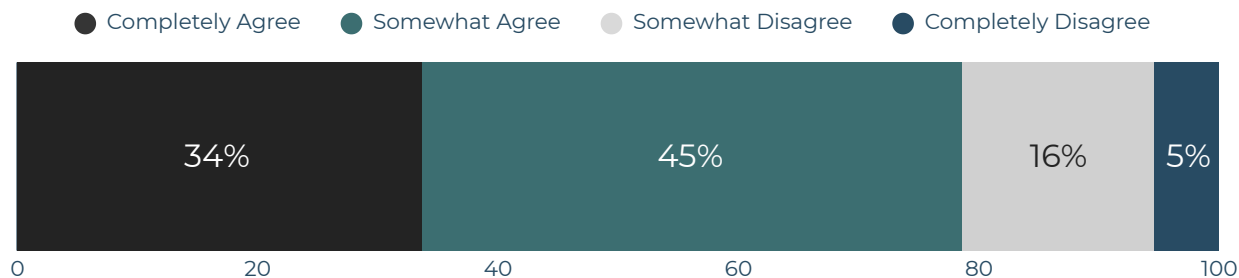
Geographic Area	Average Score
Central / Eastern Hutchinson	-0.447
Outskirts of Hutchinson	0.013
North Central Hutchinson	0.044
North Hutchinson	-0.175
South Hutchinson / Eastern Rural	0.134
Western / Southwestern Rural	0.494

Statistically significant difference in type of connections between Central/Eastern Hutchinson and Western/Southwest Rural Reno County (Satterthwaite $p = 0.0256$).

source: Reno County Household Survey (April 2025)

Around 78.7% ($\pm 6.1\%$) of households in Reno County believe it is essential to have more opportunities for social engagement in their community. This is a strong indication that residents are seeking ways to foster connections within their communities.

Important to Have More Opportunities for Social Engagement



source: Reno County Household Survey (April 2025)

More engagement is also tied to mental well-being. Residents who scored higher on the social connectedness index (Prin1) and rated their physical health more positively also tended to report better mental health. In a multiple linear regression model, a 1-point increase in Prin1 was associated with a 0.31-point increase in household mental health scores ($p < .0001$), and a 1-point increase in physical health rating was associated with a 0.38-point increase ($p < .0001$). The model explained 36.9% of the variation in household mental health, indicating a moderate to strong relationship between mental well-being and both social connectedness and physical health.

Linear Regression Model Predicting Household Mental Health Ratings

Predictor	Coefficient	Standard Error	t-value	p-value	Interpretation
Intercept	2.32	0.28	8.23	<.0001	Average mental health rating when all predictors are 0 (baseline level).
Social Connectedness Index (Prin1)	0.31	0.05	6.16	<.0001	Each 1-point increase in social connectedness is associated with a 0.31-point improvement in mental health.
Physical Health Rating	0.38	0.07	5.11	<.0001	Each 1-point increase in physical health rating is associated with a 0.38-point improvement in mental health.
Low Income (<\$50,000)	-.13	0.15	-0.82	0.4131	No significant relationship between low income and poor mental health.

Household mental health and physical health was rated on a scale from Poor (1) to Excellent (5), while Prin1 (social connectedness) scores ranged from -5.87 to $+1.50$.

Low-Income (<\$50,000) was created as a dummy variable: Low (1), Mid-High (0)

Adjusted R-squared: 0.369

F(3, 175): 35.06; $p < .0001$

Food Insecurity

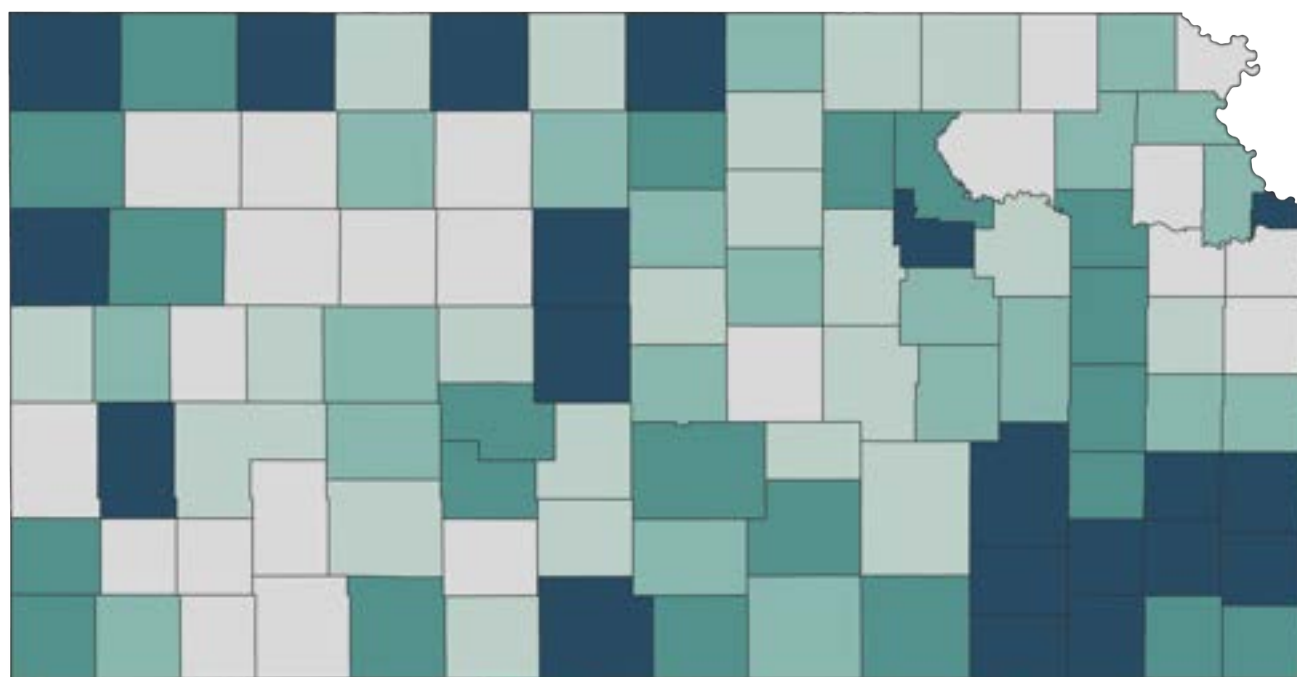
13.5%

Reno County Food Insecurity Rate

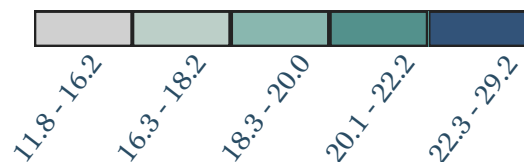
Kansas: 13.1%

Approximately 13.5% of residents in Reno County face food insecurity, with one in three individuals affected being children under 18 years old (Feeding America, 2022). Additionally, 20.4% of the total population under 18 experiences food insecurity. The largest rates of child food insecurity are primarily concentrated in the southeast part of the state. Reno County's child food insecurity rate is in the top 40% among all Kansas counties.

Child Food Insecurity Rates (%) by Kansas County



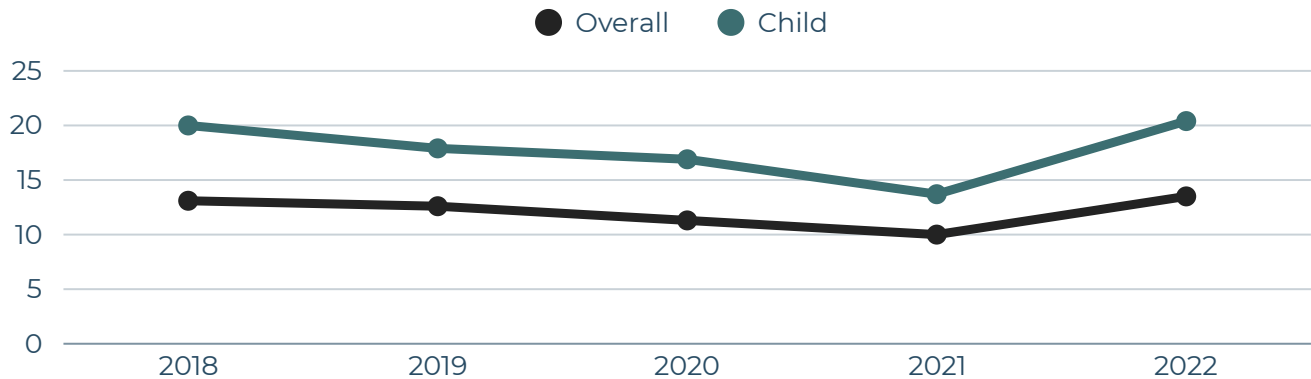
Source: Feeding America (2022)



Childhood Food Insecurity

The estimated percentage of children in food-insecure households declined in 2021 due to several COVID-era food policies. However, as many of these food policies were phased out between 2021 and 2023, food insecurity rates began to rise again in 2022.

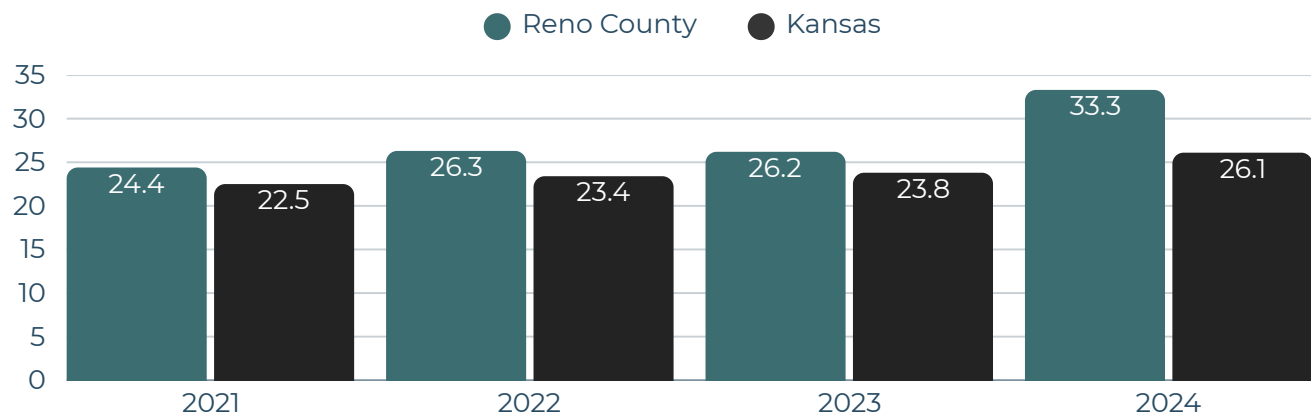
Food Insecurity Rates by Year



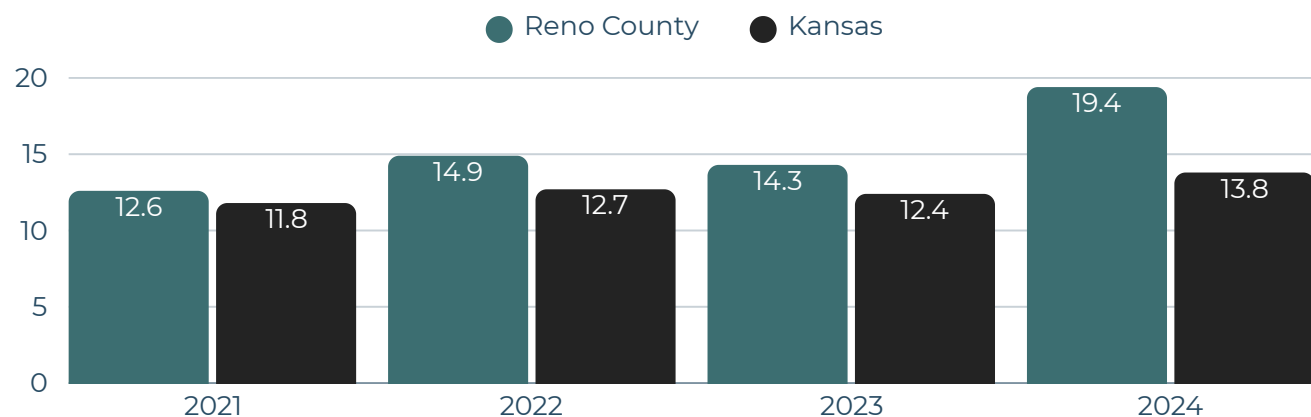
Source: Feeding America (2022)

In Reno County, food insecurity remains a critical concern. In 2024, more than 30% of children voiced worries about their families potentially lacking sufficient funds for food. Furthermore, approximately one in five children reported missing a meal due to their family's financial difficulties. Given the notable rises in both of these statistics, the rollback of COVID-era food policies has had the most significant impact on children in Reno County.

Worried Food Would Run Out At Home (%)



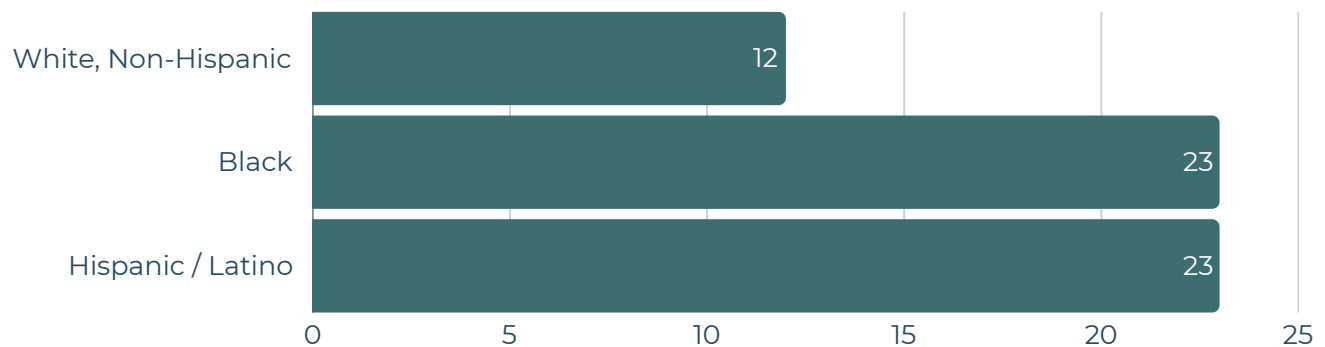
Skipped Meal Due to Family Not Having Enough Money (%)



Source: Kansas Communities That Care (2024)

Food insecurity is more prevalent among Black and Hispanic/Latino residents in Reno County compared to their White counterparts. These communities are generally younger and more prone to living in poverty, resulting in children from these groups facing a greater risk of food insecurity. For many of these children, their school meals may represent the most consistent source of nutrition. Currently, approximately 43% of children in Reno County qualify for the free lunch program, and this percentage has remained relatively consistent over the past decade (National Center for Education Statistics, 2023-2024).

Food Insecurity Rate by Race / Ethnicity



Source: Feeding America (2022)

Women, Infants, and Children (WIC)

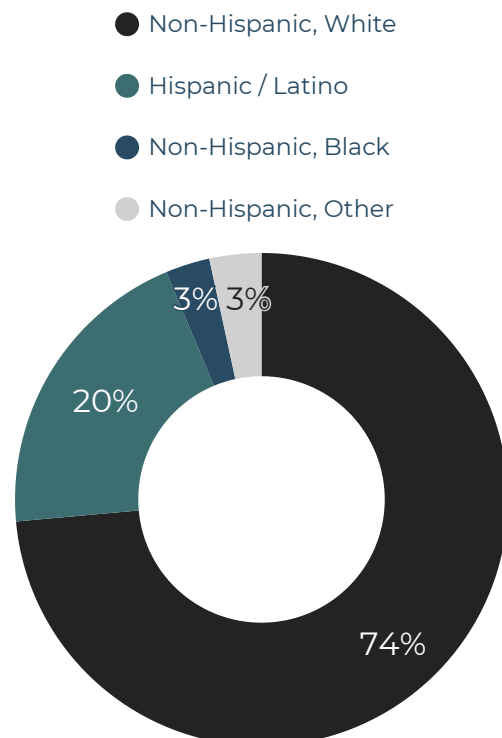
The WIC program is a federally funded nutrition program that provides healthy foods, nutrition education, and breastfeeding support to clients. The program serves:

- Pregnant, postpartum, and breastfeeding women
- Infants
- Children up to age 5

Participants in the program must meet income guidelines and use the funds to purchase nutritious foods that are essential for both the mother and her child. Approximately 32% of newborns in Reno County participate in the WIC program.

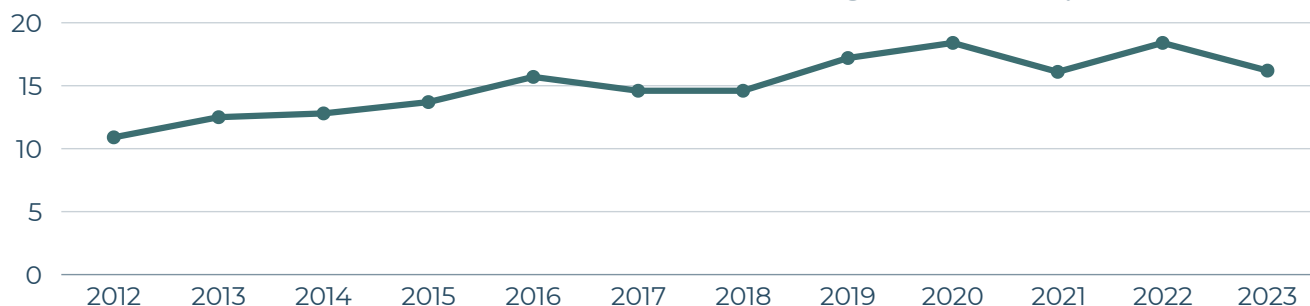
Breastfeeding rates within the WIC program have increased over the past decade. Breastfeeding provides nutrients and strengthens a baby's immune system, which reduces the risk of chronic diseases.

WIC Participation by Race / Ethnicity



Source: Kansas Information for Communities (2022)

% of WIC Mothers Breastfeeding Exclusively



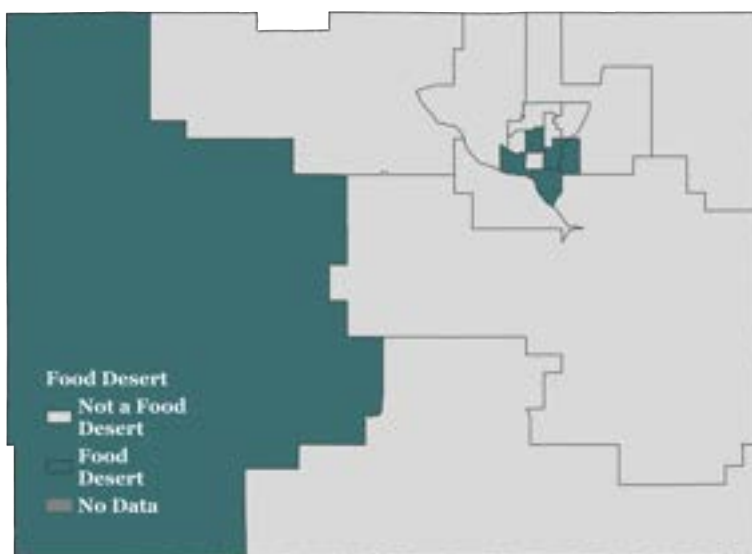
Source: Kansas Department of Health & Environment (2024)

Access to Food

Several areas of Reno County are considered to be in a food desert. Food deserts are low-income areas with more barriers to accessing food. For less populous or rural areas, this means having a higher proportion of people living in poverty and an average distance of 10 miles or more from the nearest grocery store. For more populous or urban areas, being a food desert means having a high proportion of low-income individuals and living at least half a mile away from the closest grocery store.

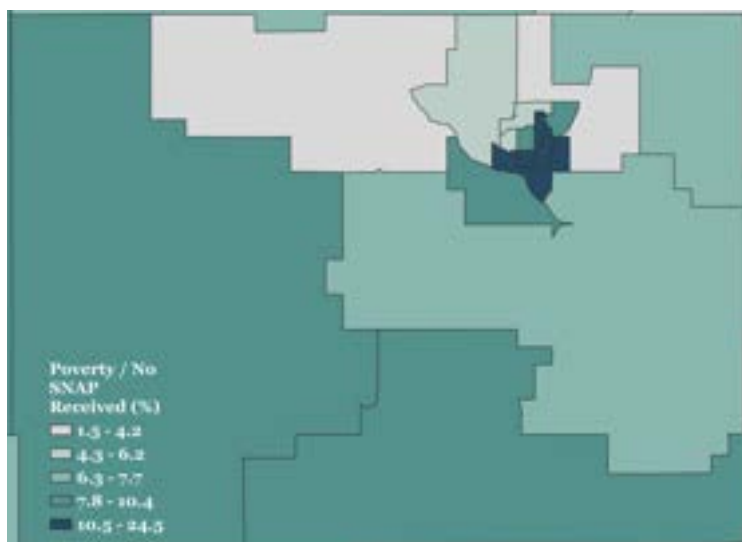
Additionally, many of these food desert areas also have a higher proportion of people living below the poverty line who are not accessing Supplemental Nutrition Assistance Program (SNAP) benefits. Individuals may not know they qualify for SNAP, find applying for SNAP difficult, or be disqualified due to more than one drug charge, which comes with a lifetime ban from SNAP benefits in the state of Kansas.

Food Deserts by Census Tract



Source: USDA (2022)

% Below Poverty With No SNAP



Source: American Community Survey (2018-2022)

Obesity

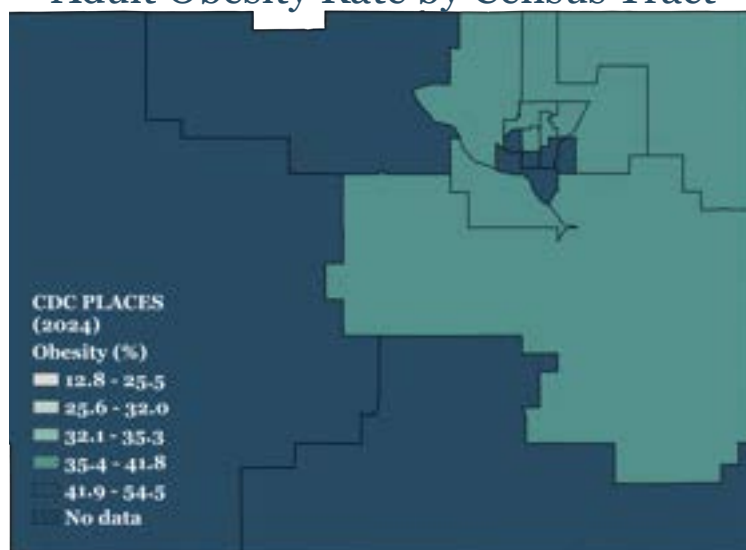
Food insecurity and obesity are closely linked. When families struggle to access healthy and affordable foods, they often rely on cheaper, calorie-dense options that tend to be low in nutrients. Consumption of these foods over time contributes to higher rates of obesity. Obesity also increases the risk of heart disease, diabetes, and high blood pressure, which can burden the healthcare system with added costs. Addressing food insecurity is essential for both reducing hunger and preventing obesity.

Nearly every census tract in Reno County has an adult obesity rate above 40%. Many of these census tracts are also considered food deserts or have a higher proportion of households living below the federal poverty level.

Community Input on Healthy Food and Food Insecurity

When Reno County residents were asked about the most critical factors for improving the quality of life and health in their community, 41.7% responded that access to low-cost, healthy food was the most vital factor.

Adult Obesity Rate by Census Tract



Source: CDC PLACES (2024)

More Likely to Say Access to Healthy Foods

- Residents in rural zip codes (excluding Buhler)
- Caregivers of elderly and multiple individuals (child, adult, elderly)
- Individuals with an Associate's degree
- Individuals employed in a health-related field

Less Likely to Say Access to Healthy Foods

- Uninsured individuals
- Caregivers of adults (age 18 to 64)
- Individuals out of work
- Non-white population
- Males

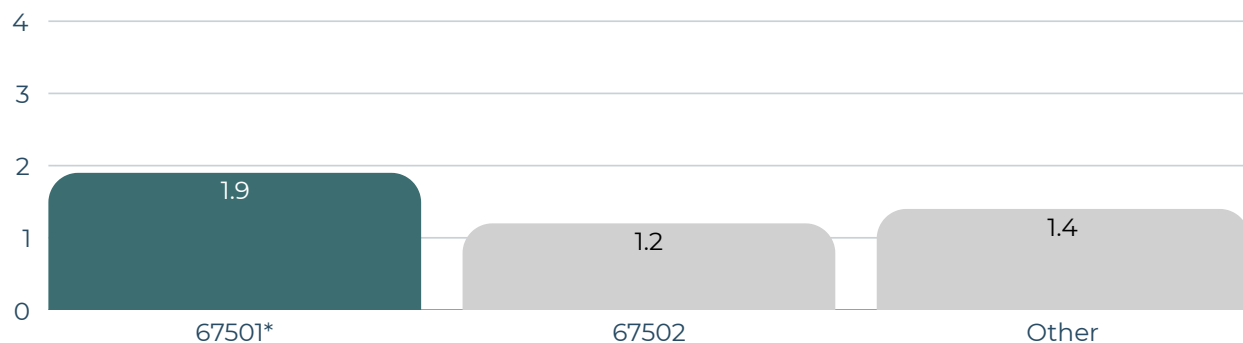
When it came to hunger and food insecurity, only 16.6% of respondents said it was one of the top five concerns facing Reno County.

Concerned About Having Enough Food

Access to food is essential for living a healthy life. In the household survey, residents were asked how frequently they were concerned about their household having enough food on a scale from 4 (Frequently) to 1 (Never). Overall, 14.8% ($\pm 5.1\%$) of households were occasionally or frequently concerned about having enough food in their home. The results also indicate that food insecurity is more prevalent among individuals with limited financial resources.

The data shows apparent differences between residents in the 67501 zip code and all other parts of the county. However, the variability in responses was also significantly different (Levene's test, $p = .0031$), indicating differences in experiencing food insecurity depending on what zip code the resident lives in.

Concerned About Having Enough Food by Zip Code



**Statistically significant difference between 67501 and all other zip codes with unequal variances (ANOVA $p < .0001$; Levene's test $p = .0031$).
Scored from 4 (Frequently) to 1 (Never).*

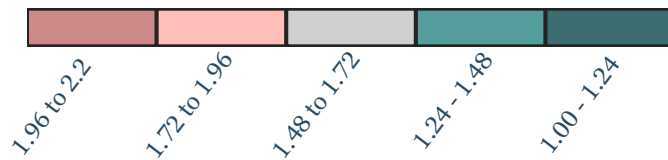
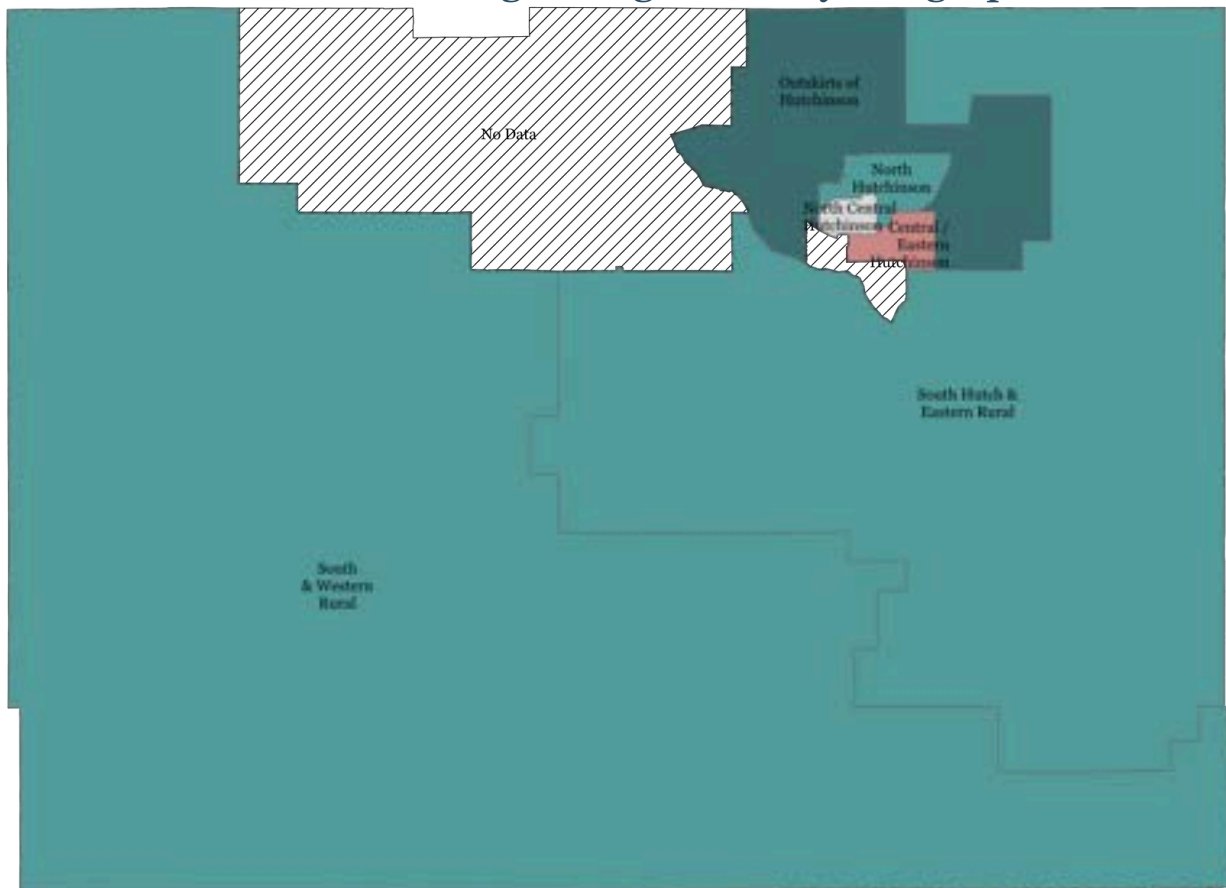
Source: Reno County Household Survey (April 2025)

Minor geographic differences also occur, with the Central/Eastern Hutchinson group reporting the highest average food insecurity concern (2.2 out of 4). This level of concern is significantly higher ($p < 0.05$) than the following regions:

- South Hutchinson & Eastern Rural (1.4)
- North Hutchinson (1.4)
- Western / Southwestern Rural (1.3)
- Hutchinson Outskirts (1.0)

Additionally, North Central Hutchinson had significantly higher results than the Hutchinson Outskirt area. These results reflect geographic disparities and unequal variability in responses across areas (Levene's test $p = 0.0075$), which suggests some neighborhoods experience food insecurity more intensely and inconsistently than others.

Concerned About Having Enough Food by Geographic Area



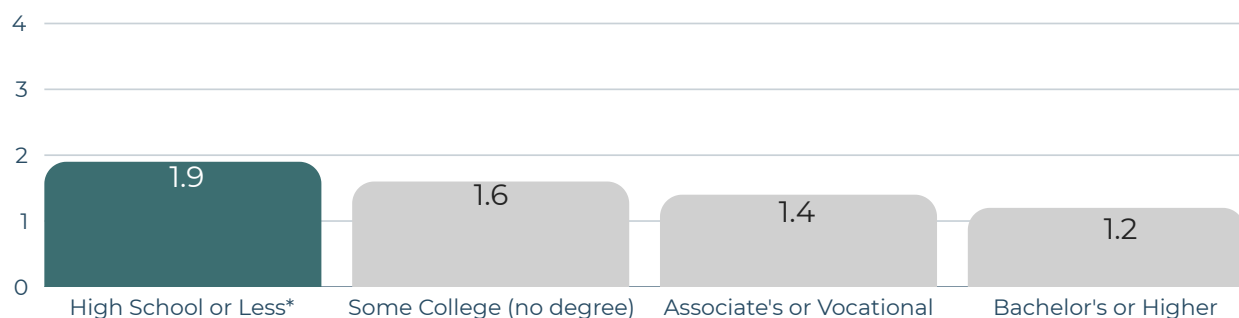
Geographic Area	Average Score
Central / Eastern Hutchinson*	2.2
Outskirts of Hutchinson	1.0
North Central Hutchinson*	1.7
North Hutchinson	1.4
South Hutchinson / Eastern Rural	1.4
Western / Southwestern Rural	1.3

*Statistically significant difference in household concerns about having enough food ($p < 0.05$)

source: Reno County Household Survey (April 2025)

Education level also mattered when it came to concerns about having enough food in the household ($p < .0001$), with households where the highest educational level attained was a high school diploma or less reporting greater levels of concern (1.9 out of 4) compared to those with an Associate's or Vocational degree and those with a Bachelor's degree or higher. Much like the 67501 zip code and the central part of Hutchinson, food insecurity is also inconsistent among households with less education (Levene's test, $p = 0.0178$).

Concerned About Having Enough Food by Educational Attainment

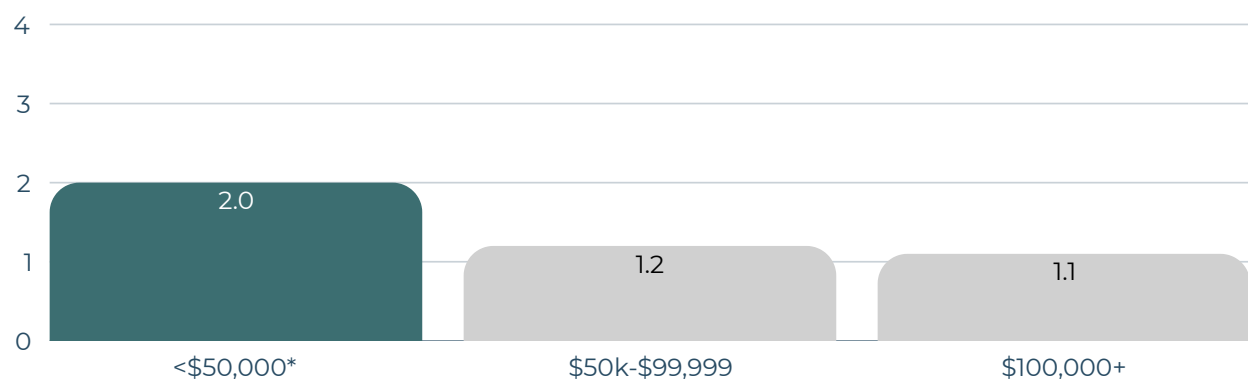


**Statistically significant difference between High School Diploma or Less vs. Associate's / Vocational and High School Diploma or Less vs. Bachelor's or Higher ($p < 0.05$)
Scored from 4 (Frequently) to 1 (Never).*

Source: Reno County Household Survey (April 2025)

Food insecurity also varied significantly across income levels (ANOVA, $p < .0001$), with households in lower-income brackets reporting the greatest concern. Households earning less than \$50,000 per year had an average score of 2.0 (out of 4), which was higher than both the other income groups (\$50,000-\$99,999 and \$100,000+).

