

# COMMUNITY HEALTH NEEDS ASSESSMENT

## ABSTRACT

2019 Jefferson Valley EMS and Rescue Community Health Needs Assessment of the Whitehall, MT area.

Francine Janik

## INTRODUCTION

The 2018 passage of SB38 by the State of Montana legislature has allowed the provision of Community Integrated Health – Community Paramedicine services to be offered by Montana Emergency Care Providers and Emergency Medical Service agencies.

The Montana Department of Labor directed the Board of Medical Examiners to establish educational requirements and protocols for CIH-CP. Those recently identified educational standards include a course of study that directs the students to a Community Health Needs Assessment to identify gaps in current healthcare services that may be filled by a CIH-CP Program.

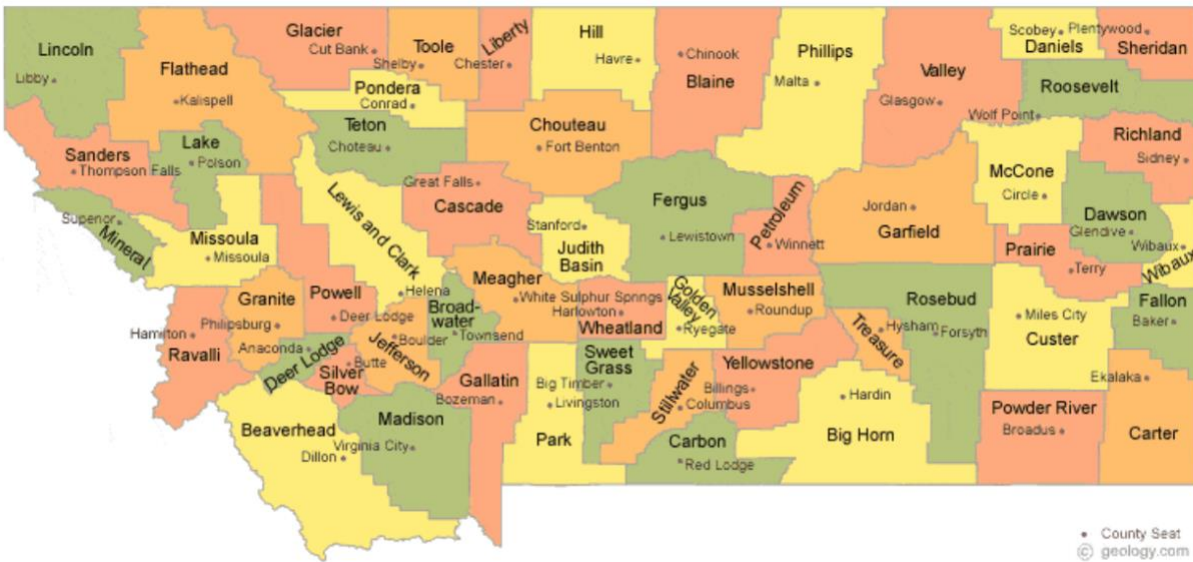
The following document identified the current strengths and weaknesses of the Whitehall area regarding healthcare. The document identified gaps in service and how Jefferson Valley EMS and Rescue can fill some of those gaps going forward.

While CIH-CP has been talked about in Montana and available in other states for the past decade, it is only now, with the passage of HB38 that Montana residents can realize the healthcare benefits of a CIH-CP Program.

LOCATION AND CLIMATE

Whitehall is located in southwest Montana nestled in the Jefferson Valley. This valley is just east of the Continental Divide and is surrounded by mountain ranges. The area has only approximately 62 days to their growing season and sits an elevation 4360 feet above sea level. Temperatures can vary from -60 degrees F to over 100 degrees F with relatively low humidity. Winds in the area can be gentle at best but can easily reach gusts of over 70 mph. The average annual precipitation for the area is around 12 inches of either snow or rain which classifies it as semi-arid Rocky Mountain High Desert. With these weather extremes and short growing season the area relies on cattle ranching, hay and small grains as its cash crops.

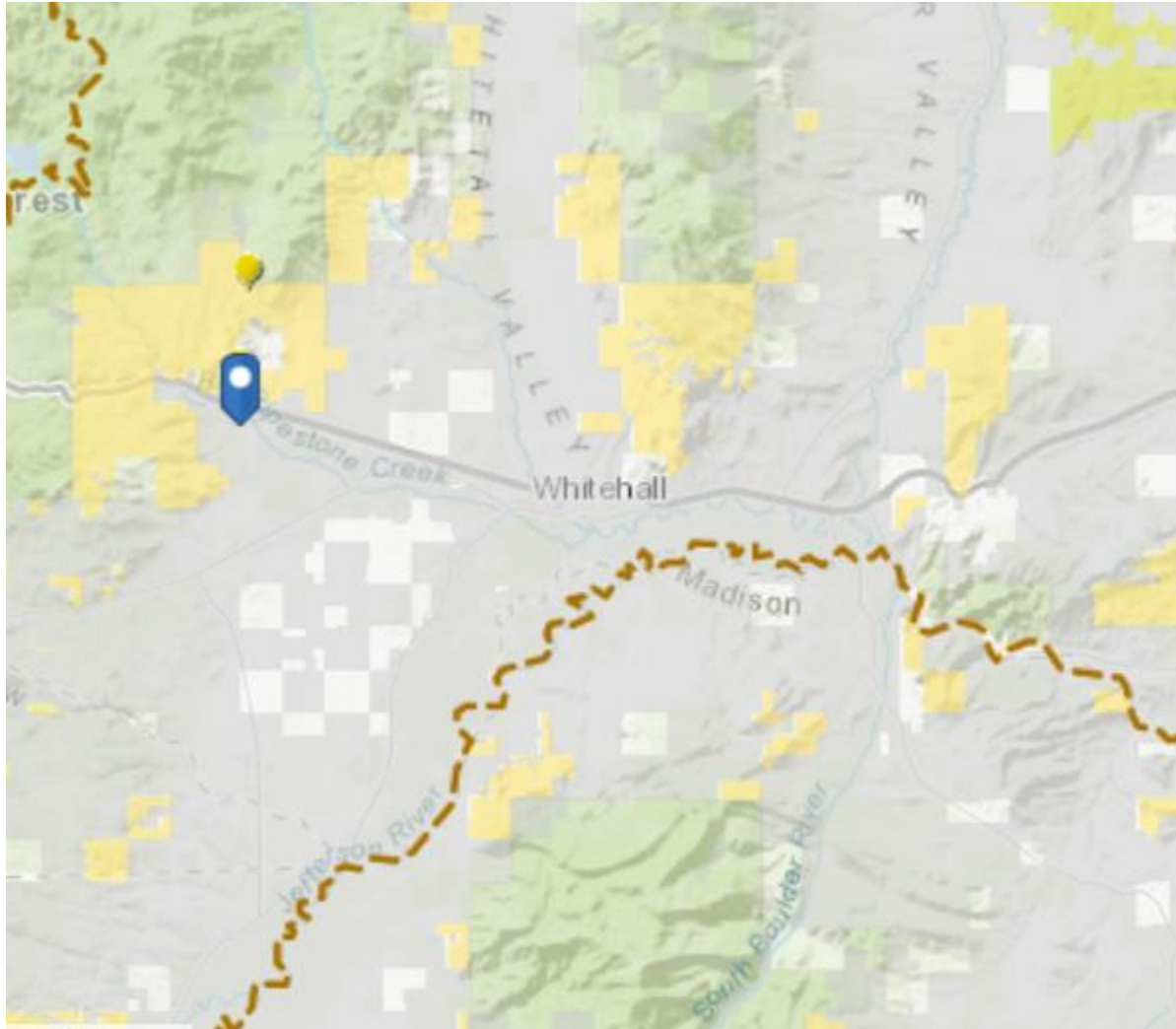
Map 1. State of Montana with counties



Map 2. Jefferson County with adjoining counties



Map 3. BLM map of the Whitehall Area. Green is Forest, Yellow is BLM, White and Gray is Private and State lands. The blue marker is the trailhead for a 30,000 acre Pipestone Trail system for recreation.



