

2025

Pulaski Memorial
Hospital
Community Health
Needs Assessment

Prepared by the Indiana Rural Health
Association

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Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide a comprehensive and data-driven understanding of the health needs within Pulaski Memorial Hospital's (PMH) service area. This assessment is conducted with the primary aim of improving the health and well-being of individuals within the community by identifying and addressing the most pressing health issues.

Specifically, this CHNA has the following goals:

1. **Identify Health Disparities:** To analyze and document the disparities and inequities in access to and outcomes of health services within the community. Factors such as race, ethnicity, age, gender, socioeconomic status, and geographic location all impact health outcomes and will be considered within the report.
2. **Assess Existing Services:** Evaluate the scope and effectiveness of the health services currently offered within Pulaski & Starke County, including the adequacy of resources, staffing, and infrastructure.
3. **Engage Stakeholders:** Engage with a diverse group of community stakeholders, including patients, families, community organizations, local government, and other healthcare providers to gather their insights, experiences, and perspectives on the health needs and challenges faced by the community.
4. **Identify Priorities:** Determine the most critical health issues and unmet needs within the community. This includes understanding prevalent health conditions and health challenges that impact the PMH patient population.
5. **Develop an Action Plan:** Create a clear and evidence-based action plan to address the identified health needs and disparities. This plan will be used to guide the hospital's future strategies, services, and programs to better serve the community.
6. **Foster Collaboration:** Promote collaboration among local agencies, healthcare providers, community organizations, and policymakers to create a coordinated approach to address health issues in the service area.
7. **Comply with Regulatory Requirements:** Ensure compliance with regulatory requirements and reporting obligations as stipulated by relevant authorities, including federal and state regulations that govern non-profit hospitals.

By conducting this Community Health Needs Assessment, the hospital aims to enhance its ability to deliver high-quality, patient-centered healthcare services that are responsive to the unique needs of our community. This assessment will also facilitate transparency, accountability, and continuous improvement in the efforts to promote health and well-being while reducing health disparities within the hospital's service area.

Process

Pulaski Memorial Hospital contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by PMH through conversations with the hospital. Based on a review of patient zip codes, the hospital was able to define the community served as all postal codes within the geographic area of Pulaski and Starke counties.

To quantifiably describe the community, census reports were pulled from the United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were obtained from the Indiana Department of Health, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, Map the Meal Gap by Feeding America, the Centers for Disease Control and Prevention, and more state and national resources. The full list of references follows this report. The reports provided by the hospital can be viewed in Appendix A.

Next, a focus group of Pulaski and Starke County representatives, as well as a representative from Culver in Marshall County, was organized with the help of the Pulaski Memorial Hospital's VP of Communications and Patient Experience, Brian Ledley, and Chief Nurse Executive, Linda Webb. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendees, the organization they represent, and their contact information can be found in Appendix B.

From the information obtained during the focus group meeting, a 47-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as transportation, mental health, and childcare), as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Pulaski and Starke counties through inclusion on the Pulaski Memorial Hospital's website and face-to-face polling at the Pulaski County Public Library, Winamac Senior Center, North Judson Senior Center, and the North Judson-Wayne Township Public Library. An online survey posted on REDCap® was also made available to the public. The survey may be viewed in Appendix C.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, the IRHA contacted PMH to ascertain the facilities that are currently available to the residents of their service area. The hospital was able to provide a listing of the facilities and resources, including, but not limited to, clinics, family practices, and nursing facilities. The list of existing community resources can be found in Appendix D.

At this point, the entirety of the collected data was submitted to Pulaski Memorial Hospital to explain how the needs identified by the CHNA are currently being met, as well as to write a plan of

action for those needs that are not currently being met. PMH was also able to identify the information gaps limiting the hospital’s ability to assess all of the community’s health needs.

The completed CHNA was then publicly posted on the hospital’s website. Hard copies of the full report were made available to the community upon request at the hospital, as well.

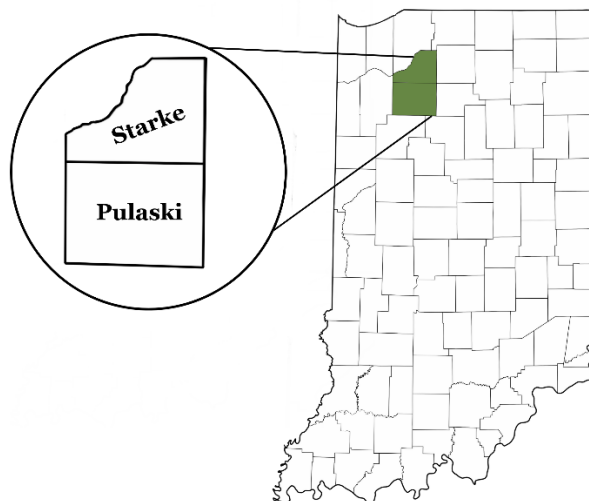
Community Served

The community served by Pulaski Memorial Hospital is defined as follows: All people living within Pulaski or Starke County, Indiana, at any time during the year. To be determined as living within the service area, a person must reside within one of the following postal zip codes: 46996, 47946, 46960, 46366, 46975, 47957, 46534, 47978, 47960, 46985, 46939, 46511, 46374, or 46947.

Description of Community

Physical

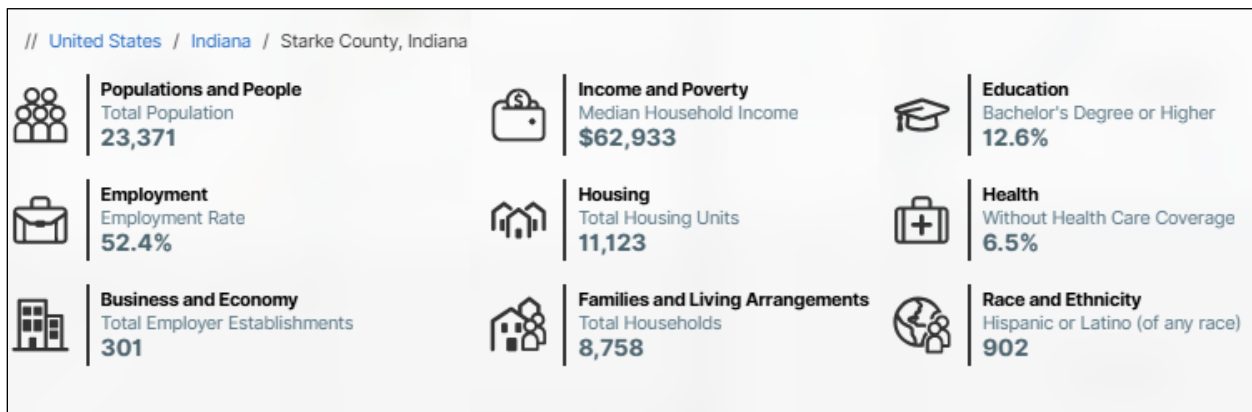
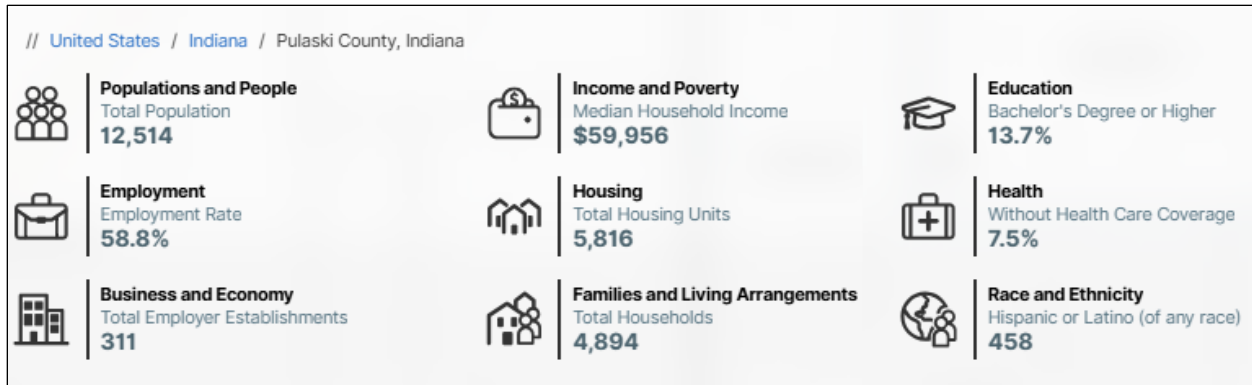
Pulaski and Starke counties are located in the northwestern quadrant of Indiana. Pulaski County, Indiana, has 433.6 square miles of land area and is the 25th largest county in Indiana by total area. Starke County, Indiana, has 309.1 square miles of land area and is the 77th largest county in Indiana by total area. Pulaski includes portions of the Tippecanoe River and is home to the Tippecanoe River State Park. Starke includes Bass Lake and is bordered on the northwestern edge by the Kankakee River. Both counties are crisscrossed by various U.S. and State Highways. Pulaski County, Indiana, is bordered by Marshall, Fulton, Cass, Jasper, White, and Starke counties; and Starke County is bordered by Porter, St. Joseph, Marshall, Fulton, LaPorte, Jasper, and Pulaski counties. The counties are dominantly rural.



