

2022

Pulaski Memorial
Hospital
Community Health
Needs Assessment

Prepared by the Indiana Rural Health
Association

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Process

Pulaski Memorial Hospital (PMH) 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. The hospital provided a primary service area list of zip codes, which can be found in Appendix A.

To quantifiably describe the community, census reports were pulled from the United States Census Bureau Report and HoosierData.gov. Quantifiable statistics and reports for health-related community data were obtained from Pulaski Memorial Hospital, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, Feeding America's Map the Meal Gap report, and the Community Asset Inventory and Rankings report from Ball State University. The full versions of these reports can be viewed in Appendix A. Additional reports regarding chronic disease were pulled from the Centers for Disease Control website and the Indiana Cancer Consortium's Indiana Cancer Fact and Figures report. Excerpts from these reports can also be found in Appendix A.

Next, a focus group of Pulaski and Starke County representatives was organized with the help of the Pulaski Memorial Hospital CEO, Steve Jarosinski, 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 59-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 illegal drug use, mental health services, and affordability of insurance/care), 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. An online survey posted on REDCap.org 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

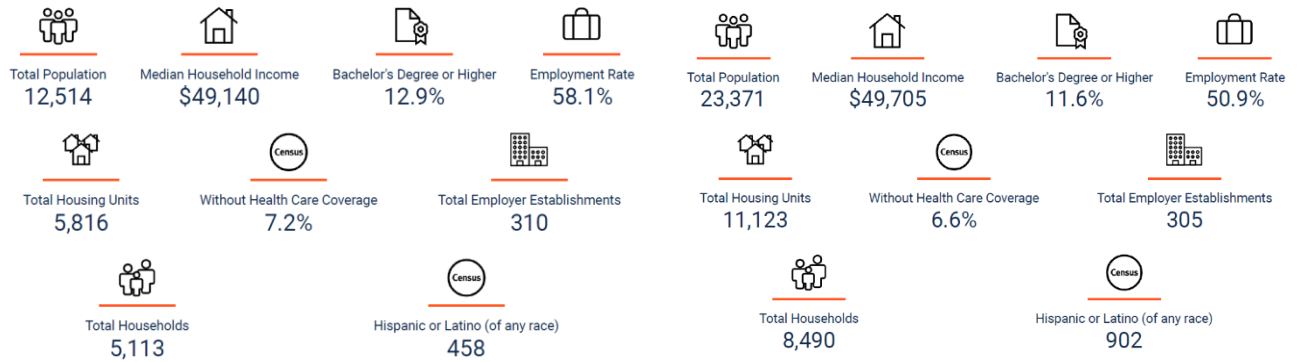
Pulaski and Starke counties are located in the northwestern quadrant of Indiana. Pulaski County, Indiana, has 433.6 square miles of land area and is the 25th largest county in Indiana by total area. Starke County, Indiana, has 309.1 square miles of land area and is the 77th largest county in Indiana 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.

Population – Ethnicity, Age, Gender & Income

According to the U.S. Census Report for 2020, the total population of the counties is approximately 35,885; and the median age in the county is 41.5 years old. Females make up 49.2% of the overall populace. Minority populations make up approximately 3.01% of the total inhabitants of the two counties. The median household income for the two counties falls within a range of \$49,140-\$49,705. This leaves approximately 13.2% of the total community population living in poverty, compared to a state rate of 11.6% and a national rate of 11.4%.

United States Census Data 2020	
Pulaski County	Starke County

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Source: U.S. Census Bureau, 2020 Decennial Census

Pulaski County Population Estimates by Race and Hispanic Origin in 2021

	Number	Pct. Dist
American Ind. or Alaskan Native Alone	30,234	0.4%
Asian Alone	184,780	2.7%
Black Alone	695,117	10.2%
Native Hawaiian and Other Pac. Isl. Alone	5,007	0.1%
White Alone	5,732,894	84.2%
Two or More Race Groups	157,953	2.3%

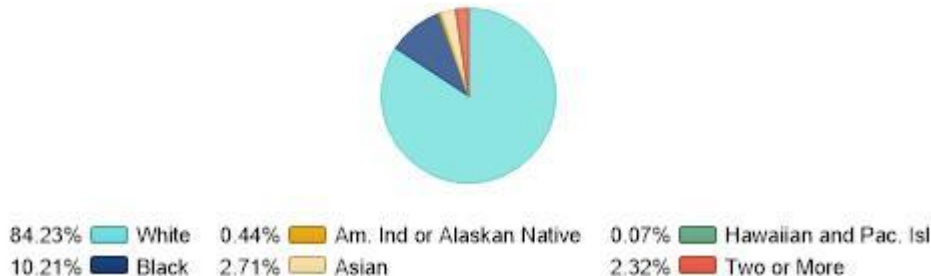
Population by Race

84.23% White 0.44% Am. Ind or Alaskan Native 0.07% Hawaiian and Pac. Isl
 10.21% Black 2.71% Asian 2.32% Two or More

Hispanic or Latino		
Non-Hispanic or Latino	6,283,041	92.3%
Hispanic or Latino	522,944	7.7%