Concerned About Having Enough Food by Household Income



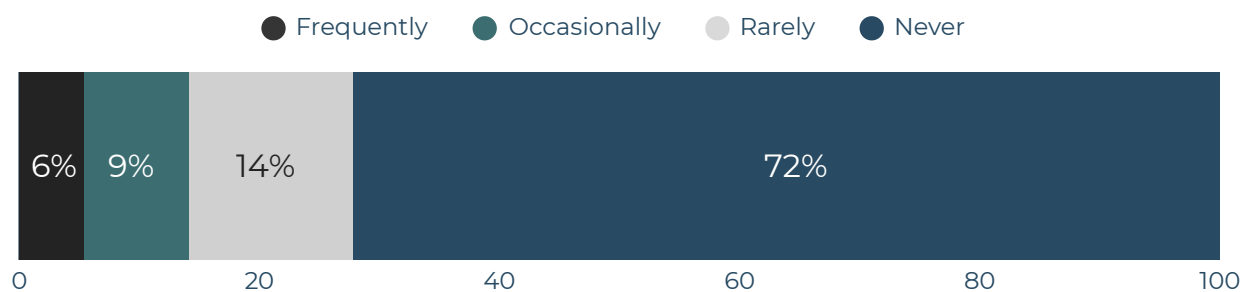
**Statistically significant difference between households earning <\$50,000 and all other income groups ($p < 0.05$)
Scored from 4 (Frequently) to 1 (Never).*

Source: Reno County Household Survey (April 2025)

Around 11.5% ($\pm 4.6\%$) of households reported being frequently or occasionally unable to eat balanced meals over the past year. The responses indicate that while some families are experiencing nutritional challenges, many may still be maintaining their typical dietary patterns despite broader concerns. More households (14.8%) expressed concern about having enough food, indicating that food insecurity anxiety may precede actual disruptions in meal quality.

In terms of physical access, only 5.3% ($\pm 3.3\%$) of households reported difficulty accessing grocery stores. This suggests that logistical barriers, such as store proximity or transportation access, are less prevalent in Reno County and that food insecurity may be driven more by affordability or household-level constraints than by geographic access.

Had to Choose Between Buying Food or Paying Utilities



source: Reno County Household Survey (April 2025)

Out of 183 household responses, 14.2% ($\pm 5.0\%$) said they had to choose between buying food or paying for utilities occasionally or frequently over the past year. Based on the ANOVA p-value (< 0.05), these groups were more likely to say they had to choose between food or utility payments (mean scores in parentheses):

- 67501 (1.8) vs. 67502 (1.2)
- Central/East Hutchinson (1.9) vs. Hutchinson Outskirts (1.0)
- High School Diploma or Less (1.9) vs. Bachelor's Degree or Higher (1.1)
- Less than \$50,000 (2.0) vs. \$50k-\$99,999 (1.3)
- Less than \$50,000 (2.0) vs. \$100,000+ (1.1)

When examining the factors that predict how concerned households are about having enough food, the focus was placed on income levels, the ability to eat balanced meals and financial stability. The regression model found that food insecurity is closely linked to low income, unstable finances, and difficulty affording balanced and nutritious meals. The strongest predictor of food concerns is whether households feel they are eating balanced meals.

Linear Regression Model Predicting Food Insecurity

Predictor	Coefficient	Standard Error	t-value	p-value	Interpretation
Intercept	0.68	0.16	4.38	<.0001	Baseline concern when all predictors are 0.
Low Income (<\$50,000)	.40	.09	4.44	<.0001	Low-income households report significantly higher concern about having enough food.
Balanced Meals Difficulty	.60	.05	12.87	<.0001	Each 1-point increase in difficulty eating balanced meals is associated with a 0.60-point increase in food concern.
Financial Stability	-.10	.04	-2.70	.0076	Greater financial stability is linked to lower food concern.

Balanced meals was rated on a scale from Never (1) to Frequently (5)

Financial stability was rated on a scale from Completely Disagree (1) to Completely Agree (4)

Low-Income (<\$50,000) was created as a dummy variable: Low (1), Mid-High (0)

Adjusted R-squared: 0.634

F(3, 175): 101.4; p <.0001

Finances

112

Reno County Economic Dependency Ratio

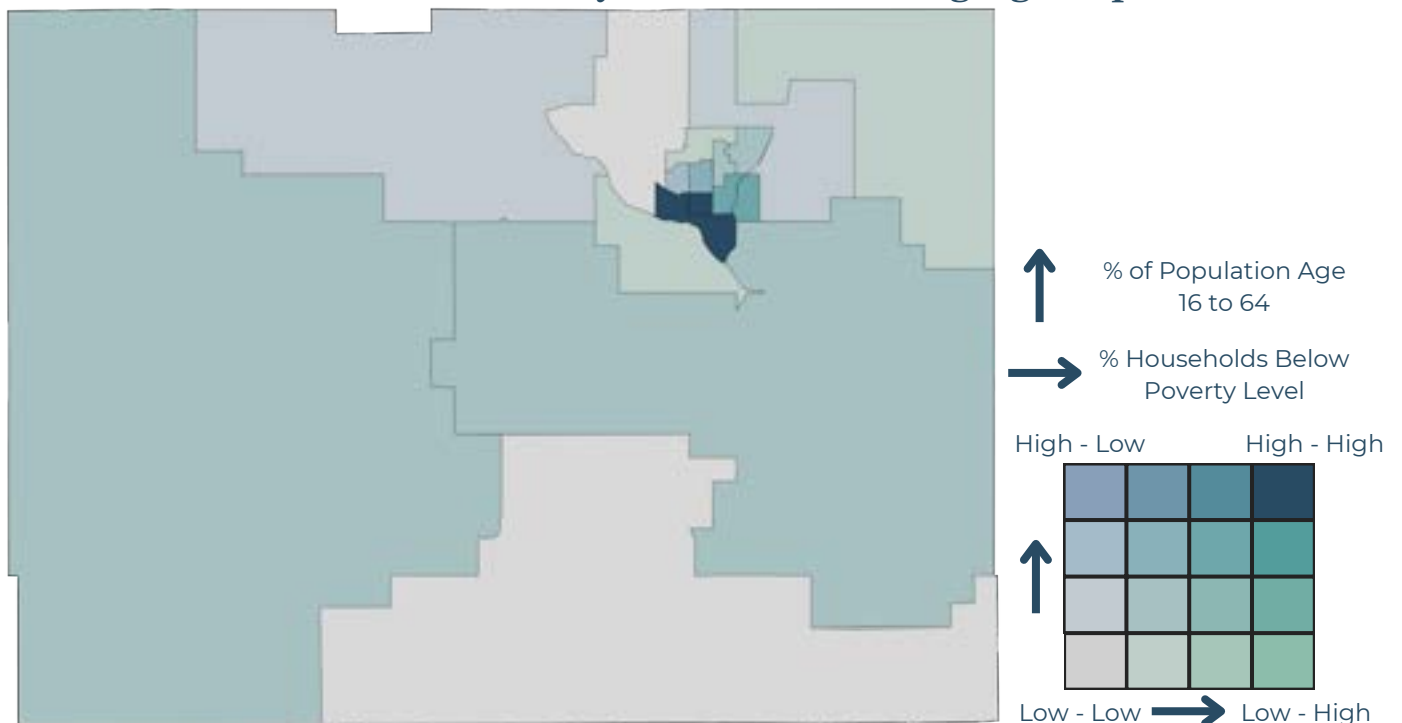
*Kansas: 97**Source: Esri (2024)*

In Reno County, there are 100 workers for every 112 dependents. Dependents include children under 16, retirees over 65, and individuals unable to work due to disability or unemployment.

An economic dependency ratio exceeding 100 signifies a greater burden on the working-age population to support those who are dependent, placing additional strain on resources such as healthcare and social services.

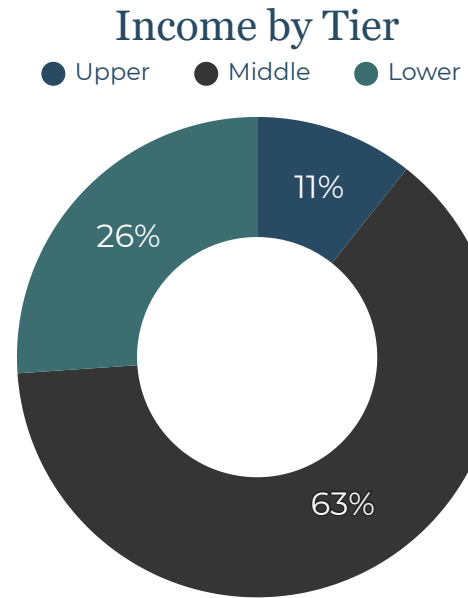
The map below shows a moderate correlation ($R^2 = 0.507$) between the percentage of working-age individuals (ages 16 to 64) and higher poverty rates. This relationship is significant because when a large portion of the population relies on a smaller workforce, particularly under conditions of poverty, the pressure on resources and public services increases.

Correlation Between Poverty Rate and Working Age Population

*Source: Esri (2024)*

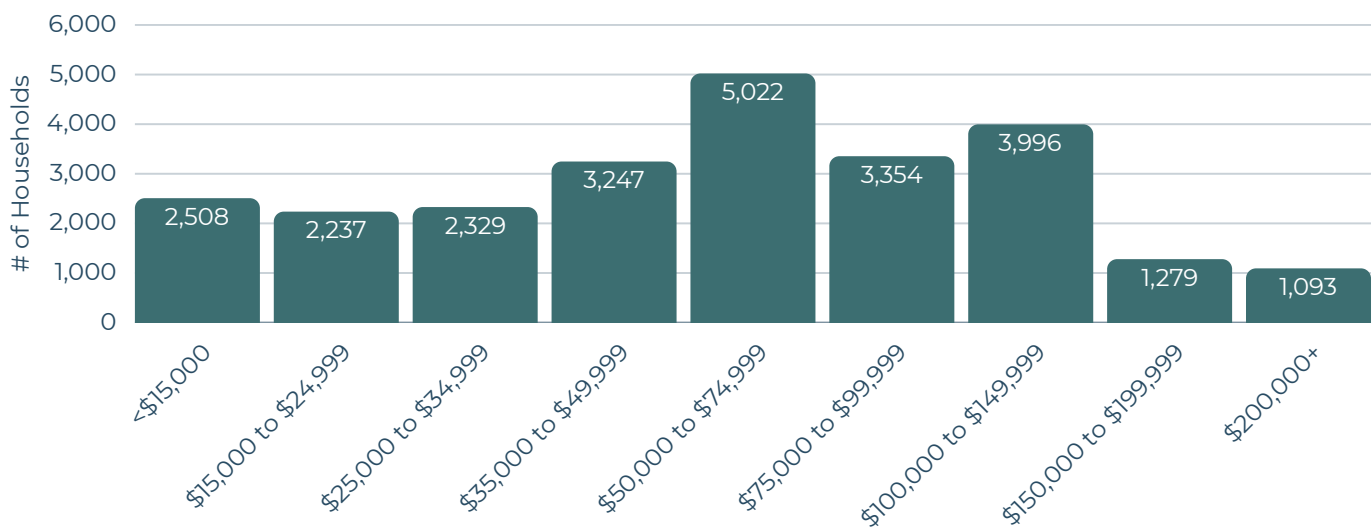
Income

The median household income in Reno County is \$58,572, which is lower than the statewide median income of \$72,627 (Esri, 2024). Approximately 26% of Reno County households fall into the lower income bracket, meaning they earn less than \$30,000 (Esri, 2024). An estimated 12.3% of households in Reno County are below the federal poverty level (ACS, 2018-2022).



Source: Esri (2024)

Reno County Household Income

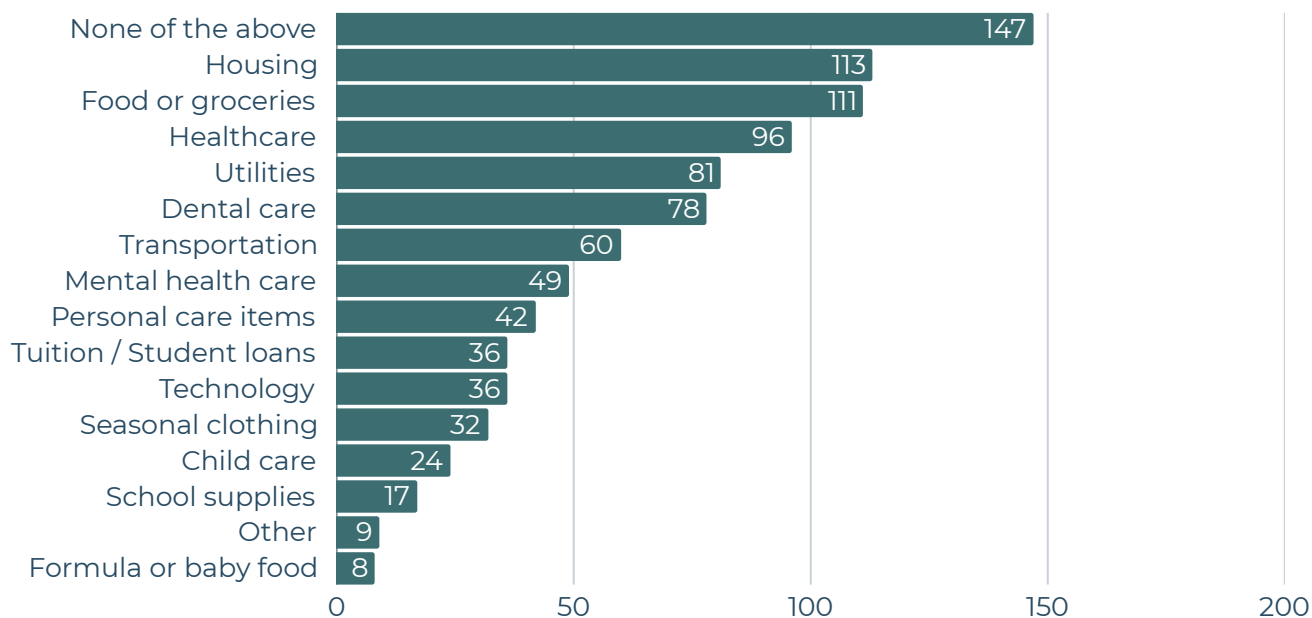


Source: Esri (2024)

Financial Stability

According to the community survey, 58.2% of respondents reported facing challenges in affording at least one item or category in the past year. Notably, 32.5% of individuals reported difficulty covering their housing expenses. The second most frequently cited struggle among residents of Reno County was affording food and groceries, with 30.7% of participants indicating difficulties in this area.

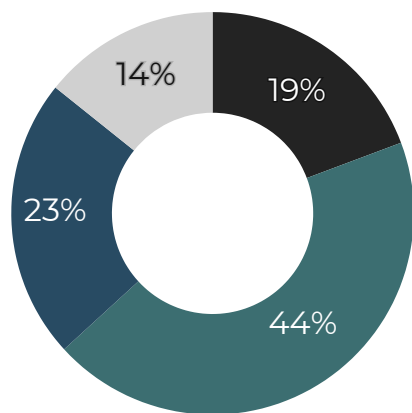
Struggled Paying For (Last 12 Months)



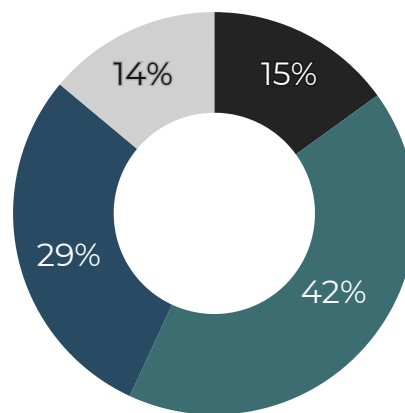
Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

Knowing your credit score and having a sense of financial stability is important to overall health and well-being. Credit scores significantly impact an individual's ability to manage unexpected medical expenses and secure housing. In Reno County, approximately one in five adults are estimated to be unaware of their credit scores, and two in five adults are overwhelmed by their financial situation. (Esri & MRI-Simmons, 2024).

Feel Financially Secure



Financial Planning is Difficult



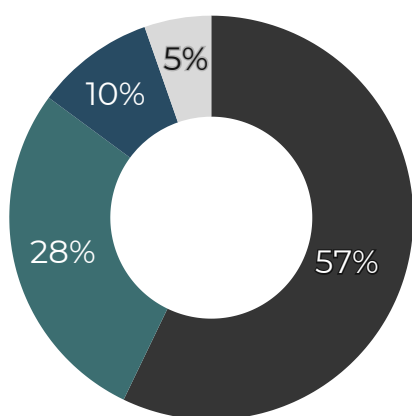
● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree

Source: Esri & MRI-Simmons (2024)

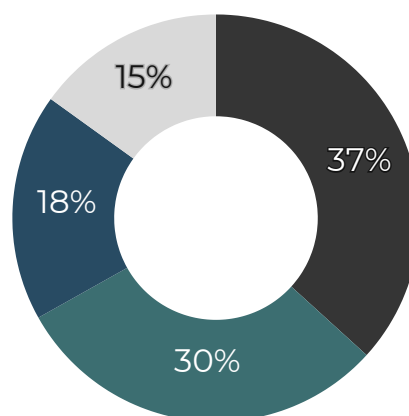
When households were asked about their financial stability, 85.1% ($\pm 5.3\%$) reported feeling financially stable over the last year, compared to 66.9% ($\pm 7.2\%$) who said their situation had improved. However, financial stability is not felt equally across all groups in Reno County, with significant differences evident by both income and zip code.

- **Income:** Households earning less than \$50,000 per year reported the lowest average financial stability score (2.6 out of 4). These differences were statistically significant (ANOVA $p < .0001$), demonstrating a strong association between income and financial well-being.
- **Zip Code:** Households in the 67501 zip code had the lowest average score (2.7) of financial stability, while those in the 67502 area reported the highest (3.4). The difference between these two zip codes was statistically significant (ANOVA, $p = 0.0069$), highlighting disparities at the zip code level.

Financially Stable



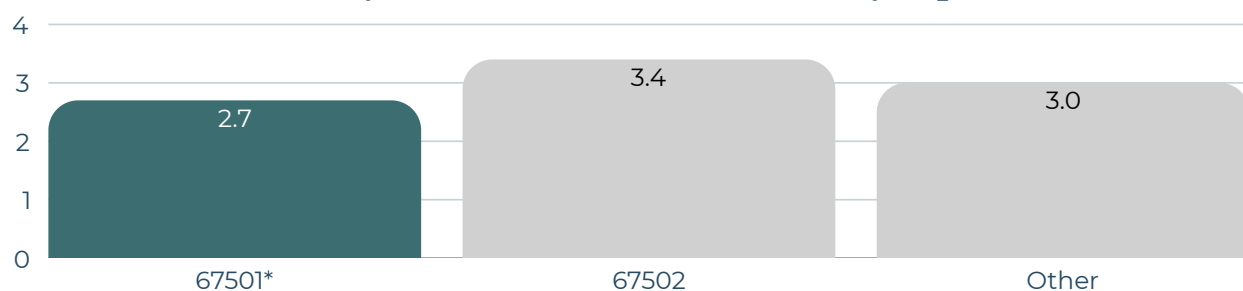
Financially Improved



● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree

Source: Reno County Household Survey (April, 2025)

Financially Stable Over the Last Year by Zip Code

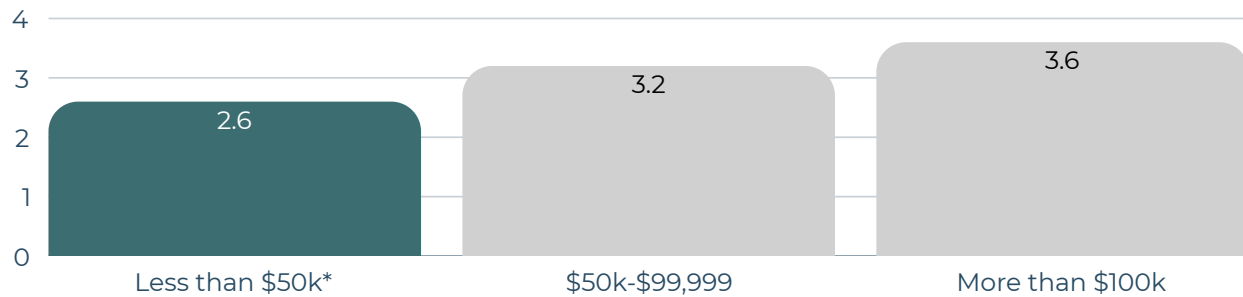


*Statistically significant difference between 67501 and 67502 ($p < 0.05$).

Equal variances confirmed (Levene's Test $p = 0.3330$)

Scored from 4 (Completely Agree) to 1 (Completely Disagree)

Financially Stable Over the Last Year by Income



*Statistically significant difference from households earning more than \$50k or more ($p < 0.05$).
Scored from 4 (Completely Agree) to 1 (Completely Disagree)

Out of 183 households' responses, 9.8% ($\pm 4.3\%$) said they occasionally or frequently fell behind on rent or mortgage payments, while 81.4% ($\pm 5.7\%$) of households said they never fell behind. When it comes to utility bills, 18.5% ($\pm 5.7\%$) of households said they frequently or occasionally struggled to pay their bills, and 71.7% ($\pm 6.7\%$) said they never struggled. More vulnerable groups, such as households earning less than \$50,000 per year, are significantly more likely to struggle with paying rent and utilities (see appendix).

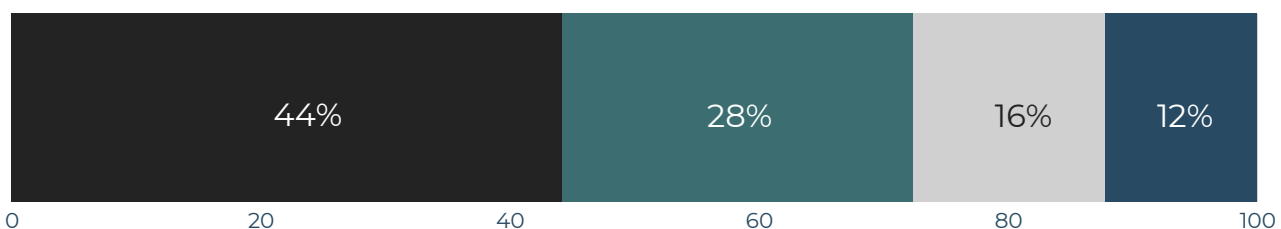
Emergency Expenses

Financial instability also makes it more difficult for households to absorb emergency medical costs. 27.6% ($\pm 6.5\%$) of households said that if a family member got injured or sick, they may not be able to afford the medical bills. Only 44.2% ($\pm 7.3\%$) stated that they completely agree they will be able to cover emergency medical bills. Groups less likely to be able to cover emergency medical bills include:

- Zip code 67501 vs. 67502
- High school education vs. Bachelor's degree or higher
- Households earning less than \$50,000 vs. those earning \$100,000+

If a household member gets sick or has an accident, our household will have enough money to cover the medical expenses

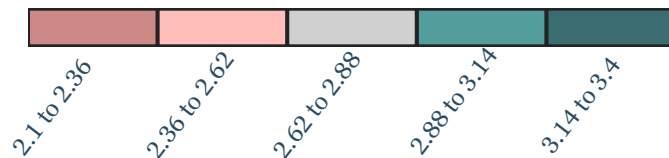
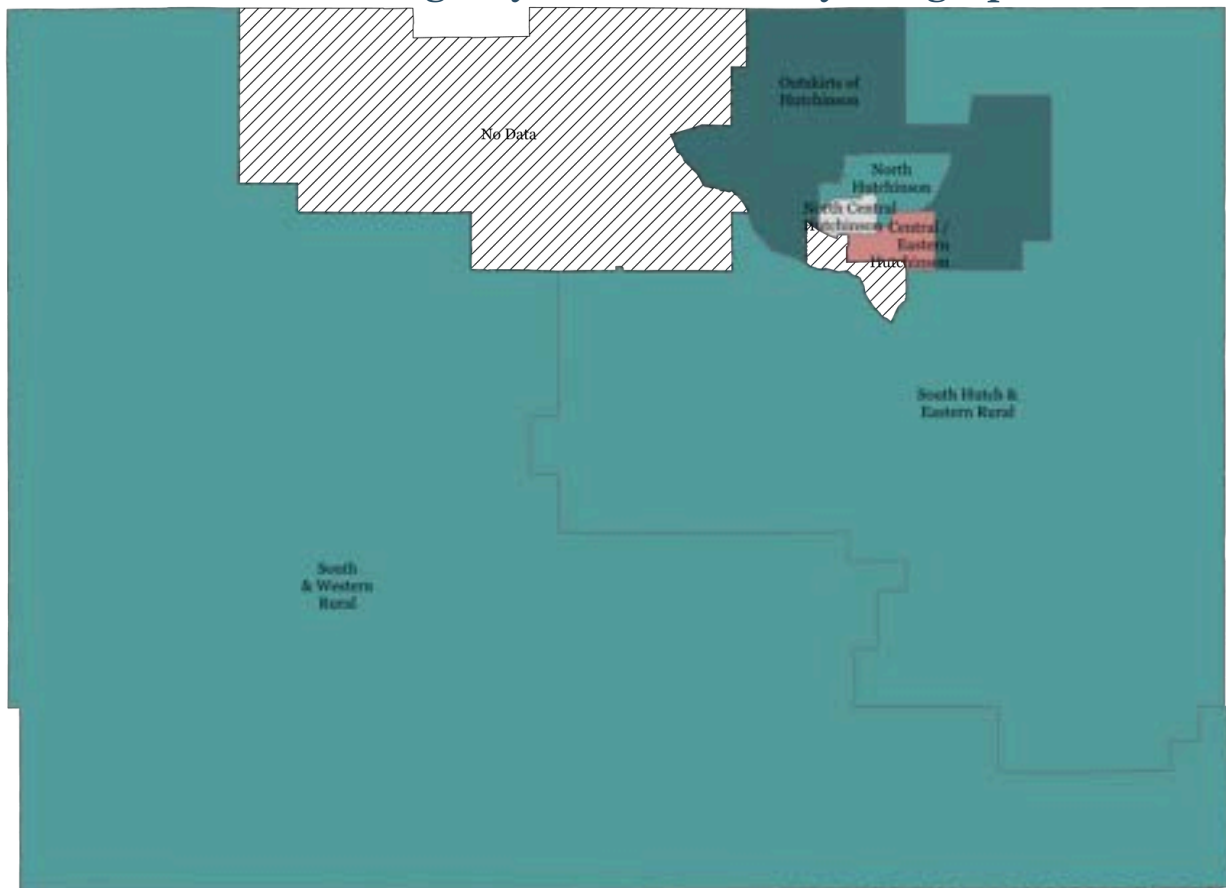
● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree



Total Responses: 181

Source: Reno County Household Survey (April, 2025)

Able to Afford Emergency Medical Bills by Geographic Area



Geographic Area	Average Score
Central / Eastern Hutchinson*	2.1
Outskirts of Hutchinson	3.4
North Central Hutchinson	2.8
North Hutchinson	3.1
South Hutchinson / Eastern Rural	3.0
Western / Southwestern Rural	3.1

*Statistically significant difference in household's ability to pay emergency medical bills ($p < 0.05$)
 Scored from 4 (Completely Agree) to 1 (Completely Disagree)

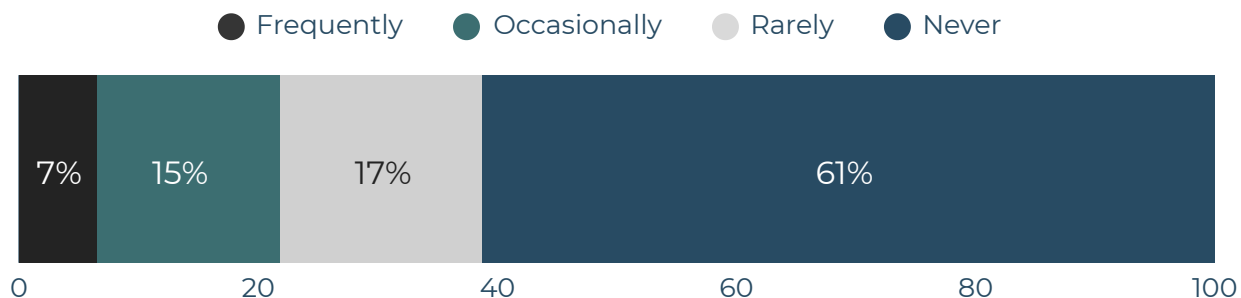
source: Reno County Household Survey (April 2025)

When households were asked about covering 6 months of expenses in case of emergency, around 39.3% ($\pm 7.2\%$) said they could not. While income played a significant factor and had a moderate relationship with the ability to pay expenses for 6 months ($\chi^2 = 10.16$, Cramer's $V = 0.25$), geographic areas had a stronger relationship with emergency expenses ($\chi^2 = 18.28$, Cramer's $V = 0.34$). Those households in Central/Eastern Hutchinson and North Central Hutchinson were less likely to report being prepared compared to residents in North Hutchinson and the Hutchinson Outskirts (See Appendix for full results). Without emergency savings, households may be at a higher risk of bouncing back from hardships following a job loss or be more likely to face eviction down the road.

General Medical Care

Cost remains a significant barrier for households to receive healthcare. Around 21.9% ($\pm 6.0\%$) of households report that they frequently or occasionally skip medical appointments due to costs. Once again, this factor varied significantly depending on the geographic area in which the household lived. Households in the Central/Eastern Hutchinson area reported the highest burden (2.2 out of 4) compared to the Hutchinson Outskirts area (1.2 out of 4).

In the past 12 months, has a member of your household skipped medical care due to cost



Total Responses: 183

source: Reno County Household Survey (April 2025)

Jobs and Economic Opportunities

When residents were asked to select the top five most important factors for improving the quality of life and health in Reno County, the number one response was access to good jobs and economic opportunities. This was especially true for those with limited access to transportation, as well as the non-white population.

More Likely to Say Access to Good Jobs and Economic Opportunities

- Uninsured individuals
- Individuals with limited access to transportation
- Age group 55 to 64
- Households earning between \$100,000 and \$149,999 per year
- Non-white population

Less Likely to Say Access to Good Jobs and Economic Opportunities

- Zip code 67522
- Veterans of U.S. military
- Caregivers of children
- Renter households
- Age group 18 to 34
- Individuals unable to work
- Households earning between \$75,000 and \$99,999

Child Care

Reno County residents are estimated to spend a total of \$8.8 million on child care each year (Esri, 2024). In total, there are an estimated 3,824 children under the age of six living in Reno County. Nearly 68% of these children have both parents in the labor force (American Community Survey, 2018-2022; ChildCare Aware, 2025). According to ChildCare Aware, an additional 1,634 child care slots are needed to meet the potential demand for child care services. An estimated 2,316 children from birth through age five receive services (Kansas Children’s Cabinet, 2023).

Child Care Enrollment and Capacity

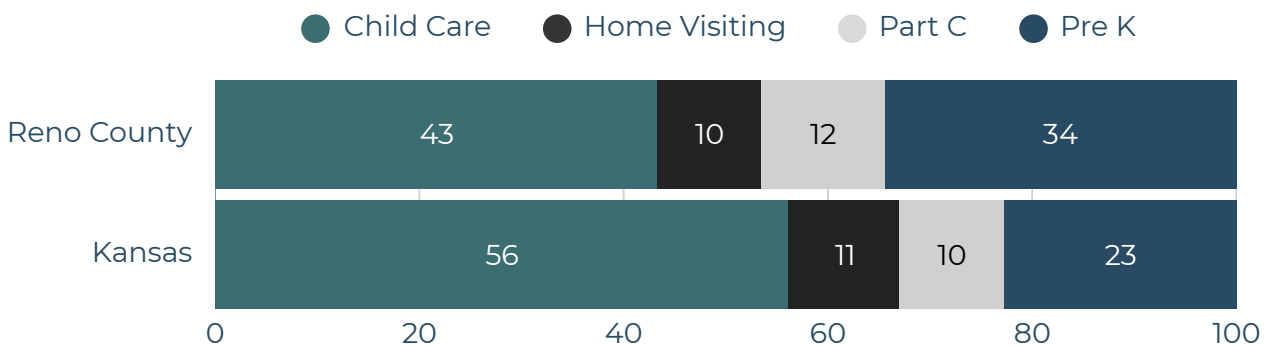
Child Care Facility (Full-time, Full-Year)	# of Children Enrolled	Desired Capacity (# Facility Willing to Accept)	Licensed Capacity (# Facility is Licensed to Care For)
Child Care Centers	419	521	546
Family Child Care Homes	376	438	624
Grand Total	795	959	1,170

Source: ChildCare Aware (2025)

Child Care Services

The majority of children in Reno County receive their child care services through child care centers. There is a higher proportion of children enrolled in Pre-K services and Part C services than the statewide average. Part C of the Individuals with Disabilities Education Act (IDEA) provides early intervention services for children with disabilities from birth through age 2.

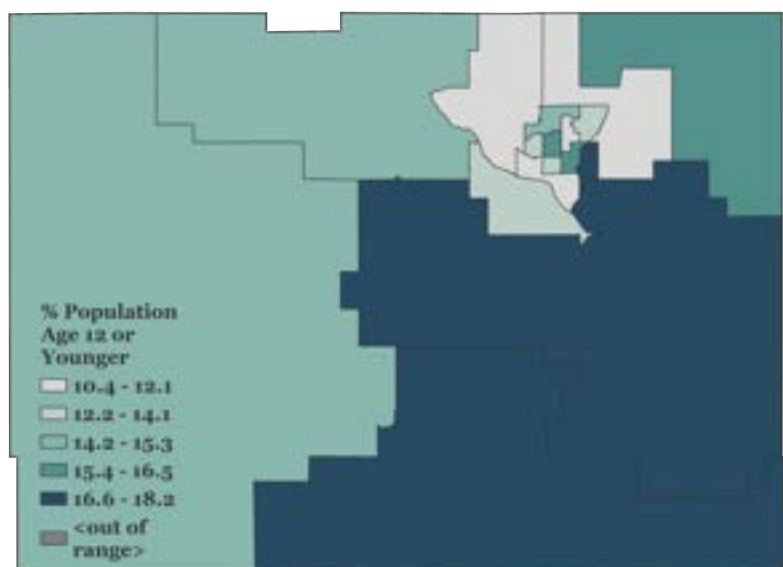
Children Served (Birth to Age 5) by Service Type (%)



Source: Kansas Children's Cabinet (2023)

% Population Age 12 or Younger

The areas in Reno County with the highest proportion of young children (age 12 and younger) are primarily in the southeastern portion of the County, which includes Haven and Pretty Prairie. Younger children in the Buhler area and a couple of neighborhoods in Hutchinson make up at least 15.4% of the total population. If child care providers are primarily located in Hutchinson, they may not be accessible to more rural parts of the County.



Source: Esri (2024)

Around 61% of Reno County residents said their community was a great place to raise children. Child care services, housing costs, education, and employment are among the factors that contribute to how families perceive their community as a great place to raise children. The groups most likely to say their community is a great place to raise children include those living in the Buhler zip code area, individuals over the age of 75, individuals with a graduate degree or vocational degree, and households earning between \$100,000 and \$149,999.

The groups least likely to say their community is a great place to raise children are:

- Individuals living in the 67501 zip code
- Individuals without health insurance
- Renter households
- Individuals with limited access to transportation
- Individuals with a high school diploma or GED
- Individuals out of work, unable to work, or working part-time
- Households earning less than \$25,000 per year

Additionally, access to affordable child care was identified as the sixth most important factor for enhancing quality of life and health in the community, with 27.4% of respondents highlighting its significance.