Demographics

According to the 2020 U.S. Census Report, the total population of the Pulaski County was approximately 12,514, with a 2023 estimate of 12,144. The median age is 42.4 years old and females make up 50.3% of the overall populace.^{1,2} The total population of Starke County was

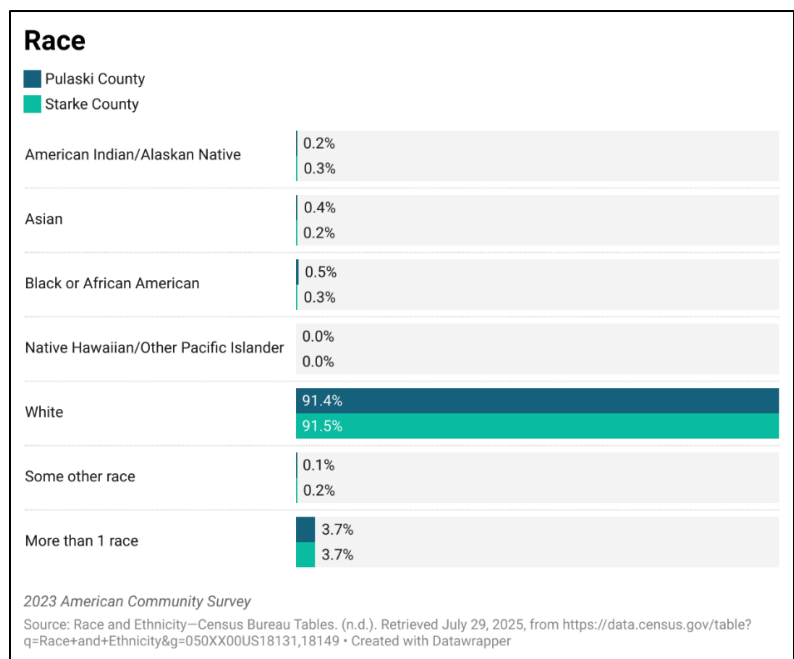
23,337, with a 2024 estimate of 23,300. The median age in the county is 41.9 years old. Females comprise 49.6% of the overall populace.^{3,4}

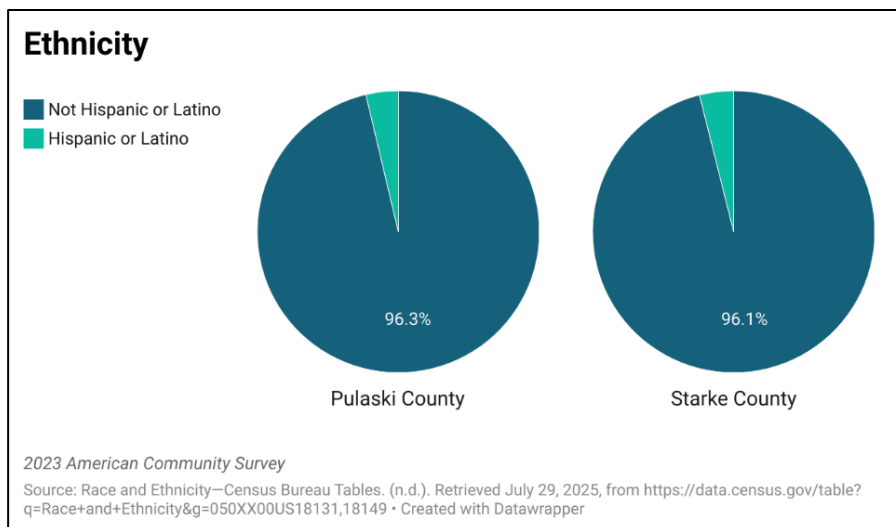


United States Census Bureau Quick Facts 2010-2020

Pulaski County has a relatively homogenous racial and ethnic profile. Overall, 91.4% of Pulaski County residents identify as White alone, with 3.7% being more than one race.⁵ For ethnicity, the majority (91.4%) of residents are Not Hispanic or Latino.¹

Starke County has a similar racial and ethnic profile. Overall, 91.5% of Starke County residents identify as White only, with the next most common demographic being 3.7% reporting more than one race.⁵ For ethnicity, the majority (97.6%) of residents are Not Hispanic or Latino.⁶





English is the dominant language spoken in the county at a 96.8% in both Pulaski and Starke Counties. The *2023 American Community Survey 5-Year Estimates* show 2.4% of Pulaski County’s population spoke Spanish and less than a combined 1% of the population speak any other languages. In Starke County, other Indo-European languages are spoken by 2% of the population, Spanish by 1.1%, and all other languages are spoken by less than a combined 1%.^{6,7}

Medically Underserved, Low-Income, and Minority Populations

Beyond the ethnic and racial demographics, the U.S. Census Bureau estimates that there are approximately 612 veterans (6.3%) in Pulaski County and 1,241 veterans (6.9%) in Starke County.⁸ According to the U.S. Department of Veteran Affairs, veteran populations are at higher risk of substance use and mental health conditions, such as PTSD.⁹

According to data from the Williams Institute at UCLA, approximately 4.5% of Indiana residents identify as part of the LGBTQ+ community.¹⁰ While county-level and youth population data is not yet available, this percentage can provide a starting point for identifying a proportion within the target service area. The LGBTQ+ youth population is at particular risk of Mental Health issues, including suicidal ideation and suicide attempts. A 2024 report by the Trevor Project states that 39% of LGBTQ+ youth seriously considered suicide in the previous year and that 50% of LGBTQ+ youth who wanted Mental Healthcare in the past year were unable to receive care.¹¹

Also, the U.S. Census Bureau reports that approximately 18% of Pulaski County residents are classified as disabled at any age. The number rises to 19.3% residents classified as disabled for Starke County. The state rate for Indiana is only 14.5%.^{12,13} Of further interest is the disabled population under the age of 65 at 21.2% in Pulaski County, but only 13.1% in Starke County. Of the Pulaski County population with a disability, the following disabilities are most prevalent: ambulatory difficulty (8.6%), hearing difficulty (7%), and cognitive difficulty (6.6%).¹² In Starke County the most prevalent are ambulatory difficulty (11.4%), independent living difficulty (9%), and cognitive difficulty (7.2%).¹³ The population with a disability is a measurement of the percentage of

people that have the reported disability and should not be confused with the percentage of the total number of disabilities categorized by disability. There are a wide variety of disabilities that may be co-occurring, and appropriate interventions and adaptations should be identified to best serve each individual need.

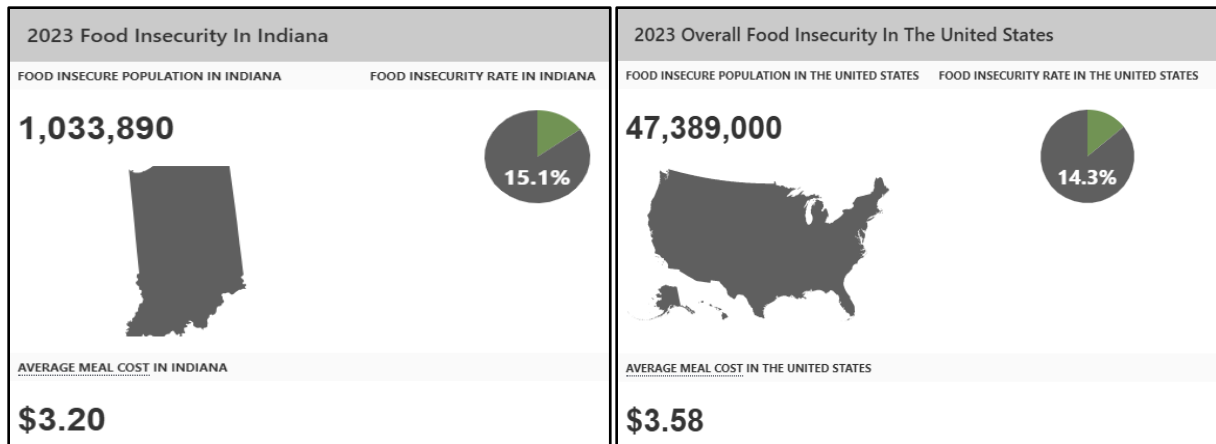
Finally, the January 2023 Point-in-Time count for unhoused populations includes Pulaski & Starke Counties in the Region 1 cohort. The count was taken on January 25, 2023.¹⁴ Unfortunately, the data for the two counties was either too low to meet population thresholds or not included in the 2023 data for the region. Ideally, this could mean that no unhoused people were found to be counted in January. However, this should not serve as proof or indication that unhoused people do not exist in the community.

Social Drivers of Health

Food Insecurity

Feeding America’s *Map the Meal Gap* study reported that in 2023, 1,930 people were food insecure in Pulaski County, with a rate of 15.5%; and 3,920 people were food insecure in Starke County, with a rate of 16.8%. The Indiana statewide rate was 15.1% and the national rate is 14.3%. The average meal cost in both Pulaski and Starke County is \$3.36. This is more expensive than the average meal cost for the state of \$3.20, but less than the average meal cost nationally of \$3.58²⁵. It is worth noting that these numbers are from 2023 and will likely be exacerbated by the inflation that has been particularly impacting groceries and food costs for some time.





