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## **A Guide for Planning & Reporting Community Benefit**

*2022 Edition*

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CHA's mission is to advance the Catholic health ministry of the United States in its commitment to caring for people and communities. Comprising over 600 hospitals and 1,400 long-term care and other healthcare facilities across all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. Notably, one in seven patients in the U.S. receives care at a Catholic hospital every day.

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*Appendix C: Reference for Chapter 3*

## CHECKLIST FOR HOSPITAL POLICIES AND PRACTICES

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Use this checklist of yes or no questions to assess whether organizational policies support the community benefit program and encourage commitment to access. This checklist can also be downloaded from the CHA website at <https://www.chausa.org/guideresources>.

### Mission and Values Statements:

- Y  N 1. Do our mission and values statements explicitly reference a commitment to access, community health, and fulfilling the needs of low-income and vulnerable persons?
- Y  N 2. Are these statements used as criteria for making strategic planning decisions?
- Y  N 3. Are they used in making long-range planning decisions?
- Y  N 4. Are new leaders, staff and board members oriented to and kept informed about the organization's community benefit mission?
- Y  N 5. Are physicians oriented to and kept informed about the organization's community benefit mission?
- Y  N 6. Do we explicitly condemn racism and discrimination and commit to achieve health equity for all?

### Governing Board and Executive Leadership Policies:

- Y  N 1. Are processes in place to obtain board review and approval of the CHNA, the prioritization of health needs and the implementation strategy?
- Y  N 2. Does board orientation include education on the mission and legal aspects of community benefit and what it means to be a charitable organization?
- Y  N 3. Is a commitment to access and community health part of the criteria for selecting executive leaders and board members?

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- 4. Is community benefit or community health improvement specified in the responsibilities of senior leaders?
  - 5. Are outcomes related to community involvement and community benefit part of executive leader performance evaluations?
  - 6. Do the executive staff, board and advisory committees reflect the diversity of your community?

### Administrative Policies:

- 1. Is community benefit explicit in the organization's strategic/organizational plan and budget?
- 2. Does the overall community benefit program have adequate human and financial resources?
- 3. Does the organization assign staff knowledgeable about public health and community engagement to be responsible for planning and implementing the community benefit program?

### Financial Assistance, Billing and Collections Policies:

- 1. Are our emergency medical care, financial assistance, billing and collection policies in line with related federal and state rules and regulations?
- 2. Are these policies approved by the hospital's governing body?
- 3. Are our policies widely publicized within the facility and in our community?
- 4. Do we reach out to the members of the community who might need financial assistance with information about eligibility requirements and how to apply for assistance?
- 5. Does our financial assistance policy describe all required documentation and include contact information patients can use for assistance?
- 6. Does our policy regarding emergency care specify that the hospital provides care for emergency medical care regardless of ability to pay?
- 7. Do our policies specify what action the hospital and any contractors may take in the event of nonpayment?

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- Y  N 8. Has the billing and collections staff or any agency contracted to conduct billing and collections actions on behalf of the hospital been instructed to treat all persons they contact with respect?
- Y  N 9. Does the organization monitor collection practices?
- Y  N 10. Are our policies written in languages that the patient or consumer can understand (understandable in both English and other languages spoken in the community)?
- Y  N 11. Is there a mechanism for identifying patients who may be Medicaid eligible but who are not currently enrolled?

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### Physician Involvement Policies:

1. Do our medical staff bylaws or other policies require or encourage physicians to:
- Y  N a. Take emergency calls?
- Y  N b. Provide a minimum amount of service to Medicaid and uninsured patients?
2. Do medical staff organizations or individual physicians participate in:
- Y  N a. Assessing community needs?
- Y  N b. Reviewing community benefit plans and reports?
- Y  N c. Developing services to improve access to health care?
- Y  N d. Developing services to improve community health?
- Y  N 3. Are physicians, medical students and residents oriented to our community benefit mission?
- Y  N 4. Do we publicly recognize the voluntary community service of physicians?
- Y  N 5. Do we make efforts to recruit physicians committed to access and physicians who reflect the demographic makeup of our community?

