



McCone County Community Health Improvement Plan (CHIP)

Prepared by McCone County Public Health Department
December, 2018

The McCone county CHIP can be found online at
<https://www.facebook.com/mcconepublichealth/>

Acknowledgements

The McCone County Community Health Improvement Plan (CHIP) is the culmination of an 18-month process led by the McCone County Public Health Department located in the county seat of Circle, MT with jurisdiction countywide. With support and grant funding from the Montana Public Health Association and the Montana State Department of Health and Human Services and with the assistance of a University of Montana Graduate School student.

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As a team, members of these organizations completed a collaborative, countywide Community Health Assessment (CHA) that provided baseline information and public health priorities used to create the Community Health Improvement Plan (CHIP). Both documents are accessible to agencies, organizations and the general public at the Public Health Department and can be found under Community Health Needs on the McCone County Health Center website www.mcconehealth.org.

Completion of the CHIP document marks the beginning of Action or Implementation phases of the community health improvement process starting in January 2019. Community stakeholders and organizations made commitments to the ongoing collaborative partnership and to accountability for the CHIP action plan.

Thank you all for your participation, making this plan possible and working towards a safer, healthier McCone County.

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Executive Summary

McCone County is located in northeastern Montana, comprised of 2,683 square miles home to 1,734 residents as of the 2010 census. The county seat of Circle, MT has the highest population density but other significant communities include Brockway and Vida. The McCone County Health Center is located in Circle and provides health and prevention services to the area with the assistance of Registered Nurses and Certified Nursing Assistants. The Health Center is staffed by one or two mid-level providers at the McCone Clinic and the emergency room. The Public Health Department is also located in the Health Center and is directed by a Registered Nurse with more than two decades of experience.

To increase capacity within the Public Health Department, outside public health agencies offer incentives to complete Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP.) These are time consuming and collaborative efforts but they provide reliable outlines to envision future public health efforts and also open avenues of grant funding.

The purpose of this particular Community Health Improvement Plan (also known as CHIP) is to identify how to strategically and collaboratively address emergency preparedness priorities in our community to increase health and overall well-being. Core team members used the assessment process to create the community health improvement plan intending to provide quality, attainable steps to increase health and develop environment that enables all citizens to reach their top health potential.

The community health improvement plan presented in this document identifies the overall goals, objectives, plans and performance measures for each of the priority areas selected by core team members. The priority areas are those issues found in the Community Health Assessment that need to be addressed for McCone County to meet its vision for overall community-wide emergency preparedness. As this community health improvement plan is implemented beginning 2019 and through 2021, basic performance measures will be used to evaluate the effectiveness of each step of the plan.

The Community Health Improvement Plan acts as a guide for the McCone Public Health Department and health workforce to continue upholding the 10 Essential Public Health Services, a list describing the public health activities that all public health organizations should undertake:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Issue Prioritization and Overview of Objectives

After completing the Community Health Assessment stakeholders were asked to list their top concerns in priority order. Various sectors had priorities aligning with their own organizations activities, but the top three concerns under the broad goal of increasing emergency preparedness were agreed upon by all members. The top three priorities were; house/driveway addressing, emergency notification systems and personal preparedness in the home. When the stakeholders of the CHIP group met a year later, most but not all, had been present for the CHA. It was decided that in the interest of McCone County reevaluating the previous decisions and including possible new ideas from new group members would be simple and important. Following the CHIP stakeholders discussion it was clear the three priority areas were as follows; addressing issues in emergency response, addressing levels of individual or family preparedness, and addressing community capacity to respond to emergency. Each of these three health goals focus on increasing the current levels or capacity.

County specific data from federal and state databases provided an overview of McCone County but was not specific to emergency preparedness. The emergency preparedness information used to prioritize issues for this CHIP came from the community survey completed by 319 county residents as part of the CHA.

Goal 1: Addressing issues with emergency response

Objective 1.1 was derived from CHA data findings that showed of 319 respondents, 113 without house numbers, 253 without reflective numbers, 253 without numbered driveways, 270 without reflective driveway numbers. By standardizing the location of reflective house numbers on all residences and driveways, emergency response efforts will be improved.