## COMMUNITY DEMOGRAPHICS

Jefferson Valley EMS and Rescue (JVEMSR) provides EMS services to the south end of Jefferson County, the North end of Madison County and a small tip of the east side of Silver Bow County. These counties were created in the 1860's. The major industries that drove the development of this area were mining and ranching. There were numerous above ground and underground mines that removed vast quantities of gold, silver and copper from this area. The area has been plagued with toxins from the mining era. Heavy metals, cyanide, arsenic, mercury and other toxins appear in the waters flowing from the mining areas. In May of 2019 the last active large gold mine in Jefferson County closed. The mine was located in Whitehall and the closure resulted in the loss of over 200 jobs. This loss of jobs will significantly change the demographics of the Whitehall area over the next year.

According to the Bureau of Land Management there are 1,389 recorded mines in Jefferson County and 16,831 mining claims. They estimate the active mining claims to be at 1,419 as of the end of 2018. Madison County has 1,426 active mining claims with 1,002 active mines. There still is a large open pit copper mine in Butte, Montana and large active talc mines in Madison County. The mining industry afforded high paying jobs but is noticeably affecting the health of the workers. The workers, now retired, are 65 years of age and older. Miners exposed to heavy metals and other mining chemicals have higher incidents of cancer, lung disease and disabilities. Miners have also used copious amounts of alcohol and tobacco and have high rates of cardiovascular disease, diabetes, COPD, chemical dependency and general poor health. These hard lifestyles have been passed down through the generations with all age groups having high incidents of chemical dependency and chronic disease.

Ranching and agriculture are the other main industries in this area. The area is ideal for cattle and sheep operations that use the forest grazing lands in the summers and use the fertile valleys during the rest of the year. Ranchers and farmers work long hard hours during all seasons. As a group they are

exposed to many chemicals and have a high potential for injury. This industry has also suffered a strong incidence of chemical dependency and tobacco use.

The Whitehall area has become a bedroom community for Butte, Montana and for communities east as far as Bozeman. Housing is much more affordable in this area than in surrounding areas so people willing to commute to work have found it a comfortable place to settle. There are numerous recreational opportunities for those wish to hike, hunt, fish, mountain bike, rock climb, off road vehicle, camp and anything else you can think of outdoors. Just west of Whitehall there is a large area in the Deer Lodge National Forest that is open to dirt bikes, ATVs, and UTVs with hundreds of miles of trails. This brings hundreds of users each day during the spring, summer and fall.

The largest employer currently is the school district. It is important to note that the area lacks in population diversity. Most of the area population is white with a strong Christian base.

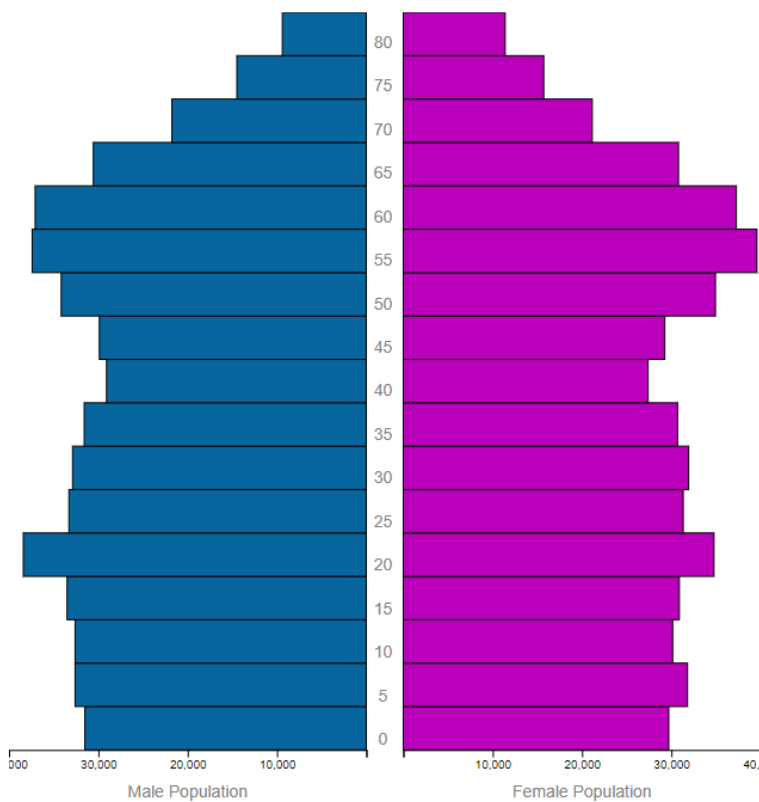
When the mines and agriculture were in full swing the area had a good cross section of age groups. Recently the age has shifted significantly with retirement age people making up a significant percentage of the population. Below are tables that will indicate the current population statistics for the State of Montana, Jefferson County, Madison County and the area of Whitehall. I will not provide data for Silver Bow County since there are less than fifty people represented and they are represented in the Whitehall Area figures.

Population Breakdowns

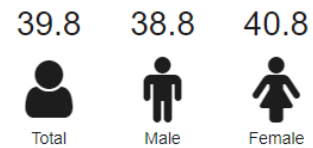
	STATE OF MT	JEFFERSON CO	MADISON CO	WHITEHALL AREA
<b>POPULATION</b>	1,050,493	11,625	7691	3869
<b>MEDIAN AGE</b>	39.8	47.9	43	45.7-51.6*
<b>UNDER 18</b>	25.2 %	27.9%	22.9%	23%
<b>18-24</b>		5.1%	4.9%	07%
<b>25-44</b>		29.9%	30.10%	19.6%
<b>45-65</b>		10.3%	17.2%	20%
<b>OVER 65</b>	17.1%	19.1%	17.2%	17.4%
<b>MALE</b>	49.7%	48.8%	51.8%	51.9%
<b>FEMALE</b>	50.8%	51.2%	48.2%	48.1%

\*This range is due to the difference between the 2010 Census and the 2019 estimate

Montana Population Pyramid 2019



Montana Median Age



Montana Adults

There are 803,704 adults, (176,138 of whom are seniors) in Montana.