Data Visualizations from Feeding America's the Meal Gap, 2023

Economic Factors

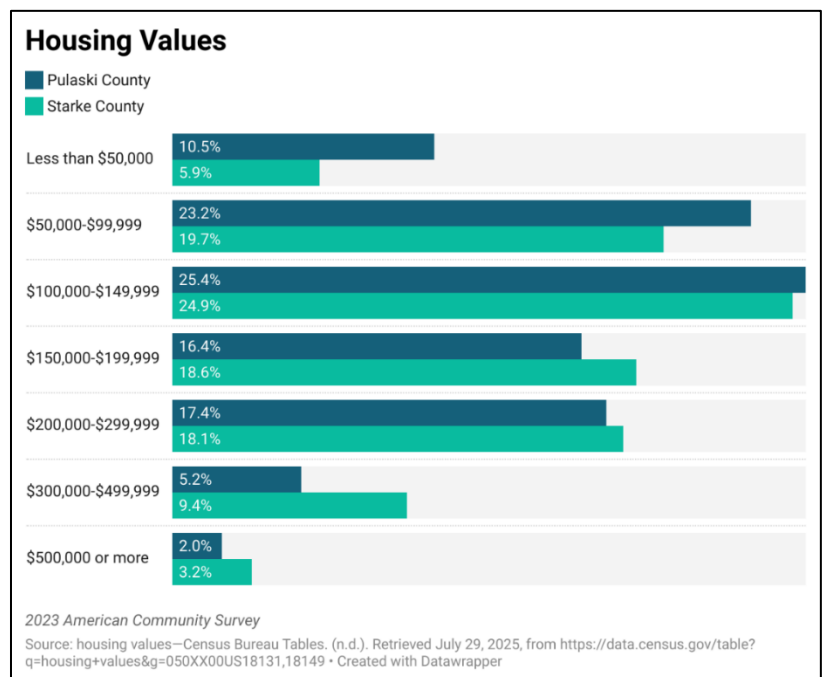
Pulaski County has both a poverty rate and an unemployment rate below the state averages according to the 2023 American Community Survey 5-Year Estimates from the U.S. Census Bureau and STATS Indiana reporting from the Indiana Department of Workforce Development (IDWD). The poverty rate in Pulaski County is only 11.8%, compared to Indiana's rate of 12.3%.¹ Per the IDWD from June 2025, the unemployment rate is only 2.9, compared to Indiana's rate of 3.7. In 2023, the per capita income is reported at \$59,327, which falls only slightly behind Indiana's reported average of \$61,243.¹⁵

In comparison, Starke County falls behind both Pulaski County and Indiana on rates of poverty and unemployment. Starke County has a poverty rate of 14.8% (worse than 11.8% in Pulaski and 12.3% in Indiana)³ and a June 2025 unemployment rate of 4.5 (worse than 2.9 in Pulaski and 3.7 in Indiana).¹⁶

Housing

Of the owner-occupied Pulaski County units, 33.7% are valued under \$100,000 and 2% are valued at \$500,000 or more, with the median value equaling \$134,600.¹⁷ The median gross rent is \$715 and 24.9% of housing units are renter-occupied. There is a total of 5,830 housing units with 83.9% occupied and 16.1% vacant.¹⁸

Of the owner-occupied Starke County units, 25.6% are valued under \$100,000 and 3.2% are valued at \$500,000 or more, with the median value equaling \$148,400.¹⁷ The

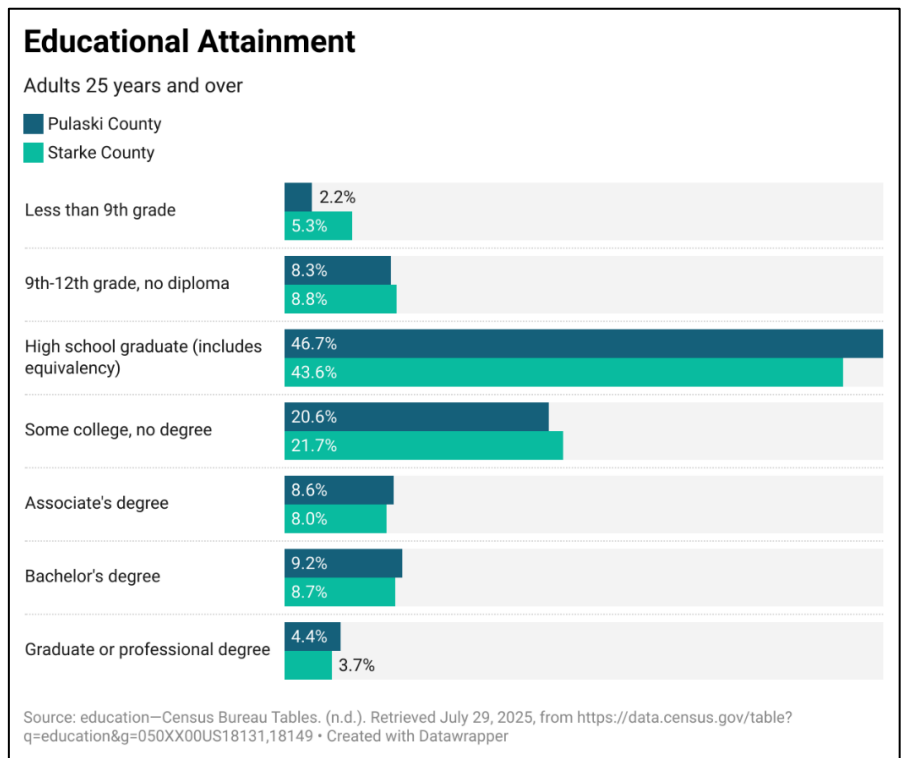


median gross rent is \$690 and 16.3% of housing units are renter-occupied. There is a total of 11,214 housing units with 78.1% occupied and 21.9% vacant.¹⁴

Education

According to 2023 United States Census Bureau data, the percentage of Pulaski and Starke County adults aged 25 or older who are high school graduates or higher was 90.3%, which is equivalent to Indiana’s percentage of 90.2%.¹⁹ However, adults aged 25 or older with a bachelor’s degree or higher in the two counties was 17.9%, which is significantly lower than the state’s percent of 30.2%.¹⁹

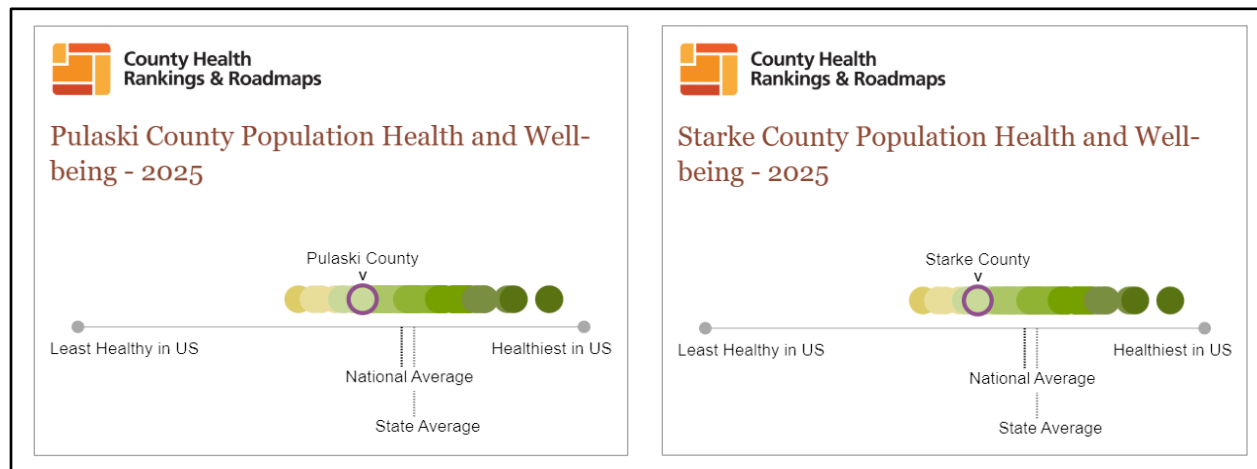
The complete description of metrics and methodology for each data point can be found by the citations listed in the Reference section.



