

Condensed Guide to What Counts & What Doesn't in Community Benefit*

Community Benefit programs provide treatment or promote health and healing as a **RESPONSE TO IDENTIFIED COMMUNITY NEEDS**. They target defined audiences with a particular focus on the underserved. They must either 1). Improve access to health services 2). Enhance public health 3). Advance generalized knowledge or 4). Relieve government burden to improve health.

In general, for an activity to “Count” it must:

- Address an identified community health need. Refer to the Hospital **Community Health Needs Assessment** and **Community Health Plan**.
- Is open to the ***entire community***, and not just patients of the hospital.
- The Hospital spent money to conduct the program. (Donated hours and programs paid by other organizations do not count.)

The areas the hospital is responsible for tracking and entering into CBISA are:

- Section A – Health Improvement
- Section E – Cash and In-kind donations
- Section F – Community Building Activities
- Section G – Community Benefit Operations

A. Health Improvement Services

A1. Community Health Education

These activities do not generate patient bills. They may have a small fee but do not make a profit.

Count:

- Caregiver training
- Consumer health libraries
- Speakers Bureau
- Radio call-in programs
- School health programs
- Education on specific conditions (diabetes, heart disease, etc.)
- Health fairs and wellness programs
- Parish and congregational health programs
- Media outreach on community health issues (e.g., bike helmets)
- Web-based consumer health information
- Worksite health education programs



Do not count:

- Programs designed to drive business to the hospital
- Health education to drive market share (e.g., prenatal programs for the insured)
- Community calendars/newsletters that market services
- Inpatient education (e.g., diabetes)
- Health education that generates a profit
- Volunteer time for parish and congregation-based services



A1. Support groups

Count:

- Support groups related to community need (e.g., domestic violence)
- Costs to run support groups (staff time, food, etc.)



Do not count:

- Patient/family support for inpatients or outpatients
- Fee-based parent education classes



A1. Self-help programs (classes)

These include wellness and health promotion programs and address a community need.

Count:

- Anger management
- Exercise
- Mediation
- Smoking cessation and stress management
- Weight loss and nutrition



Do not count:

- Employee wellness and health promotion



A2. Screenings

Health Screenings count as Community Benefit if they provide follow-up care including assistance for the un- and underinsured.

Count:

- Behavioral health
- Eye exams
- Health-risk appraisals
- Hearing
- Osteoporosis
- Cardiac and Stroke risk factors: blood pressure, lipids, etc.
- School and sports exams for underserved children
- Cancer
- Mammography (free)
- Dental
- Immunizations
- Mobile units providing medical care to underserved populations



Do not count:

- Screenings for which a fee is charged (unless there is a negative margin)
- Screenings where referrals are made only to the hospital or its physicians
- Screenings provided for marketing purposes
- Free school team physicians provided for PR purposes



A2. One-time or occasionally (non-marketing) health Clinics

Count:

- Blood Pressure
- Cardiac risk factors
- Colon cancer
- Immunizations
- Mobile units (episodic)
- Primary care clinics (episodic)
- School physical clinics to improve access to care
- Stroke screening
- Paid staff time, equipment and overhead costs
- Lab and medication costs



Do not count:

- Volunteer time
- Fee-based clinics (unless there is a negative margin)
- Contributions by other community partners



A2. Clinics for underinsured and uninsured persons

Includes free or very low-cost clinics located in the community.

Count:



- Paid staff time, equipment and overhead costs
- Donated lab, radiology, etc. to free clinics
- Support for school health: clinics, early childhood education, mental health, prevention activities for students and staff, healthy behaviors, youth development designed to keep students in school, maintain school health records





Do not count:

- Volunteer time
- Contributions from other community partners







A2. Mobile units	
<p>Count:</p> <ul style="list-style-type: none"> Vans and other vehicles used for primary care, mammograms, etc. targeting vulnerable populations 	<p>Do not count:</p> <ul style="list-style-type: none"> Fee-based mobile services like mammography 