Montana Age Dependency

64.1 Age Dependency Ratio

28.1 Old Age Dependency Ratio

36 Child Dependency Ratio

Montana Sex Ratio

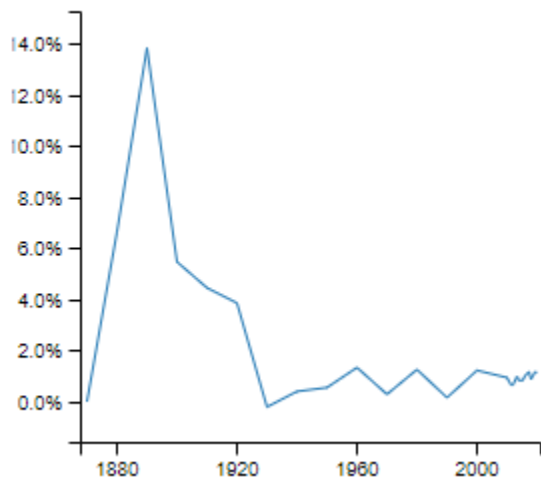
Female	512,002	49.72%
Male	517,860	50.28%

Race Data

	STATE OF MT	JEFFERSON COUNTY	MADISON COUNTY	WHITEHALL AREA
WHITE	89.0%	95.5%	96.8%	92.5%
BLACK/AFRICAN AMERICAN	0.4%	0.1%	0.2%	0.2%
ASIAN	0.7%	0.4%	0.3%	0.5%
NATIVE AMERICAN	6.5%	1.4%	0.5%	1.6%
HISPANIC	NA	2.0%	2.4%	2.0%
OTHER	3.7	0.6%	0.8%	3.1%

In the Jefferson County Health Assessment and the Madison County Health Assessment there was no data for the birth rate, death rate, population growth rate or life expectancy. Montana growth rates are below.

**Montana Growth Rate**

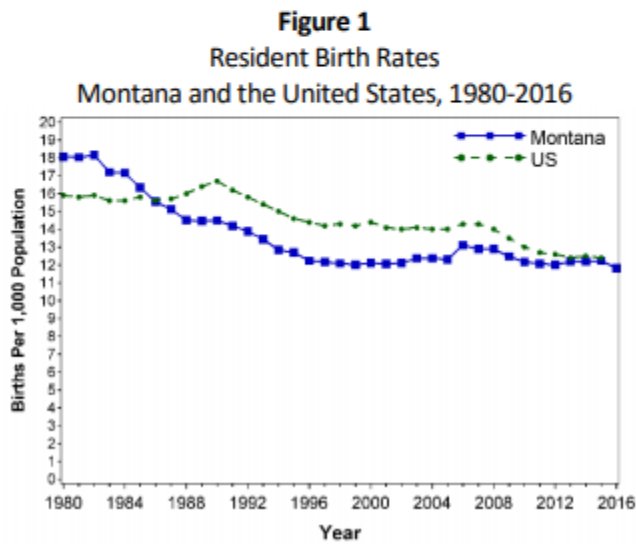


<b>Year ▼</b>	<b>Pop</b>	<b>% Change</b>
2020	1,086,759	1.14%
2019	1,074,532	1.15%
2018	1,062,305	0.88%
2017	1,053,090	1.17%
2016	1,040,863	1.01%
2015	1,030,503	0.84%
2014	1,021,891	0.82%
2013	1,013,564	0.98%
2012	1,003,754	0.66%
2011	997,221	0.66%
2010	990,722	0.94%
2000	902,195	1.22%

There are no statistics that can be easily found for the Whitehall area, Jefferson County or Madison County for births. There are no hospitals in Jefferson County and very few babies are born in Madison County. Until better data can be found we will use the State of Montana 2016 data.

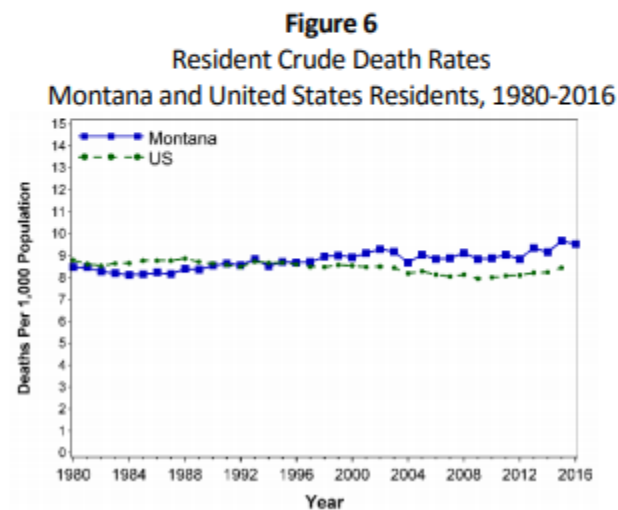
There were 12,274 babies born to Montana residents in 2016. **Table S-1** shows the frequency and rate of births occurring in Montana (regardless of place of residence) at five-year intervals from 1910 to 1945 and those to all Montana residents (regardless of place of occurrence) in selected later years.

The Montana birth rate declined for nearly twenty years, from the early 1980s to 1999. However, the rate of births to Montana residents leveled off and even began to increase slightly in the mid-2000s. The rate climbed to 13.1 per 1,000 residents in 2006, then declined in 2016 to a rate of 11.8 per 1,000 residents (**Figure 1**).



The death rate in Jefferson and Madison Counties is also hard to determine at this time. For this assessment we used the State of Montana data. The current life expectancy for a Montanan is 78.0 years which is slightly lower than the National average of 78.5 years of age. Death records for Jefferson and Madison Counties were incomplete. There is no skilled nursing facility or hospital in Jefferson County therefore many residents leave the county prior to death.

Montana's crude death rate has risen slowly since 1979 (Figure 6). Conversely, the U.S. rate has been on a long-term decline since the late 1980's. In 2016 the Montana rate was 9.5 per 1,000 population. The discrepancy between Montana's crude death rate and the US rate is due to Montana's aging population relative to the young national population.



The Whitehall area has no hospital and very little healthcare. There is a small medical clinic which serves a fair number of residents but it is a general practice clinic that takes no emergency calls, no OB/GYN, no orthopedic cases, no mental health and no other specialties. Residents must travel to Butte

27 miles away, Bozeman 63 miles away or to Helena which is 64 miles away for most healthcare or hospital visits. A resource guide is being developed that will include healthcare providers. This will be a living document that will be expanded as services are added to the Whitehall community. Since the local medical clinic is privately owned, they sometimes are unable to serve the neediest of residents.

## HEALTH OF THE COMMUNITY

### Current Risk Factors Affecting Health in Whitehall Community

One of the greatest factors affecting the health of the Whitehall area is the lack of healthcare and the substantial distance to healthcare resources. Emergency care, hospitals, and specialty care are all a fair distance from the area so members of this community tend to wait too long for care and only make an effort when they are extremely sick or gravely injured. The area lacks defined activities to keep people physically active. The local high school has limited exercise equipment is available for people to utilize. There are no designated or improved walking paths and no traffic lanes for bicycle travel. These two factors alone encourage a lifestyle low in physical activity. The only true place to be challenged by physical activity is on public lands. On the Bureau of Land Management (BLM), US Forest and State lands one can hike, mountain bike and jog on the extensive trail systems. These trails are mostly utilized by residents of other counties and only used by community members during hunting season.