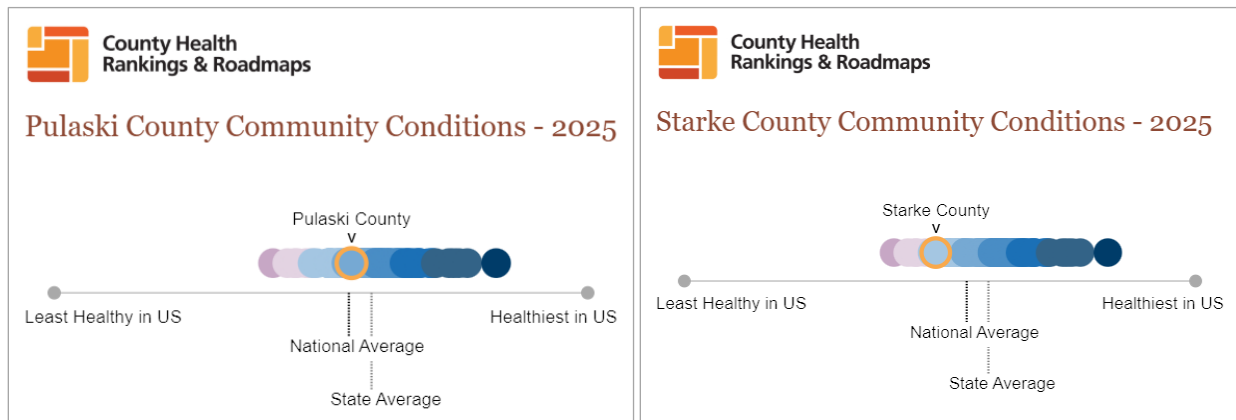
Health Report Summaries

County Health Rankings and Roadmaps

The 2025 Robert Wood Johnson Foundation’s County Health Rankings and Roadmaps shows both Pulaski and Starke Counties rank below both the average county in Indiana and the average county in the nation for both Population Health and Well-being (previously Health Outcomes).^{21,22}



However, under Community Conditions (previously Health Factors), Pulaski County is performing roughly on average for both state and national rates. Starke County, by comparison, is faring slightly worse than the average Indiana county and average county nationally.^{21,22}



Data visualization from the RWJF 2025 County Health Rankings

As noted, both Pulaski and Starke Counties’ Population Health and Well-being rankings are worse than state and national averages. Some of the most detrimental factors include the incidence of premature death (13,400 years of life lost to deaths of people under age 75 in Pulaski and 12,700 in Starke compared to only 9,800 in Indiana and 8,400 nationally)^{21,22}, reported poor physical health days (4.6 in Pulaski and 5.0 in Starke compared to 4.2 in Indiana and 3.9 nationally)^{21,22}, and reported poor mental health days (5.9 in Pulaski and 6.4 in Starke compared to 5.5 in Indiana and 5.1 nationally).^{21,22} While not included in rankings, Pulaski County also had significantly high rates of child mortality and suicide. Starke also exceeded state and national rates of suicide, but to a lesser extent. For child mortality, Pulaski’s rate was reported at 110 deaths per 100,000 children under age 20, compared to only 60 in Indiana and 50 across the nation. Further, suicide rates were significantly higher in Pulaski at 27 deaths by suicide per 100,000 people, compared to 16 in Indiana and 14 nationally. Starke County had a rate of 19 suicides.^{21,22}

Pulaski County is faring slightly better than the average county in the nation for Community Conditions, though still below state averages. Starke County continues to underperform both state and national averages for factors involved in Community Conditions. Pulaski County outperforms Indiana and national rates for preventable hospital stays per 100,000, whereas Starke County is significantly worse (Pulaski - 2536, Starke - 4469, Indiana – 3078, U.S. – 2666).^{21,22} Pulaski is also better than state averages in terms of unemployment, while Starke is worse (Pulaski – 2.9%, Starke – 4.1%, Indiana – 3.3%, U.S. – 3.6%).^{21,22} Pulaski also outperforms state and national rates of social associations while Starke is on par with averages (Pulaski – 19.2, Starke – 9.9, Indiana – 11.8, U.S. – 9.1).^{21,22} Pulaski and Starke are both better in percentage of severe housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) compared to the state and nation, with Pulaski at 8%, Starke at 10%, Indiana at 12%, and the U.S. at 17%.^{21,22}

Pulaski County has a high school completion rate of 90%, which is equal to the State of Indiana; however, high school completion is slightly lower in Starke County (86%).^{23,24} Pulaski (135) and Starke (126) counties see higher injury deaths due to motor vehicle crashes, homicides, suicides, and poisonings per 100,000 than the state (93).^{23,24} Pulaski County sees more firearm fatalities (27 per 100,000 people) compared to Starke County (16 per 100,000 people), which is equal to the state.^{23,24}

Unfortunately, both counties underperform the state and national rates of flu vaccinations, mammography screenings, and access to exercise opportunities. For flu vaccination rates, Pulaski reports 32% and Starke reports 35% compared to Indiana’s 51% and the national average of 48%.^{21,22} For mammography screening, Pulaski reports 40% while Starke reports only 37% compared to 47% in Indiana and 44% nationally.^{21,22} Finally, access to exercise opportunities in Pulaski County is only at 40%. While this rate is much better at 67% in Starke County, Indiana has a rate of 76% and the U.S. has a rate of 84%.^{21,22}

Several factors are not included in the Community Conditions rankings but are still reported by the County Health Rankings and Roadmaps Report. Limited access to health foods (percentage of population who are low-income and do not live close to a grocery store), rates of Sexually Transmitted Infections (number of newly diagnosed chlamydia cases per 100,000 population), percent of alcohol-impaired driving deaths, traffic volume (vehicles per meter of major roadways in county), percentage of homeownership, and percentage of severe housing cost burden (percentage of households that spend 50% or more of their household income on housing) all saw both Pulaski and Starke Counties outperforming state and national averages.

Other Community Conditions				
	Pulaski County	Starke County	Indiana	United States
Limited access to healthy foods	4	1	9	6
Sexually Transmitted Infections	240	99	495	495
Alcohol-impaired driving deaths	0	15	18	26
Traffic volume	28	15	87	108
Homeownership	75	84	70	65
Severe housing cost burden	10	9	11	15

Source: Pulaski, Indiana | County Health Rankings & Roadmaps. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/pulaski> & Starke, Indiana | County Health Rankings & Roadmaps. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/starke> · Created with Datawrapper

Similarly, the following factors did not influence either county's Community Conditions ranking but are still reported metrics.

Unfortunately, both counties performed worse than state and national averages for percentages of adult smoking (current adult cigarette smokers) and physical inactivity (percentage of adults age 18 and over reporting no leisure-time physical activity).

Other Health Factors				
	Pulaski County	Starke County	Indiana	United States
Adult smoking	22	20	17	13
Physical inactivity	29	28	27	23

Source: Pulaski, Indiana | County Health Rankings & Roadmaps. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/pulaski> & Starke, Indiana | County Health Rankings & Roadmaps. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/starke> · Created with Datawrapper

Clinical Health Indicators

Diagnoses Reporting

Pulaski Memorial Hospital generated a report of the Top Diagnoses by Payer Mix for their inpatients for the previous calendar year, January 1, 2024, through December 31, 2024. This realistic snapshot of their population served and the incidence of various diseases, injuries, chronic illness and more. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for the top 10 diagnoses resulted in additional data to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: Understanding the key characteristics of the PMH population is critical. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

The following list contains the top ten most common diagnoses and the percentage of Medicare and Medicaid patients for each diagnosis:

- Other chest pain – 37.2% Medicare or Medicaid
- Chronic obstructive pulmonary disease with (acute) exacerbation – 45% Medicare or Medicaid
- Acute cystitis without hematuria – 49% Medicare or Medicaid
- Acute bronchitis, unspecified – 52.1% Medicare or Medicaid
- Strain of muscle, fascia and tendon of lower back, initial encounter – 37.2% Medicare or Medicaid
- Unspecified bacterial pneumonia – 36.4% Medicare or Medicaid
- Dizziness and giddiness – 36.4% Medicare or Medicaid
- Dehydration – 56.6% Medicare or Medicaid
- Strain of muscle, fascia and tendon at neck level, initial encounter – 38.7% Medicare or Medicaid
- Non-ST elevation (NSTEMI) myocardial infarction – 43.8% Medicare or Medicaid

The list of top inpatient diagnoses and payer mix reports can be found in Appendix A.

Clinical Care

As noted above, Pulaski and Starke counties have higher patient-to-provider ratios for primary care, dentists, and Mental Health providers than Indiana per the County Health Rankings & Roadmaps 2025. Pulaski and Starke counties are identified as Health Professional Shortage Areas (HPSA) by the Health Resources & Services Administration (HRSA) in the areas of Primary Care, Dental Health, and Mental Health.²⁶ This influences access to healthcare and health indicators. Pulaski County has a patient to Primary Care Provider ratio of 974:1 and Starke County's is 2,597:1, whereas Indiana's ratio is 636:1.²⁷ The Mental Health Provider ratio is even more pronounced at 1770:1 in Pulaski and 2900:1 in Starke, compared to 470:1 in Indiana and 300:1 in the U.S.^{21,22}

The Centers for Medicare & Medicaid Services Office Of Minority Health reports mammography screening for women on Medicare aged 65-74 is low in Pulaski County (40%) and lower in Starke County (37%), compared to 47% in Indiana and 44% nationally.²⁸ Unfortunately, the most recent public National Cancer Institute's State Cancer Profile data available on screening for women aged 40 and older is from 2019, and is therefore considerably out-of-date.²⁸ This is a significant gap in information for the hospital to be able to respond to their community's need.

