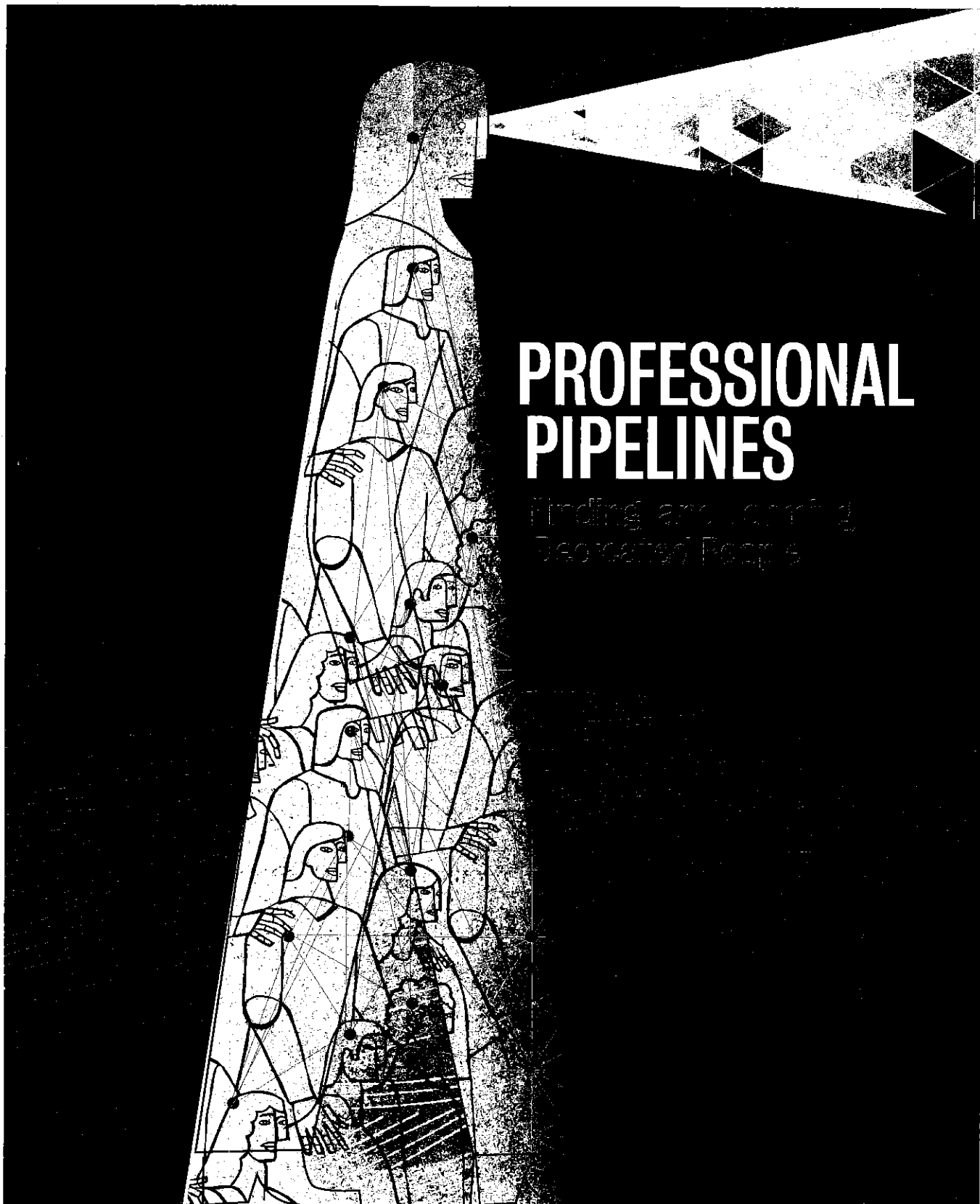


HEALTH PROGRESS

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PROFESSIONAL PIPELINES

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HALLMARKS FOR ASSESSING A SOLID PROGRAM

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Catholic and other not-for-profit health care organizations, born of community necessity, continue to address their communities' most pressing health care needs. Thus, community benefit has been a hallmark of not-for-profit health care from the start.

The Affordable Care Act presents health care organizations' community benefit programs with both opportunity and challenge. The law expands coverage to millions of low- and moderate-income Americans and shifts resources towards prevention and population health initiatives. It also requires tax-exempt hospitals to demonstrate they are aware of and are addressing community health needs.