Other risk factors are the high usage of tobacco products and alcohol. This has been part of the culture in the community since it was settled. Although the usage of tobacco and alcohol drops a small amount each year the effects still significantly impact the health of the community. Another risk factor is the lack of food options in the community. Fifty years ago, the community had no convenience stores, three well stocked grocery stores, and two meat shops. These businesses delivered to the customer's home at no charge. Today the Whitehall community has one grocery store and three convenience stores. Prices tend to be much higher at the local grocery store than those offered at the bigger, box stores in larger communities. This forces residents to purchase a large amount of highly processed foods. With no delivery and limited grocery store hours this reduces resident choices even further. Many families are forced to travel over 30 miles to purchase higher quality foods at more reasonable prices.

When you add up all of these risk factors it sets the stage for higher rates of cardiovascular and cerebrovascular disease, diabetes, cancer and respiratory diseases. It also allows for higher incidences of trauma deaths in all ages.

#### Morbidity of the Whitehall Community

Morbidity data was obtained from the local ambulance service. This data is only available since October 2017 when the agency began using an electronic patient care record. The calls are broken out by primary symptom and by provider primary impression. There is no obtainable data from healthcare providers since the local medical clinic just started using electronic patient documentation and there is no hospital in Jefferson County for data.

Elite montana

Runs by Primary Symptom

Situation Primary Symptom (eSituation.09)	Number of Runs	Percent of Total Runs
	75	13.97%
Pain - Not otherwise listed (R52)	58	10.80%
Resp - Shortness of breath (R06.00)	36	6.70%
Neuro - Altered mental status (R41.82)	34	6.33%
General - weakness (R53.1)	29	5.40%
Pain - Back (M54.9)	26	4.84%
Pain - Chest (cardiac) (R07.9)	19	3.54%
Neuro - Headache (R51)	14	2.61%
Abdominal pain acute onset (R10.0)	13	2.42%
Bleeding/hemorrhage (R58)	13	2.42%
Not Applicable ( )	13	2.42%
Pain - Chest (intercostal/rib) (R07.82)	13	2.42%
Abdominal pain generalized (R10.84)	12	2.23%
Cardiac arrest (I46)	10	1.86%
Neuro - Syncope (R55)	10	1.86%
Neuro - Disorientated/confusion (R41.0)	8	1.49%
Pain - Chest-anterior wall (R07.89)	7	1.30%
General - Fever (R50.9)	6	1.12%
Abdominal pain lower quad(s) (R10.3)	5	0.93%
Behavior - Slowness or poorly receptive (R46.4)	5	0.93%
Behavior - Suicidal ideations (R45.851)	5	0.93%
Hypoglycemia, unspecified (E16.2)	5	0.93%
Neuro - Seizure - grand-mal or petit mal (G40.3)	5	0.93%
Pain - Chest palpitations (R00.2)	5	0.93%
Resp - Wheezing (R06.02)	5	0.93%
Behavior - Strange or bizarre (R46.2)	4	0.74%
Falls (multiple) (R29.6)	4	0.74%
GI - Vomiting (R11.10)	4	0.74%
Neuro - Light-headedness/Dizziness (R42)	4	0.74%
Neuro - Paralysis - Hemiplegia or hemiparesis (G81)	4	0.74%
Neuro - Unresponsive (R40.20)	4	0.74%
Abdominal pain upper quad(s) (R10.1)	3	0.56%
Behavior - Irritable or angry (R45.4)	3	0.56%
EENT - Visual loss (H54.7)	3	0.56%
General - Malaise (R53.81)	3	0.56%
GI - Nausea (R11.0)	3	0.56%
Infectious - Sepsis (R65.21)	3	0.56%
Neuro - Mental status is drowsiness (R40.0)	3	0.56%
Neuro - Speech is slurred (R47.81)	3	0.56%
Pain - Eye (H57.10)	3	0.56%
Resp - Abnormal breathing pattern (R06.3)	3	0.56%
Seizure (convulsive) (R56.9)	3	0.56%
Abdominal tenderness (R10.81)	2	0.37%
Behavior - Anxious (R45.82)	2	0.37%
Behavior - Stressed (R45.7)	2	0.37%
EENT - Epistaxis (R04.0)	2	0.37%
General - edema (R60.9)	2	0.37%
GI - Diarrhea (R19.7)	2	0.37%
GI - Vomiting blood (K92.0)	2	0.37%
GU - Urinary difficulty (dysuria) (R30.0)	2	0.37%
Neuro - Facial droop (R29.810)	2	0.37%
Neuro - Gait with ataxia (R26.0)	2	0.37%
Resp - Cough (R05)	2	0.37%
Skin - other texture change (R23.8)	2	0.37%

Situation Primary Symptom (eSituation.09)	Number of Runs	Percent of Total Runs
Skin - Swelling/mass/lump - Localized (R22)	2	0.37%
Abdominal pain pelvic or perineal (R10.2)	1	0.19%
Abdominal rigidity (R19.30)	1	0.19%
Anxiety disorder, unspecified (F41.9)	1	0.19%
Behavior - Combative/violent (R45.6)	1	0.19%
Behavior - Homicidal ideations (R45.850)	1	0.19%
Behavior - Restless or agitated (R45.1)	1	0.19%
CV - Hypovolemic (R57.1)	1	0.19%
EENT - Sore Throat (R07.0)	1	0.19%
EENT - Visual disturbance (H53.9)	1	0.19%
General - Fatigue (R53.83)	1	0.19%
Generalized anxiety disorder (F41.1)	1	0.19%
GI - Ascites (R18)	1	0.19%
GI - Distended Abdomen (R14.0)	1	0.19%
GI - Swallowing - difficulty (R13.10)	1	0.19%
Hyperglycemia, unspecified (R73.9)	1	0.19%
Neuro - Amnesia (R41.3)	1	0.19%
Neuro - Gait has other disturbance (R26.89)	1	0.19%
Neuro - Mental status is stupor / semicomatose (R40.1)	1	0.19%
Neuro - Paralysis - Paraplegia (G82.2)	1	0.19%
Pain - headache (G44.53)	1	0.19%
Pain - Jaw (R68.84)	1	0.19%
Pain - Toothache (K08.8)	1	0.19%
Skin - Hives (L50)	1	0.19%
	<b>Total: 537</b>	<b>Total: 100.00%</b>