Starke County Population Estimates by Race and Hispanic Origin in 2021

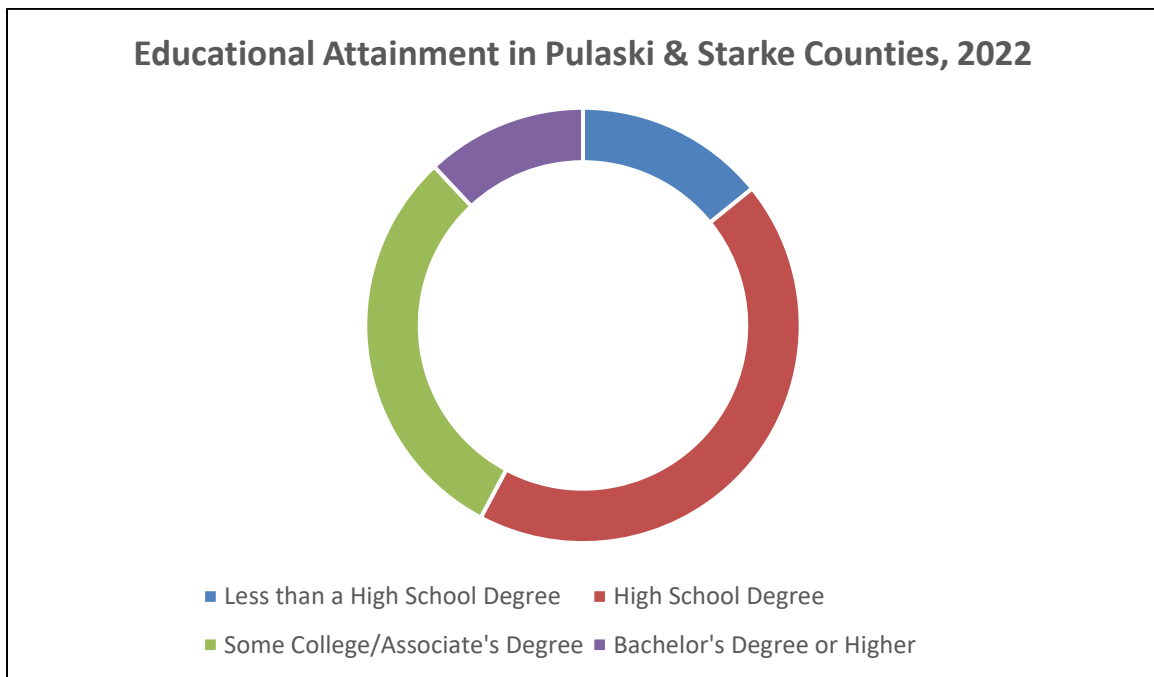
	Number	Pct. Dist
American Ind. or Alaskan Native Alone	30,234	0.4%
Asian Alone	184,780	2.7%

Black Alone	695,117	10.2%
Native Hawaiian and Other Pac. Isl. Alone	5,007	0.1%
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<p>Population by Race</p>  <p>84.23% White 10.21% Black 0.44% Am. Ind or Alaskan Native 2.71% Asian 0.07% Hawaiian and Pac. Isl 2.32% Two or More</p>		
Hispanic or Latino		
Non-Hispanic or Latino	6,283,041	92.3%
Hispanic or Latino	522,944	7.7%

Source: US Census Bureau

Education

The Robert Wood Johnson Foundation reports that approximately 85.8% of the counties' residents have high school diplomas, compared with a statewide average of on 89%. Further, the U.S. Census Bureau reports that only 12% of the community has a bachelor's degree or higher, compared with a statewide average of 27.2%.



Source: County Health Rankings & Roadmaps from the Robert Wood Johnson Foundation

The full reports from U.S. Census Bureau and the Robert Wood Johnson Foundation can be viewed in Appendix A.

Health Summary

Based on data from the 2022 County Health Rankings & Roadmaps report, Pulaski County ranks 84th in Health Outcomes and 53rd in Health Factors; and Starke County ranks 85th in Health Outcomes and 86th in Health Factors out of a total of 92 counties in the state.

The low-ranking Health Outcomes for the counties were based on a combined report of 11,250 premature deaths, compared to Indiana's 8,600, as well as 5.4 days of poor mental health by Pulaski and Starke County residents, compared to a statewide average of 4.8. The Health Factors rankings were based on Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

A higher instance of adult smoking (at 24% compared to a statewide average of 20%), a high instance of adult obesity (at 38% compared to a statewide average of 35% and a rate of only 30% at the top performers in the U.S.), and low access to exercise opportunities (only 36% compared to a statewide average of 68%) combined to earn PMH's service area lower third rankings in Health Behaviors. Additionally, Starke County had considerably higher rates of Alcohol Impaired Driving Deaths (27% compared to Pulaski's 9% and Indiana's 19%) and teen pregnancy (32 compared to Pulaski and Indiana's 23). However, the two-county area performed much better on rates of Sexually Transmitted Infections at an average of 142.5, compared to 526.3 statewide. Ultimately, the Health Behavior ranking for Pulaski County was 59 and for Starke County was 77 out of all counties in Indiana.

Both counties ranked in the bottom tenth out of 92 counties on Clinical Care—Pulaski at 86 and Starke at 90. The largest detriment to the Clinical Care scoring was the high patient-to-provider ratios. The ratio of patients to primary care physicians is 2,470:1 in Pulaski County and a significantly higher rate of 5,750:1 in Starke County, compared to the state average of 1,490:1. The average patient-to-dentist ratio is 4,370:1, compared to the state average of 1,720:1. Finally, the patient-to-mental health provider ratio is 1,550:1 in Pulaski County and the significantly higher ratio of 2,880:1 in Starke County, compared to the state average of 560:1. Additionally, Starke County had 5,470 preventable hospital stays and Pulaski County having 4,530. Both were higher than the state average of 4,322, though Starke was, once again, significantly higher. Mammography screening was also below the state average of 44%, with an average for the two counties of 32%. However, the Clinical Care rankings also indicated that only approximately 11% of the population is uninsured, which is relatively on par, compared the statewide rate of 10%.

