
Community Benefit Operations

Community benefit operations include costs associated with planning and operating community benefit programs.

Examples of community benefit operations include:

- Costs of assigned staff and other community benefit administration costs.
- CHNAs.
- Evaluation of individual programs and activities.
- Software that supports the community benefit program, such as the Community Benefit Inventory for Social Accountability.
- The organization's costs incurred in writing grants or raising funds specifically for community benefit activities and programs.
- Dues and program expenses for organizations that specifically support the community benefit program, such as the Association for Community Health Improvement and the American Public Health Association.

IS IT COMMUNITY BENEFIT?

The following questions can help determine whether a program or activity should be reported as a community benefit in the following categories: community health improvement, health professions education, subsidized health services, research, or cash and in-kind contributions.

STEP ONE:

Does the program or activity:

- Address a demonstrated community health need?
- Seek to address at least one of the following community benefit objectives?
 - Improve access.
 - Enhance public health.
 - Advance generalizable knowledge.
 - Relieve the government burden to improve health.

Does the program or activity:

- Primarily benefit the community rather than the organization?
- Result in measurable expense to the organization?

IF “NO” TO ANY OF THE QUESTIONS IN STEP I, IT IS NOT A COMMUNITY BENEFIT.

IF “YES” TO ALL QUESTIONS IN STEP I, PROCEED TO STEP TWO.

STEP TWO:

Is the program or activity:

- Provided primarily for marketing purposes?
- Standard practice, expected of all hospitals (such as activities required for accreditation, licensure or participation in Medicare)?
- Provided primarily for the organization’s “covered lives”?
- Provided primarily for employees (not including interns, residents and fellows) or affiliated physicians?

IF “YES” TO ANY OF THE QUESTIONS IN STEP II, IT IS NOT A COMMUNITY BENEFIT.

IF “NO” TO ALL QUESTIONS IN STEP II, PROCEED TO STEP THREE.