Elle montana

Runs by Provider Impression

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
	67	12.48%
Acute pain due to trauma (G89.11)	24	4.47%
Weakness (R53.1)	17	3.17%
Injury - Head without L.O.C. (S06.0X0A)	16	2.98%
Neuro - Altered Mental Status (R41.82)	16	2.98%
Endocrine - Hypoglycemia - Diabetic (E13.64)	15	2.79%
Pain - Back (Non-traumatic) (M54.9)	14	2.61%
Abdominal tenderness (R10.81)	13	2.42%
Infectious - Sepsis (A41.9)	13	2.42%
Malaise (R53.81)	11	2.05%
Not Applicable	11	2.05%
Respiratory - Acute Onset Distress (J80)	11	2.05%
Respiratory - COPD Exacerbation (J44.1)	10	1.86%
CV - Chest Pain - Presumed Cardiac (I20.9)	9	1.68%
Injury - Lower Back (S39.92)	9	1.68%
Infectious - Influenza (Flu Like Symptoms) (J11)	8	1.49%
Neuro - Seizure (G40.909)	8	1.49%
Pain - Extremity (Non-traumatic) (M79.609)	8	1.49%
Syncope - Syncopal Episode (or Near) (R55)	8	1.49%
Behavioral - Anxiety (F41.9)	7	1.30%
CV - Cardiac Arrest (I46.9)	7	1.30%
CV - Cardiac Arrhythmia/Dysrhythmia (I49.9)	7	1.30%
GI/GU - Abdominal Pain Acute Onset (R10.0)	7	1.30%
Injury - Neck (S19.9)	7	1.30%
Injury - Thorax (upper chest) (S29.9)	7	1.30%
Abuse of Alcohol - Intoxication (F10.92)	6	1.12%
Injury - Face (S09.93)	6	1.12%
Injury - Hip (S79.91)	6	1.12%
Injury - Shoulder or Upper Arm (S49.9)	6	1.12%
Neuro - Stroke/CVA (I63.9)	6	1.12%
Abdominal and pelvic pain (R10)	5	0.93%
CV - Hypertension (I10)	5	0.93%
Injury - Elbow (S59.90)	5	0.93%
Injury - Head with L.O.C. (S06.0X9A)	5	0.93%
Pain - Not Elsewhere Mentioned Sudden Onset (G89.1)	5	0.93%
Allergic Reaction (T78.40)	4	0.74%
Behavioral - Disorientation (R41.0)	4	0.74%
Behavioral - Mental Disorder Not Otherwise Listed (F99)	4	0.74%
GI/GU - Nausea (With Vomiting) (R11.2)	4	0.74%
Injury - Forearm (S59.91)	4	0.74%
Injury - Lower leg (S89.9)	4	0.74%
Pain - Chest (presumed non-cardiac) (R07.89)	4	0.74%
Respiratory - Asthma Exacerbation (J45.901)	4	0.74%
Behavioral - Depression (F32.9)	3	0.56%
Behavioral - Suicide Attempt (T14.91)	3	0.56%
Burn - Second degree (L55.1)	3	0.56%
Cancer-lung (D02.20)	3	0.56%
CV - Chest Pain - STEMI of Anterior Wall (I21.0)	3	0.56%
CV - Hypotension (I95.9)	3	0.56%
EENT - Epistaxis (Non-traumatic) (R04.0)	3	0.56%
Fever (R50.9)	3	0.56%
GI Bleed - Hematemesis (K92.0)	3	0.56%
GI/GU - Abdominal Pain Generalized (R10.84)	3	0.56%
Infectious - Pneumonia (J18.9)	3	0.56%

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Injury - Ankle (S99.91)	3	0.56%
Injury - Eye and/or Orbit (S05)	3	0.56%
Injury - Not Otherwise Listed (T14.90)	3	0.56%
Injury - Thigh (upper leg) (S79.92)	3	0.56%
Nausea and vomiting (R11)	3	0.56%
Neuro - Headache (R51)	3	0.56%
Neuro - TIA (transient ischemic attack) (G45.9)	3	0.56%
Neuro - Unconscious (R40.20)	3	0.56%
Neuro - Unspecified visual disturbance (H53.9)	3	0.56%
Abdominal rigidity, unspecified site (R19.30)	2	0.37%
Allergic Reaction with Shock (Anaphylaxis) (T78.2XXA)	2	0.37%
Behavioral - Strange Behavior (R46.2)	2	0.37%
Behavioral - Suicidal/Homicidal Ideation (R45.85)	2	0.37%
CV - Cardiac Arrest/Obvious Death (R99)	2	0.37%
CV - Chest Pain - Myocardial Infarction (Non-STEMI) (I21.4)	2	0.37%
CV - Chest Pain - STEMI of Inferior Wall (I21.1)	2	0.37%
CV - Hypovolemic Shock (T79.4XXA)	2	0.37%
Dehydration (E88.0)	2	0.37%
Environment - Poisoning/Drug Ingestion (T65.9)	2	0.37%
Injury - Lung Pneumothorax - Traumatic (S27.0)	2	0.37%
Injury - Pelvis (S39.93)	2	0.37%
Injury - Wrist, Hand, or Fingers (S69.9)	2	0.37%
Intracranial - Stroke (CVA) Hemorrhagic (I62.9)	2	0.37%
Neuro - Neuro Problem Not Otherwise Listed (G99.8)	2	0.37%
Vertigo (R42)	2	0.37%
Vomiting (R11.1)	2	0.37%
Behavioral - Hallucination - Auditory (R44.0)	1	0.19%
Bleeding or Hematoma Post Procedure/Medical Device (L76.22)	1	0.19%
Cancer (D49)	1	0.19%
CV - Chest Pain - Angina (I20.0)	1	0.19%
CV - Congestive Heart Failure (CHF) (I50.9)	1	0.19%
EENT - Eye Pain (Non-traumatic) (H57.10)	1	0.19%
Encounter, child, no findings or complaints (Z00.129)	1	0.19%
Endocrine Hypoglycemia - Non-diabetic (E16.2)	1	0.19%
Environment - Hypothermia (T68)	1	0.19%
GI Bleed - Rectal Bleeding (K51.811)	1	0.19%
GI/GU - Diarrhea (K59.1)	1	0.19%
GI/GU - Foreign Body Digestive System (T18.9)	1	0.19%
GI/GU - GU Problem Not Otherwise Listed (N39.9)	1	0.19%
GI/GU - Nausea (Without Vomiting) (R11.0)	1	0.19%
GI/GU - Pelvic or Perineal Pain (R10.2)	1	0.19%
GI/GU - Vaginal Bleeding (N93.9)	1	0.19%
Hyperglycemia (R73.9)	1	0.19%
Infectious - Meningitis (G03.9)	1	0.19%
Injury - Epidural Hemorrhage from Trauma (S06.4)	1	0.19%
Neuro - Headache - Migraine (G43.9)	1	0.19%
Neuro - Status Epilepticus (G40.901)	1	0.19%
Respiratory - Hyperventilation (R06.4)	1	0.19%
Respiratory - Not Otherwise Listed (J98.9)	1	0.19%
Respiratory - Pulmonary Edema Acute Onset (J81.0)	1	0.19%
Respiratory - Smoke Inhalation (J70.5)	1	0.19%
Unspecified kidney failure (renal failure) (N19)	1	0.19%
<b>Total: 537</b>	<b>Total: 100.00%</b>	

The above data gives some insight as to the reasons and impressions why people in the community call the ambulance. It is clear that pain is the most frequent primary reason for calling the ambulance. Respiratory illness, chest pain, altered mental status, and hypoglycemia are all in the top 15 reasons that are showing up in the data. There is little other data on morbidity other than the ambulance data and provider impressions. Most pain is related to chronic pain conditions either from trauma or repetitive heavy use of the body common in rural Montana. There is high incidence of chronic respiratory disease from smoking and exposure to respiratory system hazards. In the Whitehall community there is an unusually high rate of cancer, cardiovascular disease and cerebrovascular disease due to the lack of exercise and other risk factors. Mental health issues also seem to be a component especially from illicit drug use, PTSD and alcohol abuse.