Both counties narrowly missed the state average for percentage of high school graduates (86% of the community, compared to a statewide average of 89%). A low percentage of residents with some college education (and average of 53% to the state's 63%) and a high number of injury deaths (109 in Pulaski and 120 in Starke, compared to only 85 in Indiana) negatively impacted the Social and Economic Factor rankings for the two counties. However, Pulaski County received a Socioeconomic Factor rank of 37 out of 92, which was significantly higher than Starke County's rank of 82 out of 92. The disparity in rank within the community is due in large part to a higher unemployment rate in Starke County (8.0 compared to Pulaski's 6.1, which is lower than Indiana's 7.1), a higher rate of children in poverty in Starke County (20%, compared to Pulaski's 16% and Indiana's 15%), and a much higher number of social associations in Pulaski County (21, compared to Starke's 9.1 and Indiana's 12). Conversely, Starke County did

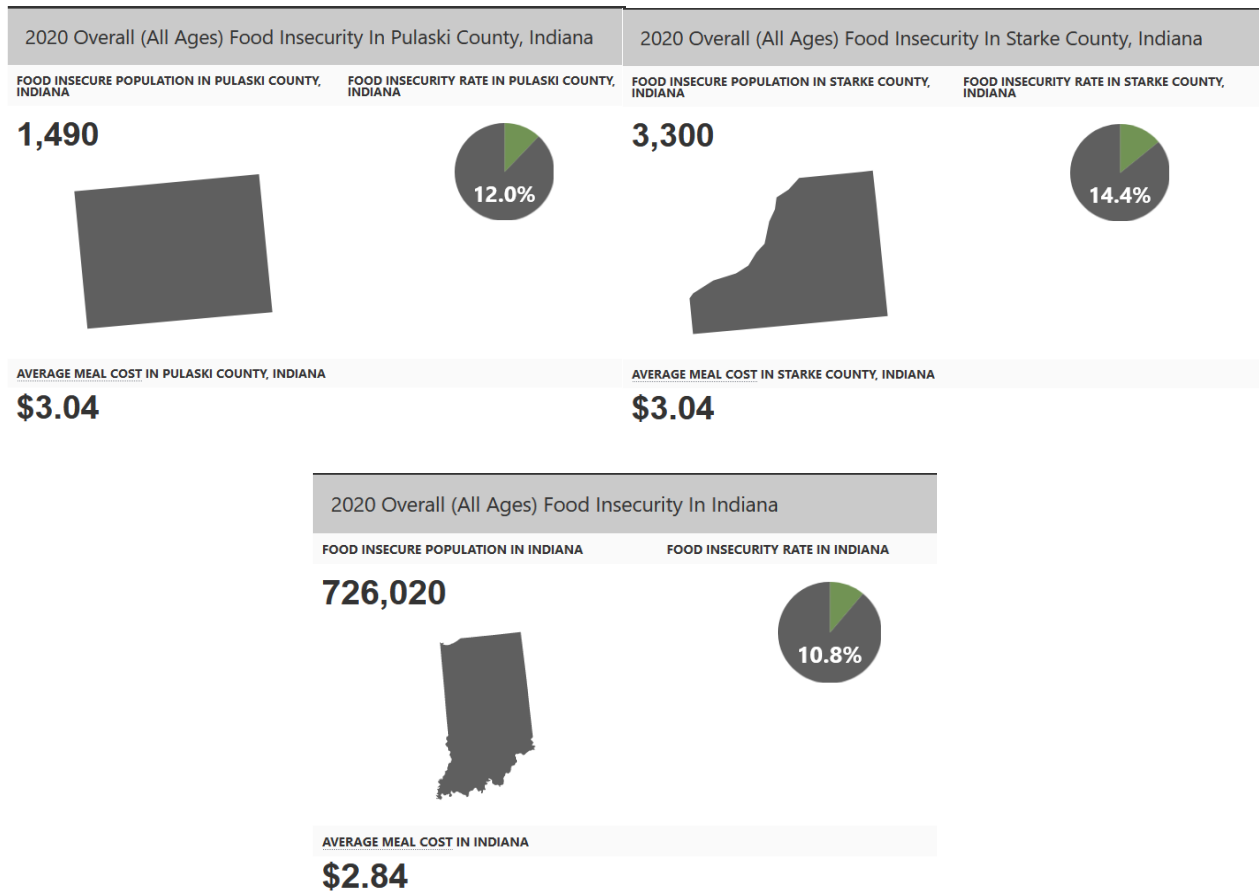
significantly outperform both Pulaski and the state average in percentage of children living in single-parent homes with only 13%, compared to Pulaski at 26% and Indiana at 25%.

The Physical Environment score was much higher for both counties, with a ranking of 7 out of 92 for Pulaski and 21 out of 92 for Starke. Notably, this is a *drastic* increase for Starke County whose Physical Environment was 72 out of 92. The disparity in scores between the two counties is due mostly to issues associated with work commutes. Pulaski County has only 75% driving alone to work, compared with Starke and Indiana both at 81%. Further, Starke has 44% driving alone on a long commute, defined as longer than 30 minutes. This is in comparison with Pulaski and Indiana at 32%.