More Likely to Say Access to Child Care

- Residents in the Buhler 67522 zip code
- Individuals with a bachelor's degree or graduate degree
- Individuals employed full-time
- Households earning \$100,000 to \$149,999 and more than \$150,000 per year

Less Likely to Say Access to Child Care

- Residents in rural zip codes (except Buhler)
- Individuals without health insurance
- Individuals with a disability
- Caregivers of elderly
- Individuals with limited access to transportation
- Individuals out of work, unable to work, or working part-time
- Households earning less than \$25,000
- Non-white individuals

Cost of Child Care

For new parents, the first year of child care for a toddler under 1 year of age will cost an average of \$7,956 (ChildCare Aware, 2025). This amount is approximately 13.6% of the median household income in Reno County, indicating that child care is likely unaffordable for many families in Reno County. For a family with two children under the age of 5, full-time child care costs can range from approximately \$14,000 to \$20,000 per year.

The high cost of child care may lead parents to seek alternative options, such as utilizing grandparents, leaving the workforce, or a parent transitioning to part-time employment.

Average Weekly Child Care Costs in Reno County

Age Group for Child Care Centers	Part-Time Weekly	Full-Time Weekly
Infant (0-12 months)	N/A	\$153.00
Infant (12-17 months)	\$95.00	\$139.45
Toddler (18-23 months)	\$95.00	\$140.38
Toddler (Age 2)	\$71.67	\$138.41
Preschool (Age 3)	\$78.75	\$129.03
Preschool (Age 4)	\$78.75	\$125.16
Kindergarten (Age 5)	\$85.00	\$125.16
School Age (6 & Older)	\$80.00	\$134.06

Source: ChildCare Aware (2025)

Child Care Access

Out of 170 households that responded to age demographic questions, 56 survey respondents reported having children under the age of 18 in their household. Even fewer had children under the age of 12, resulting in small sample sizes for all child care questions. Therefore, this section should be reviewed with caution.

Survey responses indicate that a lack of accessible child care options results in substantial economic consequences for Reno County. An estimated 7.7% of households—equivalent to approximately 1,951 households across the county—reported that someone in their home had, at some point, left the workforce due to child care challenges. Among these households, income losses range widely: about half reported losing between \$15,000 and \$29,999 per year, and the other half reported losses of \$30,000 to \$49,999 annually. Based on these ranges, the average annual loss per household is estimated at \$31,250.

Respondents also shared how long they remained out of the workforce. The majority reported being out of work for between less than 6 months and 2 years, while a smaller number reported being out of work for five years or more. This resulted in an estimated average of 1.5 years of unemployment per household. Additionally, 71% of respondents indicated that these disruptions have occurred within the past 5 years, confirming that the impact is not just historical but also recent and ongoing.

When applied to the countywide estimate of affected households, this translates to a cumulative income loss of approximately \$91.9 million, with a range between \$45.6 million and \$146.6 million. To better understand the ongoing economic burden, this cumulative loss was annualized based on realistic timeframes. The table below shows the estimated annual income loss that would have occurred if these workforce disruptions had happened over the past 5 or 10 years.

Estimated Annual Income Loss from Child Care-Related Workforce Disruptions in Reno County

Household Estimate	5-Year Annualized Estimate	10-Year Annualized Estimate
Low: 974	\$9.1 million	\$4.6 million
Midpoint: 1,951	\$18.4 million	\$9.2 million
High: 3,124	\$29.3 million	\$14.7 million

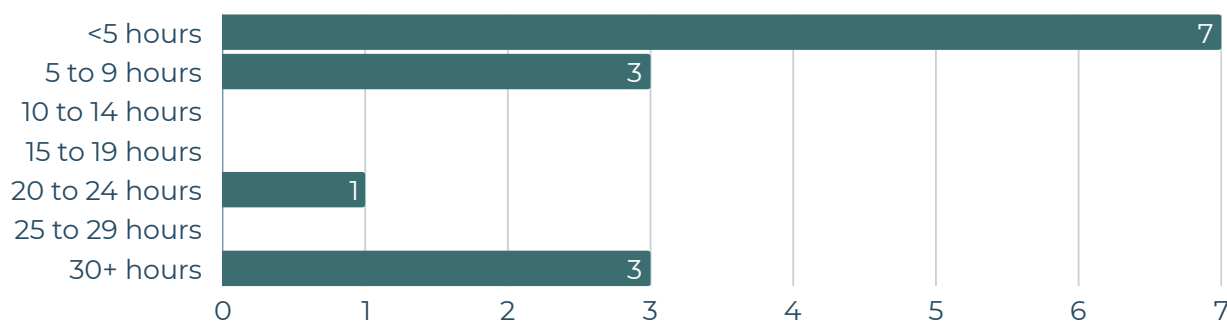
Based on 1.5 year average absence from the workforce per household

These findings suggest that shortages of quality child care options extend beyond individual households and pose broader economic challenges. Millions of dollars in potential earnings are lost each year because many parents have to choose between working and caring for their children. Addressing child care has the potential to strengthen the local economies in Reno County by increasing workforce participation, reducing the financial strain on families, and unlocking earnings that are being left on the table.

Informal Child Care Provided by Community Members

Several households in Reno County are filling the child care gaps by providing informal child care to children who do not live in their homes. Among 179 respondents, 14 households (7.8%) reported providing such care in their homes within the past 12 months. Half of these respondents cited that the child's parents struggle to find quality child care, while three said they provided care because the parents cannot afford child care in Reno County. The amount of time each household spent providing informal child care varied widely in the results.

Average Weekly Hours Providing Informal Child Care



Source: Reno County Household Survey (April 2025)

Based on the ChildCare Aware (2025) data, market child care rates in Reno County can range from \$125 to \$153 per week, depending on the child's age. While this averages around \$3 to \$4 per hour, it does not reflect the cost of one-to-one care. Using a more realistic replacement cost of \$12 per hour, the economic value of unpaid informal child care provided by households is estimated to be between \$7.3 million and \$21.9 million per year. Even at market group-care rates, the value may exceed \$6 million annually. This demonstrates how much families and community members are compensating for gaps in the formal system.

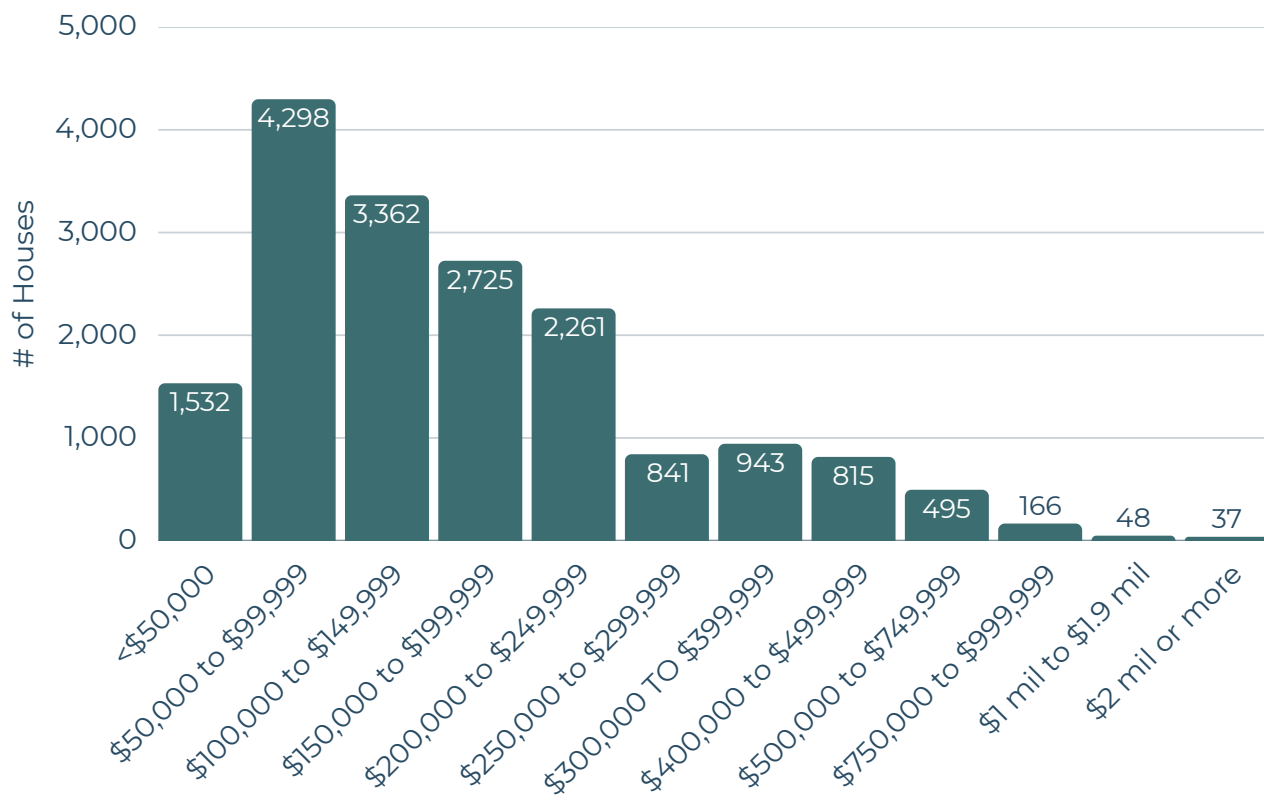
Estimated Annual Economic Value of Informal Child Care in Reno County

Scenario	Estimated Informal Hours	Market Value (\$3.50/hr)	Replacement Value (\$12/hr)
Low estimate	607,593	\$2.1 million	\$7.3 million
Midpoint Estimate	1.22 million	\$4.3 million	\$14.6 million
High Estimate	1.82 million	\$6.4 million	\$21.9 million

Housing

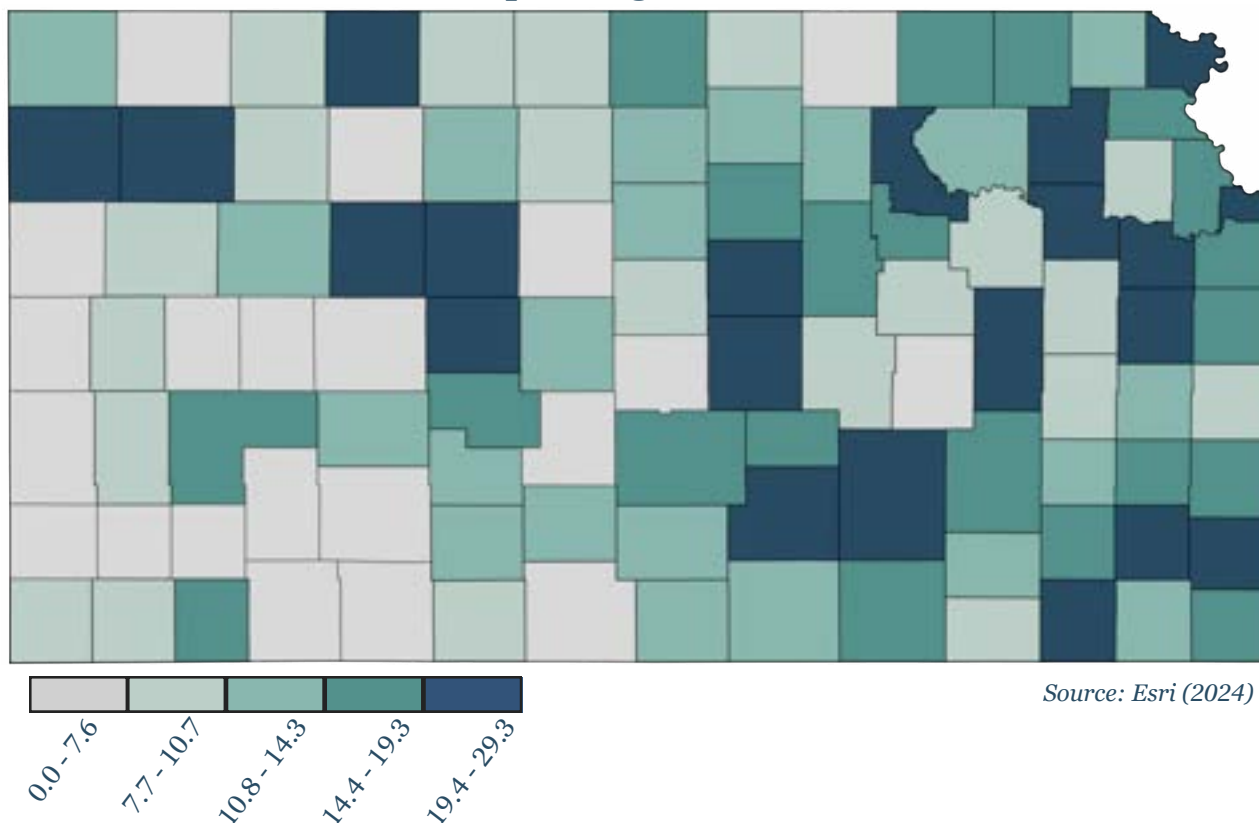
Housing affordability in Reno County is more favorable than the state average based on various indicators. Only 10% of households in Reno County face high housing cost burdens—defined as spending over 30% of their income on housing—compared to 11% statewide (County Health Rankings, 2024). The county also boasts lower median housing costs at \$847 per month, significantly less than the Kansas median of \$1,036 (American Community Survey, 2018–2022). Furthermore, the median home value in Reno County stands at \$143,597, which is considerably lower than the state median of \$232,507 (Esri, 2024). These statistics indicate that housing in Reno County is relatively more affordable compared to other regions in Kansas. However, it is essential to note that affordability does not automatically imply availability or quality, both of which are crucial factors for housing security.

Estimated Home Value



Source: Esri (2024)

% of Renter Households Spending 50%+ of Income on Gross Rent



Around 19.2% of Reno County renter households spend 50% or more of their household income on gross rent. Gross rent is the contractual rent, plus utility payments, such as water, gas, electricity, and trash.

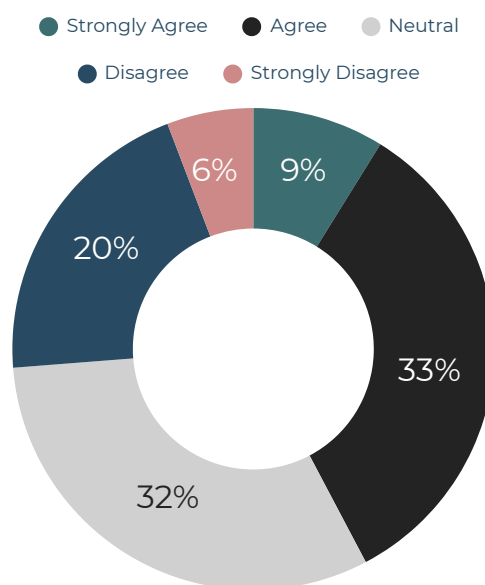
Housing Quality and Availability

Only 42% of Reno County residents reported believing their community has housing that is safe and of good quality. The groups most likely to agree were residents in the Buhler zip code, veterans of the U.S. military, caregivers of elderly individuals, individuals between 18 and 34 years old, individuals with an associate's degree, and households earning between \$100,000 and \$149,999.

Groups less likely to believe their community has safe and quality housing include:

- Residents in the 67501 zip code
- Uninsured population

Community Has Safe and Quality Housing



Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

- Individuals with a disability
- Caregivers of adults (age 18 to 64)
- Individuals with limited access to transportation
- Age group 35 to 44
- Individuals with a high school diploma or GED
- Individuals out of work or unable to work
- Households earning less than \$25,000 each year

Housing quality and affordability was tied for the second most common concern with 40% of respondents listing it as one of their top five concerns in Reno County.

More Likely to Say Housing Affordability / Quality

- Individuals on Medicare
- Caregivers of elderly
- Renter households
- Individuals with limited access to transportation
- Age group 65 to 74
- Individuals with a vocational degree
- Individuals employed part-time
- Households with an income of \$25,000 to \$49,999

Less Likely to Say Housing Affordability / Quality

- Caregivers of children
- Individuals with some college education (no degree)
- Households with an income of \$75,000 or more
- Hispanic / Latino population
- Non-white population

Similarly, 49% of respondents said affordable housing is one of the five most important factors to improving the quality and health of their community.

More Likely to Say Affordable Housing

- Buhler zip code, rural zip codes
- Caregivers of adults (age 18 to 64)
- Renter households
- Individuals out of work
- Households with an income less than \$25,000

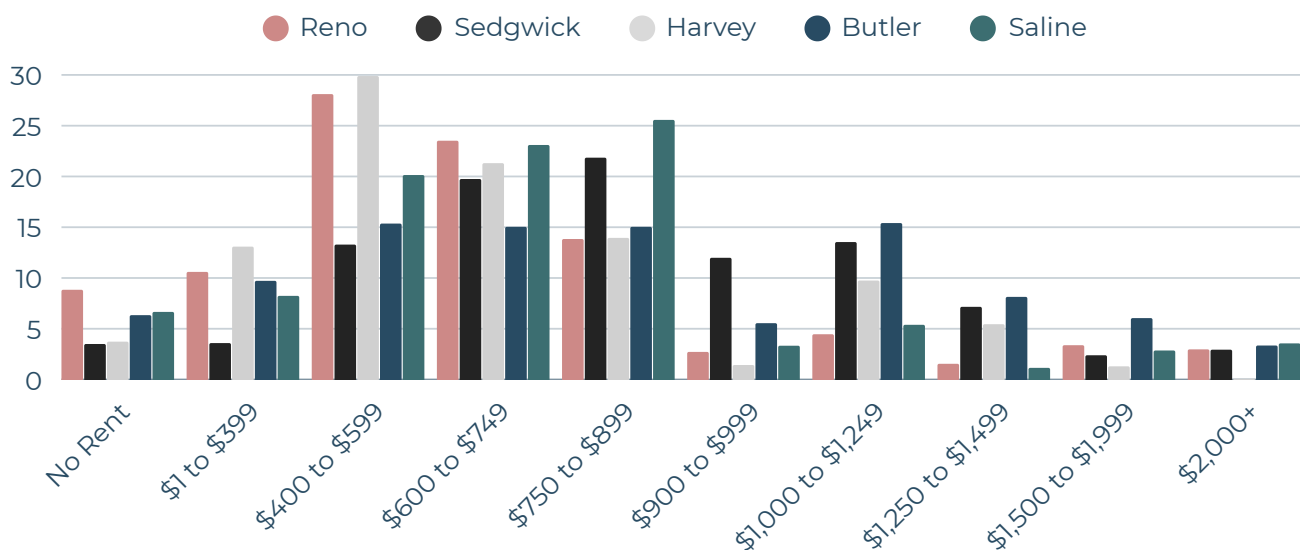
Less Likely to Say Affordable Housing

- Age group 18 to 34
- Households with an income of \$75,000 to \$99,999
- Hispanic / Latino population
- Non-white population

Housing affordability remains a significant concern for many residents in Reno County. However, certain groups, including the Hispanic/Latino population and non-white communities, are less inclined to prioritize housing issues, even though national trends and reports indicate they face greater vulnerability to housing challenges.

These trends in Reno County indicate conflicting priorities, varying housing expectations, or the acceptance of substandard living conditions. At the same time, those residing in lower-income households, renters, and individuals facing transportation challenges were more inclined to identify housing as a primary concern. Consequently, affordability metrics alone do not adequately reflect the underlying disparities that may be present.

Monthly Contract Rent (% of Renter Households)



Source: Esri (2024)

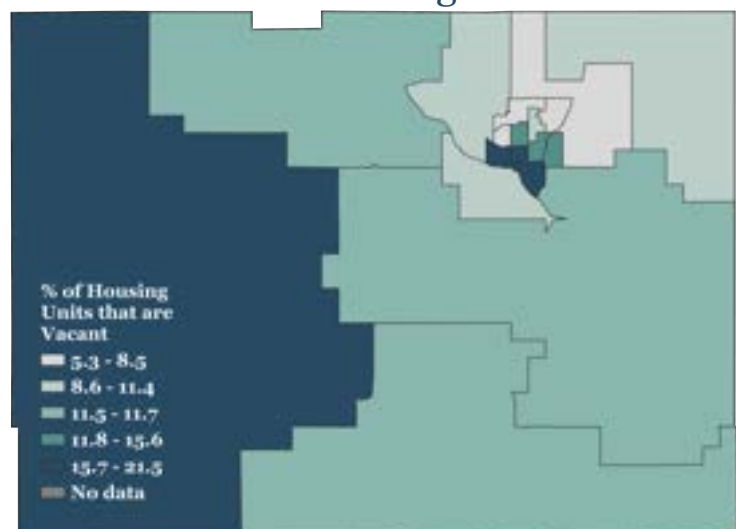
Reno County's contract rent is considerably lower compared to neighboring and similarly sized counties. Almost 10% of renter households in Reno County do not pay rent, primarily because a family member owns the home and covers the expenses.

Vacant Housing

The areas of Reno County with the highest proportion of vacant housing units are in the southern part of Hutchinson, the city of South Hutchinson, and the western portion of Reno County, where Sylvia and Turon are located.

In the southern part of Hutchinson, nearly 1 in 5 homes are vacant.

Vacant Housing Units



Source: Esri (2024)

Homelessness

According to the Kansas Statewide Homelessness Coalition (2024), there were 73 unhoused individuals in Reno County, with 34 living in the County for less than one year and the other 39 individuals residing in the County for longer than one year. However, many individuals in the non-profit and government sectors stated these numbers are heavily underestimated. According to the Reno County community survey results, respondents selected homelessness as the seventh most important issue.

More Likely to Say Homelessness

- 67501 zip code
- Uninsured individuals
- Individuals in age group 35 to 44
- Individuals with a high school diploma or GED
- Households earning between \$75,000 and \$99,999 per year
- Hispanic / Latino population
- Non-white population

Less Likely to Say Homelessness

- Buhler zip code 67522
- Age group 75 or older
- Individuals with a graduate degree or vocational degree
- Households earning more than \$150,000 each year
- Males

According to the Reno County household survey, 3.9% ($\pm 2.8\%$) of respondents say they have lived in three or more residences over the past year. Living in three or more residences over the course of one year is recognized as an indicator of housing instability. This pattern often reflects underlying challenges, such as eviction risk, unaffordable rent, or temporary living arrangements, which increases the risk of long-term housing insecurity and homelessness. Based on the survey responses, approximately 1,800 households in Reno County have faced housing insecurity over the last year, highlighting a significant vulnerability in the community.

Estimated Households Experiencing Housing Instability (i.e. Eviction and Foreclosure) in Reno County

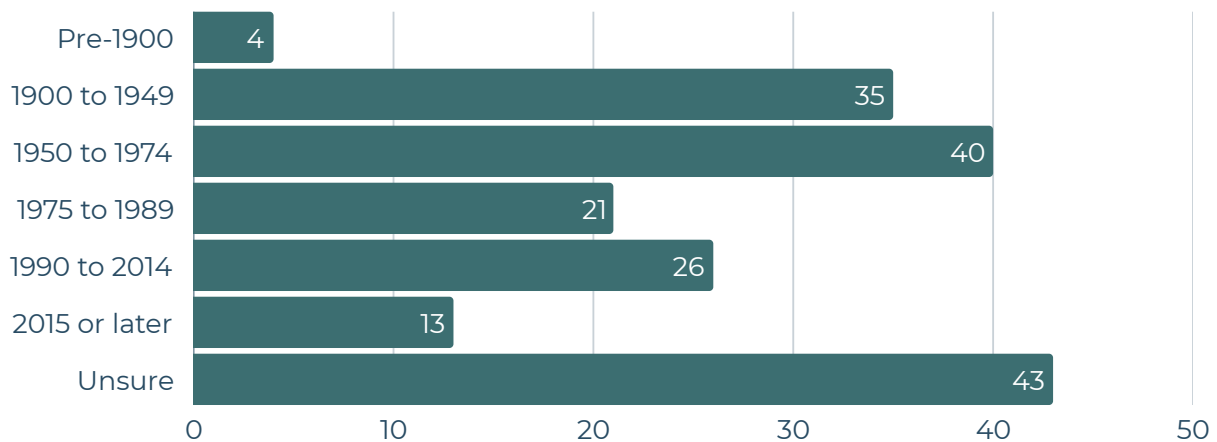
# Survey Responses	% of Respondents (Margin of Error)	Low End Estimate	Midpoint Estimate	High End Estimate
13 out of 182	7.1% ($\pm 3.8\%$)	836	1,799	2,762

Housing as a Health Concern

Another housing concern beyond affordability and stability is safety, especially for children. Older homes, primarily built before 1950, have the potential to affect young children's physical and mental health severely. Before 1950, nearly all homes in the United States used lead-based paint. While lead-based paint was banned in 1978, it had already started to fade out of use between 1950 and 1978. This makes those residents living in a home built before 1950 at a higher risk of lead poisoning. Young children's brains are still developing quickly, so lead poisoning has adverse mental health effects on children who are exposed. In the 2022 Reno County CHNA, lead poisoning was primarily identified in the 67501 zip code in Hutchinson.

About one-third of households responding to the household survey reported being home renters. Of these renter households, over 50% said they did not know when the home they were living in was built, while another 9% identified their house was built before 1950. Of the 43 "Unsure" responses, 33 are from renter households. Only 3.8% of households from the survey reported being told their home is at a higher risk of lead exposure.

Household Survey Respondents by Year Home Was Built



Source: Reno County Household Survey (April 2025)

Transportation

4.6%

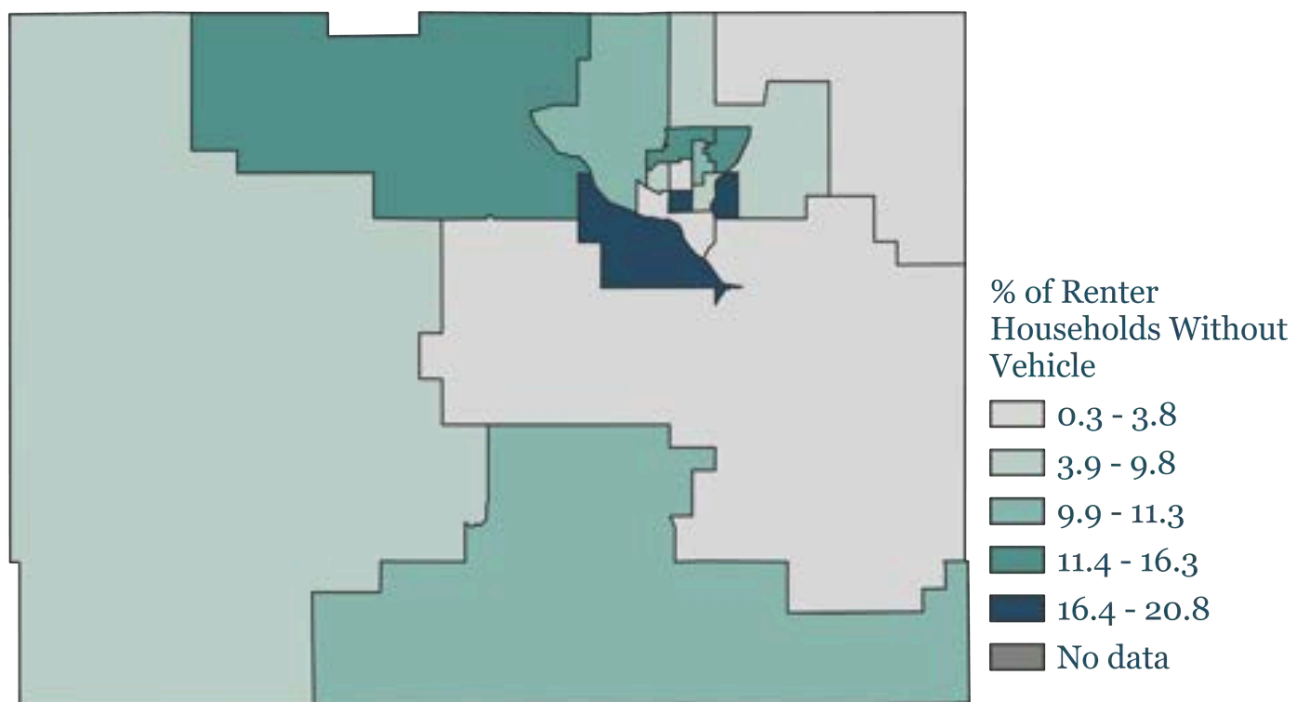
No Household Vehicle

Kansas: 5.1%

Source: American Community Survey (2018-2022)

When speaking with healthcare professionals in Reno County, the majority of them mention challenges their clients face in accessing transportation to receive medical care or to attend appointments. Assessing barriers for people without transportation is challenging due to the low response rates from both the county-wide survey and the randomized household survey. While Reno County's no-transportation rate is lower than the statewide average, renter households are still disproportionately affected by transportation access.

% of Renter Households Without a Vehicle



Source: American Community Survey (2018-2022)

Determining Transportation vs. Location

While many healthcare providers in Reno County mention issues with their patient's access to transportation, the question is whether barriers to transportation are the primary concern or if other factors, such as cost or distance to medical providers, are more significant.

30-Minute Walk Time from Facility

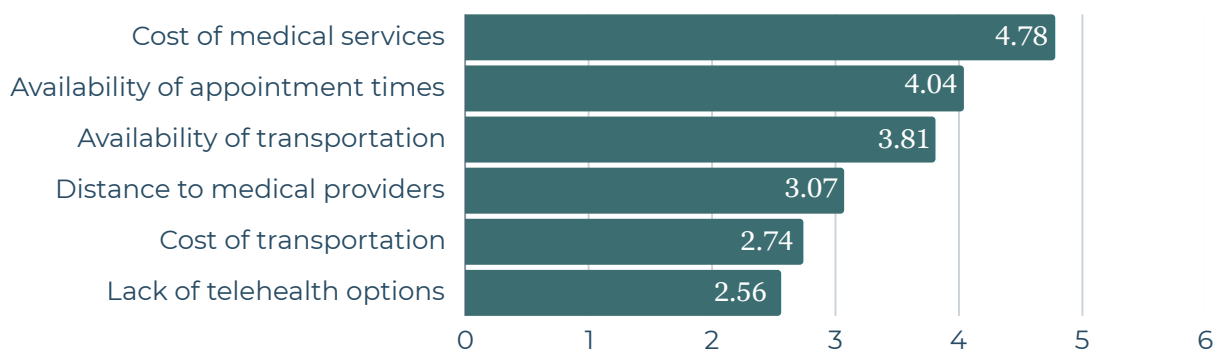
Facility Name	Poverty Rate	Renter Households w/No Vehicle	At Least 1 Person in HH w/Disability	Age 25+ / No HS Diploma	Total Population
Reno County Health Department	17.7%	8.6%	27.8%	8.1%	11,735
Horizon's Mental Health Center	21.0%	14.0%	35.1%	8.7%	8,367
Hutchinson Regional Medical Center	12.6%	16.9%	28.8%	6.5%	4,7771
PrairieStar Health Center	9.6%	13.3%	22.4%	2.4%	2,543

Sources: American Community Survey (2018-2022), Data Axle (2024), Esri (2024)

Based on data pulled using ArcGIS Business Analyst, there are approximately five times as many people living within a 30-minute walk of the Reno County Health Department as people are living within a 30-minute walk of the PrairieStar Health Center. Based on population characteristics, individuals living closer to Reno County Health Department and Horizon's Mental Health Center are more vulnerable populations.

These are areas that would benefit from expanded medical services closer to where they live, as both the Reno County Health Department and Horizon's Mental Health Center are limited in the scope of services they provide.

Average Score for Barriers to Healthcare (Limited Transportation)



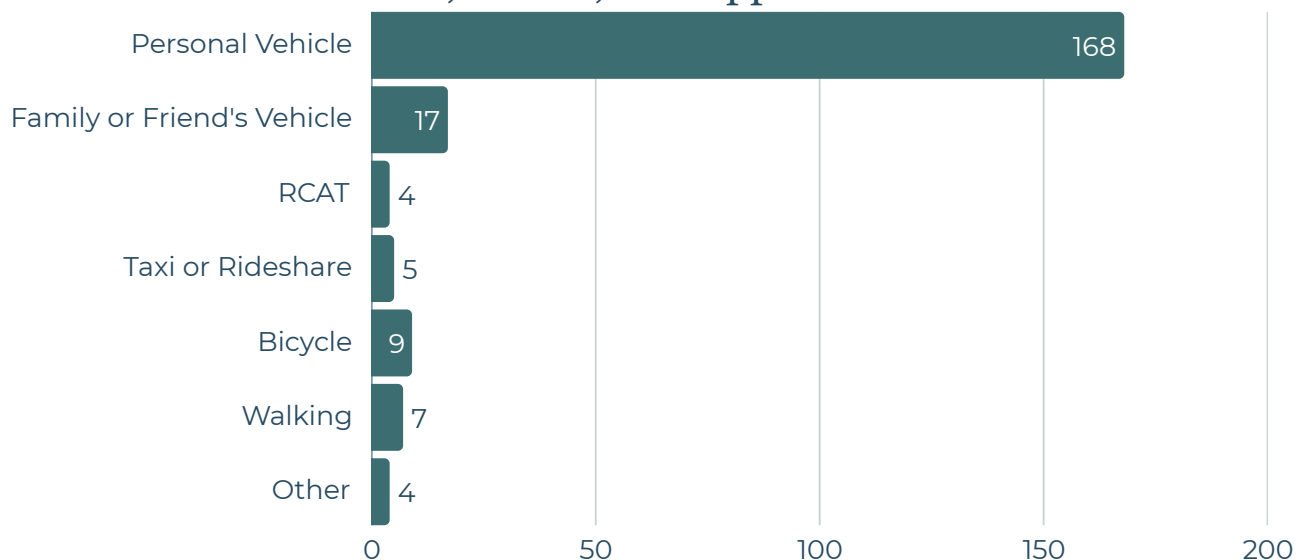
Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

In the community survey, individuals with limited access to transportation identified distance from medical providers as the fourth main barrier and access to transportation as the third primary barrier to receiving healthcare services. However, in the household survey results, 6.5% ($\pm 3.5\%$) reported experiencing barriers to care due to a lack of transportation, while 8.3% ($\pm 4.0\%$) stated that medical providers were too far away from their homes. 60% of these households live in the 67501 zip code.

Access to Transportation

Out of 183 households, 92.9% ($\pm 3.4\%$) reported that all members of their household had access to safe and reliable transportation. The vast majority, 91.3% ($\pm 4.1\%$), said they use a personal vehicle, while 9.2% ($\pm 4.0\%$) reported relying on a family member's or friend's vehicle. Although only 2.2% of households reported using RCAT for transportation, 7.6% ($\pm 3.8\%$) said they struggle to access RCAT services. This suggests that the low utilization of RCAT may reflect access barriers—such as limited hours of operation, inconvenient route locations, or high costs—rather than low demand.