Maternal, Infant, and Child Health

The number one health indicator in the world is infant mortality, which is the death of a baby before their first birthday. Pulaski County's infant mortality rate (IMR) from 2019-2023 was 11.2 per 1,000 live births, which is significantly higher than Indiana's 2019-2023 IMR of 6.7 per 1,000 live births. Unfortunately, no data could be obtained for Starke County as the IMR was suppressed. Low birthweight (LBW) is defined as babies who are born weighing less than 5 pounds, 8 ounces and in 2023, Pulaski County's LBW was 10.4%, which is higher than Indiana's 2023 LBW of 8.6%. However, Starke County had an LBW rate of only 6.8%, significantly lower than either Pulaski or Indiana as a whole. Prenatal care in the first trimester is another important maternal and infant health factor, with Pulaski County's 2023 percentage of women not receiving early prenatal care being 23.2%, which is better than Indiana's 2023 percentage of 26.6% of women not receiving early prenatal care. Starke County, in contrast, is slightly higher than the state in rates of women not receiving early prenatal care at 27.1%²⁹

According to the Indiana Department of Health, Pulaski County mothers who are on Medicaid is on par with Indiana at 40.8% compared to 40.9% for Indiana's mothers overall, whereas Starke County is significantly higher at 47% of mothers on Medicaid.³⁰ Additionally, the rates of smoking while pregnant in Pulaski County are currently 8% and 9.2% in Starke County. Both are significantly higher than Indiana's rate of 5.3% of women who smoke while pregnant.³⁰ Finally, the 2023 teen birth rate—births to females aged 20 years old and younger—for Pulaski County is 17.2 per 1,000 live births this is slightly higher than state and national rates. Starke County's rate was 24.8 per

1,000 live births, which is higher than Indiana's 2023 teen birth rate of 15.9 per 1,000 live births and the national rate of 13.6.²⁹

Mental and Behavioral Health

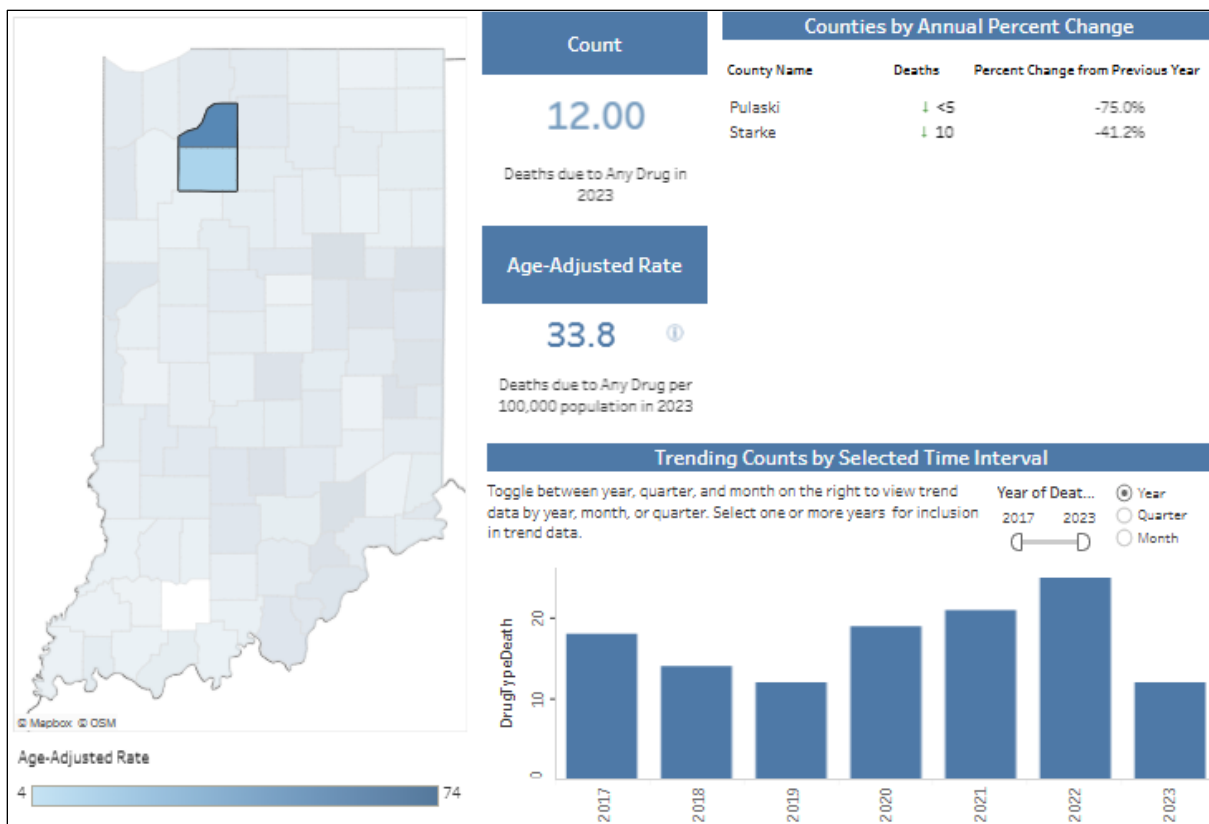
Data collected from 2022 Behavioral Risk Factor Surveillance System (BRFSS) shows that Pulaski County reported 5.9 mentally unhealthy days (average number of days in the past 30 days where an adult's mental health was not good³¹), and 6.4 mentally unhealthy days in Starke County, compared to 5.5 in Indiana.^{23,24} Pulaski County reported an average of 3 deaths per year due to intentional self-harm from 2019-2023 for an age-adjusted rate of 28.2 per 100,000 and Starke County reported an average of 5 deaths per year for the same metrics with an age-adjusted rate of 20.1 per 100,000. Both Pulaski and Starke counties rates are above Indiana's rate of 15.8 and the national rate of 13.9.³²

Pulaski County's number of people scoring the PHQ-9 with severe depression per 100,000 of county population from 2020-2025 is 50.1 and Starke County is 36.9 per 100,000, which is higher than Indiana's rate of 48.0 per 100,000 of the state's population.³³ Pulaski County's number of people reporting frequent suicide ideation per 100,000 of county's population from 2020-2025 is 50.1 and Starke County's is 39.4, which is lower than Indiana's number of people reporting frequent suicidal ideation rate of 51.2 per 100,000 of the state's population.³³

The number of trauma survivors in Pulaski County per 100,000 people from 2020-2025 is 90.5 and Starke County is 67.7 per 100,000 people. These rates are compared to Indiana's trauma survivors rate of 89.6 per 100,000 people.³³ Pulaski County's number of people at risk for post-traumatic stress disorder (PTSD) per 100,000 of county's population from 2020-2025 is 18.1 and Starke County's is 16.3, which is slightly lower to Indiana's PTSD risk rate of 22.7 per 100,000 of the state's population.³⁴

Substance Use

According to the Drug Overdose Dashboard from the Indiana Department of Health there were 2,221 deaths from all drug overdoses in Indiana in 2023 with an age-adjusted rate of 33.8. Pulaski County had one and Starke County had ten drug-related deaths from any drug in 2023 with an age-adjusted rate of 33.8 overall.³⁵



Data visualization from IDOH Drug Overdose Dashboard, 2023

Chronic Disease

The crude heart disease death rates in Pulaski and Starke Counties are 162.6 and 162.8 per 100,000 from 2018-2023, respectively, and much higher when compared to Indiana’s 114.0 per 100,000.³⁶ Further, the stroke-related (cerebral infarction) death rate in Pulaski and Starke counties is suppressed.³⁷

Adult obesity is higher in Pulaski County (41%) and Starke County (40%) than the state (38%) and the nation (34%).^{23,24} Diabetes prevalence in Pulaski and Starke counties is 11%, which is equal to the state (11%) and only slightly higher than the national rate of 10%.^{23,24}

Cancer

The Indiana Department of Health reported the age-adjusted all cancer incidence rate in Pulaski County for the 5-year period (2016-2020) was 476.0 and 425.3 in Starke County. Pulaski County had a higher rate than Indiana’s age-adjusted all cancer rate 450.0 for the same 5-year period; however, Starke County was much lower.³⁸

Age-adjusted rates for specific cancers (2016-2020) are in the table below. The most striking disparity comes from Starke County’s lung and bronchus cancer incidence rate, in which Starke County’s rate statistically exceeds that of the state. However, Pulaski County’s prostate cancer incidence rate and Starke County’s female breast cancer incidence rates are statistically lower than the state.

Specific Cancer Incidence Rates			
Age-adjusted per 100,000 population (2016-2020)			
	Pulaski County	Starke County	Indiana
Lung and Bronchus	85	90	68
Colorectal	52	50	40
Female Breast	113	95	131
Prostate	65	87	95

Source: All Cancer Incidence. (n.d.). Indiana Department of Health. Retrieved July 29, 2025, from <https://www.in.gov/health/cdpc/files/20162020CountyCancerIncidence.pdf> • Created with Datawrapper

Existing Healthcare Resources

Pulaski Memorial Hospital provided a complete listing of the currently available healthcare facilities and services that are accessed by those living in Pulaski or Starke County. This list includes, but is not limited to, a Critical Access Hospital, community-based physicians, a variety of specialty clinics, oral care providers, eye care providers, mental health services, nursing homes, assisted living facilities, fitness centers, and more. PMH will be able to use this listing when creating their action plan to fully incorporate all available resources.