Objective 1.2 stemmed from conversations with the CHIP stakeholders group, including EMS and GIS representatives. The GIS system to identify correct entrances and driveways is a project currently underway by these partners. With GIS capabilities, emergency response will be able to identify correct entrances and locations in multi-level housing.

Goal 2: Address low levels of individual or family preparedness

Objective 2.1 focused on increasing individual capacity to thrive in emergency situations. Data from CHA findings showed that households were not meeting recommended minimum standards of emergency preparations. Specifically, 302 requiring help to create an emergency preparedness plan, 253 without an emergency supply kit, 205 without a first aid kit, 178 without adequate 3 day drinking water storage, 231 without adequate sanitary needs water, 59 without adequate non-perishable food, 23 without 7-day medication storage, 204 without emergency radios. To meet National Safety Council recommendations, each household should have the necessary minimum supplies and skills in place to ensure safety. A community event will serve as an opportunity to store necessary drinkable water and allows the public health department another opportunity to provide community members additional emergency preparedness information.

Objective 2.2 To provide residents with important emergency preparedness information and increase household preparedness, all residents would receive a document that outlines national emergency information as well as emergency contact information for McCone county. This objective was derived from the public health department in response to CHA findings including 183 without emergency phone numbers, 108 without important documents in a safe

location. Aligned with the National Safety Council recommendations, the public health department will provide all county residents with a plan for family communication, log for important phone numbers and health information.

Objective 2.3 To ensure that new residents over the next several years can have immediate and up to date local information with McCone County emergency guidelines, the public health department will develop an insert for the McCone Electric Co-op, which all new residents will receive when registering for electric services. This objective is the responsibility of the McCone Electric Co-op, if they choose to do so, and is subject to change. This opens gateways of communication and includes information for Nixle registration, Objective 3.2.

Goal 3: Addressing Community Capacity to respond to emergency

Objective 3.1 was derived from the PHD concerns for elderly residents and those who would require additional assistance to evacuate or handle emergency situation. To ensure that these individuals were cared for, the department would develop a buddy or neighbor system that matches high-risk individuals with an able and willing neighbor who would be responsible for checking in on them in case of emergency. In the event of an emergency, neighbors or first responders would be able to enter a home and find the required information such as necessary medications or critical medical information including primary care physician and emergency contact. This concern stemmed from both community awareness and from the CHA data that showed 106 with a medical need that requires electricity or alternative support compared with 171 houses without generators.

Objective 3.2 is part of a project currently underway via McCone County Dispatch/911. The department has purchased and is piloting an emergency notification system that when

activated with a tailored message will send text message alerts out to all residents. Landline calls, cell phone calls and emails are also available for notifications in Nixle. This system is opt-in only however, so the PHD will assist Dispatch by advocating and increasing enrollment rates. This is crucial as 75 survey respondents lived in homes without a landline, and the preferred methods for emergency notification were either automated cell phone and/or landline calls or a text message, both of which the Nixle system delivers.

Action Plan

Goals	Objectives	Strategies	Outcomes and Indicators
Address issues in emergency response	1.1 Increase capacity to respond to emergency	Common marking system for houses and driveways	Follow-up from EMS on benefits, small scale evaluation of installed numbers (20 houses)

	1.2 Increase EMS ability to locate emergency in timely fashion	GIS system marking addresses and entrances correctly	Follow-up from EMS on benefits
Address low levels of individual or family preparedness	2.1 Increase individual emergency preparedness	Community event for personal storage and information on food, medications, etc.	Event attendance
	2.2 Increase household safety precautions	Develop and distribute emergency lists for individuals to complete with their personal information; primary care physician, meds, emergency contact, etc.	Small scale assessment of individuals and if emergency list was completed, placed in appropriate spot.
	2.3 Increase new residents knowledge of emergency information	Develop inserts for new residents packets highlighting key emergency information	Ensure emergency information remains a staple in the packet
Address community capacity to respond to emergency	3.1 Increase community capacity to assist neighbors	Develop notification system/intake form for neighbor buddy system. Elderly and A&FN list.	Small scale assessment of neighborhood plans (20 individuals)
	3.2 Increase community notification of emergency system.	Pilot Nixle program and increase the number of residents registered	Evaluate participation numbers of opt-in program