Transportation Methods Used to Get to Work, School, and Appointments



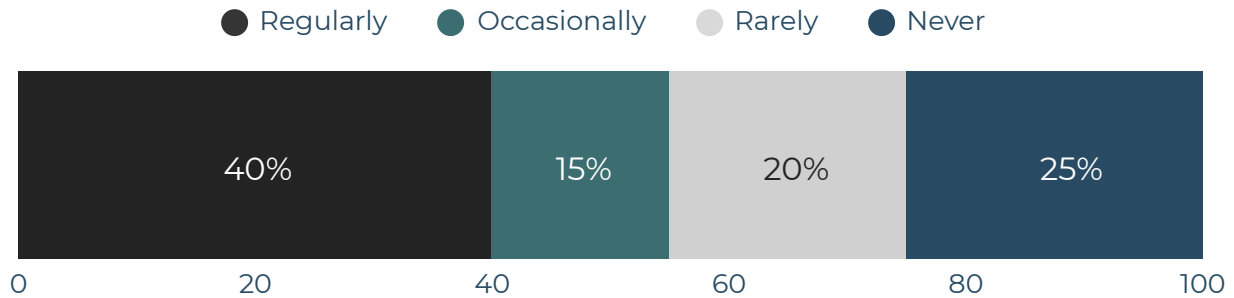
Source: Reno County Household Survey (April 2025)

Transportation Provided by Organizations

A community partnership survey was completed by 20 organizations in Reno County, which asked a couple of different questions about transportation for clients. Nine out of 20 of these organizations report that they do not provide free transportation services to their clients. Seven out of 20 organizations provide RCAT or taxi vouchers, and three stated that they have their vehicles to provide transportation for clients to their services.

These results highlight a significant service gap and barriers for clients who may face mobility or access challenges, especially if RCAT is the only low-cost alternative available with routes and hours of operation having limited availability. Over half of the organizations report providing transportation for clients on a regular or occasional basis.

Frequency of Organizations Providing Transportation for Clients



source: Reno County Community Partner Survey (Jan. 2025 to Mar. 2025)

Crime

23.2

Total Crime Rate per 1,000 People

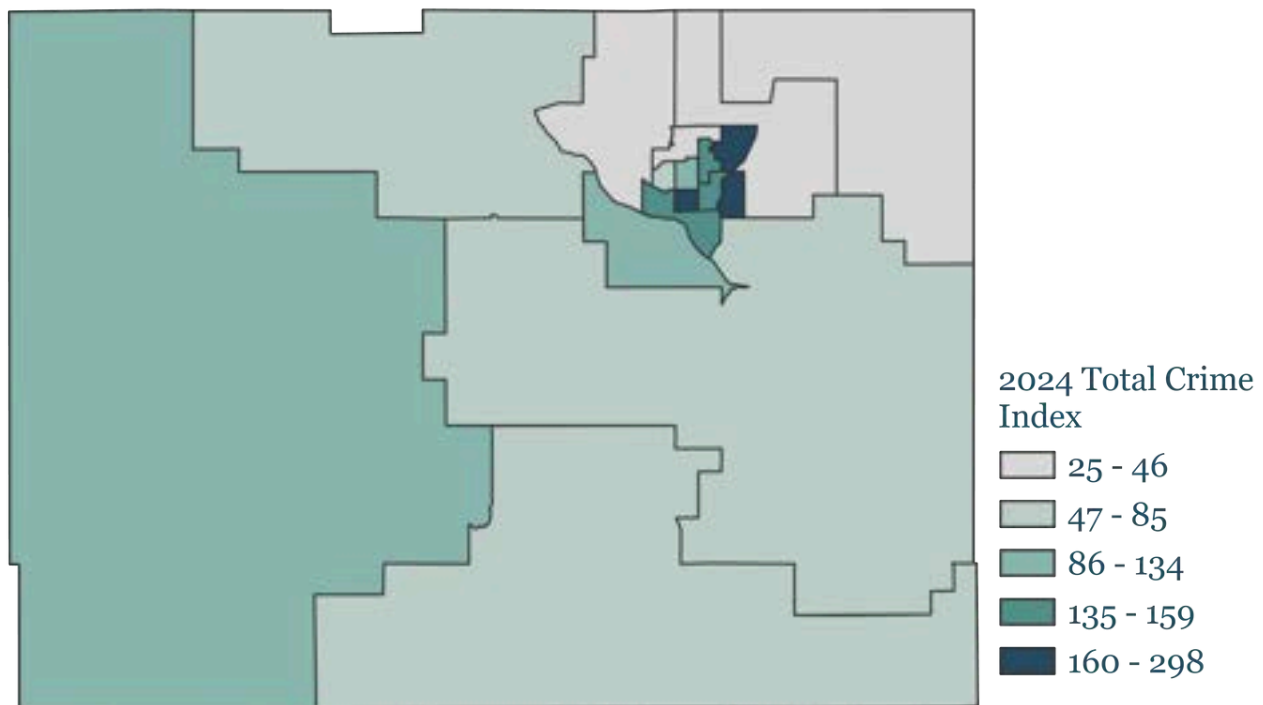
Kansas: 27.0

Source: Kansas Bureau of Investigation (2023)

While Reno County experiences crime rates below the statewide average, there is one area in the southern part of Hutchinson where the crime rate is nearly three times higher than the national average. There are also multiple ways to look at crime data. Generally, crime is discussed in the context of the perpetrator of a crime or the likelihood of a crime occurring.

Another way to look at crime is by assessing the likelihood someone will be a victim of a crime. Victims of crime may experience traumatic events or stresses that lead to less positive health outcomes. For children, their experience being a victim of a crime can lead to increased risks for substance use, mental health struggles, and lower life expectancy rates in their adulthood.

Total Crime Index by Census Tract (2024)

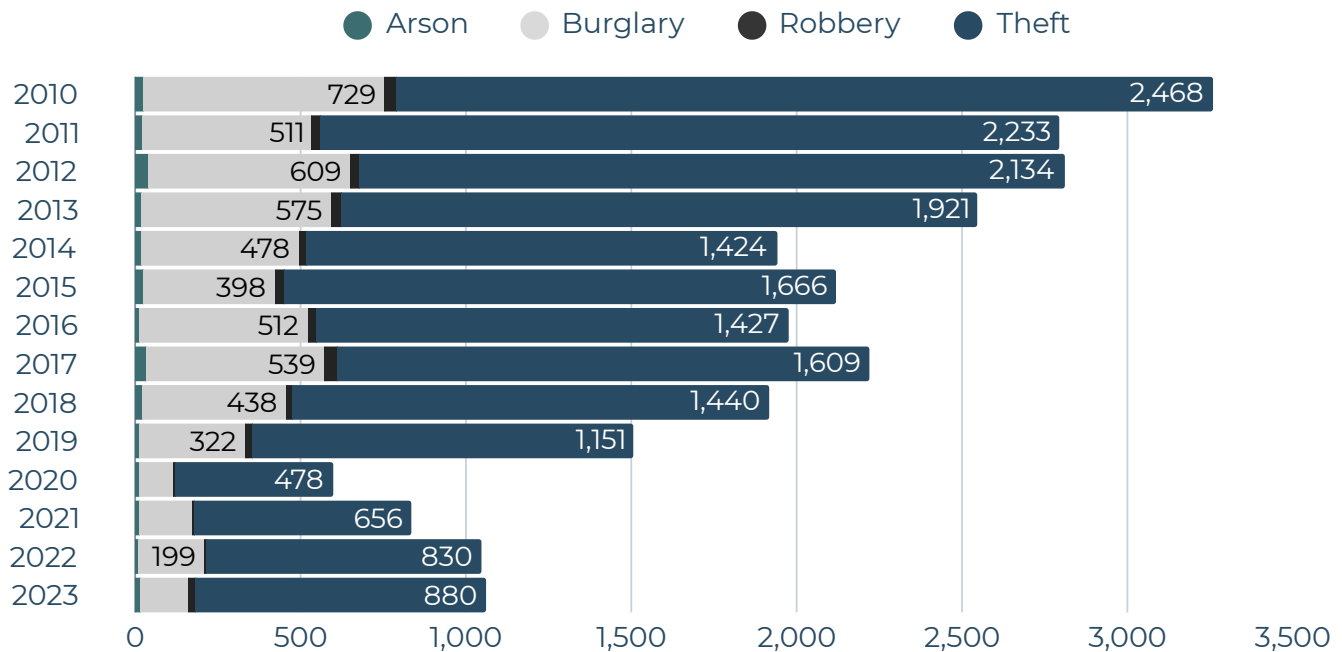


Note: An index of 100 is the United States national average. A score below 100 is below the national average and a score above 100 is above the national average.

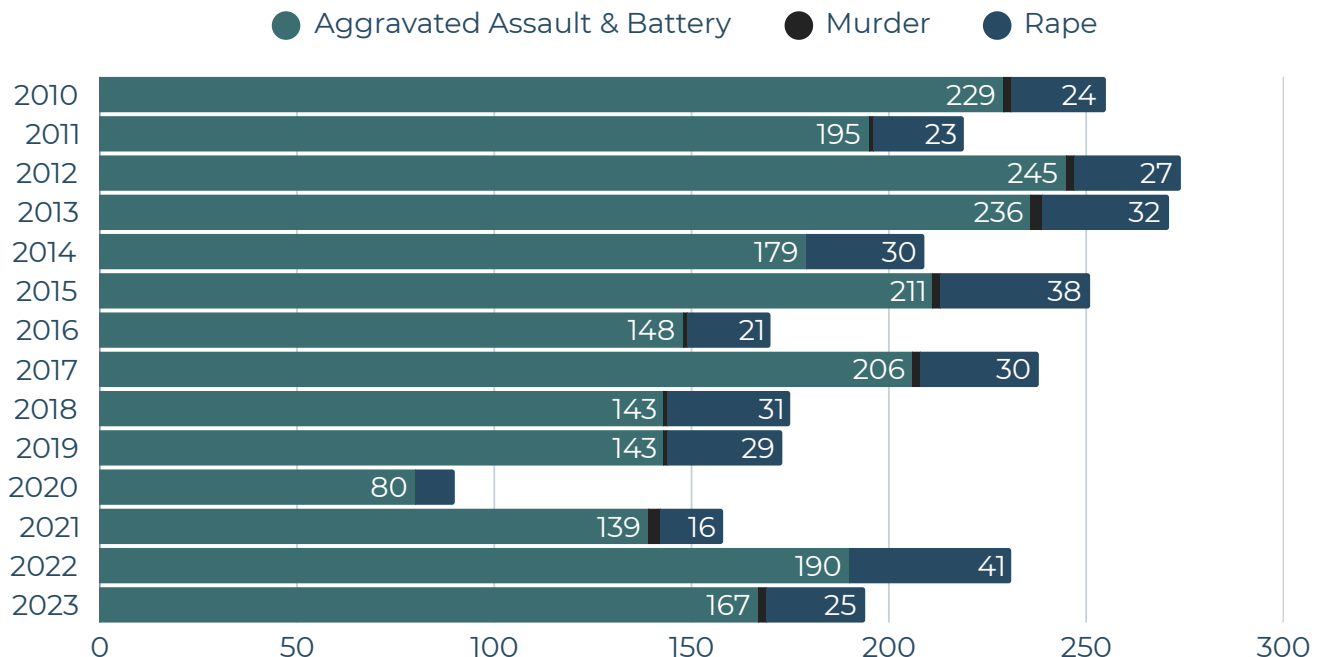
Source: Applied Geographic Solutions (2024)

Except for 2020, which experienced historic lows in crime rates over the last several decades due to stay-at-home orders, property crime rates in Reno County have trended downward since 2010. Violent crime rates saw smaller overall declines from 2010 leading into the pandemic. However, violent crime rates in Reno County are relative to those before the pandemic.

Property Crime Incidents by Type



Violent Crime Incidents by Type



Source: Kansas Bureau of Investigation (2023)

Community Safety

Fewer than half of respondents to the community survey, about 37%, believe their community is safe from crime. The information highlights a gap in perceived safety, either at the neighborhood level or county-wide, in comparison to how individuals feel about their nearest parks or outdoor spaces. Generally, residents believe their outdoor spaces are safer from crime than their neighborhoods.

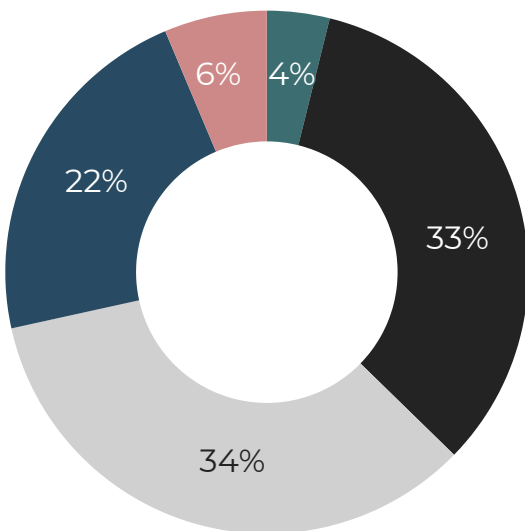
Individuals less likely to say their community is safe from crime include:

- Individuals living in zip code 67501
- Individuals without health insurance
- Individuals with limited access to transportation
- Age group 75+
- Individuals with a high school diploma or GED
- Individuals out of work
- Hispanic / Latino population
- Non-white population

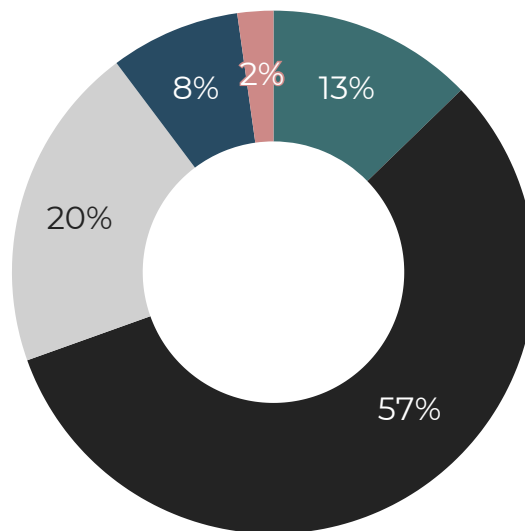
Many of the same groups listed “lower crime and violence” as a top five factor to improve the quality of life and health in Reno County, except:

- Zip code 67501
- High school diploma or GED
- Individuals out of work
- Non-white population

Community Safe from Crime



Safe Outdoor Spaces



Source: Reno County Community Survey (Nov. 2024 to Jan. 2025)

Dental Health

2.2%

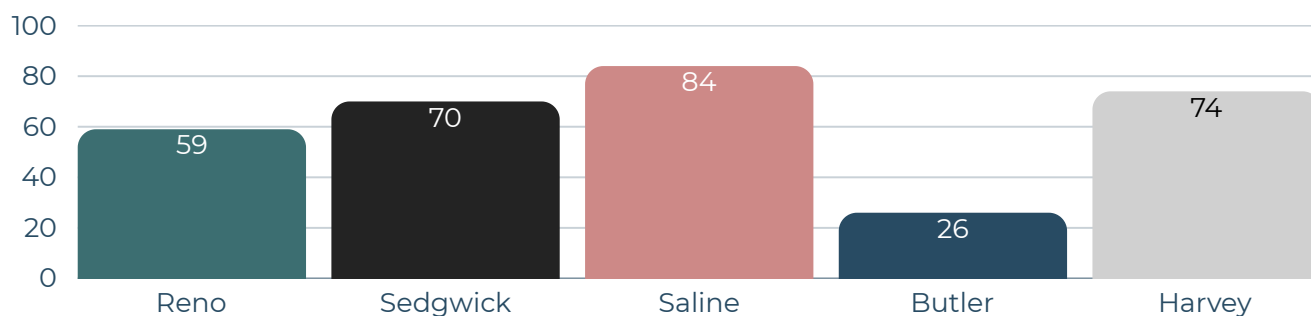
Population Receiving Fluoridated Water

Kansas: 65.4%

Source: Centers for Disease Control & Prevention (2020)

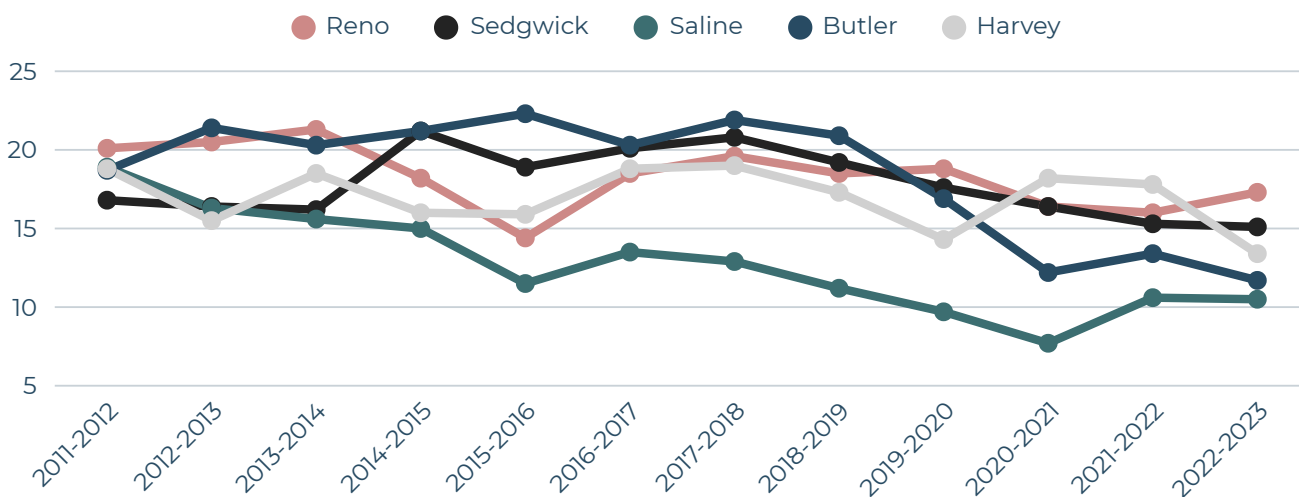
In Reno County, where you live and the amount of money your household earns is highly associated with the types of dental health outcomes individuals are experiencing. Poor dental health isn't exclusive to the adult population. 17.3% of Reno County K-12 students exhibit signs of obvious dental decay, ranking 18th worst in the State of Kansas. Compared to neighboring counties and counties of similar size, Reno County also has fewer dentists per capita. For Reno County to match Sedgwick County in dentists per capita, it would need 7 more dentists. However, with the financial and geographic barriers to care, there is an even greater demand for free and low-cost dental providers.

Dental Providers per 100k People by County



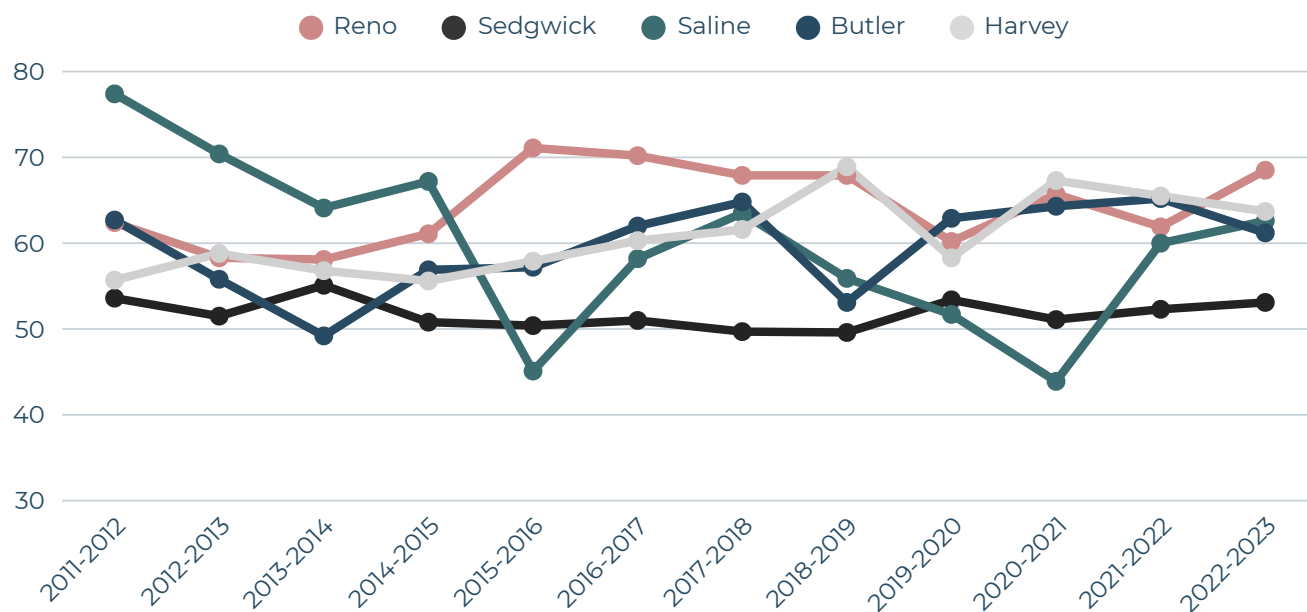
Source: Kansas Health Matters

% of Screened K-12 Students With Obvious Dental Decay



Source: Kansas Health Matters

% of Screened Grade 3-12 Students Without Dental Sealants

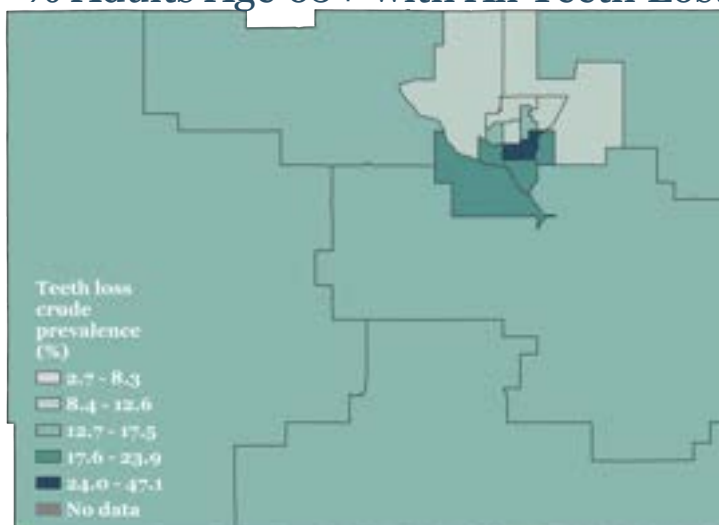


Source: Kansas Health Matters

Dental Care

In the south-central part of Hutchinson, between 25% and 50% of the population aged 65 and above have lost all their teeth. This area also has a smaller proportion of individuals over the age of 65 but is a lower socioeconomic area with a higher proportion of households living below the federal poverty line. This suggests that lower socioeconomic conditions are associated with long-term dental health issues in Reno County.

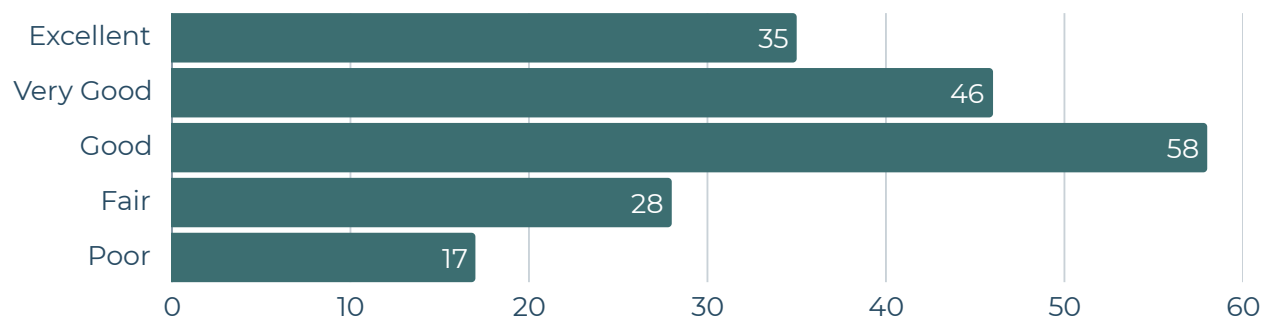
% Adults Age 65+ with All Teeth Lost



Source: CDC PLACES (2024)

Similarly, less than 50% of all adult individuals in the south-central and southern parts of Hutchinson have visited a dentist over the last year (CDC PLACES, 2024). While several dental clinics accept KanCare for services, PrairieStar Health Center is the only provider with dentists who offer dental services to individuals who may not be able to afford them. However, according to the household survey, 32.2% ($\pm 6.8\%$) of households report their members have no coverage or only partial coverage for dental needs. This likely indicates a greater demand for low-cost or free dental services than the current supply of dentists can meet.

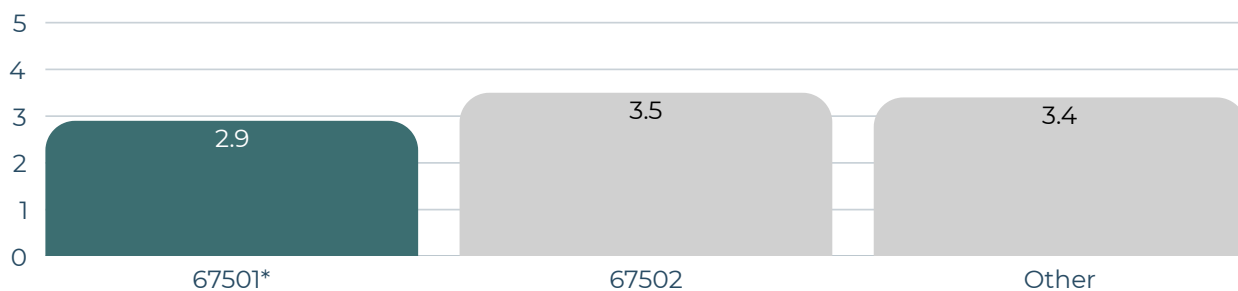
Household Dental Health Rating



Total Responses: 184

Compared with physical health (average score of 3.53) and mental health average score of 3.61, dental health (average score of 3.29) was rated more poorly by Reno County households. Disparities in how households perceive their dental health also exist. Those living in the 67501 zip code were significantly more likely to report poor dental health than in all other zip codes (ANOVA, $p = 0.0018$). Households earning less than \$50,000 per year were also more likely to say they had poor dental health than those earning more than \$100,000 per year (ANOVA $p = .0007$).

Dental Health Rating by Zip Code

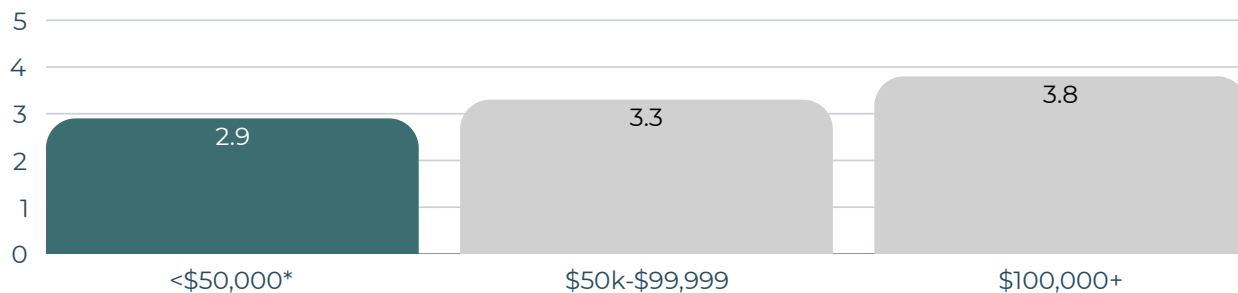


*Statistically significant difference between 67501 and all other zip codes ($p < 0.05$).

Equal variances confirmed (Levene's Test $p = 0.2497$)

Scored from 5 (Excellent) to 1 (Poor)

Dental Health Rating by Income



*Statistically significant difference between <\$50,000 and \$100,000+ (Satterthwaite $p = .0001$).

Unequal variances (Levene's Test $p = 0.0084$)

Scored from 5 (Excellent) to 1 (Poor)

When it came to dental pain, 19.1% ($\pm 6.0\%$) said a household member had experienced frequent or occasional tooth pain over the past 12 months. There were no significant differences in demographics or geographic areas for the frequency of tooth pain. However, these results changed when we asked if members of the household experienced 2+ days in a row of toothache pain. Households earning less than \$50,000 per year were more likely to say that members did experience consecutive days of tooth pain.

Chi-Square Results for Toothache Pain 2+ Days in A Row

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	22 (13.85)	38 (46.15)	60
\$50k-\$99,999	13 (14.31)	49 (47.69)	60
\$100,000+	4 (10.85)	43 (36.15)	47
Total	39	130	169

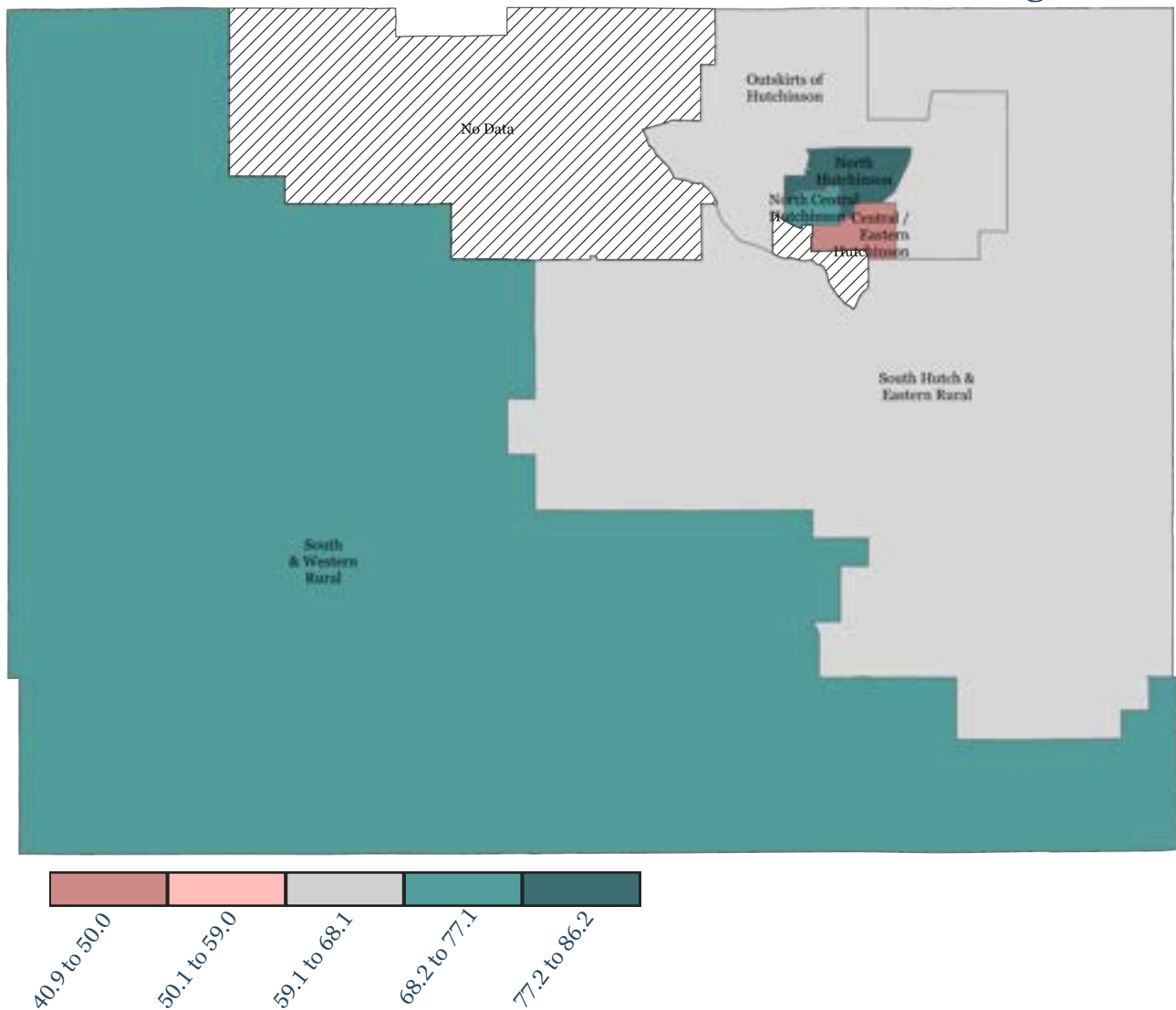
$\chi^2 = 12.02$; $p = .0025$ (significant)

Effect size: Cramer's $V = 0.27$ (Moderate association)

For unfilled cavities, 22.3% ($\pm 6.1\%$) of households reported at least one member in the home who currently has unfilled cavities. This translates to an estimated 5,652 households in Reno County, with at least one household member having unfilled cavities (95% CI: 4,106-7,198 households).

As mentioned, nearly a third of households report having partial or no dental insurance coverage. Those living in the 67501 zip code, households earning less than \$50,000, and households in the Central/Eastern Hutchinson area all reported lower dental insurance coverage rates than other groups (see appendix for full results).

% of Households with Full Dental Insurance Coverage



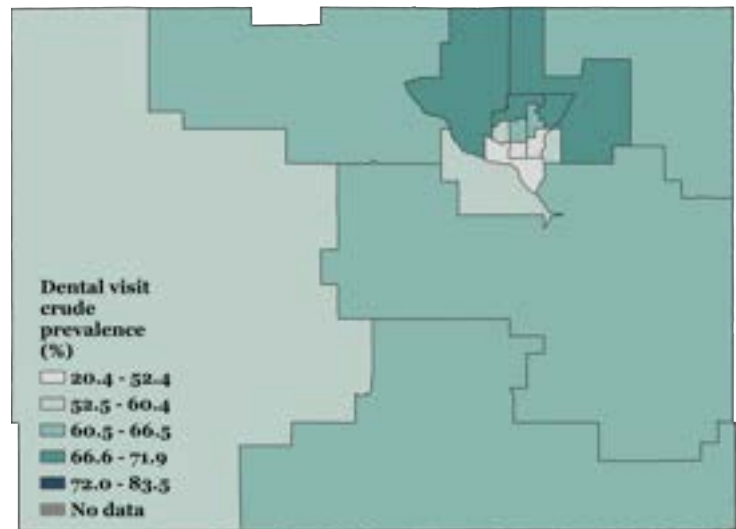
Geographic Area	% with Full Coverage
Central / Eastern Hutchinson	40.9%
Outskirts of Hutchinson	64.1%
North Central Hutchinson	70.8%
North Hutchinson	86.2%
South Hutchinson / Eastern Rural	66.7%
Western / Southwestern Rural	70.0%

Source: Reno County Household Survey (April 2025)

Out of 184 responses, 56 households—or approximately 30.4% ($\pm 6.7\%$)—reported that members of their household either never go to the dentist or go less than once a year. The infrequency of dental visits, combined with dental pain and unfilled cavities, suggests systemic barriers to dental care rather than individual neglect.

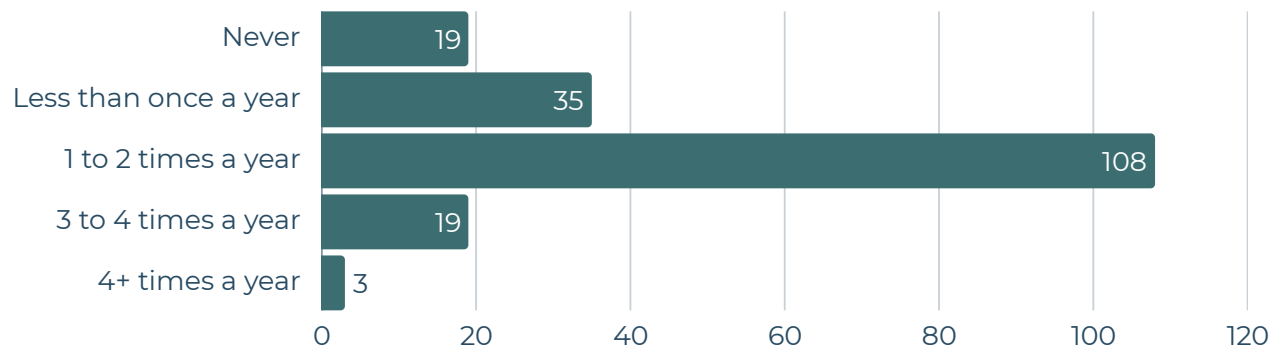
Maps of dental insurance coverage and dental visits indicate that the Central/Eastern portion of Hutchinson is the most vulnerable.