Providers/Offices

- Pulaski Memorial Hospital
- Pulaski Memorial Hospital Medical Office Building
- PMH Francesville Family Medicine
- PMH Knox Medical Center
- PMH Culver Medical Center
- PMH Monterey Family Clinic
- PMH North Judson Family Practice
- Knox Winamac Community Health Center
- Northwest Medical Group
- HealthLinc Community Health Center
- Knox Family Medical Center
- Affiliated Ankle and Foot Clinic

Dentists

Dr. Perry Wainman- Winamac
Advantage Dental and Dentures- Knox
Badell Dental Clinic- Knox
Starke County Family Dentistry- Knox

Eye Care

Jennifer Gudas, OD, PC
Northwest Indiana Eye and Laser Center

Mental/Behavioral Health

Pulaski Memorial Hospital Integrated
Behavioral Health
Four County Counseling Center
HealthLinc Community Health Center
Porter-Starke Services, Inc.

Dialysis

Duneland Dialysis- Knox

Pharmacies

CVS Pharmacy - Winamac
Walgreens Pharmacy - Knox
CVS Pharmacy – North Judson
CVS Pharmacy - Culver
Pulaski Memorial Hospital Community
Pharmacy - Winamac
Pulaski Memorial Hospital Community
Pharmacy - Francesville

Long-term Care/Assisted Living

Parkview Haven Retirement Home, Francesville
Hickory Creek, Winamac
Pulaski Healthcare Center, Winamac
Brickyard Healthcare-Knox Care Center-
Knox
Miller’s Merry Manoe Nursing Home –
Culver

Fitness Centers

Get Fit NonStop- Winamac
Community Wellness Center of Winamac
Fit 'N Fabulous – Francesville
MBS Fitness- Knox
Max 24- N. Judson
Hard Knox Gym- Knox

Pulaski Memorial Hospital Providers

Surgery:

Dr. Wade Hsu, MD
Dr. Daniel Anderson, MD
Dr. Randy Lehman, MD

Family Medicine:

Dr. Michael Keller, MD

Family & Women's Health:

Dr. Jennifer Biesiadecki, DO
Dr. Clint Kauffman, MD
Dr. Melissa Zahrt, MD
Dr. Tim Day, MD

Internal Medicine:

Dr. Majed Al-Hamwi, MD

Pain Management:

Dr. Shazia Siddiqui, MD

Pediatrics:

Dr. Eileen Hsu, MD

Podiatry:

Dr. Morgan Faanes, DPM

Oncology:

Dr. Kalid Adab, MD
Shannon Tingle, FNP-C

Orthopedics:

Dr. Gene Fedor, MD
Dr. Scott Fielder, MD

Nurse Practitioners/Physician's Assistant:

Cynthia Oezer, AGNP
Diana Braun, FNP-BC
Nadine Nufer, PhD, FNP-C
Rebecca Anderson, FNP-BC
Taylor Gibson, FNP-C
Warren Penrod, FNP
Tish Fry, FNP-BC
Whitney Schmicker, ACNPC-AG, FNP-BC
Donnie Greer, FNP-BC
Julie Lena, PA-C
Adam VanMeter, FNP-BC

Specialists (Independent)**Audiology:**

Dr. Rebecca Berger, AuD

Cardiology:

Dr. Elizabeth Riddell

Ophthalmology:

Dr. Tom Chowattukunnel, MD

A complete listing of the facilities can also be found in Appendix D.

Identifying Health & Service Needs

A focus group of Pulaski and Starke County representatives, as well as a representative from Culver in Marshall County, was organized with the help of the Pulaski Memorial Hospital VP of Communications and Patient Experience, Brian Ledley, and Chief Nurse Executive, Linda Webb. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendees can be found in Appendix B.

The focus group was encouraged to brainstorm all areas of need or concern in the health field in Pulaski and Starke counties. Once a master list of all concerns was agreed upon, attendees were

asked to prioritize that list. The group was asked to list what they perceived to be the greatest strengths and values in their county. Then, they were asked to identify the highest priorities from the master list of challenges. The master list, each group's priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

By analyzing both prioritized lists from the small groups, the IRHA was able to detect the items that appeared most frequently and identified the community's areas of greatest concern:

- Housing
- Transportation
- Childcare and parenting
- Availability of various healthcare services

The identified areas of greatest need and hospital input were used to create a 47-question survey, addressing demographics, county issues, and community services and amenities, which can be found in Appendix C. The survey was widely disseminated via internet access, community bulletins, and the local newspaper to the residents of both Pulaski and Starke counties through inclusion on the Pulaski Memorial Hospital's website and a publicly available survey posted on REDCap®. Face-to-face polling was also implemented at the Pulaski County Public Library, the Winamac Senior Center, North Judson Senior Center, and North Judson-Wayne Township Public Library. To conduct the in-person survey, two members of the IRHA staff greeted people and asked for their participation in the survey. QR codes were also posted in public places. The general public was alerted to the face-to-face and online polls through PMH newsletters and social media. At the end of polling, there was a total of 229 total responses, including 31 face-to-face responses.

The majority (50.4%) of the respondents were from zip code 46996, 78.1% of respondents identified as female, and 94.7% of respondents identified as White. It is worth noting that the second largest zip code reported by respondents was 46511 (Culver, IN) at 14.5%. The age of respondents was well distributed between ages 28 and 74, with the largest number of responses (40.7%) coming from ages 46.5 through 65.1.

After basic demographics, respondents were asked to assess the effect of various factors on the health of their community by selecting "very negative impact, some negative impact, no impact, some positive impact, or very positive impact." The second portion of the survey required respondents to assess the need for various services and facilities in their community by selecting "no need, slight need, no opinion either way, definite need, or extreme need."

There was also a question regarding what, if any, specialties were needed in the service area, as well as a section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked “How do the following issues/items impact the health of your community?” the factors that received the most negative rankings by all respondents were (results on a 5-point scale with 1 being a very negative impact and 5 being a very positive impact):

1. Cost of housing – 1.86 weighted average response
2. Cost of childcare services – 2.17 weighted average response
3. Use of tobacco or nicotine products (including smoking, vaping, and smokeless tobacco) – 2.18 weighted average response
4. Availability of housing – 2.23 weighted average response
5. Availability of non-emergency healthcare services after normal hours – 2.27 weighted average response
6. Availability of transportation – 2.28 weighted average response
7. Availability of childcare services – 2.31 weighted average response

For comparison, the following lists show the top negative impacts identified in the previous two CHNA reports for Pulaski Memorial Hospital:

2019 Top Negative Impacts

1. Opioid drug use
2. Methamphetamine use
3. Tobacco use
4. Vaping and electronic cigarettes
5. Availability of drug treatment facilities

2022 Top Negative Impacts

1. Substance Use Disorder (SUD)
- 2-3. Availability of SUD in-patient facilities & Availability of residential SUD facilities (such as halfway houses, sober living facilities)
4. Availability of Substance Use Disorder
5. Cost of Substance Use Disorder services

Interestingly, one item that was raised as a potential concern by the steering committee was perceived in a positive light by the community members. “Activities for children” received a weighted average response of 4.61 from all respondents. This indicates that, at a minimum, the services currently provided are perceived as having a very positive impact on the community.

When asked “do you see a need for the following in your community,” the standout responses were (results on a 5-point scale with 1 being no need and 5 being extreme need):

1. After-hours, non-emergency healthcare options – 3.95 weighted average response
2. Funding for Emergency Medical Service (EMS) services – 3.85 weighted average response
3. Affordable, quality childcare – 3.84 weighted average response
- 4-5. Funding for healthcare services – 3.81 weighted average response
- Mental health services – 3.81 weighted average response

For comparison, the following lists include the top five needs identified by the previous two PMH CHNAs:

2019 Top Five Needs

1. Drug treatment programs
2. Drug treatment facilities
3. Illegal drug prevention education
4. Affordable health insurance
5. Mental health services

2022 Top Five Needs

1. Drug treatment programs
2. Drug treatment facilities
3. Illegal drug prevention education
4. Affordable health insurance
5. Mental health services

When asked whether they have a Primary Care Provider, 92.5% of all respondents responded affirmatively. Respondents were also asked what, if any, specialty care was needed in the community. The top three responses were for mental health, women’s health, and birthing/child-associated care—OB and pediatrics.

The full summary of the survey results can be found in Appendix C.

The open comments section resulted in feedback primarily fell into two categories: transportation including EMS and access—especially to same day appointments and after-hours urgent care beyond the ER. A sampling of these comments is below. All comments have been left as originally submitted unless they have been edited for length or to protect anonymity. The aging population, mental health, and comments regarding cost and affordability were also common.

Open comments regarding transportation:

“Transportation for patients that need to be transferred to another facility is a huge problem.”

“Lack of non-emergent transportation.”

“Transportation is a problem if you need to go to a doctor in another county. Especially if you live near the border of the county.”