The 2019 Community Asset Inventory & Rankings report prepared by Ball State University lists the Health of Human Capital/Workforce grades for Pulaski as a C (up from a D in 2012) and for Starke as an F (no change from 2012). This grade is based on “fertility rate, death rate, premature death rate, poor and fair health rate, poor physical and mental health days, motor vehicle crash death rate, cancer incidence rate, lung and bronchus incidence rate, asthma rate; number of primary care providers; and access to healthy food (presence of food deserts),” per the report.

Full copies of the Robert Wood Johnson County Health Rankings & Roadmaps and the Ball State University Community Asset Inventory & Rankings reports for Pulaski and Starke counties can be found in Appendix A.

Feeding America’s *Map the Meal Gap* study reported that in 2020, 1,409 people were food insecure in Pulaski County, with a rate of 12.0%; and 3,300 people were food insecure in Starke County, with a rate of 14.4%. The Indiana statewide rate was 10.8%. The average meal cost in both Pulaski and Starke County is \$3.04. This is more expensive than the average meal cost for the state of \$2.84, but less the average meal cost nationally of \$3.13. It is worth noting that these numbers are from 2020 and will likely be exacerbated by the inflation that is currently being experienced in 2022.



Data visualization from Feeding America's Map the Meal Gap 2020

Primary and Chronic Diseases

Pulaski Memorial Hospital generated a report of the Top Diagnoses by Payer Mix for their inpatients for the previous calendar year, January 1, 2021, through December 31, 2021. 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: It is important to understand the key characteristics of the PMH population. 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:

- Single Liveborn Infant, Delivered Vaginally OR by C-Section
 - 71 cases (71.83% Medicare and Medicaid)
- Sepsis, Unspecified Organism – 22 cases (77.27% Medicare and Medicaid)
- Hypertensive Heart and Chronic Kidney Disease with Heart Failure and Stage 1-4 Chronic
 - 16 cases (100% Medicare and Medicaid)
- COVID-19 – 14 cases (71.43% Medicare and Medicaid)
- Pneumonia, Unspecified Organism – 13 cases (92.31% Medicare and Medicaid)

Urinary Tract Infection, Site Not Specified – 13 cases (92.31% Medicare and Medicaid)
Maternal Care for Low transverse Scar from Previous C-Section
– 12 cases (41.67% Medicare and Medicaid)
Intestinal Adhesion (Bands) with Partial Obstruction – 9 cases (66.67% Medicare and Medicaid)
Aftercare Following Joint Replacement Surgery – 8 cases (75% Medicare and Medicaid)
Acute Respiratory Failure with Hypoxia – 7 cases (85.71% Medicare and Medicaid)

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

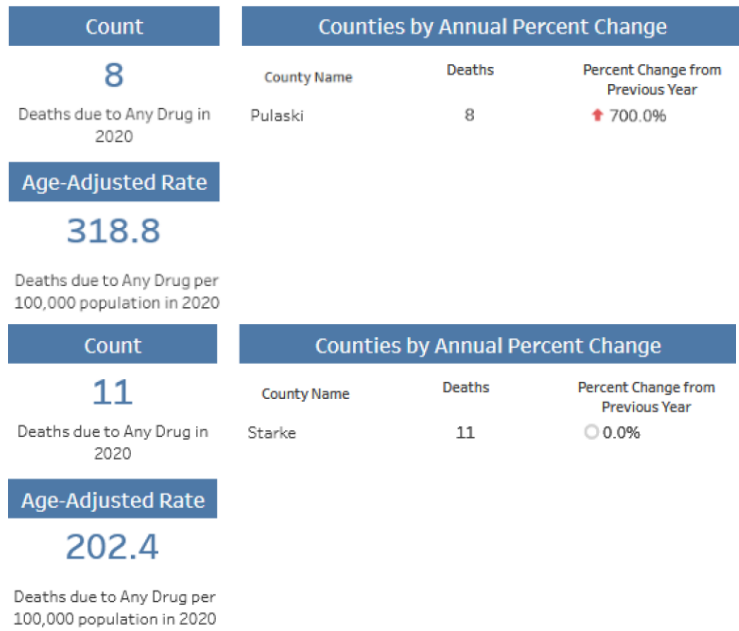
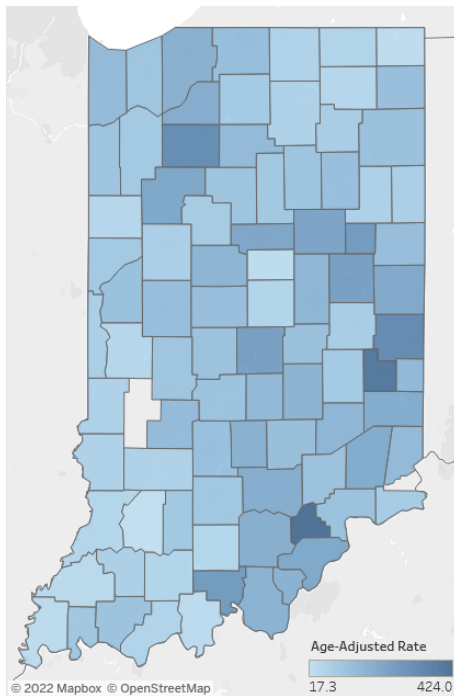
According to Centers for Disease Control and Prevention (CDC) data, the cancer rates for the two counties within Pulaski Memorial Hospital’s service area are split when compared to the state average and rankings. The rate of cancer (per 100,000 people) in Indiana is 457.9 and nationally is 448.6. Pulaski County comes in below both the statewide and national numbers at a rate of 451.4 and has a rank of 49 out of 92 Indiana counties, making it just barely into the better half of counties in the state. However, Starke County comes in above both state and national rates at 497.5 and has a rank of 10th worst in the state. Breast cancer rates are much lower in the community than the state and national rates, with an average of 96.3 versus a statewide rate of 124.5 and a national rate of 126.8. The counties are split for prostate cancer rates with Pulaski at a rate of 78 and Starke at a rate of 98.1. Both rates of prostate cancer come in well below the national rate of 106.2 but straddle the Indiana rate of 96.5. Both counties are in the bottom third of performers in the state for colon and rectal cancers (Pulaski at 49.7 and Starke at 60.3 versus Indiana at 41.7 and the U.S. at only 38). For lung cancer, Starke County is the worst in the state with a rate of 99.5 compared to the state average of 69.9 and national average of 57.3. Conversely, Pulaski County is in the best third of Indiana counties with a rate of only 66.8.