% Adults with Dental Visit in Past Year



Source: CDC PLACES (2022)

Frequency of Dental Visits



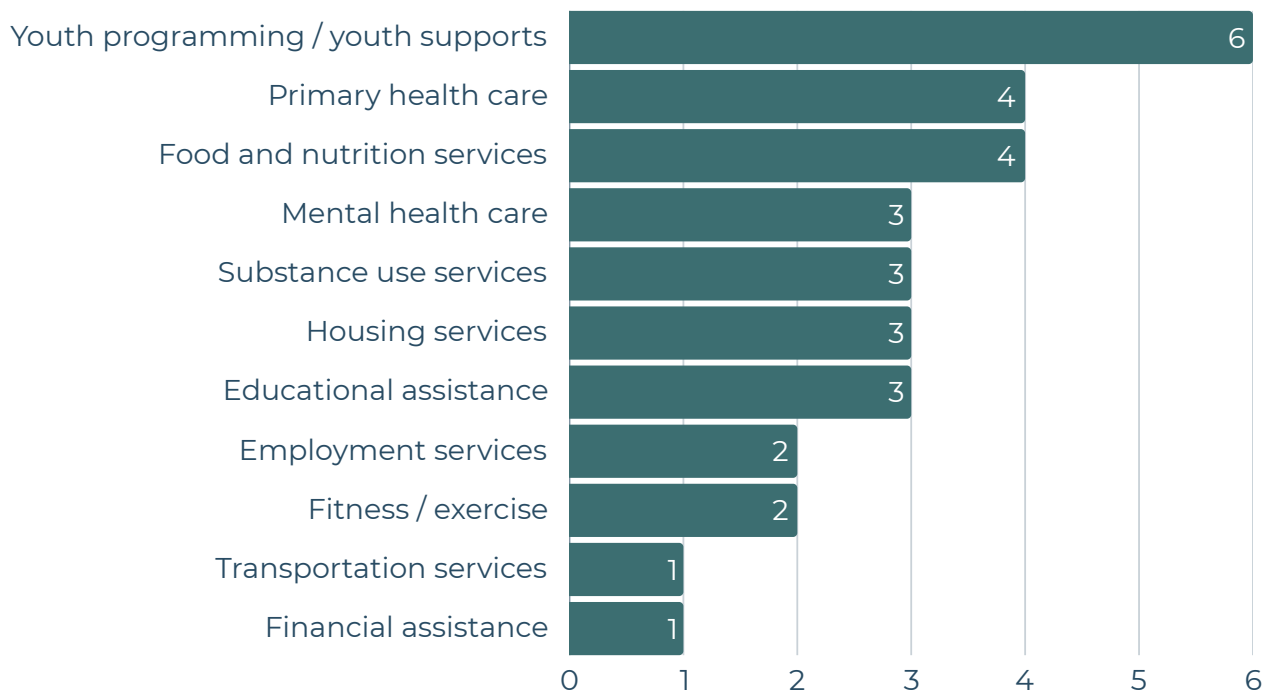
Total Responses: 184

Community Partnerships

We sent surveys to 42 organizations to measure the extent of engagement in the 10 essential services of public health and to gauge organizations' perceptions of interagency collaboration and partnership. Of these 42 surveys sent, 20 agencies responded. The survey explored service provisions, collaboration, data practices, addressing health disparities, and transportation. These findings aim to inform improvements in coordination, resource allocation, and collective impact.

Organizations that participated in the survey deliver a broad range of services. The most cited services are youth programming and youth support. Primary health care and food and nutrition services were the second most common response. While this reflects service diversity, there is a need to ensure these services avoid duplication and provide coverage in vulnerable areas.

Types of Services Provided



10 Public Health Essential Services

The Ten Essential Public Health Services (EPHS) provides a framework for public health organizations and their partners to protect and promote the health of all individuals in the community. Organizations in Reno County are engaged in all ten services, but participation varies across the framework. The most common engagements are:

- Strengthening support and mobilizing communities
- Building and maintaining a strong organizational infrastructure
- Communicating effectively to inform and educate

These results demonstrate that many organizations in the county are prioritizing capacity building and community engagement. These are essential activities for laying the groundwork for long-term impacts and a collaborative landscape. The other seven services may be viewed as governmental responsibilities or highly specialized. For example, utilizing legal and regulatory actions requires specialized skills, legal authority, and infrastructure that not every organization has.

Based on the results, there may be an opportunity to build shared capacity between health agencies and community partners for health monitoring.

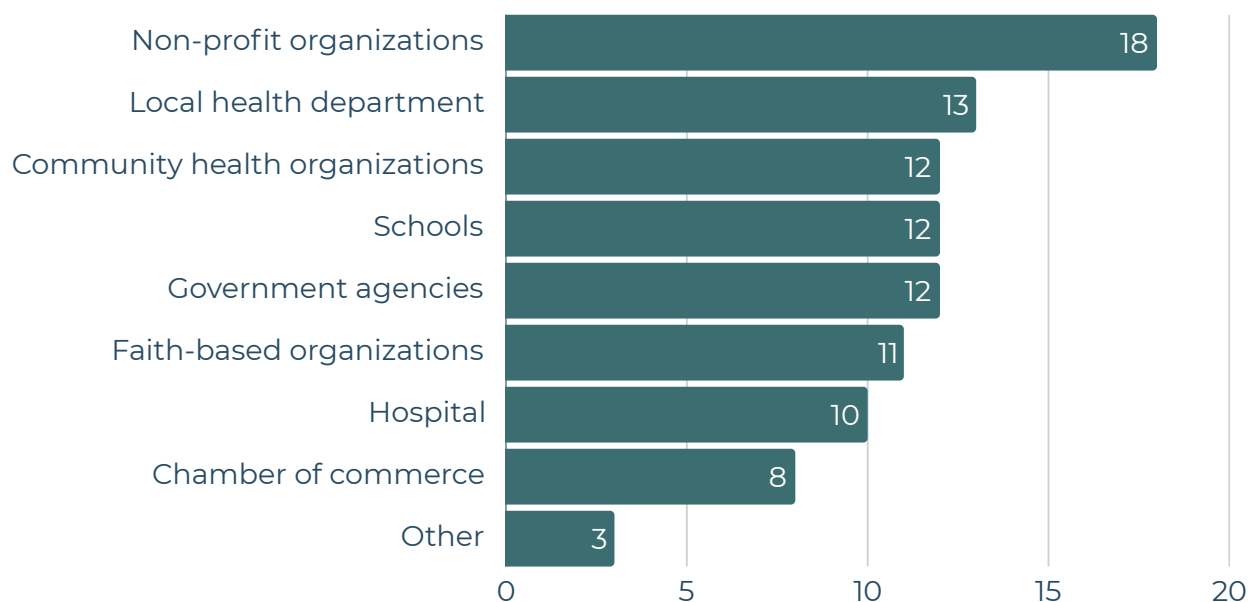
Essential Public Health Services Organizations Are Engaged In



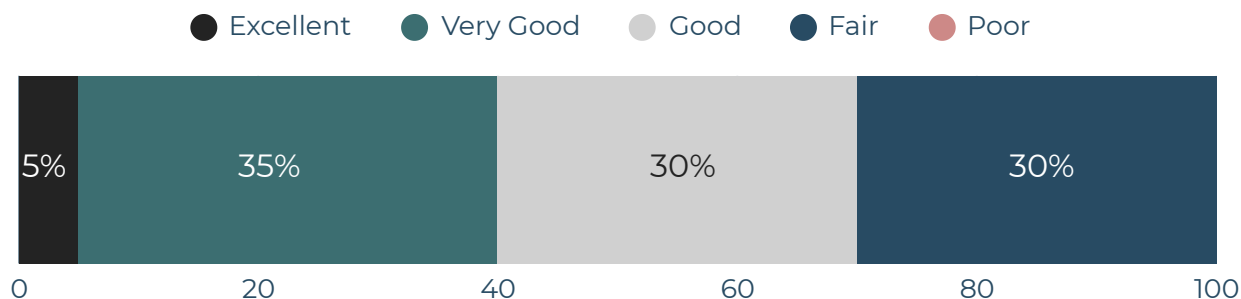
Strategies Organizations Use to Carry Out Their Work



Primary Collaboration Partners in the Community



Collaboration Rating

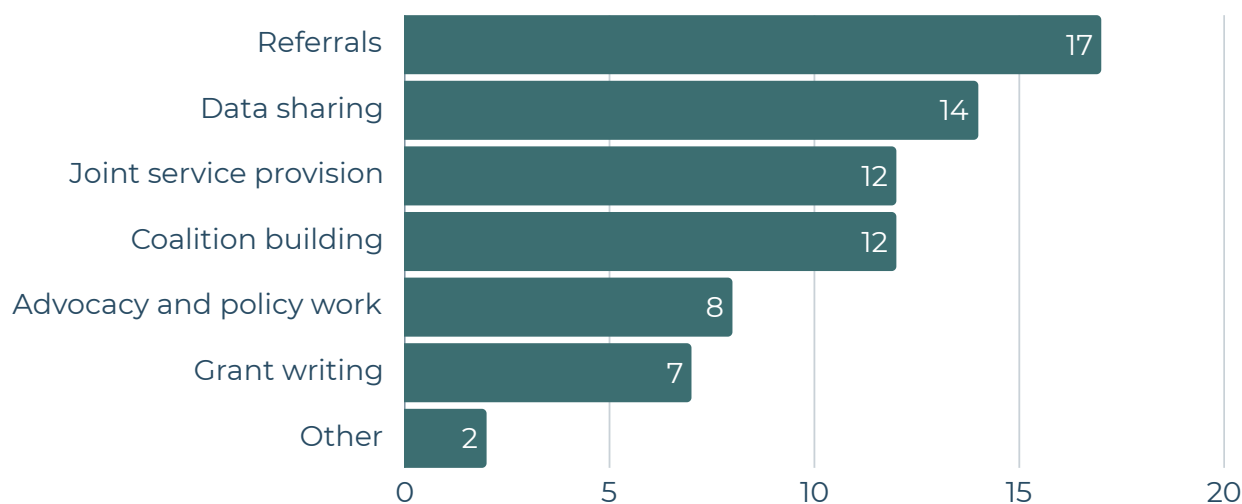


Collaboration

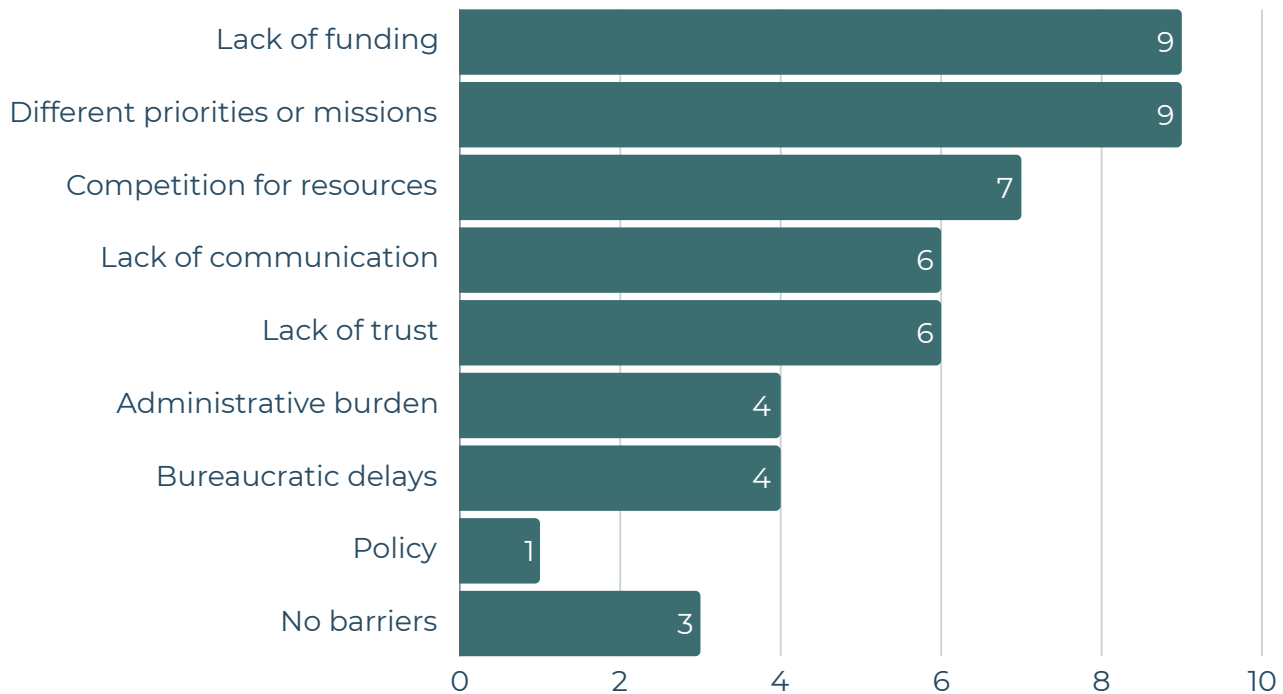
According to the survey results, many organizations are engaging in cross-sector partnerships. Standard collaboration methods include shared programs, referrals, and participation in coalitions. However, nearly a third of organizations identified competition for resources, lack of communication, and lack of trust as barriers to collaboration, which hinders more robust collaboration.

A focus on aligning goals, sharing updates, and jointly pursuing funding opportunities will improve relationships and trust across organizations. This is especially true for organizations that may not have experienced grant writers on staff. With expected funding decreases, joint service provisions through shared grants will help maintain and improve the capacity to provide services to vulnerable populations.

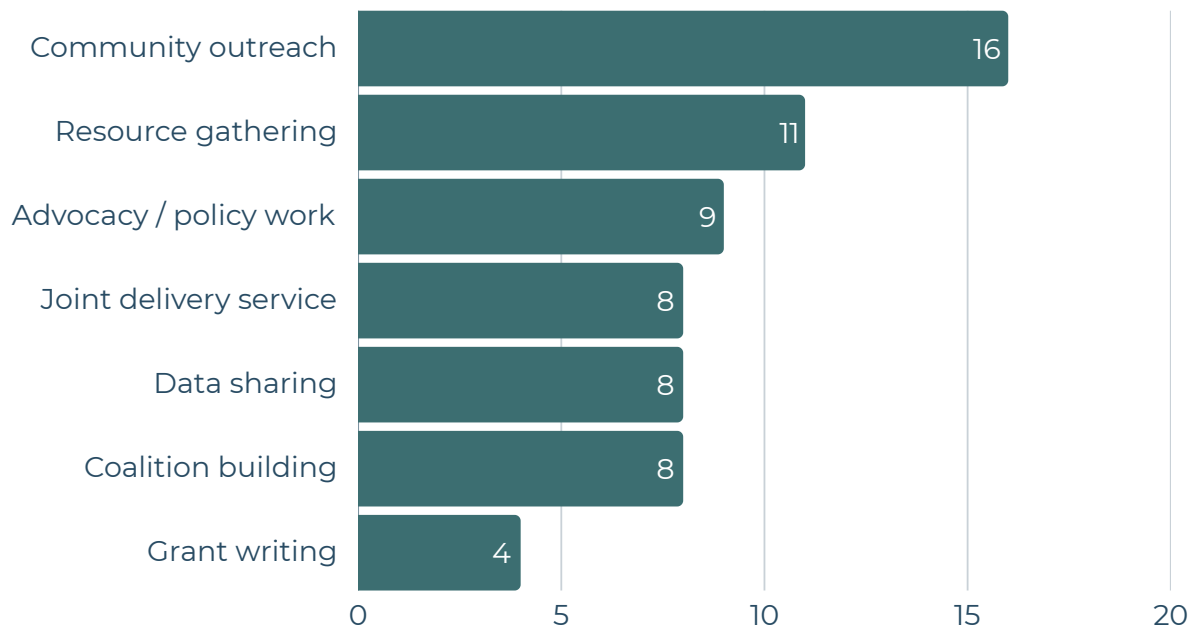
Means of Collaboration by Organizations



Barriers to Collaboration



Types of Partnerships Organizations Are Interested in Developing

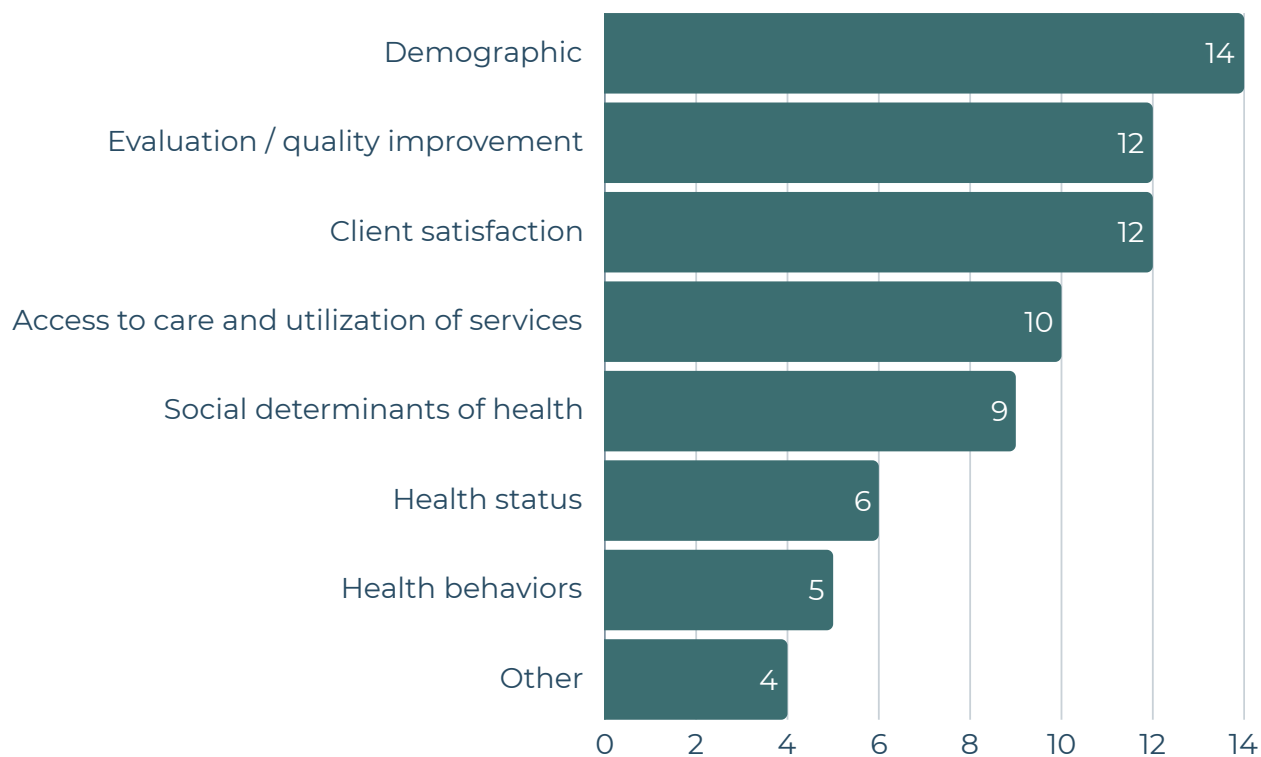


Data Practices and Sharing

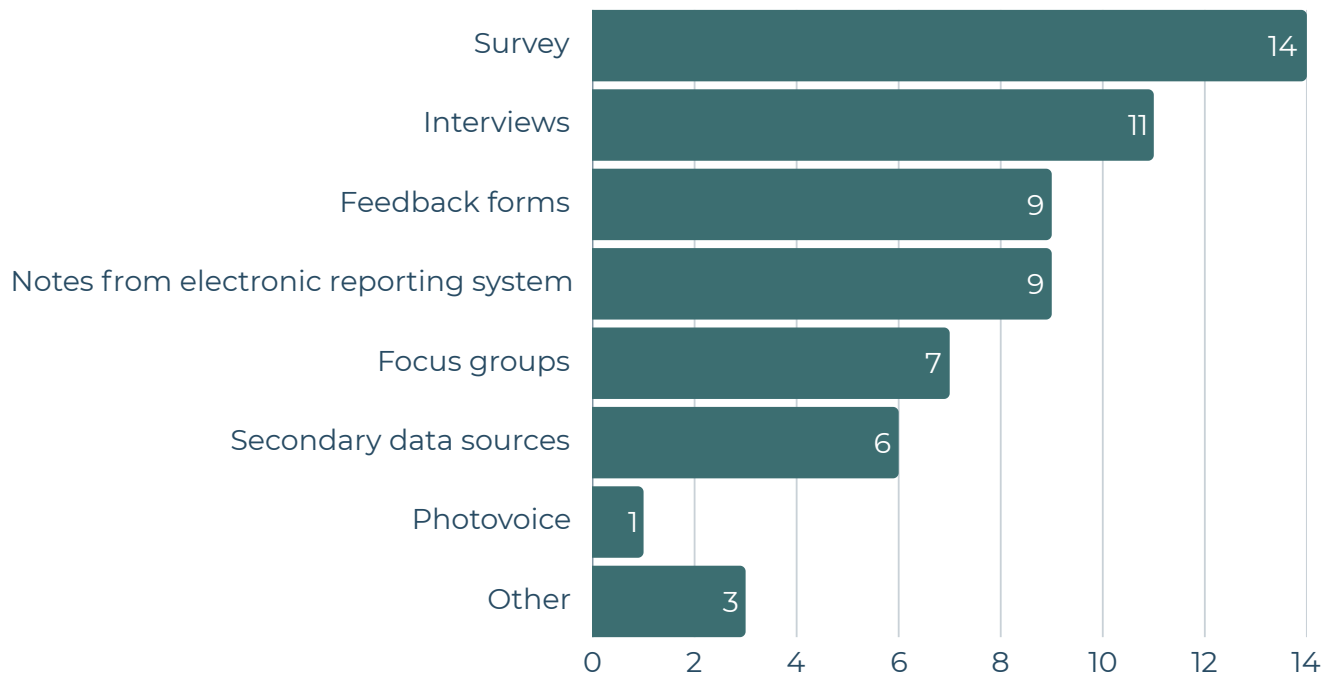
Most organizations collect data, and many disaggregate that information by demographics, which is essential for reducing health disparities. However, just over half are willing to share data, and only half are willing to share assessments. Some of the barriers to sharing include concerns around privacy, data literacy, and staff limitations. While HIPAA and confidentiality concerns are legitimate, they are often overstated and hinder collaboration. Training on data use, privacy, and evaluation are likely needed to educate organizations about the limitations of sharing data and when data sharing is acceptable. Developing a standardized data-sharing agreement will also streamline collaboration and make it easier for organizations to adapt agreements to their needs.

Another important note is that survey forms are the most common method used for data collection. With nearly 75% of organizations engaged in survey development and requesting survey participants, this suggests that surveys may duplicate information and that community members are being overburdened with requests for input. Organizations need to collaborate during survey development to prevent duplicate information and efforts.

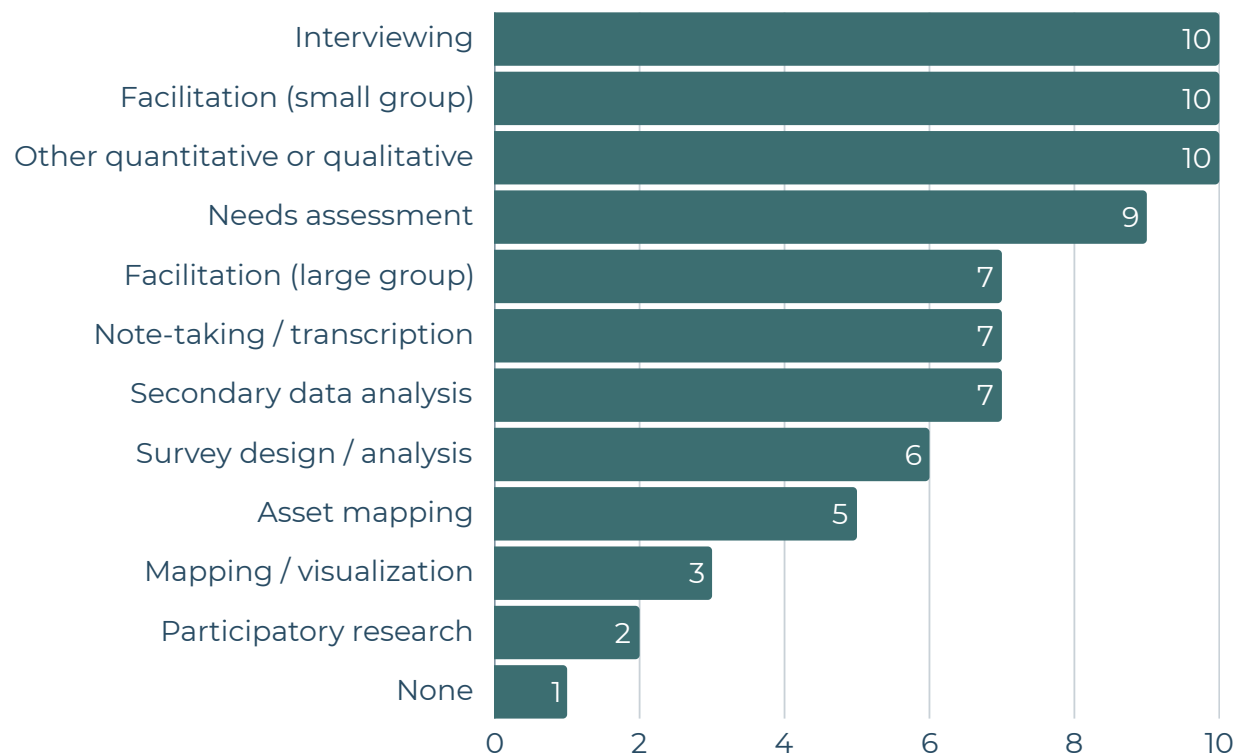
Type of Data Collected by Organizations



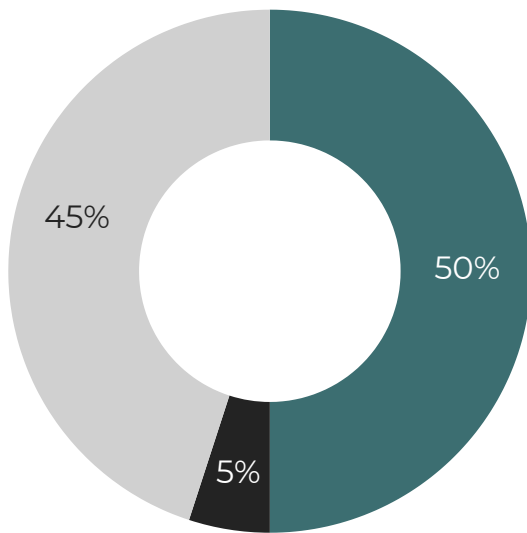
Data Collection Methods Used



Data Skills of Staff

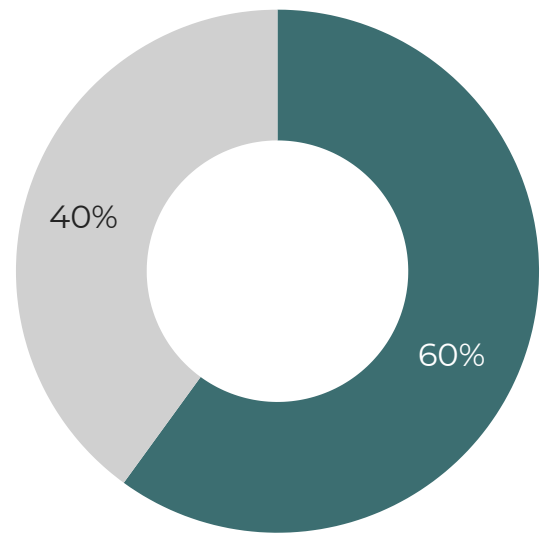


Willing to Share Assessments

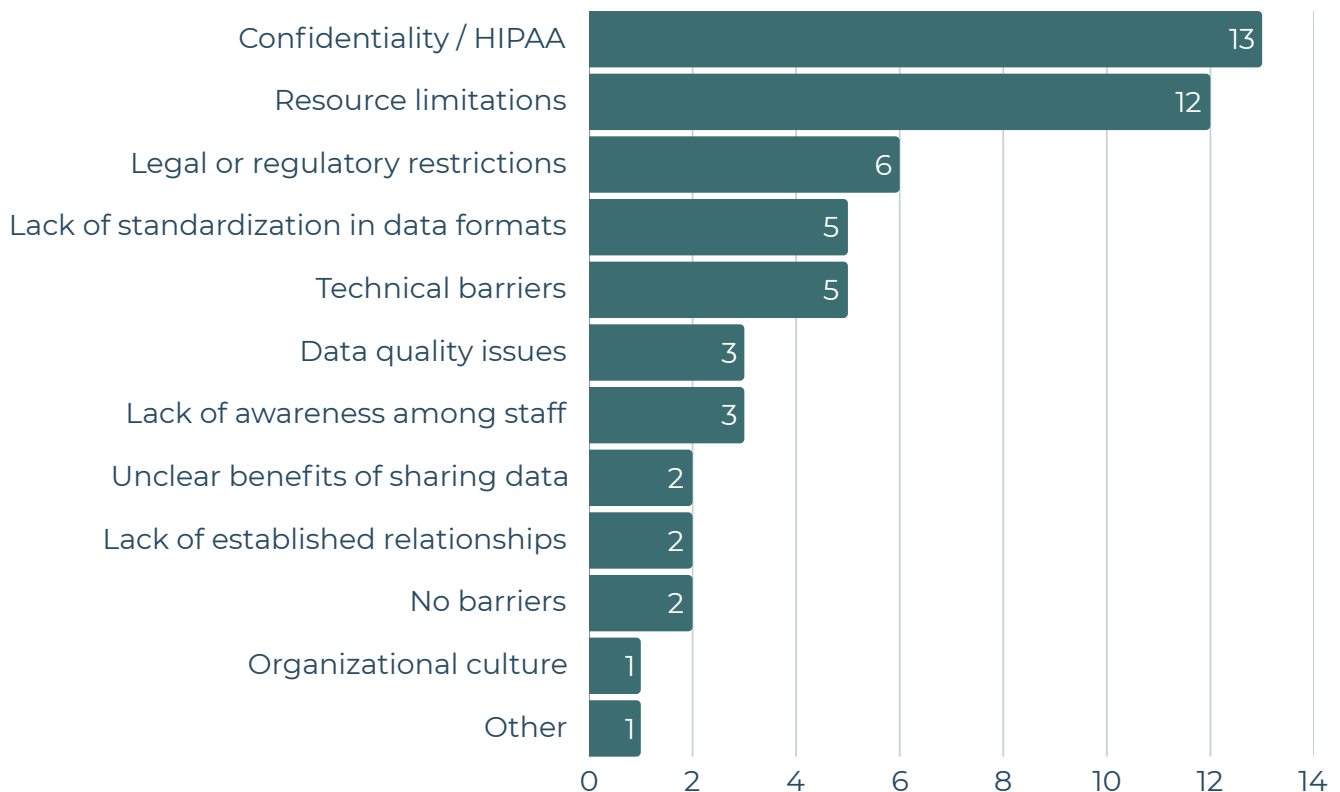


Yes No Unsure

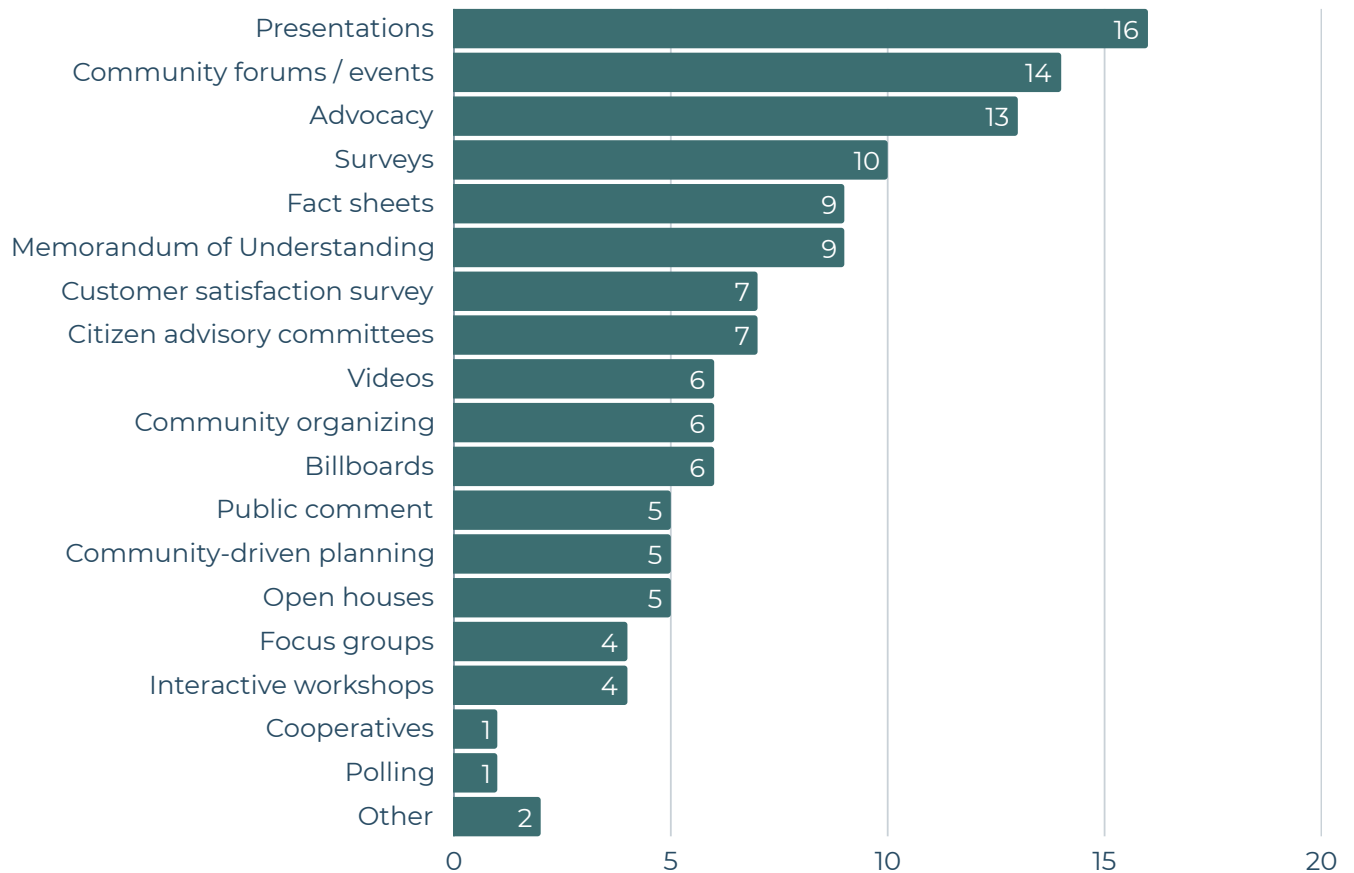
Willing to Share Data



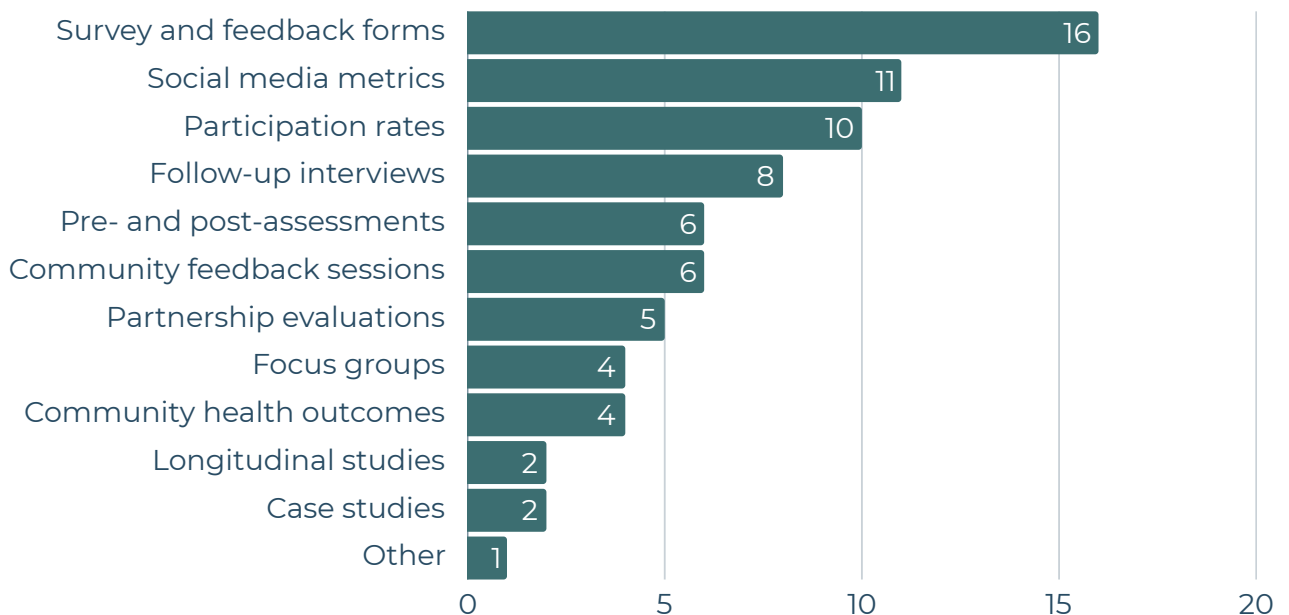
Barriers to Sharing Data or Assessments



Methods to Engage with the Community



Methods to Measure Effectiveness of Engagement Strategies



Community Engagement

A variety of engagement strategies are used among organizations in Reno County. Most commonly, they work closely with community-based organizations, while some are physically located in the neighborhoods they serve and receive referrals from trusted partners. A smaller number of organizations support leadership development, hire multilingual staff, and conduct targeted outreach to vulnerable populations. These intentional approaches suggest a commitment to culturally relevant engagement.