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### Employee Policies:

- Y  N 1. Are all employees oriented to the organization's mission of service and commitment to access and community health?
- Y  N 2. Are all employees, especially those involved with admissions, billing and collections, aware of the organization's historical and continuing concern for low-income and other vulnerable persons?
- Y  N 3. Are staff members offered time off (paid or unpaid) for staff volunteer activities?
- Y  N 4. Do we recognize and celebrate the community service contributions of staff members?
- Y  N 5. Are managers and staff assigned or encouraged to participate in collaborative activities with other community organizations?

### Advocacy Policies:

- Y  N 1. Do we advocate for access to health care for all persons?
- Y  N 2. Do we advocate for responsible policies for financing the care of low-income persons, including preserving Medicaid for those most in need?
- Y  N 3. Do we advocate for policies that will improve health in our communities (such as environmental improvement, tobacco control, nutrition programs and public-safety measures)?
- Y  N 4. Do we advocate for policies that will improve the well-being of our community, especially for persons who are low income and vulnerable in other ways (in areas of transportation, environmental improvement, economic development and housing)?
- Y  N 5. Do we participate in community coalitions for advocacy?
- Y  N 6. Do we advocate for increased public and private investment into distressed communities to improve the health and well-being of residents?

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### Environmental Responsibility Policies:

- Y  N 1. Do we have policies regarding energy conservation, energy efficiency, renewable energy and reducing greenhouse gas emissions consistent with what the best available science indicates is required to address the climate emergency?
- Y  N 2. Do we have policies regarding waste management, including minimizing medical waste and mechanical device reprocessing?
- Y  N 3. Do we have policies regarding reusing, recycling and minimizing the use of disposable products?
- Y  N 4. Do we use environmental-friendly, nontoxic and safe materials, including cleaners and pest control products?
- Y  N 5. Do we follow CHA's guidance from *Responsible Redistribution of Medical Supplies & Equipment: Leading Practices for Hospitals & Health Systems* when donating surplus?
- Y  N 6. Do we use seasonal, local and/or organic produce; dairy products; and meat in food for patients, staff and visitors?
- Y  N 7. Do we buy local food and products when available?
- Y  N 8. Do we have investment policies that include divesting from fossil fuel industries and corporations that exacerbate the climate emergency?
- Y  N 9. Do we address environmental issues that are part of the root causes of health problems in our needs assessment and implementation strategies?

## Community Benefit Program Policies:

### EQUITY NOTE

Is equity reflected in our community benefit work through:

- Diversity among community benefit staff, consultants and advisory bodies?
- Outreach to community organizations working with persons who experience disparities and discrimination?
- Alignment of funding decisions with equity goals?
- Investment of financial resources in community organizations dedicated to improving social determinants of health and advancing equity?
- Data collection that uses culturally appropriate tools and methodologies considering factors such as the populations' language needs, literacy levels and trust of institutions?
- Involvement of community members in collecting and analyzing assessment information, program planning, and evaluation?
- Programs that address racial, ethnic and other disparities?
- Effective use of community strengths and assets and community expertise?

- Y  N 1. Have we made a formal commitment to a community benefit program through our mission statement, staff assignments, job descriptions or board responsibilities?
- Y  N 2. Does the community benefit program meet all legal requirements?
3. Does the scope of the program include projects to:
- Y  N a. Improve health in the community?
- Y  N b. Address health problems of medically underserved persons?
- Y  N c. Address the social and environmental determinants of health?
- Y  N d. Reduce emergency department use?
- Y  N e. Advance knowledge?
- Y  N 4. Does the program consult with public health experts?
- Y  N 5. Is there community involvement in the community benefit program?
- Y  N 6. Are persons who reflect the racial, ethnic and economic diversity of the community involved in the assessment and community benefit planning process?

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- Y  N 7. Do programs designed to serve the broad community include outreach to those with low incomes and other persons with unmet needs?
- Y  N 8. Was a health equity lens used while completing the CHNA?
- Y  N 9. Does the CHNA look at the root causes of health problems?
- Y  N 10. Do program activities build on identified community assets?
- Y  N 11. Do all activities include a monitoring and evaluation strategy?
12. Does the community benefit program include collaborations with:
- Y  N a. Local health departments?
- Y  N b. Other public agencies?
- Y  N c. Community organizations?
- Y  N d. Vulnerable populations?
- Y  N 13. Is there a policy that programs should be evidence based, if possible?
- Y  N 14. Does the organization prepare a community benefit report and make it available to the public?