A3. Health Care Support Services	
<p>Count:</p> <ul style="list-style-type: none"> Information and referral (general) Physician referral for Medicaid and uninsured Ask A Nurse, Medline, Poison Control, etc. Case management/discharge planning beyond routine care Community-based care management Transportation <u>from</u> the hospital for patients who meet Financial Assistance guidelines (including cab vouchers); transportation <u>to</u> health services and facilities. Staff time for enrollment assistance for Medicaid, CHIP, etc. Lifeline and other personal response systems Enhanced translation services 	<p>Do not count:</p> <ul style="list-style-type: none"> Physician referral for Marketing purposes Routine patient support Routine discharge planning Internal case management Enrollment assistance designed specifically to increase facility revenues (e.g., hospital-owned health plans) Mandated translation services 

E. Cash & In-kind donations



Restricted to programs that improve the health of the Community



E1. Cash Donations	
<p>Count:</p> <ul style="list-style-type: none"> Contributions to not-for-profit community organizations Contributions for technical assistance or evaluation of community Coalition efforts Contributions to charity events for not-for-profit organizations, after subtracting the market value of participation by the employees or organization Financial assistance for natural disasters or poverty 	<p>Do not count:</p> <ul style="list-style-type: none"> Employee-donated funds (e.g., United Way) Emergency funds for employees Event sponsorships for marketing efforts Sports team sponsorships (e.g., NBA) Fees for sporting event tickets Time spent at golf outings or other recreational events (even if they are fundraisers) 



E2. Grants	
<p>These include grants made to community and other not-for-profit entities, projects, and initiatives.</p>	
<p>Count:</p> <ul style="list-style-type: none"> Program, operating, and education grants Matching grants Event sponsorships (non-marketing) 	<p>Do not count:</p> <ul style="list-style-type: none"> Event sponsorships for marketing efforts Funds to help employees 

E3. In-Kind Donations	
<p>Count:</p> <ul style="list-style-type: none"> • Meeting room overhead for community not-for-profit organizations • Equipment and medical supplies • Emergency medical care at a non-marketing community event • Internal staff time coordinating events such as Heart Walks • Employee work time spent on community health-related boards • Food donations, e.g., Meals on Wheels and food pantries • Donations to community organizations and members • Laundry services for community organizations • Technical assistance such as grant writing 	<p>Do not count:</p> <ul style="list-style-type: none"> • Employee time for activities and events on their own time (e.g., Cub Scouts) • 5K or other sports clinics for marketing purposes 



F. Community-Building Activities are those that address the root causes of poor health: Poverty, Homelessness, and environmental issues

F1. Physical Improvements and Housing	
<p>Count:</p> <ul style="list-style-type: none"> • Neighborhood improvement/revitalization projects • Public works, lighting, tree planting, and graffiti removal • Housing rehabilitation, contributions to community assisted living, and senior/low-income housing • Habitat for Humanity activities (supplies) • Smoke detector installation programs • Community gardens and Food Security efforts • Housing subsidies for the homeless • Predevelopment costs for low-income housing • Advocacy for safe streets, and walking and bike paths 	<p>Do not count:</p> <ul style="list-style-type: none"> • Health facility construction • Health facility improvements, such as a meditation garden or parking lot 



F2. Economic Development	
<p>Count:</p> <ul style="list-style-type: none"> • Small business development • Participation in economic development or Chambers of Commerce • Violence prevention efforts • Advocacy for health determinants 	<p>Do not Count:</p> <ul style="list-style-type: none"> • Routine financial investments • Contributions to the Arts (unless part of a comprehensive economic development plan) 

F3. Community Support	
<p>This includes efforts to establish or enhance community network such as neighborhood watch and childcare cooperatives.</p>	
<p>Count:</p> <ul style="list-style-type: none"> • Child care for community residents with qualified need • Mentoring programs (other than for health professions) • Neighborhood systems, such as watch groups • Youth asset development or America's Promise initiatives • Disaster readiness over and above licensure requirements 	<p>Do not count:</p> <ul style="list-style-type: none"> • Routine and mandated disaster preparedness 