Organizations are often relying on feedback forms, participation rates, and social media metrics to track their efforts. These methods are accessible, inexpensive, and easy for staff to use, but they likely do not capture the full community impact. Community forums, presentations, and advocacy campaigns are among the most commonly used engagement methods; however, more participatory strategies, such as advisory boards or workshops, are less frequently employed.

Approaches to Reach, Engage, or Connect with Clients



Notes From Open Feedback

In the open-text portion of the survey, organizations emphasized a desire for clearer expectations, better coordination, and increased transparency. One organization mentioned the need to align housing efforts with other service sectors to avoid duplication. Many of these comments are also reflected in the survey results displayed.

Questions about equity were included in the survey. However, due to the rapid changes in the federal government during the survey period, many organizations did not feel comfortable answering questions about equity, which skewed the results. For that reason, the equity-based responses have not been included; however, many organizations reflected that they have staff and teams dedicated to reducing health disparities.

Recommendations

Based on the data and information collected from secondary data sources, surveys, and feedback from community members, we have provided a list of recommendations to improve the health and quality of services in Reno County, KS. Another important note is that these recommendations have been developed independently and do not reflect the opinions of the organizations in Reno County who requested this assessment. These recommendations aim to reduce health disparities, enhance client satisfaction, and provide guidance for the next iteration of the Community Health Improvement Plan (CHIP).

General Health

1. **Ensure medical providers accept Blue Cross Blue Shield:** The most common open feedback comment in both the household and community surveys was the barrier to receiving healthcare in Reno County due to one provider not accepting Blue Cross Blue Shield. Comments from organizations and community members stated this coverage was dropped due to a dispute between Blue Cross Blue Shield and the provider. However, many residents are caught in the crossfire, and many are currently looking for or worried that they will need to seek healthcare options outside of Reno County.
2. **Work with local employers to develop flexible sick leave policies:** Around two-thirds of Reno County residents are estimated to force themselves to work when ill, and 1 in 5 households cannot take time off work for medical care.
3. **Prioritize referral systems for free or sliding-scale specialty care in high-burden communities:** Reno County has worse outcomes than peer counties in COPD, coronary heart disease, complete tooth loss, and stroke. Strengthening and coordinating referral systems for dental, pulmonary, and cardiac care in these communities can help reduce poor health outcomes.
4. **Expand hours of service:** Many residents identified night and weekend hours as actions that will help them receive healthcare.
5. **Expand services to the south-central part of Hutchinson:** Many low-income residents south of 17th Avenue lack easy access to free or affordable healthcare. Expansion of services to this area of town will meet people where they are and reduce transportation barriers.

Substance Use

1. **Embed peer recovery coaches across the spectrum of care for substance use disorders:** The most successful program for most Reno County residents included peer support programs. Embedding these peers in emergency departments, jails, and community organizations will make recovery more accessible and sustainable.
2. **Expand supportive recovery housing options and reduce barriers to housing:** Many individuals in recovery have experience with homelessness, and many of these individuals said their involvement in the criminal justice system negatively impacted their ability to secure housing. Housing was identified as an essential component for sustaining recovery.
3. **Enhance youth substance use prevention with trauma-informed approaches:** Reno County organizations are engaged in a lot of primary prevention work, but children experiencing higher rates of trauma may be falling through the cracks. Identifying and developing programming for youth who experience traumatic events is necessary to prevent future substance use.
4. **Expand access to treatment and the treatment options available:** Cost, transportation, long wait times, and lack of options were all barriers to receiving substance use treatment. While it is easier to obtain buprenorphine, there are several barriers to receiving methadone. Expanding the types of treatment options and programs available reflects the reality that the journey to recovery is complex and different for every individual.
5. **Implement pre-arrest diversion and post-overdose outreach programs:** These programs are viewed positively by an overwhelming majority of people in recovery and utilize peer recovery coaches. Diversion from jail reduces the cost burden on taxpayers and improves health outcomes for people with a substance use disorder.
6. **Hold anti-stigma and compassion fatigue training for hospital staff:** The majority of respondents viewed their experiences in the hospital negatively, with most commenting on the lack of compassion from staff and being treated as less than human.

Mental Health

1. **Train educators and school staff on trauma-informed approaches and mental health first aid:** Frequent mental health distress among youth rose significantly and remains high.
2. **Develop mental health programs relevant to teenage girls:** Most state plans focus on male suicides due to the higher fatality rates. However, adolescent girls are higher utilizers of the hospital emergency department for suicide attempts than any other demographic. This is especially true during the first month of the school year.
3. **Integrate mental health supports in non-traditional settings:** Based on the demographics more likely to report poor mental health, integrating mental health support in settings like housing programs or food pantries will help meet people where they are.
4. **Promote social connectedness:** Fostering neighborhood-level interaction in vulnerable areas will build social support systems that encourage better mental health.

Food Insecurity

1. **Advocate for universal free school meals:** Since the COVID-19 food support programs expired, children are reporting more food insecurity than before and during the pandemic.
2. **Increase enrollment in the SNAP program:** Some areas of Hutchinson have higher household poverty rates than SNAP utilization rates, suggesting that many households may be unaware of their eligibility or how to apply for benefits. This is especially true for the south-central part of Hutchinson.
3. **Develop culturally relevant food programs:** Food insecurity rates are higher for the Black and Hispanic/Latino populations in Reno County. These populations are also younger and more likely to have children in the household.
4. **Integrate food insecurity screenings and referrals in healthcare settings:** Every census tract in Reno County has an obesity rate above the national average, which may reflect a reliance on calorie-dense, nutrient-poor food. These screenings should mainly occur for those with diabetes, hypertension, or obesity.

Financial

1. **Expand payment plans, charity care, and financial assistance:** Across multiple health measures, households earning less than \$50,000 face significant health disparities and often delay or skip care due to costs.

Child Care

1. **Increase access to affordable, flexible child care:** A lack of child care is impacting employment and household finances. Drop-in centers, extended-hours programs, and employer-supported care would reduce child care burdens on families.
2. **Elevate child care as a public health issue:** The lack of child care is increasing stress, impacting employment, and affecting long-term outcomes for children. Child care should be integrated into broader health strategies.
3. **Ensure child care discussions include diverse voices:** With the young adult population more diverse than the general population, including a diversity of voices from various racial and ethnic backgrounds and geographic areas will be essential to developing child care plans that work for multiple populations.

Housing

1. **Address housing insecurity through integrated supports:** Housing instability was a common theme across substance use, mental health, and financial strain sections. Embedding housing navigators in clinics, employment programs, or criminal justice settings can reduce barriers and decrease the risk of homelessness.
2. **Implement lead screenings for youth living in at-risk areas:** Many households in Reno County did not know what year their home was built, and with many homes built before 1950, especially in low-income areas, children are more at risk of experiencing lead poisoning.

Transportation

1. **Expand RCAT hours of service:** Many respondents who faced transportation barriers mentioned the limited availability of RCAT due to the hours of operation. RCAT services should allow enough time for individuals to utilize the service to get to and from work.
2. **Provide door-to-door transportation services for medical appointments:** Offer low-cost non-emergency medical transportation for individuals to make their medical appointments. Door-to-door services reduces reliance on RCAT routes and schedules.

Crime

1. **Incorporate Adverse Childhood Experiences (ACEs) and trauma-informed care into youth violence prevention programs:** ACEs are a significant predictor of future criminal justice involvement. Partnering with law enforcement, schools, and community organizations to provide services for at-risk youth will lower policing encounters for youth.

Dental Health

1. **Expand access to affordable dental care for low-income and uninsured residents:** Dental health has one of the lowest-rated health outcomes in Reno County, with residents south of 17th Avenue in Hutchinson experiencing the poorest outcomes. The potential demand for low-cost dental services exceeds what is currently available.
2. **Integrate dental screenings and referrals into other social programs:** A high proportion of households needing dental care live in low-income areas. Embedding dental referrals into other social service programs, such as WIC or mental health case management, may improve health outcomes before dental problems become more severe.
3. **Share data and information about dental care:** Data should be collected, analyzed, and shared to assess service gaps.

Community Partnerships

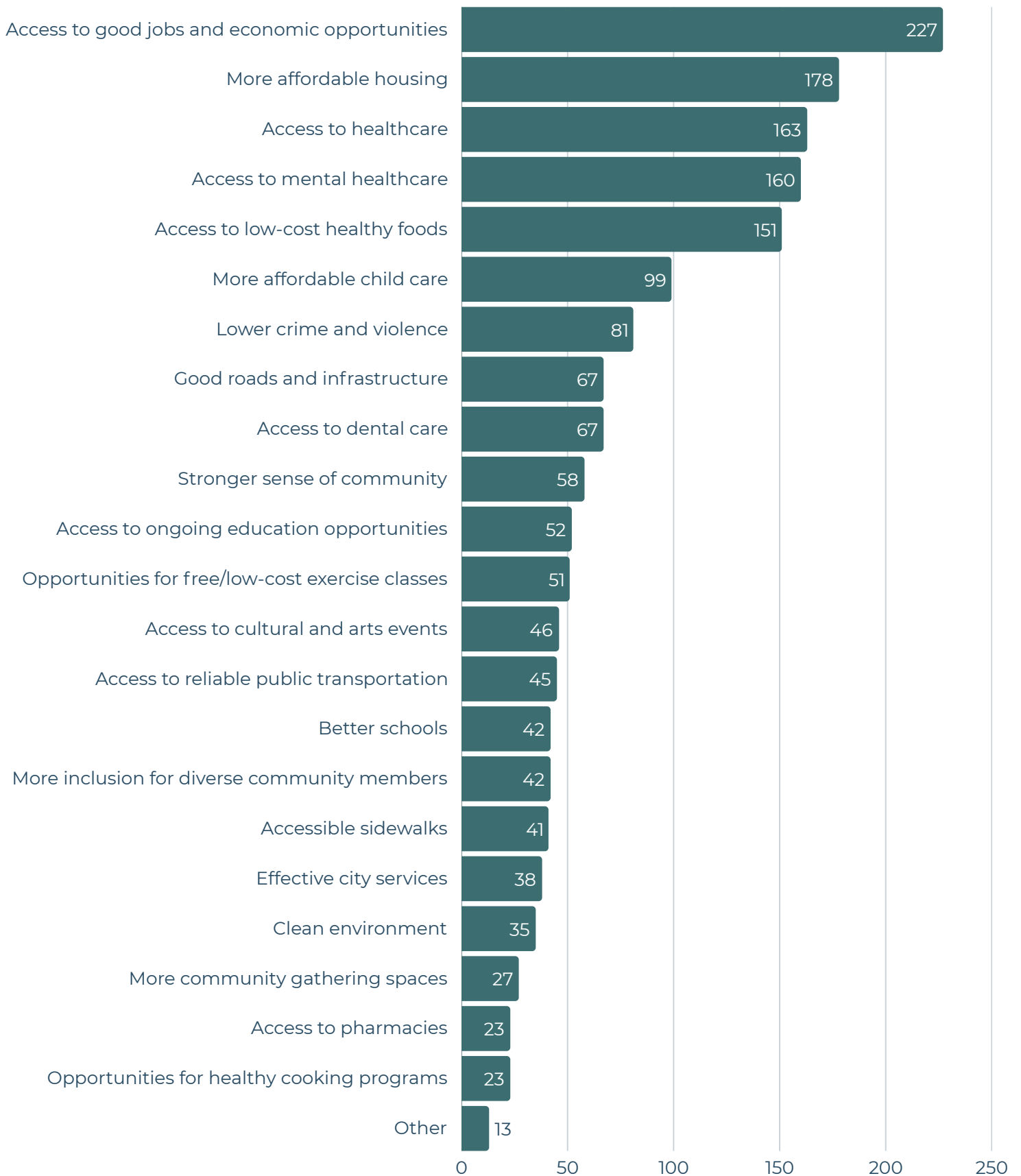
1. **Assess referral tracking systems and expand where necessary:** While organizations in Reno County are currently using referral tracking systems, not all systems of care may be included. Child care, housing, and dental care are examples of potential referral partners to include in the process.
2. **Integrate community voices more deeply into organizational planning:** Many organizations are engaging with the community through surveys and general feedback. Integrating advisory boards or workshops will allow for better collaboration with community members.
3. **Facilitate data-sharing agreements among partners:** Organizations are concerned about confidentiality when it comes to sharing data and assessments. Training and data-sharing agreement developments will help alleviate these issues.

Appendix A: Community Survey

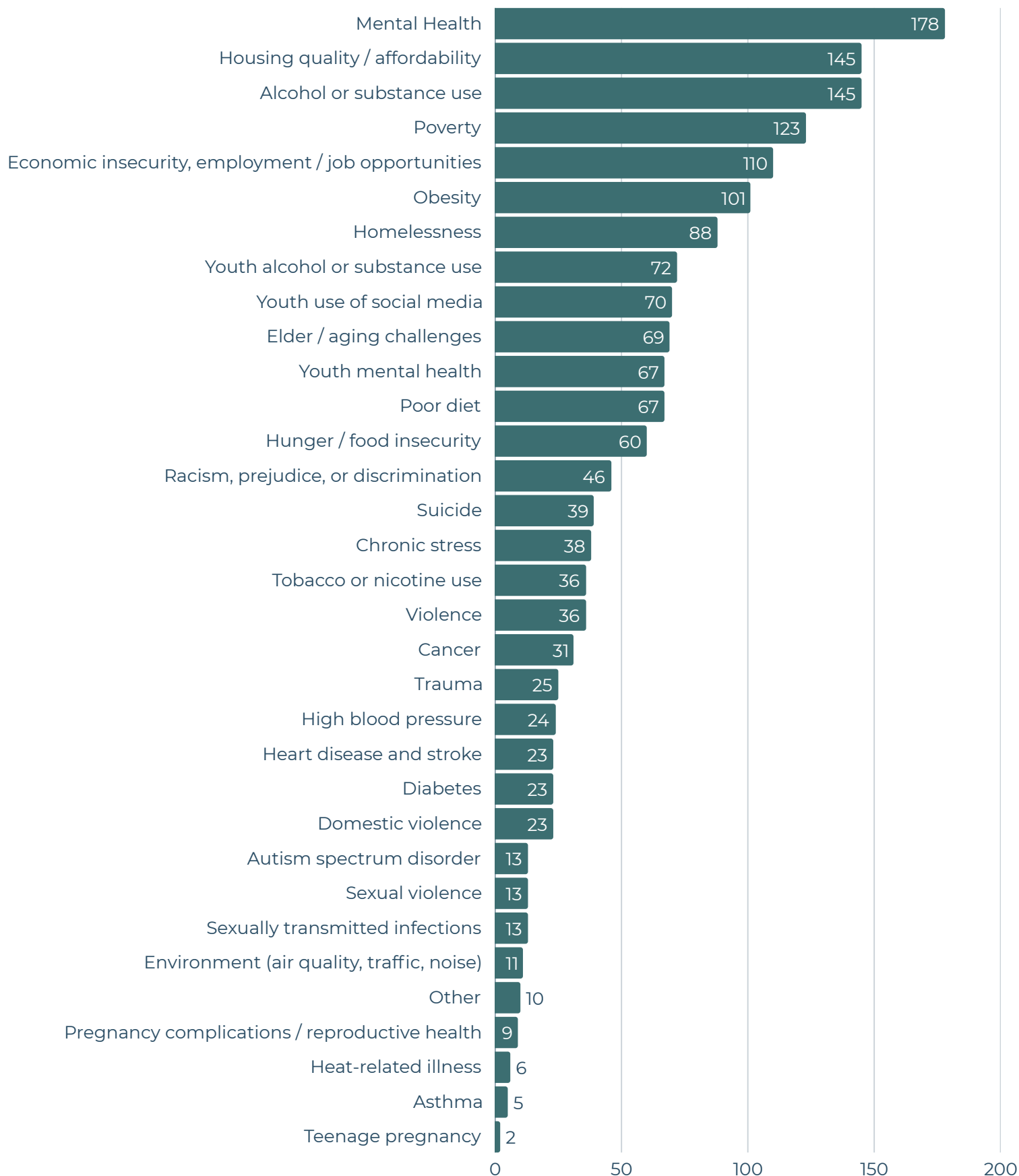
The Reno County Community Health Survey was conducted between November 2024 and January 2025. The survey collected 362 responses from residents of Reno County. The purpose of the study was to investigate how various groups and sections of the county addressed health and community issues. Groups that received fewer than 15 responses were excluded from the analysis. Several groups were combined into a singular group, such as:

- **Rural zip codes:** combines all zip codes except 67501, 67502, and 67522 due to low response rates
- **Non-white population:** combines all races and ethnicities that were not non-Hispanic, white alone
- **Age group 18 to 34:** The age group 18 to 24 was combined with age group 25 to 34 due to low response rates
- **Limited access to transportation:** combines those with no household vehicle with those who have restricted access through bicycle, public transportation, or limited vehicle availability.
- **Caregiver of multiple individuals:** consists of individuals who are a caregiver of multiple people with some combination of being a caregiver of an elderly individual, a caregiver of an adult aged 18 to 64, and a caregiver of a child under the age of 18.

Most Important Factors to Improve Quality of Life and Health

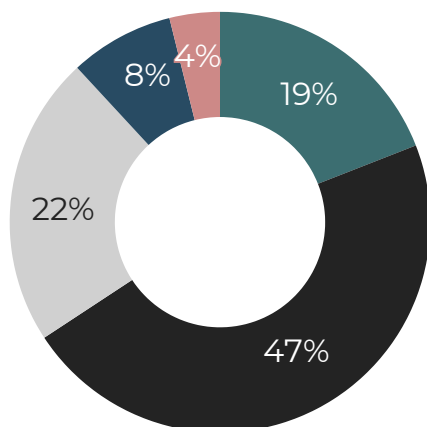


Top Concerns in Reno County





Feel that I Belong in My Community



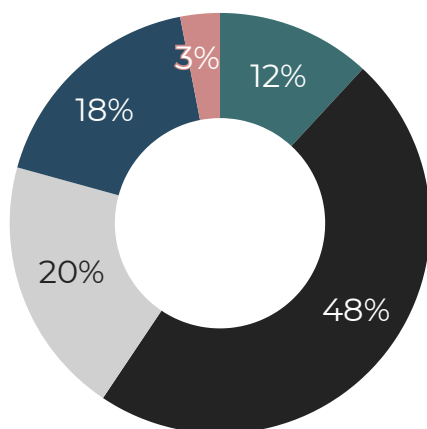
More Likely to Agree:

- Zip code 67522***
- Insured by family member
- Veterans of U.S. military
- Caregiver of adult**
- Age group 35 to 44
- Associate's degree
- Graduate degree
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- No health insurance
- Limited access to transportation
- Age group 18 to 34
- Some college (no diploma)
- Unable to work**
- Household income less than \$25,000

Overall, I Am Satisfied With The Quality Of Life In My Community



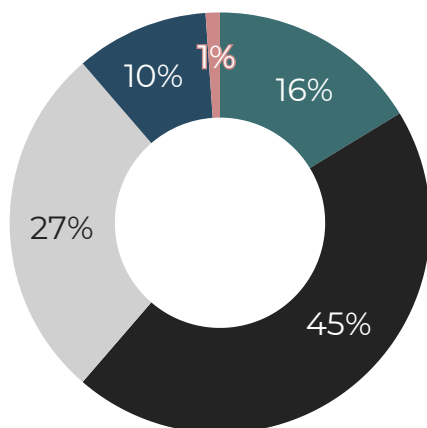
More Likely to Agree:

- Zip code 67522***
- Associate's degree
- Bachelor's degree

Less Likely to Agree:

- No health insurance**
- Limited access to transportation**
- High school diploma or GED**
- Out of work**
- Unable to work
- Part-time work
- Household income less than \$25,000

My Community Is A Good Place to Raise Children



More Likely to Agree:

- Zip code 67522
- Caregiver of multiple individuals**
- Age group 75+
- Graduate degree
- Vocational degree**
- Household income \$100,000 to \$149,999

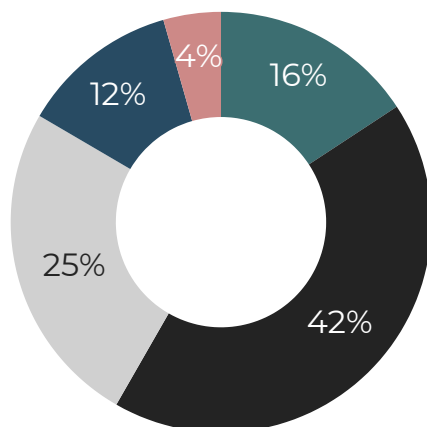
Less Likely to Agree:

- Zip code 67501
- No health insurance
- Renter household
- Limited access to transportation
- High school diploma or GED
- Out of work
- Unable to work
- Part-time work
- Household income less than \$25,000

Note: *** = 3 standard deviations below or above the average; ** = 2 standard deviations below or above the average



My Community Is A Good Place To Grow Old



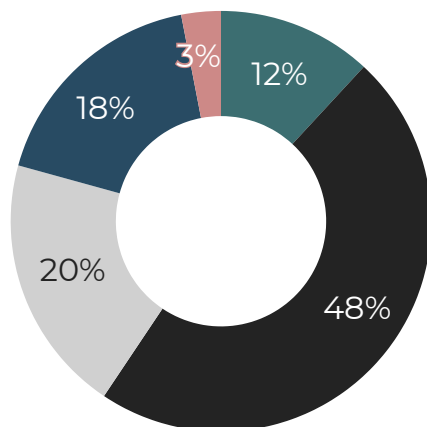
More Likely to Agree:

- Zip code 67522***
- Caregiver of adult (18 to 64)**
- Age group 75+
- Vocational degree
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- Zip code 67501
- Limited access to transportation***
- Hispanic / Latino population
- Employees in a health-related field

My Community Has Access to Resources



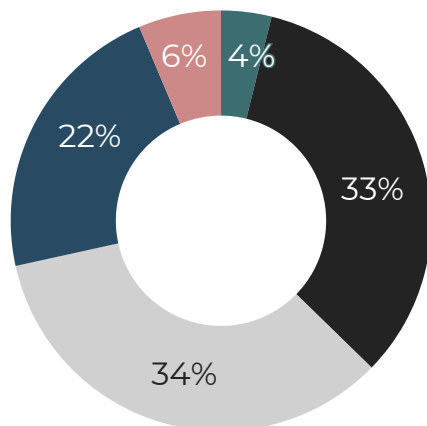
More Likely to Agree:

- Zip code 67522**
- Caregiver of children
- Age group 18 to 34
- Age group 75+
- Associate's degree
- Household income \$75,000 to \$99,999
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- Zip code 67501
- No health insurance**
- Limited access to transportation***
- Age group 35 to 44
- Some college (no degree)
- Part-time work
- Household income less than \$25,000
- Non-white population

My Community Is Safe From Crime



More Likely to Agree:

- Zip code 67522**
- Rural zip code
- Graduate degree
- Household income \$100,000 to \$149,999**
- Household income \$150,000+

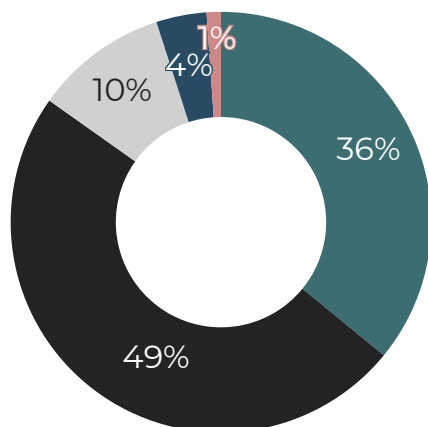
Less Likely to Agree:

- Zip code 67501
- No health insurance**
- Limited access to transportation
- Age group 75+
- High school diploma or GED
- Out of work
- Hispanic / Latino population**
- Non-white population

Note: *** = 3 standard deviations below or above the average; ** = 2 standard deviations below or above the average



I Can Generally Get To Where I Need To Go In My Community



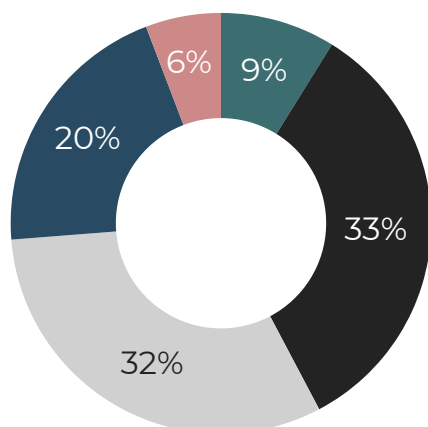
More Likely to Agree:

- Zip code 67522
- Insured by family member
- Caregiver of elderly
- Age group 65 to 74
- Vocational degree**
- Retired
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- No health insurance**
- Veterans of U.S. military
- Caregiver of multiple individuals
- Part-time work
- Household income \$150,000+
- Hispanic / Latino population**
- Non-white population

My Community Has Housing That Is Safe And Of Good Quality



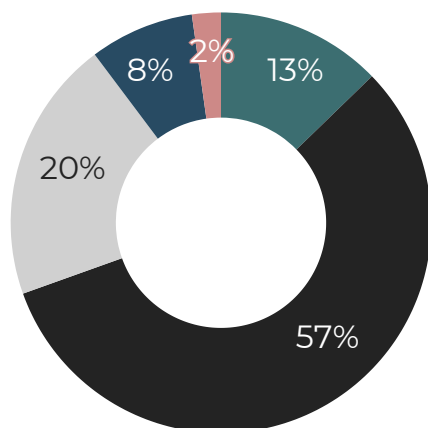
More Likely to Agree:

- Zip code 67522**
- Insured by family member
- Veterans of U.S. military
- Caregiver of elderly
- Age group 18 to 34
- Associate's degree
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- Zip code 67501
- No health insurance
- Disability
- Caregiver of adult
- Limited access to transportation
- Age group 35 to 44
- High school diploma or GED
- Out of work
- Unable to work**
- Household income less than \$25,000

My Community Has Safe Outdoor Place To Be Active



More Likely to Agree:

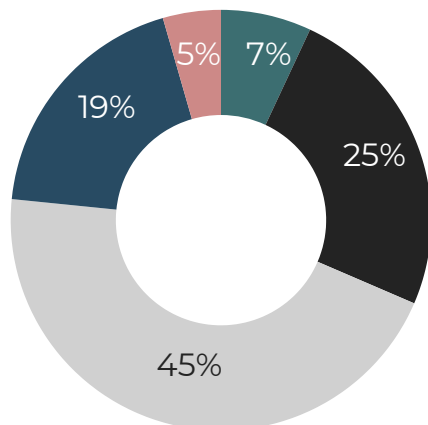
- Zip code 67522
- Insured by family member**
- Associate's degree
- Vocational degree
- Household income \$50,000 to \$74,999
- Household income \$100,000 to \$149,999

Less Likely to Agree:

- Zip code 67501
- Limited access to transportation**
- High school diploma or GED
- Out of work**
- Part-time work
- Household income less than \$25,000**



Physical Health Rating



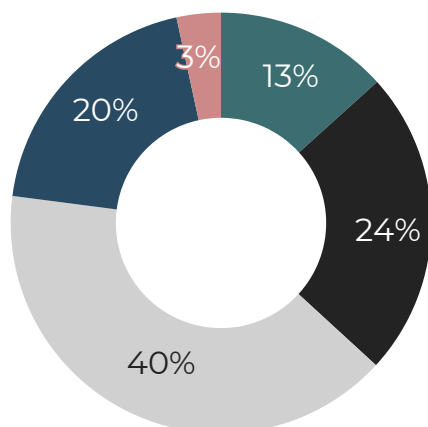
More Likely to Say “Good” or Better:

- No disability
- Caregiver of adult
- Age group 65 to 74
- Bachelor’s degree
- Household income \$150,000+**

Less Likely to Say “Good” or Better:

- No health insurance
- Disability***
- Renter household
- Vocational degree
- Unable to work***
- Household income less than \$25,000
- Hispanic / Latino population

Mental Health Rating



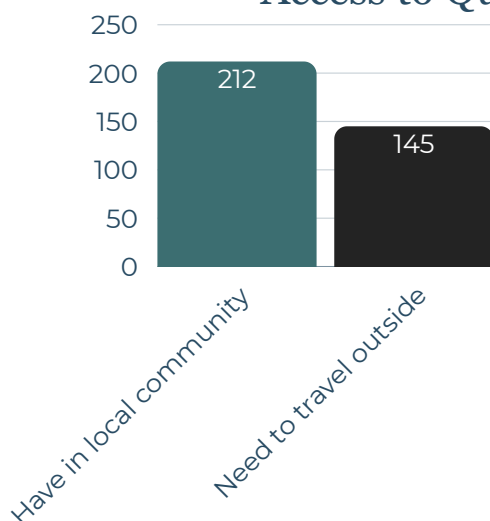
More Likely to Say “Good” or Better:

- Zip code 67522
- Age group 65 to 74
- Age group 75+
- Graduate degree
- Retired
- Household income \$100,000 to \$149,999
- Household income \$150,000+

Less Likely to Say “Good” or Better:

- No health insurance
- Renter household
- Limited access to transportation
- High school diploma or GED
- Out of work***
- Unable to work**
- Household income less than \$25,000
- Hispanic / Latino population

Access to Quality Health Care In My Local Community



More Likely to Agree:

- Private insurance
- Caregiver of elderly
- Unable to work
- Household income \$100,000 to \$149,999
- Household income \$150,000+**
- Employed in a health-related field

Less Likely to Agree:

- Zip code 67522
- Rural zip code**
- No health insurance**
- Limited access to transportation
- Age group 35 to 44
- Out of work**
- Household income less than \$25,000
- Non-white population

Note: *** = 3 standard deviations below or above the average; ** = 2 standard deviations below or above the average

Appendix B: Qualitative Insights

There were 101 responses in the Community Survey for the open-ended question asking individuals about their experiences with their health and the health of Reno County. Another 42 responded to the question on the household surveys.

In addition to the open-ended survey questions, a community listening session occurred with the non-profit resource council to gain their perspective about challenges their clients face.

The input from these activities have been coded by theme and summarized. The information included in this appendix is useful for providing important context to the quantitative data found throughout the document.

Thoughts or Experiences on Health in the Community

Theme	Frequency
Healthcare Systems	18
Insurance Issues	17
Housing	10
Mental Health	9
Health Costs	9
High Taxes	6
Substance Use	5
Healthcare Access	5
Specialist Access	5
Elderly Challenges	5
Out of County for Healthcare	4
Transportation Issues	4
Economic Opportunity/Development	4
Poor Sidewalks	4
Physical Health	3

Total Responses: 101 (Reno County Community Survey)
42 (Reno County Household Survey)

Theme: Insurance Issues

Respondents consistently expressed frustration with insurance barriers impacting their access to healthcare. Many described challenges with Hutchinson Clinic not accepting Blue Cross Blue Shield, leading to higher out-of-pocket costs or forcing individuals to seek care outside of Hutchinson/Reno County.

Key concerns include:

- Lack of Blue Cross Blue Shield acceptance by Hutchinson Clinic
- Increased financial burden due to out-of-pocket fees
- Fear of losing insurance coverage and the resulting inability to afford necessary care

Theme: Healthcare Systems

Respondents cited issues with the local healthcare system, highlighting concerns about provider availability, quality of care, and systemic coordination. Many expressed dissatisfaction with the ability of Hutchinson networks to retain qualified physicians with many choosing to seek services outside of Hutchinson due to perceived better quality. Problems such as understaffing, poor communication between providers, and frustrations with offerings at local facilities were common.

Key concerns include:

- Loss of providers and frequent turnover
- Perceived lower quality of care and negative experiences at clinics and hospitals
- Lack of coordination between healthcare providers
- Limited access to specialty care

Theme: Housing

Housing is a critical concern among Reno County residents, particularly regarding affordability, quality, and availability. Many noted a shortage of adequate, affordable housing options for low-income residents, including populations such as people with a criminal record and retirees. Poor housing conditions and unaccountable landlords were highlighted. There were several mentions about frustration with rundown rental properties and neighborhood neglect.