“If you don't have a car or someone to drive you, you have no options in Culver”

“Transportation for people is a must”

“People need transportation”

Open comments regarding EMS:

“EMS should not have to do hospital transports as it ties up a vehicle- Hospital could do transports and eliminate the problem.”

“The EMS situation is an ongoing mess. Every day I see people that can't be transferred for the care they need because we have no EMS staff. Last month we were told my husband was having a heart attack, yet we had to wait until after 9 PM and hope that staff showed up for EMS. This is extremely unfortunate for people and I don't know if in good conscience I can recommend friends and family to come here if they can drive 20 minutes and get rapid transport.”

“...have to call 12 EMS services to find a transport service because we are still allowing the unhealthy routine of 24 or 48 hour shifts for EMS with crappy pay and have crappy trucks that always seem to have a mechanical problem.”

Open comments regarding access:

“The hospital advertises same day appointments on the signage outside, but that is not always the case. There have been several instances where it was weeks before I could get in to see the doctor.”

“U cannot get ahold of anyone in the clinic to Get appointments with your doctor.”

“there is a need for convenient healthcare.”

“We will likely move away from this area in order to gain better access to healthcare.”

“We need more available slots for doctors' appointments each day.”

“Hard to get appointments same day if you are sick in Knox”

“There is a definite need for last minute, same day, unexpected appointments for illness or accidents (outside of the Emergency Department). We need a walk-in clinic, where appointments do not have to be made in advance.”

“We need an urgent care-24-7 facility in the county.”

“24 hour Urgent Care or doctors offices open late”

A complete record of the open comments from the survey can be found in Appendix C.

Summary of Findings

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association has identified the areas of greatest need in Pulaski & Starke Counties. Through the collection of health data and community input on the counties' strengths, challenges, and values, IRHA has identified four areas as being of the highest importance. While these four areas have been identified as the highest county priorities, it is important to note that the root issue for many of these comes back to funding and affordability.

Identified Priorities

- Housing
- Childcare
- Transportation – non-emergent and EMS
- Access to healthcare – afterhours and mental health

Opportunities

Based on the findings of this assessment, IRHA presents the following opportunities:

Affordable Housing

Access to affordable and stable housing was identified as a significant need in this CHNA, reflecting both financial barriers and a shortage of available units in the community. Housing insecurity affects community health outcomes, workforce stability, and the ability of patients to maintain consistent access to care. The opportunities below reflect local supports as well as state and federal resources the hospital can leverage to help connect residents to housing solutions.

- Encourage use of **Pulaski County Human Services (PCHS)** as a central point of contact for families seeking rental assistance, emergency housing, and referral to partner agencies. <https://humanservices.pulaskionline.org/>
- Refer patients to **Pulaski County Township Trustees** for additional local-level emergency housing aid, especially for those experiencing sudden financial hardship. <https://pulaskionline.org/department/township-trustees/>
- Promote homeownership opportunities by connecting eligible residents with the “**Hoosier Homes**” **Down-Payment Assistance Program**, which reduces upfront barriers to purchasing a home. <https://club720.org/hoosierhomes-dpa/>
- Work with the **Indiana Housing & Community Development Authority (IHCA)** to ensure qualifying patients are aware of programs such as the Section 8 Housing Choice Voucher program. <https://www.in.gov/ihcda/homeowners-and-renters/section-8-housing-choice-vouchers-hcv/housing-choice-vouchers>
- Provide patients and families with access to **Indiana Housing Now**, an online housing search tool that helps connect renters to affordable units statewide. <https://www.indianahousingnow.org/>
- Utilize **Housing4Hoosiers** as a resource for patient education, offering plain-language guides on renting, budgeting, and homeownership. <https://housing4hoosiers.org/>
- Integrate housing referrals into discharge planning and care coordination, ensuring that lack of housing does not become a barrier to recovery or follow-up care.

Pulaski Memorial Hospital could address housing needs by embedding screening for housing insecurity into patient intake, developing referral protocols with local partners, and participating in community coalitions focused on affordable housing solutions.

Early Childhood Education and Childcare Access

Affordable, high-quality childcare and early learning opportunities are critical for supporting working families, ensuring children are prepared for school, and strengthening the local workforce. Lack of accessible childcare was identified as a barrier during the CHNA process, and can particularly impact parents working in shift-based and healthcare roles. PMH can play an important role in connecting staff, patients, and community members to resources that expand childcare access and promote early learning.

- Refer families to the **Winamac Early Learning Academy**, which offers licensed childcare and early education programming in Pulaski County. <https://avocado-crane-35za.squarespace.com/>
- Encourage participation in the **Pulaski County Early Learning Network/Coalition**, which connects families with local providers and aligns community partners to expand access to high-quality early education. <https://brighterfuturesindiana.org/>
- Promote the **Family and Social Services Administration (FSSA) Child Care Assistance** program, which helps qualifying families offset the cost of childcare through the Child Care Development Fund (CCDF). <https://www.in.gov/fssa/carefinder/child-care-assistance>
- Support awareness of **On My Way Pre-K (OMWPK)**, Indiana’s free pre-kindergarten program for qualifying four-year-olds, which can help close school readiness gaps. <https://fireflyin.org/programs-services/child-abuse-prevention/child-care-and-development-fund-ccdf>
- Provide information about the **Child Care and Development Fund (CCDF)** as a funding resource to support low-income families in accessing safe, reliable childcare. <https://fireflyin.org/programs-services/child-abuse-prevention/child-care-and-development-fund-ccdf>
- Explore opportunities to host childcare information sessions for hospital employees and patients, ensuring they are aware of available programs and financial supports.

The hospital could support childcare access by connecting employees and patients to early learning resources, advocating for expanded childcare availability, and exploring partnerships that reduce childcare barriers for the local healthcare workforce.

Transportation – Availability of Non-Emergent Transport and EMS Funding

Reliable transportation is essential for accessing healthcare services, especially in rural communities where long distances, lack of public transit, and cost barriers often limit access to care. Transportation challenges were identified during the CHNA as a significant obstacle for patients needing non-emergent medical transport, as well as for sustaining adequate EMS

coverage. The hospital can play a key role in coordinating referrals, sharing resources, and advocating for expanded transportation options.

- Promote **Arrowhead Country Public Transit Service** (via Pulaski County Human Services) as a low-cost, local transportation option for residents needing access to medical appointments, employment, and essential services. Brochure: <https://humanservices.pulaskionline.org/wp-content/uploads/sites/6/2019/05/PCHS-ACPT-Brochure.pdf>
- Connect Medicaid-eligible patients with **CareSource Transportation**, which provides free or low-cost rides to medical appointments for qualifying members. <https://www.caresource.com/in/plans/medicaid/benefits-services/additional-services/transportation>
- Utilize the **Recovery Assist Platform Transportation Toolkit** to support patients in recovery or with behavioral health needs by linking them with tailored transportation resources. <https://recoveryassistplatform.com/transportation-toolkit>
- Encourage staff and patients to use **Indiana 2-1-1**, a free statewide hotline that connects callers to available transit assistance, non-emergent transport programs, and local resources. Dial 2-1-1 to access services.
- Partner with the **Indiana Community Action Association (INCAA)** to connect residents with community-based transportation programs and to advocate for improved funding for rural EMS and transit initiatives. <https://www.incap.org/>
- Explore collaborations with local governments and community foundations to address EMS funding challenges and ensure long-term sustainability of emergency and non-emergent transport services.

PMH could integrate transportation referrals into discharge planning, partner with local agencies to secure transport for vulnerable patients, and advocate for sustainable EMS and non-emergent transport funding to improve access to care.

Access to Healthcare – Afterhours and Mental Health Services

Access to timely healthcare outside of regular business hours, as well as comprehensive mental health services, was identified as a high priority need during the CHNA. Patients in rural areas often experience delays in care or are unable to access behavioral health support when and where it is needed. Expanding awareness of available resources, strengthening partnerships, and improving coordination can help bridge these gaps.

- Refer patients to **4C Health**, which provides comprehensive behavioral health services including crisis response, counseling, and psychiatric care. <https://www.4chealthin.org/>
- Leverage services of the **Pulaski County Health Department** for preventative care, immunizations, and community health resources that supplement hospital services. <https://www.in.gov/localhealth/pulaskicounty/services>
- Promote **IRHAHelp**, an Indiana Rural Health Association tool that connects people with available programs and services across the state. <https://www.indianaruralhealth.org/resources/irhahelp-connecting-people-and-programs/?back=resources>
- Ensure staff and patients are aware of the **988 Suicide & Crisis Lifeline** and Indiana’s **Mobile Crisis Teams**, which provide immediate mental health crisis support statewide. <https://988indiana.org/> | <https://www.in.gov/fssa/dmha/certified-community-behavioral-health-clinic/individuals-receiving-services/>
- Encourage use of **Be Well Indiana** and the **Indiana 211 Helpline** (call 2-1-1 or text ZIP code to 898-211) for immediate connections to local mental health and wellness resources.
- Partner with **Mental Health America of Indiana (MHA-IN)** to connect patients and families with advocacy, education, and peer support resources. <https://www.mhai.net/>
- Engage with the **Indiana Family and Social Services Administration (FSSA) – Division of Mental Health and Addiction (DMHA)** to coordinate access to state-level mental health programs and funding opportunities. <https://www.in.gov/fssa/dmha/>
- Promote the **INConnect Alliance**, a resource hub designed to connect individuals with disabilities and behavioral health needs to community services. <https://www.in.gov/fssa/inconnectalliance/>
- Work with the **Indiana Youth Institute** to connect children and adolescents with youth-focused mental health, mentoring, and wellness programs. <https://iyi.org/>

Pulaski Memorial Hospital could strengthen afterhours care and mental health access by building referral pipelines, incorporating mental health screenings into routine visits, and ensuring that care coordinators connect patients directly to available community resources.