#### Whitehall Community Causes of Mortality

Below we have gathered some statistics from the State of Montana Health Data System IBIS. The data is available only by county and by State of Montana so one needs to use this data and data gathered from ambulance calls to postulate the reasons for mortality in the Whitehall community. Be aware that it is hard to tell how accurate the data is from the IBIS System since there are no hospitals in Jefferson County and no skilled nursing facilities. Another factor in the accuracy of the data is that coroners in Montana typically are the ones determining the cause and manner of death. Most coroners are local Sheriffs or deputies with little more than two days of classroom instruction on determining cause of death. Very few autopsies are performed. Generally, unless the death is suspicious autopsies are not performed.

## TOP CAUSES OF DEATH 2010-2017

<b>CAUSE OF DEATH</b>	<b>MONTANA</b>	<b>JEFFERSON COUNTY</b>
MALIGNANT NEOPLASMS	16,179	197
DIABETES MELITUS	2127	24
HEART DISEASE	15,946	176
CEREBROVASCULAR DISEASE	3692	27
CHRONIC LOWER RESPIRATORY DISEASE	5302	53
INFLUENZA	1382	16
INJURY UNINTENTIONAL	4676	62
INJURY SELF HARM	2014	25
OTHER NCHS 50 LEADING CAUSES	14,097	139
<b>TOTAL DEATHS</b>	<b>75,549</b>	<b>793</b>

In the Whitehall Community there is significant death from cardiovascular and cerebrovascular disease, trauma unintentional, trauma self-harm, drug overdoses and diabetes complications. Currently, discharge data from nearby hospitals is not available for patients. This makes it hard to gather data on poor outcomes of patients that ultimately end in death.

It is clear that the data provided through IBIS may not be as reliable as one would hope but by mining data from other sources the true health of the community may be gathered. There is little data corresponding to age, sex, and ethnicity. As far as ethnicity in the Whitehall community it exceeds 90 percent white so there is no statistically significant data for other ethnicities. We are also hoping to at some point gather more data from the local medical clinic, Medicare/Medicaid and the CDC to more accurately understand the health problems in the Whitehall community.

## MAPPING THE WHITEHALL COMMUNITY

### Current Health Services and Resources

In the Whitehall community the healthcare facilities are quite limited. The Whitehall Medical Clinic has been in the community since the mid 1970's starting in a trailer house and growing to a facility that has both Medical and Dental providers. Currently there are three medical providers at the clinic. Gayle Sacry, MD is in his 80's but still is practicing general family medicine. Terry Reiff, DO is in his 60's and provides family medicine. Steven Sacry, PA-C is in his 50's and provides family medicine. The three practitioners work Monday through Friday from 09:00 AM until about 4:30 PM with an hour off for lunch. All three do not work every day and they do take minor emergency calls at night and sometimes on the weekends. The clinic has at least one Registered Nurse and several medical technicians. The staff is able to do physical exams, wellness checks, adjustments, x-ray, EKGs, minor office surgical procedures, wound care, primary care, vaccinations and minor orthopedic care. They do send out their blood draws for 2-3 day return on lab work. They do not provide OB/GYN care and they make referrals for all specialty care needed. They have an extremely busy practice but on the average day an appointment can be obtained the same day as long as there are providers available.

In the same office complex, there is a dental office. There is a full-time dentist that does routine dentistry. There is a dental hygienist and a couple of dental technicians that are able to do cleanings, x-rays, and other dental procedures. This office does not do dental surgery, orthodontics or cosmetic dentistry. They can provide mild sedation and nitrous oxide to help

with patient anxiety. Dennis Sacry, DDS is in his 60's. He does take emergency calls if he is in the area.

The ages of the primary healthcare providers have been provided because it is significant that they are at or past the usual retirement age. When they retire it is unknown if there will be any one to replace them. Whitehall is considered to be an underserved area so there may be potential for a new physician to participate in loan repayment.

Kathy Meyer, DC has an office providing chiropractic care in Whitehall on Monday, Wednesday and Friday. She has office hours in nearby Twin Bridges on Tuesday and Thursday. This office accepts patients of all ages and she has specialty training in OB, Pediatrics and Trauma. Dr. Meyer offers extremity treatment and has cold laser treatments available. Dr. Meyer plans to incorporate massage therapy into her office in the future.

St. James Healthcare has a satellite physical therapy office in Whitehall. It is staffed with two licensed physical therapists and one physical therapist assistant. It is open from 07:30 AM until 4:00 PM Monday through Thursday. To obtain services patients must have a referral from a licensed practitioner. For a fee a person can go to this facility and receive fee-based exercise coaching with the use of the equipment. St. James contracts with occupational therapists that can be scheduled in the Whitehall area.

There are a few of licensed massage therapists in Whitehall. The Asten Center has two licensed massage therapists. And there are two other resident massage therapists.

There is currently one home health and hospice provider in the Whitehall area. Frontier Home Health and Hospice out of Butte provides this service. They provide a full range of home

health and hospice care for qualified individuals. They currently have a contract with JVEMSR which hopefully will be expanded in the near future.

There are two agencies at this time in Whitehall providing mental health services. Chrysalis Counseling Services is limited to patients over 12 years of age and specializes in women in transition, cognitive behavioral outlook, relaxation therapy and grief.

Whitehall Drug is the local pharmacy which is open Monday through Friday 9:00 AM until 6:00 PM but closed for lunch 1:00-2:00 PM. There typically is not a pharmacist at this location. The pharmacy is staffed by one or two pharmacy technicians that use telemedicine conferencing with a pharmacist for each prescription filled.

Whitehall Public Transportation is a Non-Profit that provides transportation in the Whitehall community. They typically provide transportation at Medicaid/Medicare rates for anyone in the community Monday through Friday from 8:00 AM to around 4:30 PM. Weekends transportation can be scheduled. The three local assisted living facilities have contracts with them for transportation services. They have two full time drivers and two part time drivers. They offer 3 multiple small passenger busses that have wheel chair capability, two vans with wheel chair capability and a van for regular passengers. They typically only travel to Butte and Bozeman but can be scheduled to other cities. In talking with the staff, they do realize there is a gap at nights and on weekends that needs to be met.

There are two assisted living facilities in the Whitehall community. One facility provides housing and care specific to brain injured patients. Many of the patients in this facility have trouble communicating and have many special needs. This facility also offers adult daycare and

respite care for other patients on a limited basis. The other is a traditional assisted living facility providing living space to those who do not need skilled nursing care. The Whitehall Medical Clinic provides medical direction and patient care for these facilities.

There are no local providers for durable medical goods and home health disposables. There are providers in Butte, Bozeman and Helena that deliver to the Whitehall area. Oxygen providers are also in Butte, Bozeman or Helena and have delivery days in Whitehall. Another service available is Whitehall Hospice. This is a group that has several storage units filled with used equipment available for community members to borrow. This includes walkers, canes, hospital beds, mobility items, commodes and other mobility care items. The items are free for people to use as long as needed. While not a traditional, formal hospice agency, this group fills a much-needed gap for medical equipment in the Whitehall community.

The Jefferson County Health Department has a presence in the Whitehall Community. They have a public health nurse available by appointment at their Whitehall office on Tuesday afternoons. They provide county health department functions such as vaccinations and disease surveillance. They offer blood pressure checks at the Senior Citizens Center and do vaccination clinics. The Whitehall and Cardwell Schools no longer have a school nurse. The schools utilize the Jefferson County Health Department to fulfill some of the required duties of a school nurse. WIC is no longer offered in Whitehall and residents must seek services such as reproductive health from neighboring health departments that offer it.