In instances of chronic disease, specifically heart disease and stroke, the CDC reports that Pulaski County is under state and national instances of hospitalization for all measures. The county has a total rate of 44.6, compared to the Indiana rate of 65.8 and the national rate of 60.7. However, Starke County exceeds the state and national rates of hospitalizations at 78.1. For all heart disease and stroke deaths, Pulaski and Starke exceed, sometime significantly so, all state and national rates. Death rates for heart disease come in at an average of 221.8 for both counties, compared to 181.2 for Indiana and 164.9 for the U.S. Death rates for stroke come in at an average of 42.1 for both counties, compared to 40.4 for Indiana and 37.7 for the U.S.

The CDC’s Diabetes Surveillance System report also relates that PMH’s service area comes in well under the state average in rates of diabetes. As of 2018, Pulaski County has an age-adjusted rate of 7.8%; and Starke County has a rate of 9.8%, compared to an Indiana-wide average of 11.2% and national rate of 9.1%. While state-level data was not yet available for 2019, both counties had a rate of 8.2%, which was in line with the 2019 national average of 8.3%. This represents a slight increase for Pulaski, but a drastic decrease for Starke.

The CDC’s National Center for Health Statistics report on drug overdose deaths in the United States shows that there were 2,321 deaths from all drug overdoses in Indiana in 2020. According to the Drug Overdose Dashboard from the Indiana Department of Health, the state rate of overdoses from all drugs in Indiana is 146.4. Pulaski County drastically exceeds the state average with a rate of 318.8. Starke County also exceeds the state, though less significantly, with a rate of 202.4.

Drug Overdose Deaths, 2020



Data visualization from IDOH Drug Overdose Dashboard, 2020

Portions of the four Center for Disease Control reports and Indiana Department of Health dashboard can be found in Appendix A.

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

- Knox Winamac Community Health Center
- Northwest Medical Group
- HealthLinc Community Health Center
- Knox Family Medical Center
- Affiliated Ankle and Foot Clinic

Dentists

- Dr. Bradley Crawford
- Dr. Perry Wainman
- Advantage Dental and Dentures
- Arch Family Dentistry
- Badell Dental Clinic

North Judson Family Dental Center

Eye Care

Jennifer Gudas, OD, PC

Northwest Indiana Eye and Laser Center

Mental/Behavioral Health

Four County Counseling Center

HealthLinc Community Health Center

Porter-Starke Services, Inc.

Senior Care

Dialysis

Duneland Dialysis

Pharmacies

CVS Pharmacy - Pulaski County

Walgreens Pharmacy - Knox

CVS Pharmacy - Starke County

Long-term Care/Assisted Living

Parkview Haven Retirement Home - Francesville

Golden Living Center, Knox

Hickory Creek, Winamac

Pulaski Health Care Center, Winamac

Wintersong Village - Nursing and Rehab, Knox

Fitness Centers

Get Fit NonStop

Community Wellness Center of Winamac

Fit 'N Fabulous – Francesville

MBS Fitness

Max Health

Surgery:

Dr. Wade Hsu

Dr. Daniel Anderson

Dr. Randy Lehman

Family Medicine:

Dr. Rex Allman

Dr. Curtis Bejes

Family & Women's Health:

Dr. Clint Kauffman

Dr. Melissa Zahrt

Dr. Tim Day

Pediatrics:

Dr. Eileen Hsu

Orthopedics:

Dr. Gene Fedor

Nurse Practitioners:

Beth Ruff, NP-C

Chantel Anderson, FNP-BC
Cynthia Oezer, AGNP
Diana Braun, FNP-BC
Nadine Nufer, PhD, FNP-C
Rebecca Jernstrom, FNP-BC
Samantha Pugh, FNP-BC
Taylor Gibson, FNP-C
Warren Penrod, FNP
Tish Fry, FNP-BC
Whitney Schmicker, ACNPC-AG, FNP-BC

Internal Medicine:

Dr. Majed Al-Hamwi

Audiology:

Dr. Rebecca Berger, AuD

Cardiology:

Dr. Robert Riddell

Dr. Elizabeth Riddell

Dr. Mukesh Garg

Dermatology:

