

Community Health Improvement Planning

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There always seems to be a health issue that hits rural communities especially hard. Chronic diseases like obesity and diabetes have become more prevalent and have led to soaring costs and decreased quality of life for many. Other issues—like the opioid crisis—have emerged more recently and forced communities to address the complicated relationship between pain, addiction, and mental health. And then there are the health issues that catch everyone off guard, like COVID-19, which has disrupted society as a whole.

Despite limited resources, some rural communities have managed to confront these issues and find solutions for their residents. How do they do it?

The answer: strategic multi-sectoral partnerships with an action-oriented plan.

However, strategic partnerships don't just happen. "You have to till the soil," says community engagement expert and researcher Dr. Priscilla Barnes of the IU Bloomington School of Public Health. "And the best way to do that and get fertile ground, ripe for success, is to create a community health improvement plan."

Also known as a "CHIP," this plan is a community-specific blueprint for health and wellness interventions aimed to improve population health. They are generally completed on a county level and draw from information gathered during a community health needs assessment (CHNA), which is a data-driven assessment informed by health statistics and key informant interviews.

How does my community start the CHIP process?

- Determine if your county has a community health needs assessment. Start your search at the local health department or a hospital in your county or region.
- Identify community leaders and members who have an interest or stake in improving population health.
- Identify a facilitator within your community or reach out to an expert, like Dr. Barnes and the IU Center for Rural Engagement, to begin the eight-step process for CHIP creation.
- Convene your partners to launch your process!



Dr. Barnes has created a community-engaged approach with eight steps that facilitates the completion of the CHIP. Led by a neutral facilitator, the process is designed to diffuse tensions and ensure that everyone's voice is heard. The facilitator also maintains the project's momentum and helps communities create goals that are attainable and measurable.

The process starts by identifying partners within the community (step 1) and then examining health data, like the CHNA, (step 2). Dr. Barnes compiles that information and presents the community health profile (step 3) to key partners who identify the top issues and priorities (step 4). Using those priorities, additional partners are identified who are poised to address them (step 5), and all parties solidify their partnership with a memorandum of understanding (step 6). Next, the group designs strategies to address the priorities (step 7) and finalizes and shares the plan (step 8).



Increased communication across organizations and sectors is a critical component for success in this process. This requires strong, collaborative leadership and shared goals. Ultimately, we strive to create a thriving network that can continue its work and assume leadership tasks without an outside facilitator.

Each community faces unique challenges, and the community itself knows its greatest needs and strengths. The CHIP gives the community the opportunity to work together to improve health, whether by addressing access to healthcare, encouraging physical activity, providing mental health resources to address addiction, or developing a pandemic response plan. The CHIP provides the backbone to collaboration that empowers a community to face these issues and surmount them **in partnership and with success**.