Key concerns include:

- Lack of affordable, quality housing across the community
- Poor maintenance and accountability among landlords
- Unequal investments in different parts of the community
- Desire for housing options tied to income and need

Theme: Mental Health

Residents highlighted barriers to timely and effective mental health care. Long wait times for therapy, limited availability of trusted providers, and insufficient crisis support were commonly cited challenges. Respondents underscored the connection between mental health and substance use, emphasizing the need for expanded services that are more accessible to populations in need.

Key concerns include:

- Insufficient number of mental health providers and long delays for appointments
- Lack of trust in crisis services due to unfamiliarity with providers
- Direct link between addiction and mental health
- Desire for greater investment in mental health resources and community-based support

Theme: High Taxes

High taxes emerged as a frequent source of frustration among respondents, particularly related to property taxes. Many expressed concern about the rising tax burden on fixed-income households, retirees, and low-income families. Some respondents linked tax dissatisfaction to perceived misallocation of public funds.

Key concerns include:

- Increasing property taxes impacting affordability, especially for seniors on fixed income
- Feeling that tax dollars are spent on non-essential or poorly maintained projects rather than community needs
- Requests for tax relief programs or better prioritization of public spending

Theme: Health Costs

Respondents were concerned about high costs of health care, including out-of-pocket expenses and medication costs. Many shared the financial strain caused by expensive treatments and limited insurance coverage. Dental care costs were highlighted as a particular challenge due to lack of coverage and availability. These financial barriers are contributing to stress and hindering access to necessary health services.

Key concerns include:

- High insurance premiums and deductibles
- Out-of-pocket costs for medications and treatments
- Dental care expenses limiting access to necessary oral health services
- Fear of losing insurance coverage

Programs or Services that Would Improve Health in Reno County

Theme	Frequency
Dental Care	5
Specialists Care	4
Mental Health	4
Blue Cross Blue Shield Acceptance	3

Total Responses: 42 (Reno County Household Survey)

Theme: Dental Care

Many respondents emphasized the need for more accessible and affordable dental services. Comments frequently referenced high costs, inadequate coverage, and difficulty accessing basic dental care, such as cleanings and fillings. Several participants explicitly requested low-cost dental programs or clinics, reflecting a broader concern that oral health is being neglected or treated as a luxury in the current system.

Theme: Specialists Care

Access to specialty providers was a recurring issue. Residents expressed frustration about the lack of neurologists, dermatologists, and other specialists in the area, often citing this as a reason for delays in diagnosis or the need to travel outside the county for care. Some requested the return of specific specialties that had previously been available in Reno County, underscoring the community's desire for a more robust local referral network.

Theme: Mental Health

Calls for expanded mental health services were primarily focused on outreach and accessibility. Respondents mentioned the need for more counselors, school-based programming, and residential treatment options. Affordability and wait times were also noted as barriers. These responses reflect a perception that mental health infrastructure is insufficient to meet growing community needs.

Theme: Blue Cross Blue Shield Acceptance

Several individuals highlighted the disruption caused by local clinics no longer accepting Blue Cross Blue Shield insurance. The loss of BCBS coverage was linked to changes in access to providers, specialist care, and continuity of care. Residents expressed a clear desire for a return to in-network services, indicating that insurance compatibility is a high priority for many families in the area.

Listening Session with Non-Profit Resource Council

Key Challenges Identified

- Difficulty accessing primary care, detox, and mental health services
- High cost of prescriptions and healthy food
- Long wait times and red tape for therapists
- Lack of transportation and gym access
- Food deserts and limited nutrition knowledge
- Language and health literacy barriers
- Long waitlists for housing and disability services
- Barriers to using SNAP or food banks
- Stigma and complexity around mental health
- Limited access to dependent care
- Few walk-in options and limited communication infrastructure
- Programs like “First Call for Help” are underutilized

Community Strengths

- Framers Market and food programs (e.g., Bump to Baby, WIC)
- Mobile services: MAT, Mobile Crisis Team
- Youth programs: Boys & Girls Club, YouthThrive
- Transportation: RCAT
- Philanthropic support and United Way partners
- Crisis and recovery supports: Brighthouse 24/7 line, Sober living, Lighthouse
- Strong Hispanic community networks
- Nonprofits with lived experience at decision-making tables
- Library and other access points

Opportunities & Recommendations

Policy & Systems	Programs & Access	Economic & Housing
<ul style="list-style-type: none"> • Medicaid Expansion • Continuum of care coordination • Law enforcement trauma support 	<ul style="list-style-type: none"> • More in-person support groups • Expansion of food access for kids • Court-ordered class access 	<ul style="list-style-type: none"> • Microloans to replace payday lenders • Affordable housing conversions • Felony-friendly employment

Appendix C:

Analysis of Variance

(ANOVA Results)

To test if survey results had significant differences between specific groups in Reno County, we conducted an Analysis of Variance (ANOVA) test. These results are used to help inform the healthcare and social service community about groups that are more vulnerable and experiencing the most need in the community. Along with the ANOVA results, there are tables with the average score for each question broken down by group. With this information, providers and community members can help address health disparities and find solutions that are relevant to the populations they intend to serve.

Groups tested for variance were:

- Zip code
- Education level
- Census tract groups
- Race/Ethnicity
- Income

How would you rate your household's physical health?

● Excellent ● Very Good ● Good ● Fair ● Poor



Total Responses: 183

How would you rate your household's overall physical health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Education	.0218	.2243	Tukey's	High School vs. Bachelor's+	<.05
Income	<.0001	.0102	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0387
Income	<.0001	.0102	Satterthwaite	<\$50,000 vs. \$100,000+	.0046

Group Averages - How would you rate your household's physical health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Zip Code

67501	3.2
67502	3.5
Other	3.4

Census Tract Groups

Central/Eastern Hutchinson	3.3
Hutchinson Outskirts	3.7
North Central Hutchinson	3.3
North Hutchinson	3.4
South Hutchinson/East Rural	3.2
West/Southwest Rural	3.5

Education Level

High school or less	3.2
Some college (no diploma)	3.2
Associate's or Vocational degree	3.5
Bachelor's degree or higher	3.7

Group Averages - How would you rate your household's mental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Household Race/Ethnicity

White	3.5
Non-White	3.2
Multiracial	3.3

Household Income

<\$50,000	3.5
\$50,000 to \$99,999	3.0
\$100,000+	3.8

Is your household able to receive healthcare when needed?

● Always ● Most of the Time ● Sometimes ● Rarely ● Never



Total Responses: 184

Significant ANOVA Results - Is your household able to receive healthcare when you need it?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip code	<.0001	.0029	Satterthwaite	67501 vs. 67502	<.0001
Census Tracts	.0002	.1340	Tukey's	Central/East Hutch vs. Hutch Outskirts	<.05
Census Tracts	.0002	.1340	Tukey's	Central/East Hutch vs. North Hutch	<.05
Census Tracts	.0002	.1340	Tukey's	Central/East Hutch vs. North Central Hutch	<.05
Census Tracts	.0002	.1340	Tukey's	Central/East Hutch vs. West/Southwest Rural	<.05
Income	.0010	.0988	Tukey's	<\$50,000 vs. \$50k-\$99,999	<.05
Income	.0010	.0988	Tukey's	<\$50,000 vs. \$100,000+	<.05

Group Averages - Is your household able to receive healthcare when you need it?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Zip Code

67501

4.2

67502

4.8

Other

4.5

Census Tract Groups

Central/Eastern Hutchinson

3.8

Hutchinson Outskirts

4.8

North Central Hutchinson

4.5

North Hutchinson

4.7

South Hutchinson/East Rural

4.6

West/Southwest Rural

4.5

Education Level

High school or less

4.4

Some college (no diploma)

4.5

Associate's or Vocational degree

4.4

Bachelor's degree or higher

4.7

Group Averages - Is your household able to receive healthcare when you need it?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Household Race/Ethnicity

White	4.5
Non-White	4.4
Multiracial	4.8

Household Income

<\$50,000	4.3
\$50,000 to \$99,999	4.6
\$100,000+	4.8

In the past 12 months, has a member of your household skipped medical care due to cost

● Frequently ● Occasionally ● Rarely ● Never



Total Responses: 183

Significant ANOVA Results - In the past 12 months, has a member of your household skipped medical care due to cost?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip code	.0029	.3170	Tukey's	67501 vs. 67502	<.05
Census Tracts	.0057	.0092	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	.0002
Income	.0115	.5827	Tukey's	<\$50,000 vs. \$100,000+	<.05

Group Averages - In the past 12 months, has a member of your household skipped medical care due to cost?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Zip Code

67501

2.0

67502

1.4

Other

1.7

Census Tract Groups

Central/Eastern Hutchinson

2.2

Hutchinson Outskirts

1.2

North Central Hutchinson

1.8

North Hutchinson

1.7

South Hutchinson/East Rural

1.7

West/Southwest Rural

1.5

Education Level

High school or less

1.7

Some college (no diploma)

1.9

Associate's or Vocational degree

1.8

Bachelor's degree or higher

1.4

**Group Averages - In the past 12 months, has a member of
your household skipped medical care due to cost?**

Frequently (4), Occasionally (3), Rarely (2), Never (1)

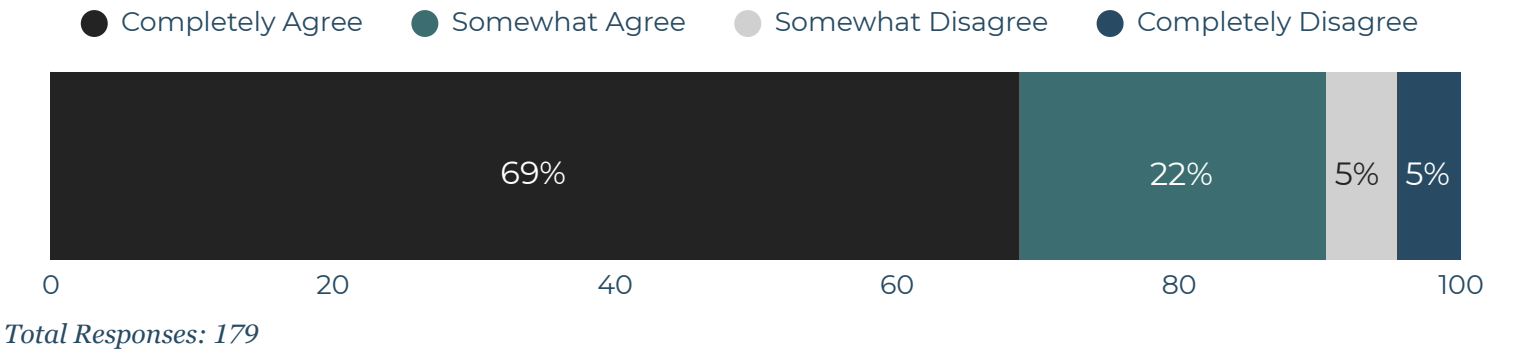
Household Race/Ethnicity

White	1.6
Non-White	1.9
Multiracial	1.8

Household Income

<\$50,000	1.9
\$50,000 to \$99,999	1.7
\$100,000+	1.3

It is important for all household members to receive vaccinations against preventable diseases



<div>Significant ANOVA Results - It is important for all household members to receive vaccinations against preventable diseases</div> <div>Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)</div>					
Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

**Group Averages - It is important for all household members
to receive vaccinations against preventable diseases**

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501

3.3

67502

3.6

Other

3.4

Census Tract Groups

Central/Eastern Hutchinson

3.5

Hutchinson Outskirts

3.3

North Central Hutchinson

3.2

North Hutchinson

3.6

South Hutchinson/East Rural

3.5

West/Southwest Rural

3.5

Education Level

High school or less

3.4

Some college (no diploma)

3.6

Associate's or Vocational degree

3.3

Bachelor's degree or higher

3.6

**Group Averages - It is important for all household members
to receive vaccinations against preventable diseases**

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity

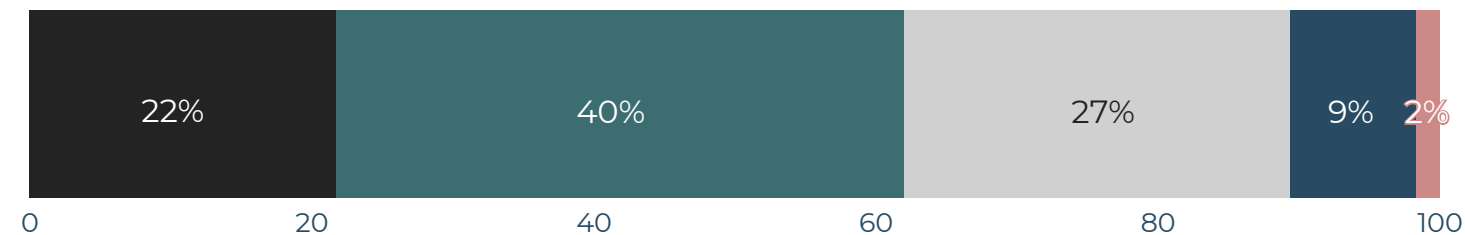
White	3.5
Non-White	3.0
Multiracial	3.3

Household Income

<\$50,000	3.4
\$50,000 to \$99,999	3.4
\$100,000+	3.6

How would you rate your household's mental health?

● Excellent ● Very Good ● Good ● Fair ● Poor



Total Responses: 179

Significant ANOVA Results - How would you rate your household's mental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip code	.0282	.1908	Tukey's	67501 vs. Other	<.05
Census Tracts	.0018	.0837	Tukey's	Central/East Hutch vs. Hutch Outskirts	<.05
Census Tracts	.0018	.0837	Tukey's	Central/East Hutch vs. South Hutch/East Rural	<.05
Census Tracts	.0018	.0837	Tukey's	Central/East Hutch vs. West/Southwest Rural	<.05
Income	.0022	.0584	Tukey's	<\$50,000 vs. \$50k-\$99,999	<.05
Income	.0022	.0584	Tukey's	<\$50,000 vs. \$100,000+	<.05

Group Averages - How would you rate your household's mental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Zip Code

67501	3.3
67502	3.7
Other	3.9

Census Tract Groups

Central/Eastern Hutchinson	2.9
Hutchinson Outskirts	3.9
North Central Hutchinson	3.4
North Hutchinson	3.7
South Hutchinson/East Rural	3.7
West/Southwest Rural	4.2

Education Level

High school or less	3.7
Some college (no diploma)	3.3
Associate's or Vocational degree	3.8
Bachelor's degree or higher	3.9

Group Averages - How would you rate your household's mental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Household Race/Ethnicity

White	3.6
Non-White	3.8
Multiracial	3.5

Household Income

<\$50,000	3.2
\$50,000 to \$99,999	3.8
\$100,000+	3.9

Do members of your household feel they have someone they can rely on for emotional support?

● Always ● Most of the Time ● Sometimes ● Rarely ● Never



Total Responses: 175

Significant ANOVA Results - Do members of your household feel they have someone they can rely on for emotional support?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip code	.0087	.1683	Tukey's	67501 vs. 67502	<.05
Census Tracts	.0241	.0479	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	.0182
Census Tracts	.0241	.0479	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	.0168
Census Tracts	.0241	.0479	Satterthwaite	North Central Hutch vs. Hutch Outskirts	.0171
Census Tracts	.0241	.0479	Satterthwaite	North Central Hutch vs. West/Southwest Rural	.0163
Income	.0009	.1137	Tukey's	<\$50,000 vs. \$50k-\$99,999	<.05
Income	.0009	.1137	Tukey's	<\$50,000 vs. \$100,000+	<.05

Group Averages - Do members of your household feel they have someone they can rely on for emotional support?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Zip Code

67501	3.9
67502	4.5
Other	4.4

Census Tract Groups

Central/Eastern Hutchinson	3.7
Hutchinson Outskirts	4.6
North Central Hutchinson	3.9
North Hutchinson	4.3
South Hutchinson/East Rural	4.4
West/Southwest Rural	4.7

Education Level

High school or less	4.4
Some college (no diploma)	4.5
Associate's or Vocational degree	4.5
Bachelor's degree or higher	4.5

Group Averages - Do members of your household feel they have someone they can rely on for emotional support?

Always (5), Most of the time (4), Sometimes (3), Rarely (2), Never (1)

Household Race/Ethnicity

White	4.3
Non-White	4.0
Multiracial	4.6

Household Income

<\$50,000	3.7
\$50,000 to \$99,999	4.6
\$100,000+	3.9

How often does your household interact with neighbors or other community members?

● Daily ● Weekly ● Monthly ● Rarely ● Never



Total Responses: 177

Significant ANOVA Results - How often does your household interact with neighbors or other community members?

Daily (5), Weekly (4), Monthly (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip code	.0003	.0025	Satterthwaite	67501 vs. 67502	.0045
Zip code	.0003	.0025	Satterthwaite	67501 vs. Other	.0003
Census Tracts	.0002	.0139	Satterthwaite	Central/East Hutch vs. West/Southwest Rural	<.0001
Census Tracts	.0002	.0139	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	.0017
Census Tracts	.0002	.0139	Satterthwaite	Central/East Hutch vs. South Hutch/East Rural	.0025
Census Tracts	.0002	.0139	Satterthwaite	Central/East Hutch vs. North Hutch	.0189
Education	.0043	.0194	Satterthwaite	High School vs. Bachelor's+	.0024

Significant ANOVA Results - How often does your household interact with neighbors or other community members?

Daily (5), Weekly (4), Monthly (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Income	.0003	.0001	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0194
Income	.0003	.0001	Satterthwaite	<\$50,000 vs. \$100,000+	<.0001

Group Averages - How often does your household interact with neighbors or other community members?

Daily (5), Weekly (4), Monthly (3), Rarely (2), Never (1)

Zip Code

67501	3.3
67502	4.0
Other	4.3

Census Tract Groups

Central/Eastern Hutchinson	2.8
Hutchinson Outskirts	4.1
North Central Hutchinson	3.5
North Hutchinson	3.8
South Hutchinson/East Rural	4.0
West/Southwest Rural	4.5

Education Level

High school or less	3.5
Some college (no diploma)	3.7
Associate's or Vocational degree	4.1
Bachelor's degree or higher	4.2

**Group Averages - How often does your household interact
with neighbors or other community members?**

Daily (5), Weekly (4), Monthly (3), Rarely (2), Never (1)

Household Race/Ethnicity

White	3.8
Non-White	3.5
Multiracial	3.9

Household Income

<\$50,000	3.3
\$50,000 to \$99,999	3.9
\$100,000+	4.3

Our household feels a sense of belonging in our community

● Completely Agree
● Somewhat Agree
● Somewhat Disagree
● Completely Disagree



Total Responses: 171

Significant ANOVA Results - Our household feels a sense of belonging in our community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0077	.0368	Satterthwaite	67501 vs. 67502	.0024
Census Tracts	.0481	.6273	Tukey's	Did not detect any significant pairwise group differences	
Income	.0006	.0095	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0141
Income	.0006	.0095	Satterthwaite	<\$50,000 vs. \$100,000+	.0001

Group Averages - Our household feels a sense of belonging in our community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.8
67502	3.3
Other	2.9

Census Tract Groups

Central/Eastern Hutchinson	2.8
Hutchinson Outskirts	3.4
North Central Hutchinson	2.6
North Hutchinson	3.2
South Hutchinson/East Rural	3.2
West/Southwest Rural	2.9

Education Level

High school or less	3.1
Some college (no diploma)	3.1
Associate's or Vocational degree	3.1
Bachelor's degree or higher	3.3

Group Averages - Our household feels a sense of belonging in our community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

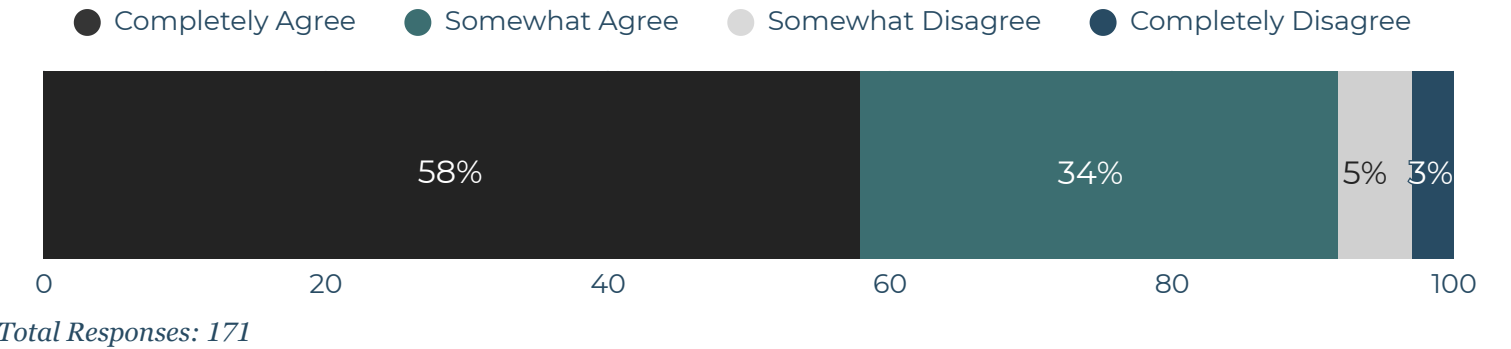
Household Race/Ethnicity

White	3.1
Non-White	2.6
Multiracial	2.8

Household Income

<\$50,000	2.6
\$50,000 to \$99,999	3.2
\$100,000+	3.4

It is easy for our household to maintain social connections with friends or family



Significant ANOVA Results - It is easy for our household to maintain social connections with friends or family					
Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)					
Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0022	.0025	Satterthwaite	67501 vs. 67502	.0016
Income	.0039	.0256	Satterthwaite	<\$50,000 vs. \$100,000+	.0002

Group Averages - It is easy for our household to maintain social connections with friends or family

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.9
67502	3.5
Other	3.1

Census Tract Groups

Central/Eastern Hutchinson	3.0
Hutchinson Outskirts	3.5
North Central Hutchinson	2.9
North Hutchinson	3.5
South Hutchinson/East Rural	3.2
West/Southwest Rural	3.3

Education Level

High school or less	3.2
Some college (no diploma)	3.4
Associate's or Vocational degree	3.2
Bachelor's degree or higher	3.4

**Group Averages - It is easy for our household to maintain
social connections with friends or family**

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

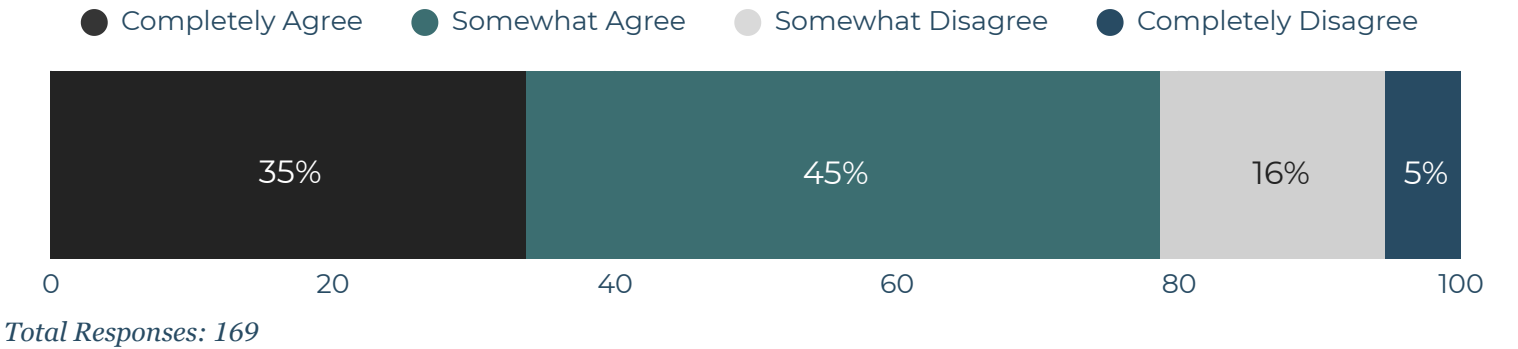
Household Race/Ethnicity

White	3.3
Non-White	2.8
Multiracial	2.9

Household Income

<\$50,000	2.9
\$50,000 to \$99,999	3.2
\$100,000+	3.6

It is important for our household to have more opportunities for social engagement in the community



Significant ANOVA Results - It is important for our household to have more opportunities for social engagement in the community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

Group Averages - It is important for our household to have more opportunities for social engagement in the community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.7
67502	2.9
Other	2.8

Census Tract Groups

Central/Eastern Hutchinson	2.7
Hutchinson Outskirts	3.0
North Central Hutchinson	2.8
North Hutchinson	2.9
South Hutchinson/East Rural	2.7
West/Southwest Rural	2.9

Education Level

High school or less	3.0
Some college (no diploma)	3.1
Associate's or Vocational degree	3.0
Bachelor's degree or higher	2.8

Group Averages - It is important for our household to have more opportunities for social engagement in the community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity

White	2.8
Non-White	2.6
Multiracial	2.9

Household Income

<\$50,000	2.6
\$50,000 to \$99,999	2.9
\$100,000+	3.0

How would you rate your household's dental health?

● Excellent ● Very Good ● Good ● Fair ● Poor



Total Responses: 184

Significant ANOVA Results - How would you rate your household's dental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0018	.2497	Tukey's	67501 vs. 67502	<.05
Zip Code	.0018	.2497	Tukey's	67501 vs. Other	<.05
Education	.0008	.2460	Tukey's	High school vs. Bachelor's+	<.05
Education	.0008	.2460	Tukey's	Some college vs. Bachelor's+	<.05
Income	.0007	.0084	Satterthwaite	<\$50,000 vs. \$100,000+	.0001

Group Averages - How would you rate your household's dental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Zip Code

67501	2.9
67502	3.5
Other	3.4

Census Tract Groups

Central/Eastern Hutchinson	2.7
Hutchinson Outskirts	3.6
North Central Hutchinson	3.2
North Hutchinson	3.4
South Hutchinson/East Rural	3.3
West/Southwest Rural	3.6

Education Level

High school or less	2.9
Some college (no diploma)	2.7
Associate's or Vocational degree	3.4
Bachelor's degree or higher	3.7

Group Averages - How would you rate your household's dental health?

Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Household Race/Ethnicity

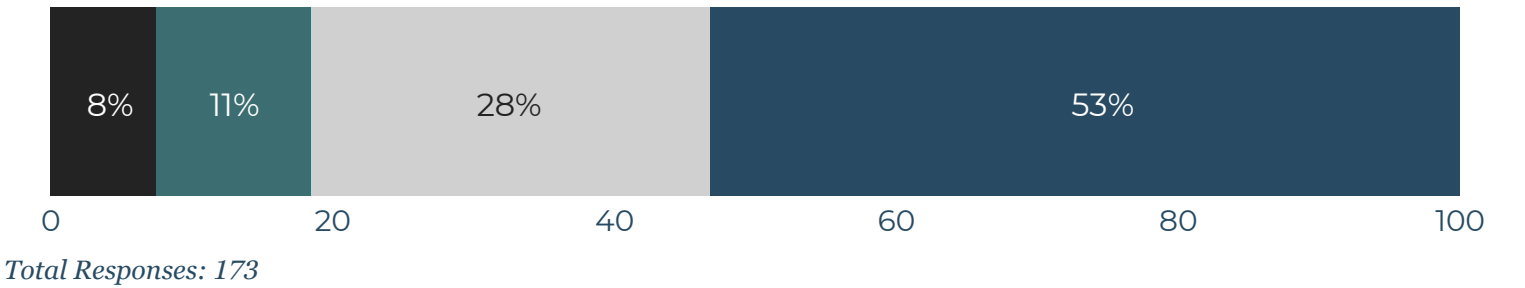
White	3.3
Non-White	3.2
Multiracial	3.4

Household Income

<\$50,000	2.9
\$50,000 to \$99,999	3.3
\$100,000+	3.8

In the past 12 months, how frequently has a member of your household experienced dental pain?

Frequently Occasionally Rarely Never



Significant ANOVA Results - In the past 12 months, how frequently has a member of your household experienced dental pain?					
Frequently (4), Occasionally (3), Rarely (2), Never (1)					
Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

Group Averages - In the past 12 months, how frequently has a member of your household experienced dental pain?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Zip Code

67501	1.8
67502	1.6
Other	1.5

Census Tract Groups

Central/Eastern Hutchinson	1.9
Hutchinson Outskirts	1.3
North Central Hutchinson	1.6
North Hutchinson	1.7
South Hutchinson/East Rural	1.7
West/Southwest Rural	1.6

Education Level

High school or less	1.8
Some college (no diploma)	2.0
Associate's or Vocational degree	1.5
Bachelor's degree or higher	1.6

Group Averages - In the past 12 months, how frequently has a member of your household experienced dental pain?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Household Race/Ethnicity

White	1.6
Non-White	1.9
Multiracial	1.7

Household Income

<\$50,000	1.8
\$50,000 to \$99,999	1.5
\$100,000+	1.5

In the past 12 months, how frequently has your household been concerned about having enough food?

● Frequently ● Occasionally ● Rarely ● Never



Total Responses: 183

Significant ANOVA Results - In the past 12 months, how frequently has your household been about having enough food?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0001	.0031	Satterthwaite	67501 vs. 67502	<.0001
Zip Code	.0001	.0031	Satterthwaite	67501 vs. Other	.0035
Census Tracts	.0001	.0075	Satterthwaite	Central/East Hutch vs. South Hutch/East Rural	.0033
Census Tracts	.0001	.0075	Satterthwaite	Central/East Hutch vs. North Hutch	.0023
Census Tracts	.0001	.0075	Satterthwaite	Central/East Hutch vs. West/Southwest Rural	.0006
Census Tracts	.0001	.0075	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	<.0001
Census Tracts	.0001	.0075	Satterthwaite	North Central Hutch vs. Hutch Outskirts	.0025

Significant ANOVA Results - In the past 12 months, how frequently has your household been about having enough food?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Education	.0001	.0178	Satterthwaite	High School vs. Associate's/Vocational	.0141
Education	.0001	.0178	Satterthwaite	High School vs. Bachelor's+	.0002
Income	.0001	.0001	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	<.0001
Income	.0001	.0001	Satterthwaite	<\$50,000 vs. \$100,000+	<.0001

Group Averages - In the past 12 months, how frequently has your household been about having enough food?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Zip Code

67501	1.9
67502	1.2
Other	1.4

Census Tract Groups

Central/Eastern Hutchinson	2.2
Hutchinson Outskirts	1.0
North Central Hutchinson	1.7
North Hutchinson	1.4
South Hutchinson/East Rural	1.4
West/Southwest Rural	1.3

Education Level

High school or less	1.9
Some college (no diploma)	1.6
Associate's or Vocational degree	1.4
Bachelor's degree or higher	1.2

Group Averages - In the past 12 months, how frequently has your household been about having enough food?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Household Race/Ethnicity

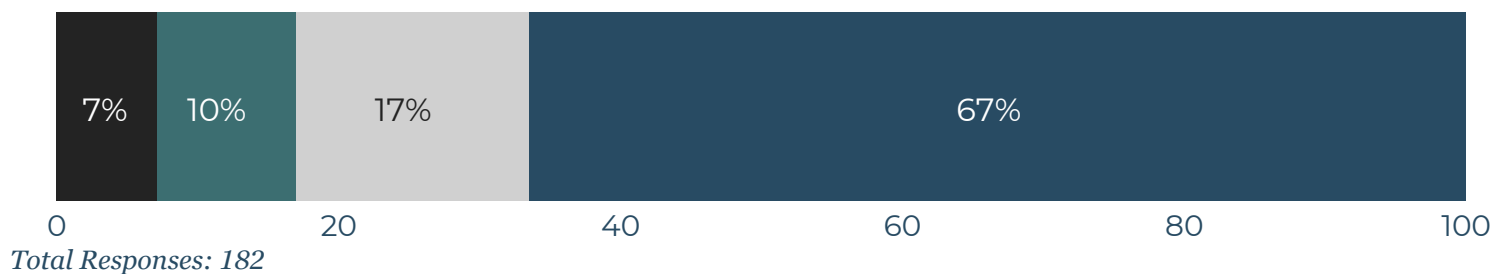
White	1.4
Non-White	1.8
Multiracial	1.7

Household Income

<\$50,000	2.0
\$50,000 to \$99,999	1.2
\$100,000+	1.1

In the past 12 months, how frequently has your household been unable to eat balanced meals due to cost?

● Frequently ● Occasionally ● Rarely ● Never



Significant ANOVA Results - In the past 12 months, how frequently has your household been unable to eat balanced meals due to cost?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0007	.0695	Tukey's	67501 vs. 67502	<.05
Census Tracts	.0018	.0047	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	<.0001
Census Tracts	.0018	.0047	Satterthwaite	North Central Hutch vs. Hutch Outskirts	.0013
Census Tracts	.0018	.0047	Satterthwaite	South Hutch/East Rural vs. Hutch Outskirts	.0003
Education	.0042	.0605	Tukey's	High School vs. Bachelor's+	<.05
Education	.0042	.0605	Tukey's	Some college vs. Bachelor's+	<.05
Income	<.0001	.0036	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0019
Income	<.0001	.0036	Satterthwaite	<\$50,000 vs. \$100,000+	<.0001

Group Averages - In the past 12 months, how frequently has your household been unable to eat balanced meals due to cost?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Zip Code

67501	1.9
67502	1.3
Other	1.6

Census Tract Groups

Central/Eastern Hutchinson	2.0
Hutchinson Outskirts	1.0
North Central Hutchinson	1.8
North Hutchinson	1.5
South Hutchinson/East Rural	1.6
West/Southwest Rural	1.4

Education Level

High school or less	1.8
Some college (no diploma)	2.0
Associate's or Vocational degree	1.6
Bachelor's degree or higher	1.3

Group Averages - In the past 12 months, how frequently has your household been unable to eat balanced meals due to cost?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Household Race/Ethnicity

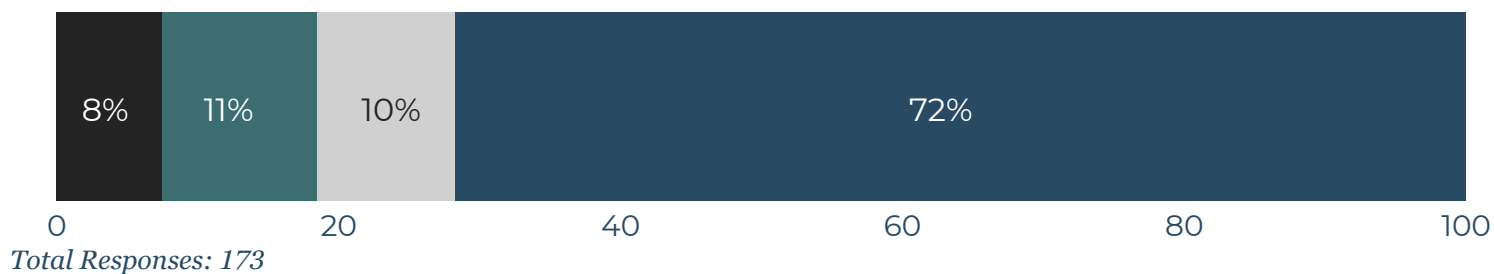
White	1.5
Non-White	1.6
Multiracial	2.0

Household Income

<\$50,000	2.0
\$50,000 to \$99,999	1.4
\$100,000+	1.2

In the past 12 months, how frequently has your household experienced difficulty paying utility bills?