Katrina Masterson, NP

Podiatry:

Dr. William Oliver, DPM

Ophthalmology:

Dr. Kent Kirk

Pain Management:

Dr. Shazia Siddiqui

Oncology:

Dr. Michael Slaughter

Urology:

Dr. Subba Rao Nagubadi

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 was organized with the help of the Pulaski Memorial Hospital CEO, Steve Jarosinski, 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

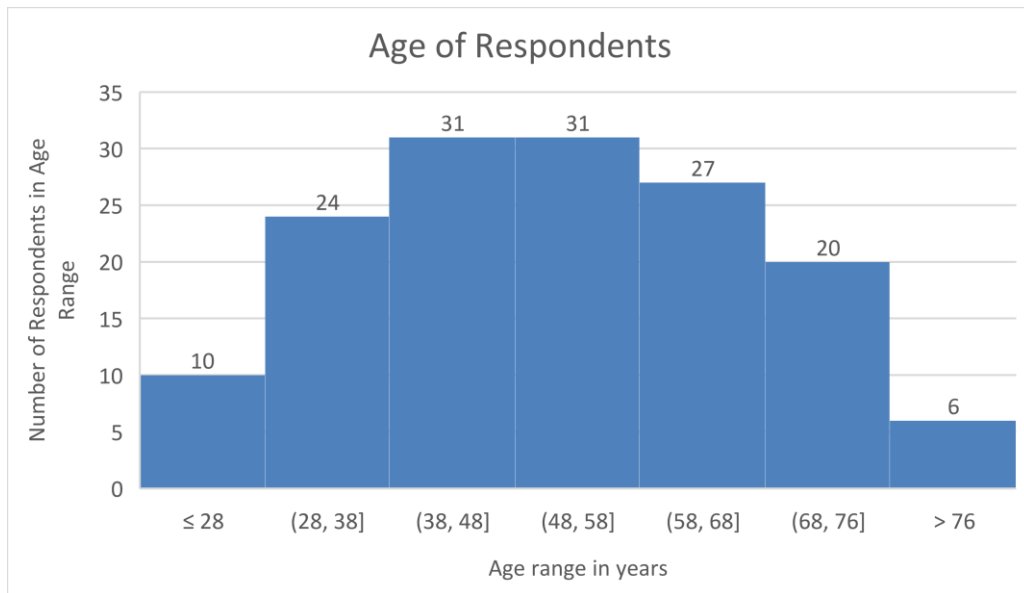
master list, each group’s priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

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:

- Services not available to all areas of the county
- Housing
- Substance Use Disorder
- Transportation/infrastructure

Further, the hospital requested that nine questions regarding attitudes toward vaccination be added to assess the community’s stance on the topic for their internal use on vaccine initiatives.

The identified areas of greatest need and hospital input were used to create a 59-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.org. Face-to-face polling was also implemented at the Pulaski County Public Library in Winamac. To conduct the in-person survey, two members of the IRHA staff greeted all county residents as they entered the library and asked for their participation in the survey. Hard copies of the survey were also left at some locations, as well as PMH, for anyone who preferred to complete a paper copy of the survey. 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 152 total responses, including 12 face-to-face responses. The majority (60.5%) of the respondents were from zip code 46996, 74.8% of respondents identified as female, and 92.7% of respondents identified as White. The age of respondents was well distributed between ages 28 and 76, as shown in the graph below. Finally, 92.3% of all respondents reported having a Primary Care Provider.



Data visualization from the Pulaski County Health Needs Survey 2022

After basic demographics, respondents were asked to assess the effect of various factors on their community by selecting “very negative effect, some negative effect, no effect, some positive effect, or very positive effect.” 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, definite need, or extreme need.” In the needs section, respondents were also able to select “no opinion.”

There was also a section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked “how do these issues affect your county,” Substance Use Disorder and the services and treatment associated with it dominated the list. The standout answers by all respondents were:

1. Substance Use Disorder – 62 identified as a very negative effect
- 2-3. Availability of Substance Use Disorder in-patient facilities – 56 identified as a very negative effect
Availability of residential Substance Use Disorder facilities (such as halfway houses, sober living facilities) – 56 identified as a very negative effect
4. Availability of Substance Use Disorder treatment – 47 identified as a very negative effect
5. Cost of Substance Use Disorder services – 44 identified as a very negative effect

This is compared to the top five negative impacts identified in 2019 of:

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

Interestingly, one item that was raised as a potential concern by the steering committee was perceived in a positive light by the community members. Just over half (50.4%) of all respondents identified “Availability of services outside of Winamac” as a positive impact on the community.

When asked “do you see a need for the following services/facilities in your community,” Substance Use Disorder once again made multiple appearances but was not the sole response as in the previous question. The standout responses were:

1. Affordable health insurance – weighted average of 4.2 on a 5-point scale
2. Substance Use Disorder prevention & education – weighted average of 4.04 on a 5-point scale
3. Telehealth services – weighted average of 3.97 on a 5-point scale
4. Substance Use Disorder treatment – weighted average of 3.93 on a 5-point scale
5. Medical transportation – weighted average of 3.92 on a 5-point scale

This is compared to the top five needs identified in 2019 of:

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

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

The open comments section resulted in feedback that fell into, though was not limited to, six primary categories: transportation, mental health, cost/affordability, obstetric services, and specialty care. A sampling of these comments from the survey that recurred most often, presented by topic, is below. All comments have been left as originally submitted unless they have been edited for length or to protect anonymity.