The local ambulance service Jefferson Valley EMS and Rescue has six ambulances and a rescue vehicle. They provide 24/7/365 9-1-1 coverage for the area. They are currently building

a new facility which will have two treatment rooms to evaluate patients and help with community integrated health. They are currently developing a community integrated health plan with the resources gathered and created during the Hennepin coursework.

#### Access to Healthcare

If the healthcare service is not available in Whitehall or healthcare is needed at night or on weekends the residents are forced to go outside the community. The major neighboring cities of Butte, Bozeman and Helena have a substantial base of providers but in order to access these providers one must travel between 30-70 miles and navigate steep mountain passes to get there. Whitehall Public Transportation provides some of the transportation needs. If a resident needs transportation they might use Lyft or Uber but those services are also very limited. There is no Taxi service and the only form of public transportation is the scheduled Whitehall Public Transportation.

If a patient needs specialty services such as cardiology, neurology, endocrinologists, neonatal, high risk pregnancy and advanced surgical procedures they must travel up to 200 miles to Billings, Missoula or Great Falls. Access to community health programs for the poor is limited to the Butte, Bozeman and Helena areas.

To complicate access even further the weather in this area can be brutal with high winds year-round and snow almost every month of the year. Temperatures range from 100 degrees F in the hottest point in the summer to -60 degrees in the winter. The high altitude, weather and driving conditions make it difficult for even those that can drive to make it to appointments outside the area.

### Inappropriate Utilization of Healthcare

Whitehall is traditionally a ranching and mining community. The individuals in this line of work typically don't access healthcare unless forced to because of severe injury or illness. The long-time residents generally drive themselves to the emergency room with heart attacks and severe injury. They have a strong self-sufficient attitude which sometimes is to their demise. Many refuse to go to a primary healthcare provider unless they are so sick or injured that they have no choice.

Recently Whitehall has become a retirement community for returning Baby Boomers. Many past residents have returned to the Whitehall area to retire. This is because real estate is reasonable and they can hunt and fish most days. With them they have brought an increased need for healthcare. They are riddled with chronic disease and often fall prey to unintentional injury. This group seeks appropriate healthcare but their needs far exceed the community's capabilities.

The last group is the poor. There are many low-cost rentals in the area. There is a large influx of residents that do not have health insurance or jobs that are living in the Whitehall area. They come to Whitehall with little or no resources. They do not use the local clinic and have no other access to healthcare. Many have substance abuse problems and ignore their health until it is an issue then use the local ambulance service as their ride to the Emergency Department. Many use the emergency department as their primary care provider. It is difficult to meet the needs of this group. Many also have severe mental health issues. Care for this group is also complicated by adverse behavior that has caused them to be fired by the

local care providers. This group also has the tendency to *hospital shop* when their perceived healthcare needs are not met at a facility. One day they may seek care at Butte then Dillon, until they make full circle. They have many times stopped taking medications because of the cost and because they can't get refills. They also tend to self-medicate with alcohol and other substances.

In talking with individuals in the community there is a great need for Community Integrated Health (CIH) to help residents navigate the healthcare system. Many say they need a place where they can go in the evenings and weekends to find out where the best place is to go for their healthcare needs. Lack of mental health resources was also identified as a gap. Most have no idea where to even start. They want a detailed resource guide of what is available locally and how to access it. They also want to know where to find providers in nearby areas.

## HEALTHCARE GAPS IN THE WHITEHALL COMMUNITY

### Whitehall Community Non-Healthcare Workforce

Whitehall has a shortage of trained workforce. This shortage is becoming greater everyday as mine workers that were recently laid off are finding work in other communities and other states. Local businesses in the area have a high turnover rate. Most of the skilled

workforce can find employment opportunities at a higher rate of pay and better scheduling in nearby cities. This is especially true for aides, CNAs, and direct care staff. Many patients that qualify for lower levels of home healthcare cannot find individuals willing to help them. There is no delivery service in Whitehall except the local pizza shop and they only deliver in the evenings.

Another non-healthcare workforce shortage is in willing and able people to do house cleaning, yard work and other domestic household work. There is only one individual that provides handyman services. This leaves many ill, injured, aging and disabled community members struggling daily to exist in their homes. There is no agency at this moment that assesses homes of the elderly and disabled to make recommendations for fall prevention and other injury prevention.

There are no patient educators in the area to help educate patients on chronic disease. If patients go to the medical clinic or use the resources at the State of Montana, they may be able to find some resources but no resources exist for the home bound.

Another area of shortage is ride share drivers. There is one Lyft driver in Whitehall but she mostly works in Bozeman since that is where she gets the most ride share business. She will operate outside the ride share apps but she says that most residents in the Whitehall area don't understand the ride share system.

The school system in the Whitehall Community has a fairly high number of special needs children being mainstreamed in the education system. The school struggles to find competent para-professionals to fill all of the needs of the students. The school is unable to fund the

school nurse position or an athletic trainer. The school also seems to struggle to keep janitorial staff.

### Current and Possible Approaches To The Workforce Shortages

At one time the local high school helped facilitate a training program for CNAs and other direct care staff. This was through an accredited technical college which also awarded college credits. At this time there is no such program. A current workforce approach may be to recruit and train more EMS staff and more direct care staff to fill the needs of the community. This may also be done by cross training those already involved. One way to ensure there is a steady renewal of young eligible candidates is to reinvest in bringing this training to the local schools for juniors and seniors and also incorporating it into the adult education program.

Keeping a motivated EMS workforce is difficult when there are no full-time positions and the high call volume is being fielded by volunteers. Having an EMS service with a full roster is easy but finding a full EMS roster where everyone contributes is quite another thing. Most volunteers work other full-time jobs which limits availability. The EMS workforce in this community relies heavily on volunteers that are near retirement age and retired. Developing paid positions would help this especially during the daytime, weekday hours. Developing strategies in a CIH program may help provide assistance in paid positions and help reduce 9-1-1 calls.

The physician and local nurse provider shortage is a much more difficult task to remedy. Low pay, limited back-up and private ownership makes this a difficult shortage to address.

Without other facilities for patient evaluation there is little hope that unless the current clinic addresses their future with a plan that much can happen.

### Whitehall Community Issues In Measuring The Health Workforce

There are several licensed physicians, many licensed nurses, and other medical professionals who live in the area but do not practice in the Whitehall community. Many of the community members that have reliable transportation seek healthcare routinely in other communities. The area also has a larger than average veteran population. This population travels to Fort Harrison VA Hospital in Helena for care. As these individuals become less mobile and have increasing healthcare needs, more strain on the local healthcare system.

As is common in many small communities, personalities, politics, religious beliefs and other differences tend to affect everything. It is also difficult to assess the healthcare shortages with the actual healthcare providers. No one wants to admit that they are not meeting the needs of the community. They are also unsure how CIH may or may not fit into the status quo. This community health assessment project has opened communication lines and identified individuals who are willing to move forward and improve healthcare in the community by thoughtfully embracing the idea of Community Integrated Health and how it can benefit everyone.