● Frequently ● Occasionally ● Rarely ● Never



Significant ANOVA Results - In the past 12 months, how frequently has your household experienced difficulty paying utility bills?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0076	.0011	Satterthwaite	67501 vs. 67502	.0051
Census Tracts	.0107	.0007	Satterthwaite	Central/East Hutch vs. Hutch Outskirts	.0011
Education	.0449	.0044	Satterthwaite	High School vs. Bachelor's+	.0233
Income	.0432	.0005	Satterthwaite	<\$50,000 vs. \$100,000+	.0146

Group Averages - In the past 12 months, how frequently has your household experienced difficulty paying utility bills?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Zip Code

67501	1.8
67502	1.3
Other	1.4

Census Tract Groups

Central/Eastern Hutchinson	2.0
Hutchinson Outskirts	1.0
North Central Hutchinson	1.6
North Hutchinson	1.4
South Hutchinson/East Rural	1.5
West/Southwest Rural	1.3

Education Level

High school or less	1.8
Some college (no diploma)	1.7
Associate's or Vocational degree	1.6
Bachelor's degree or higher	1.2

Group Averages - In the past 12 months, how frequently has your household experienced difficulty paying utility bills?

Frequently (4), Occasionally (3), Rarely (2), Never (1)

Household Race/Ethnicity

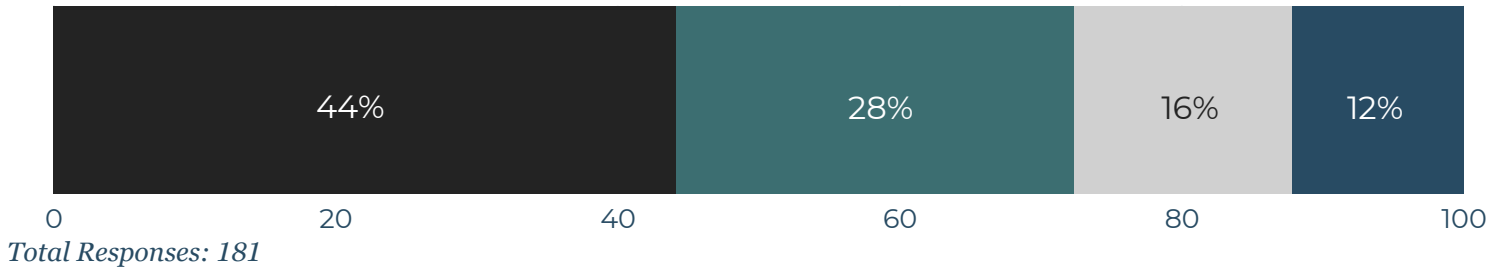
White	1.4
Non-White	1.6
Multiracial	1.9

Household Income

<\$50,000	1.7
\$50,000 to \$99,999	1.4
\$100,000+	1.2

If a household member gets sick or has an accident, our household will have enough money to cover the medical expenses

● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree



Significant ANOVA Results - If a household member gets sick or has an accident, our household will have enough money to cover the medical expenses

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	<.0001	.0070	Satterthwaite	67501 vs. 67502	<.0001
Census Tracts	.0013	.1254	Tukey's	Central/East Hutch vs. Hutch Outskirts	<.05
Census Tracts	.0013	.1254	Tukey's	Central/East Hutch vs. North Hutch	<.05
Census Tracts	.0013	.1254	Tukey's	Central/East Hutch vs. South Hutch/East Rural	<.05
Education	<.0001	<.0001	Satterthwaite	High School vs. Bachelor's+	<.0001
Education	<.0001	<.0001	Satterthwaite	Some college vs. Bachelor's+	.0167
Income	<.0001	<.0001	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0009
Income	<.0001	<.0001	Satterthwaite	<\$50,000 vs. \$100,000+	<.0001

Group Averages - If a household member gets sick or has an accident, our household will have enough money to cover the medical expenses

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.5
67502	3.3
Other	2.9

Census Tract Groups

Central/Eastern Hutchinson	2.1
Hutchinson Outskirts	3.4
North Central Hutchinson	2.8
North Hutchinson	3.1
South Hutchinson/East Rural	3.0
West/Southwest Rural	3.1

Education Level

High school or less	2.4
Some college (no diploma)	2.7
Associate's or Vocational degree	2.9
Bachelor's degree or higher	3.4

Group Averages - If a household member gets sick or has an accident, our household will have enough money to cover the medical expenses

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity

White	3.0
Non-White	3.1
Multiracial	2.7

Household Income

<\$50,000	2.4
\$50,000 to \$99,999	3.1
\$100,000+	3.5

Over the last 12 months, our household's financial situation has been stable

● Completely Agree
● Somewhat Agree
● Somewhat Disagree
● Completely Disagree



Total Responses: 168

Significant ANOVA Results - Over the last 12 months, our household's financial situation has been stable

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0069	.3330	Tukey's	67501 vs. 67502	<.05
Income	<.0001	.0279	Satterthwaite	<\$50,000 vs. \$50k-\$99,999	.0085
Income	<.0001	.0279	Satterthwaite	<\$50,000 vs. \$100,000+	<.0001

Group Averages - Over the last 12 months, our household's financial situation has been stable

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.7
67502	3.4
Other	3.0

Census Tract Groups

Central/Eastern Hutchinson	2.8
Hutchinson Outskirts	3.1
North Central Hutchinson	2.8
North Hutchinson	3.4
South Hutchinson/East Rural	3.1
West/Southwest Rural	3.2

Education Level

High school or less	2.9
Some college (no diploma)	3.4
Associate's or Vocational degree	3.2
Bachelor's degree or higher	3.3

Group Averages - Over the last 12 months, our household's financial situation has been stable

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity

White	3.2
Non-White	2.6
Multiracial	2.9

Household Income

<\$50,000	2.6
\$50,000 to \$99,999	3.2
\$100,000+	3.6

Over the last 12 months, our household's financial situation improved

● Completely Agree ● Somewhat Agree ● Somewhat Disagree ● Completely Disagree



Total Responses: 166

Significant ANOVA Results - Over the last 12 months, our household's financial situation has been stable

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

Group Averages - Over the last 12 months, our household's financial situation has improved

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.3
67502	2.7
Other	2.6

Census Tract Groups

Central/Eastern Hutchinson	2.3
Hutchinson Outskirts	2.5
North Central Hutchinson	2.3
North Hutchinson	2.9
South Hutchinson/East Rural	2.5
West/Southwest Rural	2.6

Education Level

High school or less	2.4
Some college (no diploma)	3.0
Associate's or Vocational degree	2.7
Bachelor's degree or higher	2.6

Group Averages - Over the last 12 months, our household's financial situation has improved

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

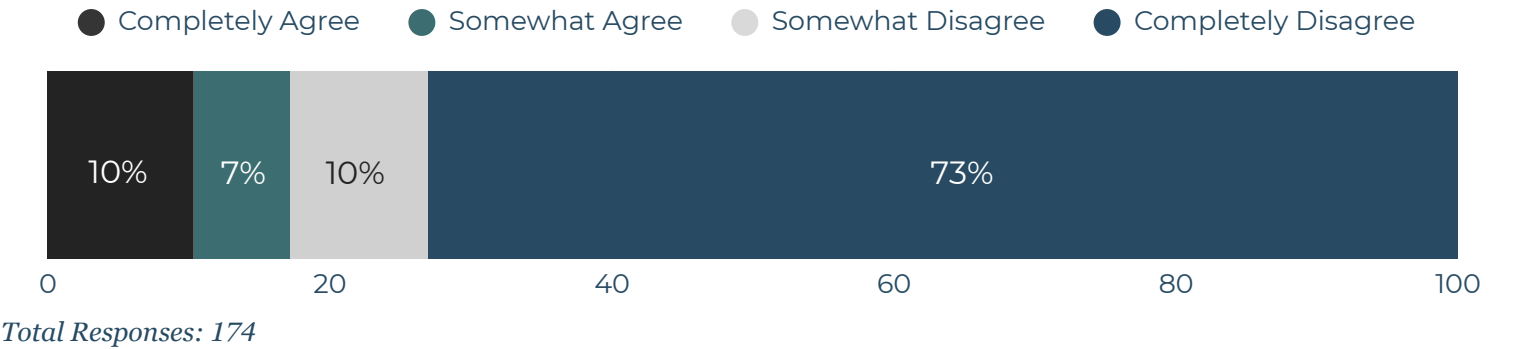
Household Race/Ethnicity

White	2.6
Non-White	2.1
Multiracial	2.6

Household Income

<\$50,000	2.4
\$50,000 to \$99,999	2.6
\$100,000+	2.7

I am concerned about the impact of substance use on our household’s health and well-being



Significant ANOVA Results - I am concerned about the impact of substance use on our household’s health and well-being

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

Group Averages - I am concerned about the impact of substance use on our household's health and well-being

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	1.5
67502	1.5
Other	1.2

Census Tract Groups

Central/Eastern Hutchinson	1.8
Hutchinson Outskirts	1.6
North Central Hutchinson	1.2
North Hutchinson	1.6
South Hutchinson/East Rural	1.4
West/Southwest Rural	1.2

Education Level

High school or less	1.8
Some college (no diploma)	1.5
Associate's or Vocational degree	1.3
Bachelor's degree or higher	1.4

**Group Averages - I am concerned about the impact of substance use
on our household's health and well-being**

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

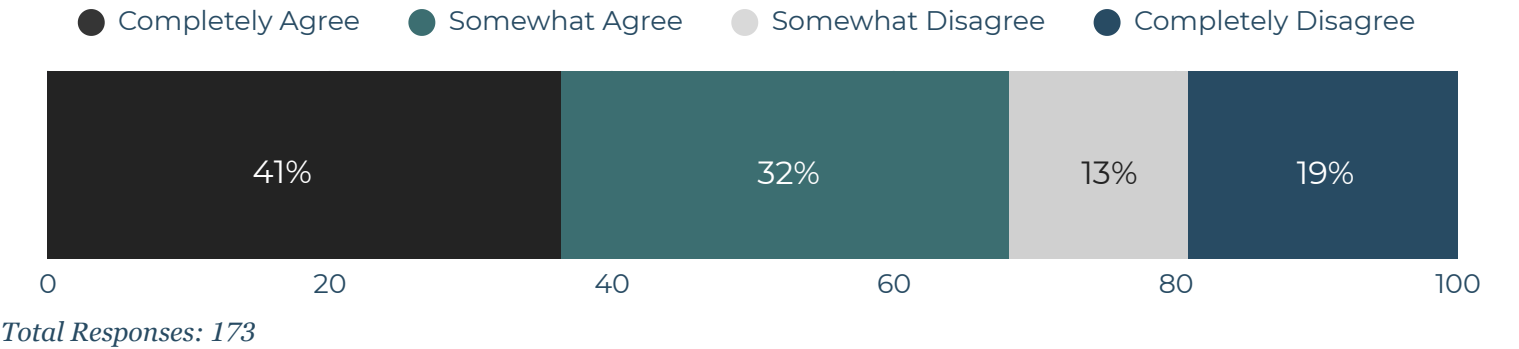
Household Race/Ethnicity

White	1.4
Non-White	2.0
Multiracial	1.4

Household Income

<\$50,000	1.6
\$50,000 to \$99,999	1.4
\$100,000+	1.4

Our household would be supportive of a substance use recovery home opening in our neighborhood



Significant ANOVA Results - Our household would be supportive of a substance use recovery home opening in our neighborhood					
Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)					
Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups					

Group Averages - Our household would be supportive of a substance use recovery home opening in our neighborhood

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.8
67502	2.7
Other	2.5

Census Tract Groups

Central/Eastern Hutchinson	2.9
Hutchinson Outskirts	2.6
North Central Hutchinson	3.0
North Hutchinson	2.8
South Hutchinson/East Rural	2.4
West/Southwest Rural	2.6

Education Level

High school or less	2.9
Some college (no diploma)	2.9
Associate's or Vocational degree	2.8
Bachelor's degree or higher	2.6

Group Averages - Our household would be supportive of a substance use recovery home opening in our neighborhood

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity

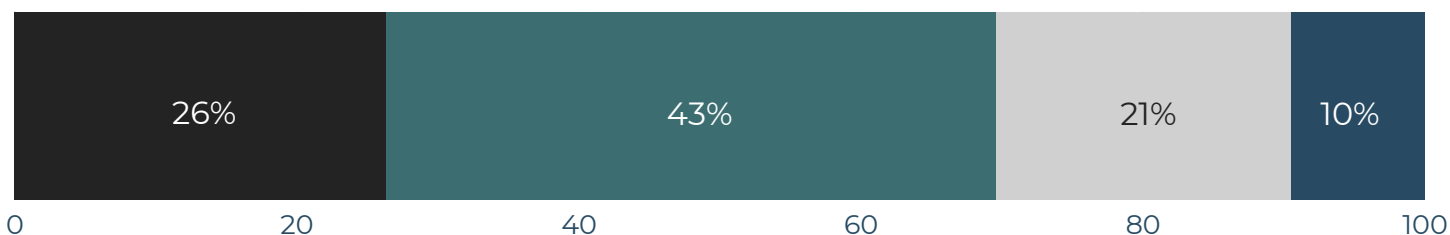
White	2.7
Non-White	2.5
Multiracial	2.7

Household Income

<\$50,000	2.8
\$50,000 to \$99,999	2.9
\$100,000+	2.4

Our household is satisfied with the quality of childcare services in our community

● Completely Agree
● Somewhat Agree
● Somewhat Disagree
● Completely Disagree



Total Responses: 148

Significant ANOVA Results - Our household is satisfied with the quality of childcare services in our community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
Zip Code	.0326	.5695	Tukey's	67501 vs. 67502	<.05

Note: There were also no significant differences between households with children <18 years of age (average = 2.6) and those without children (average = 2.3)

Group Averages - Our household is satisfied with the quality of childcare services in our community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.0
67502	2.6
Other	2.3

Census Tract Groups

Central/Eastern Hutchinson	1.9
Hutchinson Outskirts	2.2
North Central Hutchinson	2.1
North Hutchinson	2.5
South Hutchinson/East Rural	2.5
West/Southwest Rural	2.3

Education Level

High school or less	2.4
Some college (no diploma)	2.2
Associate's or Vocational degree	2.4
Bachelor's degree or higher	2.5

**Group Averages - I am concerned about the impact of substance use
on our household's health and well-being**

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

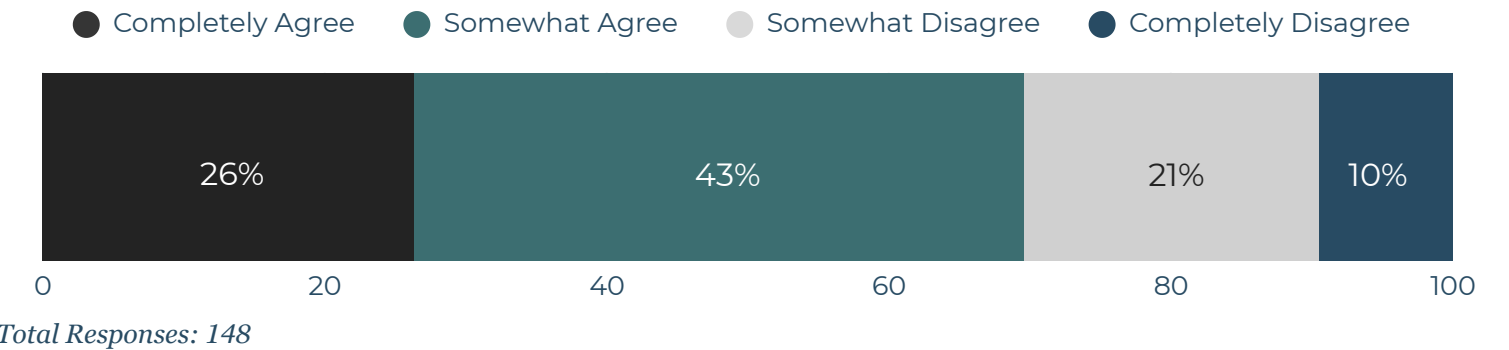
Household Race/Ethnicity

White	2.3
Non-White	2.2
Multiracial	2.3

Household Income

<\$50,000	2.2
\$50,000 to \$99,999	2.3
\$100,000+	2.8

Our household is satisfied with the childcare options available in the community



Significant ANOVA Results - Our household is satisfied with the childcare options available in the community					
Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)					
Group	ANOVA	Levene's	Post Hoc Test	Comparison	p-value
There were no significant differences between groups. See note about the t-test results for households with children <18 years of age vs. those without children.					

Group Averages - Our household is satisfied with the childcare options available in the community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Zip Code

67501	2.1
67502	2.5
Other	2.3

Census Tract Groups

Central/Eastern Hutchinson	2.2
Hutchinson Outskirts	2.1
North Central Hutchinson	2.1
North Hutchinson	2.4
South Hutchinson/East Rural	2.7
West/Southwest Rural	2.3

Education Level

High school or less	2.4
Some college (no diploma)	2.4
Associate's or Vocational degree	2.5
Bachelor's degree or higher	2.5

Group Averages - Our household is satisfied with the childcare options available in the community

Completely Agree (4), Somewhat Agree (3), Somewhat Disagree (2), Completely Disagree (1)

Household Race/Ethnicity	
White	2.4
Non-White	2.4
Multiracial	2.3
Household Income	
<\$50,000	2.3
\$50,000 to \$99,999	2.3
\$100,000+	2.7
Children in Household	
Children <18 years of age*	2.7
No children	2.3

*Significance determined with Welch's t-test ($p = .0461$)

Appendix D: Chi-Square Results

To measure the difference between groups on categorical questions (Yes/No), we employed a chi-square test. Much like with the ANOVA results, the purpose of the test is to identify groups in Reno County who are experiencing greater health needs and vulnerabilities.

Where does your household usually receive their health care?

Zip Code	Hutchinson or Reno County (Observed / Expected)	Outside Reno County (Observed / Expected)	Total
67501	42 (44.65)	13 (10.35)	55
67502	72 (64.94)	8 (15.06)	80
Other	24 (28.41)	11 (6.59)	35
Total	138	32	170

$\chi^2(2) = 8.55$ $p = .0139$ (significant)
 Effect Size: $V = 0.22$ (Moderate association)

Where does your household usually receive their health care?

Education	Hutchinson or Reno County (Observed / Expected)	Outside Reno County (Observed / Expected)	Total
High School	27 (25.15)	6 (5.85)	33
Some College	17 (16.46)	3 (3.54)	20
Associat'es/Vocational	31 (34.56)	11 (7.44)	42
Bachelor's or higher	55 (51.84)	8 (11.17)	63
Total	130	28	158

$\chi^2(2) = 3.26$ $p = .3529$ (not significant)
 Effect Size: $V = 0.13$ (Low association)

Where does your household usually receive their health care?

Income	Hutchinson or Reno County (Observed / Expected)	Outside Reno County (Observed / Expected)	Total
<\$50,000	38 (46.44)	19 (10.56)	57
\$50k-\$99,999	50 (46.44)	7 (10.56)	57
\$100,000+	44 (39.11)	4 (8.89)	48
Total	132	30	162

$\chi^2(2) = 13.06$ $p = .0015$ (significant)
 Effect Size: $V = 0.28$ (Moderate association)

Does your household know where to access vaccination records?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	41 (41.04)	12 (11.96)	53
67502	59 (59.63)	18 (17.37)	77
Other	27 (26.33)	7 (7.67)	34
Total	127	37	164

$\chi^2(2) = 0.11$ $p = .9487$ (not significant)
Effect Size: $V = 0.03$ (No association)

Does your household know where to access vaccination records?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	25 (25.60)	8 (7.40)	33
Some College	14 (14.74)	5 (4.26)	19
Associate's/Vocational	30 (31.03)	10 (8.97)	40
Bachelor's or higher	52 (49.64)	12 (14.36)	64
Total	121	35	156

$\chi^2(2) = 0.87$ $p = .8310$ (not significant)
Effect Size: $V = 0.08$ (No association)

Does your household know where to access vaccination records?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	37 (42.89)	19 (13.11)	56
\$50k-\$99,999	47 (42.89)	9 (13.11)	56
\$100,000+	37 (35.23)	9 (10.77)	46
Total	121	37	158

$\chi^2(2) = 5.52$ $p = .0634$ (not significant)
 Effect Size: $V = 0.19$ (Low association)

Has any member of your household ever struggled with substance use in the past?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	13 (9.72)	47 (50.28)	60
67502	7 (13.12)	74 (67.88)	81
Other	9 (6.16)	29 (31.84)	38
Total	29	150	179

$\chi^2(2) = 6.30$ $p = .0429$ (significant)
Effect Size: $V = 0.19$ (Low association)

Has any member of your household ever struggled with substance use in the past?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	7 (5.44)	28 (29.57)	35
Some College	5 (3.26)	16 (17.74)	21
Associate's/Vocational	5 (6.52)	37 (35.48)	42
Bachelor's or higher	8 (9.78)	55 (53.22)	63
Total	25	136	161

$\chi^2(2) = 2.44$ $p = .4869$ (not significant)
Effect Size: $V = 0.12$ (Low association)

Has any member of your household ever struggled with substance use in the past?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	15 (9.93)	46 (51.07)	61
\$50k-\$99,999	8 (10.42)	56 (53.58)	64
\$100,000+	5 (7.65)	42 (39.35)	47
Total	28	144	172

$\chi^2(2) = 4.86$ $p = .0881$ (not significant)
 Effect Size: $V = 0.17$ (Low association)

Does your household have naloxone or carry naloxone?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	9 (6.85)	50 (52.16)	59
67502	6 (9.75)	78 (74.25)	84
Other	6 (4.41)	32 (33.59)	38
Total	21	160	181

$\chi^2(2) = 3.05$ $p = .2181$ (significant)
Effect Size: $V = 0.13$ (Low association)

Does your household have naloxone or carry naloxone?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	6 (7.41)	55 (53.60)	61
\$50k-\$99,999	8 (7.77)	56 (56.23)	64
\$100,000+	7 (5.83)	41 (42.17)	48
Total	21	152	161

$\chi^2(2) = 0.58$ $p = .7482$ (not significant)
Effect Size: $V = 0.06$ (No association)

Does your household have friends or family in Reno County struggling with substance use?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	10 (9.78)	49 (49.22)	59
67502	11 (13.92)	73 (70.08)	84
Other	9 (6.30)	29 (31.70)	38
Total	30	151	181

$\chi^2(2) = 6.30$ $p = .0429$ (significant)
 Effect Size: $V = 0.19$ (Low association)

Does your household have friends or family in Reno County struggling with substance use?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	7 (5.71)	29 (30.29)	36
Some College	7 (3.33)	14 (17.67)	21
Associate's/Vocational	7 (6.66)	35 (35.34)	42
Bachelor's or higher	5 (10.31)	60 (54.70)	65
Total	26	138	164

$\chi^2(2) = 8.42$ $p = .0380$ (significant)
 Effect Size: $V = 0.23$ (Moderate association)

Does your household have friends or family in Reno County struggling with substance use?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	15 (10.23)	46 (50.78)	61
\$50k-\$99,999	9 (10.73)	55 (53.27)	64
\$100,000+	5 (8.05)	43 (39.95)	48
Total	29	144	173

$\chi^2(2) = 4.40$ $p = .1109$ (not significant)
 Effect Size: $V = 0.16$ (Low association)

In case of emergency, your household has enough money to cover expenses for 6 months?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	21 (29.53)	31 (22.47)	52
67502	51 (42.03)	23 (31.98)	74
Other	20 (20.44)	16 (15.56)	36
Total	92	70	162

$\chi^2(2) = 10.16$ $p = .0062$ (significant)
 Effect Size: $V = 0.25$ (Moderate association)

In case of emergency, your household has enough money to cover expenses for 6 months?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	11 (15.81)	17 (12.19)	28
Some College	8 (10.16)	10 (7.84)	18
Associate's/Vocational	22 (22.02)	17 (16.98)	39
Bachelor's or higher	42 (35.01)	20 (26.99)	62
Total	83	64	147

$\chi^2(2) = 7.63$ $p = .0544$ (not significant)
 Effect Size: $V = 0.23$ (Moderate association)

In case of emergency, your household has enough money to cover expenses for 6 months?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	23 (29.52)	29 (22.48)	52
\$50k-\$99,999	34 (33.50)	25 (25.50)	59
\$100,000+	31 (24.98)	13 (19.02)	44
Total	88	67	155

$\chi^2(2) = 6.71$ $p = .0350$ (significant)
 Effect Size: $V = 0.21$ (Moderate association)

In case of emergency, your household has enough money to cover expenses for 6 months?

Race/Ethnicity	Yes (Observed / Expected)	No (Observed / Expected)	Total
White	82 (77.14)	53 (57.86)	135
Non-White	3 (5.14)	6 (3.86)	9
Multiracial	7 (9.71)	10 (7.29)	17
Total	92	69	161

$\chi^2(2) = 4.57$ $p = .1020$ (not significant)
 Effect Size: $V = 0.17$ (Low association)

In case of emergency, your household has enough money to cover expenses for 6 months?			
Census Tracts	Yes (Observed / Expected)	No (Observed / Expected)	Total
Central/East Hutch	9 (11.93)	12 (9.07)	21
Hutch Outskirts	22 (14.20)	3 (10.80)	25
North Central Hutch	7 (13.06)	16 (9.93)	23
North Hutch	20 (19.88)	15 (15.12)	35
South Hutch/East Rural	24 (22.72)	16 (17.28)	40
West/Southwest Rural	10 (10.22)	8 (7.78)	18
Total	92	70	162
$\chi^2(2) = 18.28$ $p = .0026$ (significant) Effect Size: $V = 0.34$ (Moderate-to-strong association)			

Does someone in your household struggle with mental health?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	23 (16.81)	35 (41.19)	58
67502	23 (23.76)	59 (58.24)	82
Other	5 (10.43)	31 (25.57)	36
Total	51	125	176

$\chi^2(2) = 7.23$ $p = .0269$ (significant)
 Effect Size: $V = 0.20$ (Moderate association)

Does someone in your household struggle with mental health?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	10 (9.40)	23 (23.60)	33
Some College	10 (5.98)	11 (15.02)	21
Associate's/Vocational	11 (11.39)	29 (28.61)	40
Bachelor's or higher	14 (18.23)	50 (45.77)	64
Total	45	113	158

$\chi^2(2) = 5.22$ $p = .1564$ (not significant)
 Effect Size: $V = 0.18$ (Low association)

Does someone in your household struggle with mental health?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	25 (16.92)	33 (41.08)	58
\$50k-\$99,999	15 (18.38)	48 (44.63)	63
\$100,000+	9 (13.71)	38 (33.29)	47
Total	49	119	168

$\chi^2(2) = 8.61$ $p = .0135$ (significant)
Effect Size: $V = 0.23$ (Moderate association)

Does someone in your household struggle with mental health?

Race/Ethnicity	Yes (Observed / Expected)	No (Observed / Expected)	Total
White	43 (42.55)	103 (103.45)	146
Non-White	1 (2.91)	9 (7.09)	10
Multiracial	7 (5.54)	12 (13.46)	19
Total	124	51	175

$\chi^2(2) = 2.33$ $p = .3124$ (not significant)
Effect Size: $V = 0.12$ (Low association)

Does someone in your household struggle with mental health?

Census Tracts	Yes (Observed / Expected)	No (Observed / Expected)	Total
Central/East Hutch	11 (6.96)	13 (17.05)	24
Hutch Outskirts	7 (8.40)	22 (20.60)	29
North Central Hutch	9 (7.24)	16 (17.76)	25
North Hutch	10 (10.43)	26 (25.57)	36
South Hutch/East Rural	12 (12.17)	30 (29.83)	42
West/Southwest Rural	2 (5.80)	18 (14.21)	20
Total	51	125	176

 $\chi^2(2) = 7.77$ p = .1693 (not significant)

Effect Size: V = 0.21 (Moderate association)

In last 12 months, did someone in your household skip a meal due to cost or lack of resources?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	13 (8.09)	48 (52.91)	61
67502	7 (11.01)	76 (71.99)	83
Other	4 (4.91)	33 (32.09)	37
Total	24	157	181

$\chi^2(2) = 5.31$ $p = .0702$ (not significant)
Effect Size: $V = 0.17$ (Low association)

In last 12 months, did someone in your household skip a meal due to cost or lack of resources?

Income Group	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	16 (8.24)	46 (53.76)	62
\$50k-\$99,999	4 (8.38)	59 (54.62)	63
\$100,000+	3 (6.38)	45 (41.62)	48
Total	23	150	173

$\chi^2(2) = 13.12$ $p = .0014$ (significant)
Effect Size: $V = 0.28$ (Moderate association)

Do all members of your household have dental insurance?

Zip Code	Fully Covered (Observed / Expected)	Not Fully Covered (Observed / Expected)	Total
67501	29 (37.54)	27 (18.46)	56
67502	65 (56.98)	20 (28.02)	85
Other	26 (25.48)	12 (12.53)	38
Total	120	59	179

$\chi^2(2) = 9.35$ $p = .0093$ (significant)
 Effect Size: $V = 0.23$ (Moderate association)

Do all members of your household have dental insurance?

Education	Fully Covered (Observed / Expected)	Not Fully Covered (Observed / Expected)	Total
High School	20 (24.44)	16 (11.56)	36
Some College	14 (14.26)	7 (6.75)	21
Associate's/Vocational	31 (28.51)	11 (13.49)	42
Bachelor's or higher	47 (44.8)	19 (21.2)	66
Total	53	112	165

$\chi^2(2) = 3.54$ $p = .3162$ (not significant)
 Effect Size: $V = 0.15$ (Low association)

Do all members of your household have dental insurance?

Income	Fully Covered (Observed / Expected)	Not Fully Covered (Observed / Expected)	Total
<\$50,000	31 (38.99)	28 (20.01)	59
\$50k-\$99,999	43 (41.63)	20 (21.37)	63
\$100,000+	39 (32.38)	10 (16.62)	49
Total	113	58	171

$\chi^2(2) = 8.95$ $p = .0114$ (significant)
 Effect Size: $V = 0.23$ (Moderate association)

Do all members of your household have dental insurance?

Race/Ethnicity	Fully Covered (Observed / Expected)	Not Fully Covered (Observed / Expected)	Total
White	98 (100.28)	52 (49.72)	150
Non-White	6 (6.69)	4 (3.32)	10
Multiracial	15 (12.03)	3 (5.97)	18
Total	119	59	178

$\chi^2(2) = 2.58$ $p = .2760$ (not significant)
 Effect Size: $V = 0.12$ (Low association)

Do all members of your household have dental insurance?

Census Tracts	Yes (Observed / Expected)	No (Observed / Expected)	Total
Central/East Hutch	9 (14.75)	13 (7.25)	22
Hutch Outskirts	25 (19.44)	4 (9.56)	29
North Central Hutch	17 (16.09)	7 (7.91)	24
North Hutch	25 (26.15)	14 (12.86)	39
South Hutch/East Rural	30 (30.17)	15 (14.83)	45
West/Southwest Rural	14 (13.41)	6 (6.59)	20
Total	59	120	179

 $\chi^2(2) = 12.01$ p = .0346 (significant)

Effect Size: V = 0.26 (Moderate association)

Do any members of your household have unfilled cavities?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	17 (13.10)	37 (40.90)	54
67502	15 (19.65)	66 (61.35)	81
Other	9 (8.25)	25 (25.75)	34
Total	41	128	169

$\chi^2(2) = 3.08$ $p = .2148$ (not significant)
 Effect Size: $V = 0.14$ (Low association)

Do any members of your household have unfilled cavities?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	9 (7.79)	23 (24.21)	32
Some College	9 (4.63)	10 (14.38)	19
Associate's/Vocational	8 (9.74)	32 (30.26)	40
Bachelor's or higher	11 (14.85)	50 (46.15)	61
Total	37	115	152

$\chi^2(2) = 7.45$ $p = .0589$ (not significant)
 Effect Size: $V = 0.22$ (Moderate association)

Do any members of your household have unfilled cavities?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	19 (13.67)	36 (41.34)	55
\$50k-\$99,999	14 (14.66)	45 (44.34)	59
\$100,000+	7 (11.68)	40 (35.32)	47
Total	40	121	161

$\chi^2(2) = 5.30$ $p = .0705$ (not significant)
 Effect Size: $V = 0.18$ (Low association)

Do any members of your household have unfilled cavities?

Census Tracts	Yes (Observed / Expected)	No (Observed / Expected)	Total
Central/East Hutch	9 (5.34)	13 (13.66)	22
Hutch Outskirts	2 (7.04)	27 (21.96)	29
North Central Hutch	5 (5.09)	16 (15.91)	21
North Hutch	8 (8.73)	28 (27.27)	36
South Hutch/East Rural	11 (10.43)	32 (32.57)	43
West/Southwest Rural	6 (4.37)	12 (13.63)	18
Total	41	128	169

 $\chi^2(2) = 9.01$ p = .1087 (not significant)

Effect Size: V = 0.23 (Moderate association)

In last 12 months, did someone in your household experience toothache pain for 2+ days in a row?

Zip Code	Yes (Observed / Expected)	No (Observed / Expected)	Total
67501	17 (12.78)	41 (45.22)	58
67502	14 (18.07)	68 (63.93)	82
Other	8 (8.15)	29 (28.85)	37
Total	39	138	177

$\chi^2(2) = 2.97$ $p = .2270$ (not significant)
Effect Size: $V = 0.13$ (Low association)

In last 12 months, did someone in your household experience toothache pain for 2+ days in a row?

Education	Yes (Observed / Expected)	No (Observed / Expected)	Total
High School	13 (7.70)	21 (26.30)	34
Some College	9 (4.76)	12 (16.25)	21
Associate's/Vocational	5 (9.28)	36 (31.72)	41
Bachelor's or higher	5 (9.28)	36 (31.72)	63
Total	36	123	159

$\chi^2(2) = 14.69$ $p = .0021$ (significant)
Effect Size: $V = 0.30$ (Moderate association)

In last 12 months, did someone in your household experience toothache pain for 2+ days in a row?

Income	Yes (Observed / Expected)	No (Observed / Expected)	Total
<\$50,000	22 (13.85)	38 (46.15)	60
\$50k-\$99,999	13 (14.31)	49 (47.69)	60
\$100,000+	4 (10.85)	43 (36.15)	47
Total	39	130	169

$\chi^2(2) = 12.02$ $p = .0025$ (significant)
Effect Size: $V = 0.27$ (Moderate association)

In last 12 months, did someone in your household experience toothache pain for 2+ days in a row?

Census Tracts	Yes (Observed / Expected)	No (Observed / Expected)	Total
Central/East Hutch	8 (4.85)	14 (17.15)	22
Hutch Outskirts	3 (6.39)	26 (22.61)	29
North Central Hutch	4 (5.29)	20 (18.71)	24
North Hutch	7 (8.15)	30 (28.85)	37
South Hutch/East Rural	11 (9.92)	34 (35.09)	45
West/Southwest Rural	6 (4.41)	14 (15.59)	20
Total	39	138	177

$\chi^2(2) = 6.44$ $p = .2658$ (not significant)
Effect Size: $V = 0.19$ (Low association)

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Thank you!

Thank you to all the Reno County residents who responded to the surveys or participated in listening sessions.

Thank you to all the volunteers for providing time out of their days to knock on doors and collect surveys around the community.



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