Open comments regarding transportation:

“WE NEED BETTER TRANSPORTATION FROM HOSPITAL TO HOME”

“We have a lot of seniors/veterans that can't come for their medical services because they can't either find HHC or they can't find transportation to go to the hospital.”

“Need to get more information about services offered in the community for transportation and other services already offered. There may be many already existing that I am not aware of.”

“Health care is available for those who can get there or afford it. I feel transportation to and from appointments and treatments are not there. If people, like the elderly, had a more reliable and cost effective way to get to appointments they would be far healthier group in our community. Also for the ones who cannot afford transportation for their families. Many cannot afford to take their children to the Dr., transportation is part of that. People need a way to get there !!!”

“ambulance service in our county is poor when patients need transport to other hospitals”

Open comments regarding mental health:

“Mental health is a HUGE need for our community- young, old and everyone in between....There is only one 'community mental health' facility....started to build great relationship with the therapist at PMH, but she is one person and not accessible to all of our children”

“Mental health, food insecurity and help for elderly in home are a need.”

“Mental health services are lacking. Especially for children.”

“Mental health services are in dire need in this community. There are long waits and limit services available. We need more therapists.”

Open comments regarding cost/affordability:

“We need affordable healthcare for the middle class. I recently went in for a new visit. At that visit I had basic labs ran. Those labs cost me almost \$260. Just for a basic panel. That's what I paid out of my pocket and I have insurance....After receiving that bill I pretty much decided that I wouldn't be going back to my primary care for physicals or annual check ups. It's too costly.... Now, if we all have that attitude and don't come in for preventative or early diagnosis care, what's that going to do to our insurance costs when everything is caught late stage? Our medical system is broken and PMH is an additive to that problem.”

“The hospital Over charges I'd rather drive 2 hours to Indy for better doctors and a much more affordable rate even if gas is nearing \$6 a gallon”

“The cost of the mental health services in this community are outrageous and this has greatly impacted my life in several ways, in negative way.”

“Pulaski County is expensive. I'm not surprised that much of the population moves because taxes are high, housing market is extremely high, utilities and so on.”

“I am blessed with having Medicare and the ability to pay for supplemental insurance. Medicare or some other affordable insurance is necessary for vision and dental. I weep for people who need what I can afford, and wish that I could share my insurance plans with them.”

Open comments regarding obstetrics:

“Community in need of Obstetrical and additioanl Pediatric care”

“...You need to reopen the maternity ward...”

“Our community needs prenatal and OB care. The hospital shutting down their OB department is rediculous. The one good department they had going for them. I think customers that went there from OB on will stay at the new hospitals they were forced to findz”

“Our community needs an OB department in the hospital. While right now, I realize there is a shortage of OB nurses, I think Pulaski Memorial needs to pursue that in the future again as it is vital to any growing community!”

“Very disappointed that PMH no longer will care for mothers having babies. And tests that should be urgent are pushed off, results not for days. As a female entering her non childbearing years I have yet to find a doctor that answers my questions or helps with problems associated with this age.”

Open comments regarding various specialties:

“Winamac needs a Wound Ostomy nurse specialist. NO services here and providers and nurses have no clue how to help us. I travel 2 hours to get an Ostomy nurse specialist. Very sad the lack of care and support for ostomates. MUCH NEEDED SERVICE and it would benefit as there many that travel to get help.”

“The availability of dental services in our community needs to be addressed. We've lost two dentists recently and have only one available though somewhat on a limited basis. What about the future?”

“Need more specialty care services at PMH. Pulmonologist, and Dialysis.”

“Need good geriatric specialists for elderly locally. Need a senior center for many support services.”

“I feel that the community has plenty of family doctors to choose from, however, there are not many choices in our community for specialty care. I would like to have more choices for those, such as Ortho, Cardiologist, Neurologist...ect.”

“Dentist is greatly needed in the County”

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 and Starke counties. Through the collection of health data and community input on the county’s strengths, values, and challenges within the hospital’s service area, the following needs were identified as being of the highest importance:

Identified Areas of Need

- Substance Use Disorder – prevention, education, treatment, and in-patient and residential facilities
- Affordability – cost of healthcare, transportation, and insurance
- Transportation – medical including emergent and non-emergent
- Telehealth services

Additionally, to aid Pulaski Memorial Hospital in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. ***Please note these are opportunities for improvement and in no way constitute required actions, but rather are recommendations for further attention.

Resources & Opportunities

The team from IRHA is pleased to serve the needs of Pulaski Memorial Hospital. We have worked with the Leadership team of PMH for many years and highly respect the accomplishments made in many areas of healthcare services that greatly contribute to the health needs of the residents in Pulaski and Starke counties.