### Healthcare Gaps That May Be Helped with CIH

1. Home health and Hospice care during evening and weekends hours.
2. Minor emergency assessment and care during evenings and weekends.
3. Local resource guide and patient navigation of local resources

4. Mental health in all aspects
5. Chemical dependency in all aspects
6. Home healthcare needs for non-qualifying individuals.
7. Patient education and follow up for Chronic disease.
8. Patient education and follow up for acute illness and injury discharged to home especially for Medicare patients.
9. Resources for injury prevention and home assessments.
10. Supplier for disposable supplies for medical needs during evening and weekend hours.
11. Facilities for potential healthcare providers to offer services in the community.
12. Supplier for emergent pharmaceuticals during evening and weekends if patient is unable to get transportation.
13. Transportation for medical needs where an ambulance is not required during evening hours and weekends that is unscheduled.

The Community Integrated Health Program is not currently funded so this limits the focus of the project. JVE MSR was not awarded a grant and will need to seek funding sources to determine which gaps can be addressed. All of the gaps at some point will be addressed in the future as the program grows. Currently funding for the following gaps being sought.

GAP #1- The providers of Home Health and Hospice in the Whitehall Community have been contacted. JVE MSR is already contracted to provide emergent transport for these

agencies but there is an active discussion on contracting for gaps in their coverage. The agencies are all based outside of the community and the nurses have to travel to see patients. This contract would help provide a local resource and potentially lower costs for low acuity needs.

GAP #3- As part of this Community Health Assessment a resource guide for all providers has been created will be made available. All EMS staff will be trained on how to use the resource guide to help navigate patients to alternate destinations and treatment options.

GAP #6- When a funding stream becomes available the local medical clinic is ready to refer patients to the program. Targeted patients will be those who have difficulty going to the clinic because of mobility issues or those who have unmet needs for medical care during off hours. These patients will be referred with specific orders and telemedicine consults will be available. Prior to funding there may be some patients referred to this program that either have the ability to pay for the services or have insurance that covers the services. Medicaid has shown interest for a monthly contract for their patients. As the pilot projects progress in Montana funding sources for this gap should develop.

GAP #7- There is opportunity to work with the State of Montana Chronic Disease program and particularly the Diabetes program to help identify, educate and support diabetic patients in the area.

GAP #8- Discussions have begun with St. James Healthcare to create a financially supported program to assist patients with short term supportive care after discharge home following acute illness or injury where there is no other provider care. This will help St.

James Healthcare reduce readmissions thus reducing CMS penalties. This in turn should help reduce healthcare costs and provide better care to the patient.

GAP #11- JVEMSR has found an investor that is building a new facility for the ambulance. This facility will have available office space and treatment rooms that may be utilized by a healthcare provider or the CIH program. The County Health Department has expressed interest in moving to this location to provide their Tuesday afternoon clinic.

GAP #13- Whitehall Transportation Company has scheduled a meeting to discuss cross training CIH providers to be drivers. Cross trained drivers would have the ability to provide off hour, unscheduled transportation. The CIH program is also considering providing patient assistance for scheduled transports when medical assistance is needed but ambulance transport is not warranted. As an example, a patient may need to be on supplemental oxygen but may not be able to manage this without assistance.

We have identified many gaps that the JVEMSR CIH program could assist with. With only two providers being trained and no full-time staff dedicated to this task project growth will be slow, however forward motion is important. A slow growth will allow for funding to catch up and for more providers to obtain the CIH endorsement to provide the care. It will take time to develop and sign contracts, obtain telemedicine resources and gain the local medical clinic and nearby hospital participation to create a sustainable and quality project.

## ADDENDUM

### WHITEHALL AREA HEALTH RESOURCE GUIDE PAGE 1

#### EMERGENCY NUMBERS

**IF YOU HAVE AN  
EMERGENCY REQUIRING  
IMMEDIATE RESPONSE  
DIAL  
9-1-1**

JEFFERSON COUNTY SHERIFF  
406-287-3222  
406-225-4075  
MADISON COUNTY SHERIFF  
406-843-5301  
BUTTE SILVER BOW POLICE  
406-497-1120

#### JEFFERSON VALLEY EMS & RESCUE

EMS

PO Box 511  
Whitehall, MT 59759

Dispatch Phone: (406) 287-3222  
Office Phone: (406) 287-3555

Fax: (406) 287-3467

E-mail address:  
[JVEMSR@gmail.com](mailto:JVEMSR@gmail.com)  
Website  
[JVEMSR.org](http://JVEMSR.org)

The primary goal of Jefferson Valley EMS and Rescue (JVEMSR) is to meet the rapidly growing and rapidly changing demands for emergency medical services within our service area.

# Jefferson Valley EMS and Rescue



## WHITEHALL AREA HEALTH RESOURCE GUIDE PAGE 2

**MEDICAL PROVIDERS**

Whitehall Medical Clinic 406-287-3003  
 SW MT Community Health 406-723-4075

**DENTAL PROVIDERS**

Whitehall Dental Clinic 406-287-3028

**OTHER MEDICAL PROVIDERS**

Physical Therapy 406-287-3717  
 Whitehall Chiropractic 406-287-3217

**PHARMACY**

Whitehall Drug 406-287-3931

**HEALTH DEPARTMENTS**

Jefferson County 406-225-4007  
 406-287-3249  
 Silver Bow County 406-497-5020  
 Madison County 406-843-4295

**OTHER EMERGENCY NUMBERS**

Poison Control 800-222-1222  
 Report Child Abuse 866-820-5437  
 Report Elder Abuse 844-277-9300  
 Adult Protective Services Jefferson Co.  
 406-444-1348  
 Victims Advocate Jefferson Co.  
 406-225-4010

**AREA HOSPITALS**

St. James Healthcare 406-723-2500  
 Bozeman Health Deaconess 406-414-5000  
 St. Peters Health 406-442-2480  
 Ruby Valley Hospital 406-842-5453  
 Barrett Hospital 406-683-1188  
 Community Hospital 406-563-8500  
 Fort Harrison Veterans 406-442-6410

**AREA MENTAL HEALTH INTAKE**

Montana State Hospital 406-693-7000  
 Shodair's Children Helena 406-444-7500  
 Hays-Morris House Butte 406-497-9069  
 Hope House Bozeman 406-556-6500  
 Western MT Mental Health 406-497-9000

**CRISIS HOTLINES**

Montana Suicide Prevention Lifeline  
 1-800-273-TALK  
 Crisis Text Line MT  
 741-741  
 National Suicide Lifeline  
 800-784-2433  
 Veterans Crisis Line  
 800-273-8255

**SERVICES**

Whitehall Country Store 406-498-6582  
 Whitehall Food Pantry 406-490-7394  
 Whitehall Hospice 406-498-2414  
 Whitehall Senior Center 406-287-5336  
 Whitehall Transportation 406-287-3156  
 Whitehall Lyft 406-217-8919  
 Four Paws 406-439-1405

## References

United States Census Bureau. (n.d.). 2010 Census

State of Montana Public Health Data Resource – IBIS 2019

Jefferson County Health Assessment 2019

Madison County Health Assessment 2019

Jefferson Valley EMS & Rescue ImageTrend Data

### Links for Maps:

Map 1-<https://geology.com/county-map/montana.shtml>

Map 2-<https://www.worldatlas.com/na/us/mt/c-jefferson-county-montana.html>

Map 3-<https://www.blm.gov/visit/pipestone-trailhead>