Community benefit programs, more than ever, will need to be nimble, professional and quality focused. With less need for charity care — although, to be sure, many people, including immigrant populations, still will be left behind, and the need to subsidize the care of Medicaid beneficiaries will continue — community benefit programs will be able to focus on promoting health and reducing illness and injury.

This movement from an emphasis on charity care to a more community health improvement approach continues what has been an evolution in community benefit. While the earliest health care organizations acted informally and spontaneously in response to need, today's community benefit programs are organized and planned. And now, increasingly, health care organizations are proactive, working to prevent problems from occurring and keeping their communities healthy.

What should health care organizations and their communities expect from their community benefit programs? CHA and Community Catalyst, a Boston-based community advocacy organization, along with public health experts and other organizations have been exploring how community benefit program can be enhanced by the challenges and opportunities of the Affordable Care

Act. These ideas will be incorporated into a 2012 revision of the CHA publication, *A Guide for Planning and Reporting Community Benefit*. Included in the revision will be tools for assessing the quality of community benefit programs.

We suggest that seven characteristics should be reflected in community benefit programs:

■ **Mission-Driven.** All who are associated with the program should have a clear vision that the organization is committed to improving health and access to needed health care services. The community benefit program should demonstrate its value by respecting the dignity of all persons and giving priority to the needs of persons who are poor, vulnerable, disadvantaged and underserved by the health care system.

■ **Community Health Oriented.** The community benefit program should be committed to improving population health. To the extent possible, it should focus on prevention and health promotion, seek to identify systemic barriers to care and address the underlying causes of health problems.

The program should use public health resources and tools, work collaboratively with local health offices and consult with public health experts and others who are knowledgeable about the physical and social determinants of health. Programs should be based on public health evidence and grounded in professionally accepted public health concepts.

■ **Community Engagement.** Community benefit programs should actively involve community members, civic and religious organizations and agencies and seek the views and involvement of users of services. Community members, in-

cluding persons and groups who reflect the economic, cultural and racial make-up of the community, should be encouraged and empowered to participate in the community benefit program as partners or advisers. This includes their active involvement in assessment of community health needs, providing information on what is important to community members. It also involves community participation in determining priorities and advising on program planning and evaluation. Relationships with community members should be based on mutual respect, trust and shared decision-making.

■ **Transparency and Accuracy of Information.** The community benefit program should report accurately and completely about the organization's policies and activities. This includes information about its financial assistance, billing and collection policies; how it assesses community health needs and determines priorities among needs; and its plans to address needs. The community benefit program should periodically report to the community about its activities and their impact.

■ **Leadership Commitment.** The community benefit program should have the active support of its governing body and senior management. Boards, chief executive officers and senior managers should view access to health care, improved community health and other community benefit objectives as important concerns of their organizations.

The governing body should oversee the community benefit program by reviewing and approving key policies, including financial assistance, billing and collection. It should also approve the organization's community benefit plan (implementation strategy) for addressing community health needs. The governing body's deliberations and decisions should consider the impact on community health.

Executive leaders should appoint qualified staff to lead and carry out the program and provide adequate financial and other resources. They should ensure that key policies are current, appropriately reviewed and approved, and that practice is consistent with policies. Executive leaders should support the program by communicating, both internally and externally, the organization's commitment to community health internally and externally.

■ **Strategically Planned.** Community benefit programs should focus resources where they are most needed and most likely to have an impact. This requires assessment of community health need and assets, setting priorities among needs and systematically planning the overall program and each activity. Whenever possible, the assessment should be conducted in collaboration with other hospitals, public health offices and community partners. Plans should be coordinated with the organization's and the community's strategies to ensure the most effective use of resources. Community benefit plans should be based on identified community health needs, including those identified by community members and public health evidence and principles.

■ **Ensuring Excellence.** The community benefit program should strive for continuous improvement through a systematic evaluation of

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its overall program and each activity. Meaningful evaluation goes beyond attendance — it includes looking at what makes programs successful, what needs improvement and whether programs should be continued or changed.

The evaluation process should periodically review the overall program including its staffing, budget and policies; the quality of its assessment, planning and reporting; and the strength of its partnerships and community engagement. It should include review of the quality of each activity, the adequacy and appropriateness of resources and the satisfaction of program users. The evaluation should include whether the program is reaching the targeted population and is meeting identified goals and objectives.

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