F4. Environmental Improvements

<p>Count:</p> <ul style="list-style-type: none"> • Efforts to reduce environmental hazards • Residential improvements, such as painting public housing or lead/radon programs • Removal of lead, asthma triggers, other hazards • Neighborhood improvements, such as toxin removal 	<p>Do not Count</p> <ul style="list-style-type: none"> • Costs related to complying with laws and regulations • Costs for reducing environmental hazards caused by the hospital itself (e.g., incinerators) 
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F5. Leadership Development & Leadership Training for Community Members

<p>Count:</p> <ul style="list-style-type: none"> • Conflict resolution training • Community leadership development • Cultural, life or civic training skills • Language skills • Medical interpreter training for community members 	<p>Do not count:</p> <ul style="list-style-type: none"> • Above services for employees • Interpreter training programs for hospital staff as required by law 
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F6. Coalition Building

<p>Count:</p> <ul style="list-style-type: none"> • Representation on health-related coalitions • Collaborative partnerships to improve community health • Costs for community coalition meetings • Costs for task force-specific projects and initiatives 	<p>Do not count:</p> <ul style="list-style-type: none"> • Advocacy for hospital finances and operations • Normal investing costs 
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F7. Advocacy for Community Health Improvements

<p>Count:</p> <ul style="list-style-type: none"> • Local, state and national advocacy for access to health care, transportation, housing, etc. • Advocacy for Social Justice and Human Rights 	<p>Do not count:</p> <ul style="list-style-type: none"> • Advocacy specific to hospital operations and financing 
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F8. Workforce Development

<p><i>These programs address community-wide workforce issues – not those of the hospital.</i></p>	
<p>Count:</p> <ul style="list-style-type: none"> • Recruitment of health professionals for medically underserved (MUAs) • Recruitment of underrepresented minorities • Job creation and training programs • Participation in community workforce boards, workforce partnerships, and welfare-to-work initiatives • Partnerships with community colleges and universities to address the health care work force shortage • Workforce development programs benefiting the community (e.g., English as a Second Language class) • School-based programs on health care careers • Community programs that drive entry into health careers • Health career mentoring projects 	<p>Do not count:</p> <ul style="list-style-type: none"> • Routine staff recruitment and retention initiatives • Non-health related scholarships for community members • Mentoring, development, and support programs for employees 

G. Community Benefit Operations

G1. Assigned Staff	
<p>Count:</p> <ul style="list-style-type: none"> • Staff costs for community benefit activities not included elsewhere • Staff costs for tracking and reporting community benefit • Software that supports the community benefit program, such as CBISA by Lyon Software • Staff time to coordinate community volunteer programs 	<p>Do not count:</p> <ul style="list-style-type: none"> • Staff time to coordinate in-house volunteer programs 
G2. Community Health Needs/Health Assets Assessments	
<p>Count:</p> <ul style="list-style-type: none"> • Community health needs assessment costs • Other community assessments, such as a youth asset survey 	<p>Do not count:</p> <ul style="list-style-type: none"> • Costs of a market share assessment • Marketing surveys 
G3. Other Resources	
<p>Count:</p> <ul style="list-style-type: none"> • Evaluation costs for community benefit programs • Grant writing/fundraising costs for hospital-sponsored community benefit activities • Costs associated with developing a community benefit plan • Costs of conducting community forums • Overhead and office expenses associated with community benefit operations • Dues to organizations that specifically support the community benefit program, such as the Association for Community Health Improvement • Costs associated with attending educational programs to enhance community benefit program planning and reporting 	<p>Do not count:</p> <ul style="list-style-type: none"> • Grant writing and other fundraising costs for hospital capital projects (such as funding of and equipment) that are not hospital community benefit programs • Dues to hospital and professional organizations not specifically and directly related to community benefit 

*This tool is adapted from the *Guide for Planning and Reporting Community Benefit* published by the Catholic Health Association)