Based on the findings of this project, we would like to offer recommendations to respond to the areas identified by members of the community. These are only suggestions and should not be considered requirements nor complete solutions. Those recommendations are below:

- Substance Use Disorder – prevention, education, treatment, and in-patient and residential facilities. This issue was likewise indicated on the previous CHNA report as is frequently deemed as high priority need in most rural communities. The suggested recommendations below reflect some previously identified options, as well as updated suggestions.
 - Work with local providers to create extensive education and awareness teams:
 - Educational classes for families of those suffering with Substance Use Disorder (SUD)
 - Educational classes for people with OUD/SUD
 - Include providers to inform the public on the impact and effects of Substance Use Disorder.
 - Include education on the specific types of drugs, i.e. Methamphetamine, as well as applicable over-the-counter medications.
 - Coordinate with service groups and faith-based community to publicize, create, and host recovery, support, and family groups, such as Narcotics Anonymous, Al-Anon, etc.
 - Collaborate with other regional rural hospitals to share providers in a network of educational meetings. Create and host educational meetings in various communities to provide education to identify those at risk, treatment options, and other resources.
 - Bring activity-focused organizations together to expand and promote activities for all ages; expand the list of alternative activities.
 - Explore online educational services, telehealth, etc. to bring professional counselors to local provider offices, schools, or wherever patients and families meet to an appropriate setting.
 - Work with local organizations, such as a YMCA, Boys and Girls Clubs, etc. to expand and promote activities for all ages; expand the list of alternative activities.
 - Collaborate with local agencies to explore deeper means of solutions and recovery as a collective team, including, but not limited to: local law enforcement, local judicial system representatives, local employers, EMS providers, local clergy, and healthcare providers.

- Emphasize that solutions for SUD issues are best resolved through a collaborative community effort.
- Explore strategies to draw users of illegal drugs into recovery and back to an engaged participant in their community.
 - Engage recovering patients to share stories, experiences.
 - Offer specific drug education classes:
 - Methamphetamine
 - Over-the-counter medications
 - Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices. Examples include Bloomington Meadows Hospital in Bloomington (<https://www.bloomingtonmeadows.com/>) and LifeSpring Health Systems (<https://www.lifespringhealthsystems.org/>) for educational and treatment resources.
 - Collaborate with local community organizations to create safe activities for all ages and help avoid boredom.
- Affordability – cost of healthcare, transportation, and insurance. This was also indicated as a need in the previous CHNA project; and recommendations reflect some established, as well as updated, items:
- Explore any and all public aid options for financial resources by utilizing the services of non-profit organizations that provide insurance navigators, such as Connecting Kids to Coverage Indiana (<https://www.indianaruralhealth.org/services/connecting-kids-to-coverage-indiana/>) (Federal grant funded by HRSA).
 - Invite insurance navigators to host community events to share suggestions and information on the most affordable health insurance options.
 - Include business entities who secure insurance for those not covered, such as ClaimAid (<https://www.claimaid.com/>).
 - Consult with local clergy to explore faith-based financial support programs.
 - Collaborate with local employers to develop programs that provide basic healthcare services at lower rates. Consider Direct Contracting models where appropriate.
 - Discuss options with the medical staff and financial executives to explore discounted fee models. Explore what type of discount models are available for qualifying patients.
 - Identify the organizations that employ the underinsured and explore mutually beneficial pricing models that help the patients but do not financially harm any of the parties.
 - Host informational sessions on healthcare insurance options for the community. Utilize your PFS and Human Resources teams, as well as local Employee Health Benefit brokers to lead these events to share options and information with community residents.
 - Explore programs that emphasize healthy living means lower healthcare costs.
 - Encourage physical activity programs to improve healthy living, such as Zumba, aerobics, yoga, etc.
 - Encourage tobacco cessation programs and ask insurers to offer discounts for non-tobacco-covered lives.
 - Evaluate Chronic Care Management programs.
 - Collaborate with nutrition specialists and organize dietary refinement meetings.
 - Work with local schools to encourage better nutrition in school foods.
 - Collaborate with local restaurants, offer healthy menus, get hospital logo on menus.
 - Develop a gardening program, promote organic foods, healthy diets.

- Transportation – medical, including emergent and non-emergent
 - Collaborate with the hospital Foundation Board for transportation projects. Obtain information from other rural hospitals on their efforts to manage patient transportation programs.
 - Consider local fundraising event to acquire a vehicle for non-emergency transportation.
 - Partner with local businesses, offer advertising on the vehicle, and provide them with the opportunity to sponsor rides.
 - Collaborate with local clergy or other organizations who serve the elderly.
 - Organize neighborhood “Ride Share” programs to organize localized solutions to assist with transportation needs for non-emergency medical appointments.
 - Partner with non-profit organizations like LifeLine Pilots that provide cost-free non-emergency air transportation for longer distance medical care needs (<https://lifelinepilots.org/>).
 - Explore telehealth options as an alternative medical staff (where appropriate considering the patient condition).
 - Seek Federal, State, local, and private grants to support non-emergency transportation programs.

- Telehealth services
 - Obtain information specific to rural telehealth resources from the Rural Information Hub (<https://www.ruralhealthinfo.org/>).
 - Obtain information specific to telehealth resources from various governmental agencies, including the Department of Health and Human Services (<https://telehealth.hhs.gov/>).
 - Request educational and reference information from the Upper Midwest Telehealth Resource Center (<https://www.umtrc.org/>).
 - Investigate and comply with state regulations that govern telehealth use specific to Indiana.
 - Create / design a culture that encourages acceptance of appropriate telehealth use for patients. Encourage providers to offer telehealth in lieu of on-site patient encounters where it is deemed appropriate given the patient condition. Embrace the technology that is currently available to promote “access” as a top priority of the hospital.

Pulaski Memorial Hospital has earned the trust and respect of many local residents. Through a focused effort involving collaboration of hospital leadership and community leaders to improve health outcomes, lives will be changed. This can be leveraged with providers, local businesses, and community service organizations to explore the suggested and other ideas to enhance the quality of life of Pulaski and Starke County residents.