Conclusion

The Indiana Rural Health Association is pleased to serve Pulaski Memorial Hospital. IRHA has worked with the team at PMH in various capacities for many years and highly respects its accomplishments that greatly contribute to the health needs of the residents in Pulaski & Starke Counties and beyond. Growth and improvement in any area of need begins with education and collaboration. Communities of all sizes must join together and align the resources of their organizations and members to address areas of need and explore opportunities.

This Community Health Needs Assessment provides the foundation for strategic improvements in health outcomes, emphasizing education, collaboration, and community-driven initiatives. The data and insights gathered reflect the voices of local residents and stakeholders, offering a clear path forward.

By focusing on the identified priority areas of housing, childcare, transportation, and access to healthcare, PMH can develop targeted interventions that improve both access and equity. PMH is in a unique position to lead coordinated, community-wide efforts that mobilize resources, foster partnerships, and address these priorities head-on.

With sustained leadership, open communication, and collaboration across sectors, Pulaski & Starke Counties can move toward a healthier future—where every resident has access to high-quality care, supportive resources, and a thriving, health-focused community.

References

1. *Pulaski County, Indiana—Census Bureau Profile*. (n.d.). Retrieved July 25, 2025, from https://data.census.gov/profile/Pulaski_County,_Indiana?g=050XX00US18131
2. *pulaski county, indiana—Census Bureau Tables*. (n.d.). Retrieved July 25, 2025, from <https://data.census.gov/table?q=pulaski+county,+indiana&g=050XX00US18030>
3. *Starke County, Indiana—Census Bureau Profile*. (n.d.). Retrieved July 25, 2025, from https://data.census.gov/profile/Starke_County,_Indiana?g=050XX00US18149
4. *starke county, indiana—Census Bureau Tables*. (n.d.). Retrieved July 25, 2025, from <https://data.census.gov/table?q=starke+county,+indiana&g=050XX00US18030>
5. *Race and Ethnicity—Census Bureau Tables*. (n.d.). Retrieved July 29, 2025, from <https://data.census.gov/table?q=Race+and+Ethnicity&g=050XX00US18131,18149>
6. *U.S. Census Bureau QuickFacts: Starke County, Indiana*. (n.d.). Retrieved June 20, 2025, from <https://www.census.gov/quickfacts/fact/table/starkecountyindiana/PST045224>
7. *U.S. Census Bureau QuickFacts: Pulaski County, Indiana*. (n.d.). Retrieved June 19, 2025, from <https://www.census.gov/quickfacts/fact/table/pulaskicountyindiana/PST045223>
8. *veterans—Census Bureau Tables*. (n.d.). Retrieved July 29, 2025, from <https://data.census.gov/table?q=veterans&g=050XX00US18131,18149>
9. *Mental Health*. (#updateDate#). https://www.research.va.gov/topics/mental_health.cfm

10. *The Williams Institute—LGBT Data and Demographics*. (n.d.). Retrieved June 5, 2025, from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=18#density>
11. *2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People*. (n.d.). 2024 National Survey on LGBTQ+ Youth Mental Health. Retrieved June 5, 2025, from <https://www.thetrevorproject.org/>
12. *Pulaski County, Indiana—Census Bureau Profile*. (n.d.). Retrieved July 28, 2025, from https://data.census.gov/profile/Pulaski_County,_Indiana?g=050XX00US18131#health
13. *Starke County, Indiana—Census Bureau Profile*. (n.d.). Retrieved July 28, 2025, from https://data.census.gov/profile/Starke_County,_Indiana?g=050XX00US18149#health
14. IHADA. (2021, March 30). *HMIS Data Portal*. IHADA. https://www.in.gov/ihada/indiana-balance-of-state-continuum-of-care/hmis_data_portal/
15. *InDepth Profile: STATS Indiana*. (n.d.). Retrieved July 28, 2025, from https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18131
16. *InDepth Profile: STATS Indiana*. (n.d.). Retrieved July 28, 2025, from https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18149
17. *housing values—Census Bureau Tables*. (n.d.). Retrieved July 29, 2025, from <https://data.census.gov/table?q=housing+values&g=050XX00US18131,18149>

18. *DP04: Selected Housing Characteristics—Census Bureau Table*. (n.d.). Retrieved July 28, 2025, from <https://data.census.gov/table/ACSDP5Y2023.DP04?g=050XX00US18131>
19. *education—Census Bureau Tables*. (n.d.). Retrieved July 29, 2025, from <https://data.census.gov/table?q=education&g=050XX00US18131,18149>
20. *education—Census Bureau Tables*. (n.d.). Retrieved June 17, 2025, from <https://data.census.gov/table?q=education&g=050XX00US18031>
21. *Pulaski, Indiana | County Health Rankings & Roadmaps*. (n.d.). Retrieved June 20, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/pulaski>
22. *Starke, Indiana | County Health Rankings & Roadmaps*. (n.d.). Retrieved July 28, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/starke>
23. *Pulaski, Indiana | County Health Rankings & Roadmaps*. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/pulaski>
24. *Starke, Indiana | County Health Rankings & Roadmaps*. (n.d.). Retrieved July 29, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/starke>
25. *Hunger & Poverty in the United States | Map the Meal Gap*. (n.d.). Retrieved June 29, 2025, from <https://map.feedingamerica.org>
26. *HPSA Find*. (n.d.). Retrieved July 29, 2025, from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
27. *Bowen Portal Physicians*. (n.d.). Tableau Software. Retrieved July 29, 2025, from <https://tableau.bi.iu.edu/t/prd/views/BowenPortalPhysicians/SupplyTrendsDesktop?p%3Atoolbar=no&%3Aembed=y&%3Atabs=no>

28. *State Cancer Profiles > Screening and Risk Factors Table*. (n.d.). Retrieved July 29, 2025, from <https://statecancerprofiles.cancer.gov/risk/index.php?topic=women&risk=v06&race=00&datatype=1&stateFIPS=18&type=risk&sortVariableName=default&sortOrder=default#results>
29. MCH. (2024, July 3). *Birth Outcomes and Infant Mortality Dashboard*. MCH. <https://www.in.gov/health/mch/data/birth-outcomes-and-infant-mortality-dashboard/>
30. *Birth Outcome Indicators Health First Indiana District 2 2023*. (2024). Indiana Department of Health. <https://www.in.gov/health/mch/files/D9-Fact-Sheet-2023.pdf>
31. *Healthy Days Methods and Measures | HRQOL | CDC*. (2018, November 5). https://archive.cdc.gov/www_cdc_gov/hrqol/methods.htm
32. *Mortality Table for Indiana Counties | HDPulse Data Portal*. (n.d.). Retrieved July 29, 2025, from https://hdpulse.nimhd.nih.gov/data-portal/mortality/table?age=001&age_options=age_11&cod=256&cod_options=cod_15&comparison=states_to_us&comparison_options=comparison_statename_to_us&race=00&race_options=race_6&ratetype=aa&ratetype_options=ratetype_2&ruralurban=0&ruralurban_options=ruralurban_3&sex=0&sex_options=sex_3&statefips=18&statefips_options=area_states&yeargroup=5&yeargroup_options=yearmort_2
33. *State and County Dashboard*. (n.d.). *Mental Health America*. Retrieved July 29, 2025, from <https://mhanational.org/data-in-your-community/mha-state-county-data/>

34. State and County Dashboard. (n.d.). *Mental Health America*. Retrieved June 6, 2025, from <https://mhanational.org/data-in-your-community/mha-state-county-data/>
35. Health. (2025, June 5). *Drug Overdose Data Dashboard*. Health. <https://www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/trauma-and-injury-prevention/drug-overdose-data-dashboard/>
36. *Underlying Cause of Death, 2018-2023, Single Race Results Form*. (n.d.). Retrieved July 29, 2025, from <https://wonder.cdc.gov/controller/datarequest/D158;jsessionid=F70CBF6719FCC94B513BD05BE8D1>
37. *Underlying Cause of Death, 2018-2023, Single Race Results Form*. (n.d.). Retrieved July 29, 2025, from <https://wonder.cdc.gov/controller/datarequest/D158;jsessionid=FFD25C4C6691B17672AFB6A5684F>
38. *All Cancer Incidence*. (n.d.). Indiana Department of Health. Retrieved July 29, 2025, from <https://www.in.gov/health/cdpc/files/20162020CountyCancerIncidence.pdf>