

Community Benefit Program Planning Worksheet



Program Name:

STEP 1: THE ISSUE

Define the issue that the program will address.

Community needs to be addressed:

How need was determined:

- ☐ Community health needs assessment
- ☐ Documentation demonstrating a need or a request from a public agency or community group is the basis for initiating or continuing the program
- ☐ Unrelated, collaborative tax-exempt or government organizations are partners in the program
- ☐ Information from emergency department admissions
- ☐ Other (please explain):

Community benefit objective being addressed:

- ☐ Improving access
- ☐ Enhancing public health
- ☐ Advancing medical or health care knowledge
- ☐ Relieving or reducing government burden to improve health

STEP 2: FOCUS POPULATION

Describe the focus population of the program.

Category:

- ☐ Primarily for people experiencing poverty and other vulnerable populations
- ☐ Primarily for the broader community

Special needs populations:

- ☐ Persons with disabilities
- ☐ Racial, cultural and ethnic minorities
- ☐ Uninsured/underinsured persons
- ☐ Other

Ages of focus audience:

- ☐ Infants ☐ Adults ☐ Children
- ☐ Seniors (65-80) ☐ Seniors (Over 80) ☐ Teenage ☐ All Ages

Gender:

- ☐ Male ☐ Female ☐ Both

STEP 3: GOALS

Goals are general statements about what changes your program hopes to achieve. They answer the question, What will be different in people's lives or the community as a result of the program?

List goals for the program:

- 1.
- 2.

STEP 4: OBJECTIVES AND INDICATORS

Objectives are more precise statements of a goal that clearly state the name of the program; the primary client or focus population; the behavior or condition that will be changed; and how it will be changed, by how much and the time frame for the change. Objectives can be short, intermediate or long-term.

You can use the following template to develop your objectives.

The _____ program will _____ (increase, decrease, add, create, modify) _____ (a condition or behavior) among (whom) _____ through or by (how) _____ % (how much) from a baseline of _____ by June 30, 20XX (specific date).

Indicators are a measure of whether an objective has been met. For each objective, ask, How will I know if this objective has been accomplished? The answer is your indicator.

List objectives and indicators for the program goals:

Goal 1: _____ _____ _____	Objective(s) A goal may have one or more objectives. _____ _____ _____	Indicator(s) An objective may have one or more indicators. _____ _____ _____
Goal 2: _____ _____ _____	Objective(s) A goal may have one or more objectives. _____ _____ _____	Indicator(s) An objective may have one or more indicators. _____ _____ _____

Plan for evaluation: Ask yourself what you need to know to show that you have achieved the objective. For example, will you need to compare program results to baseline data? What changes would you like to see as a result of implementing your strategy? This will help you identify data to be collected and when it needs to be collected.

STEP 5: PROGRAM THEORY/STRATEGY:

A program's theory/strategy describes the strategies that the program will undertake to achieve stated objectives. Statements of theory are usually expressed as follows: If we do this, then this will happen (e.g., objective achieved).

State the program theory for your program:

Evidence-based programs: When dealing with issues without clear solutions, look for evidence-based programs — that is, approaches that have been tried and proven successful. Sources for evidence-based programs include the Centers for Disease Control and Prevention, the public health literature and other published articles about successful programs.

STEP 6: ACTIVITIES:

The specific activities your program will complete to achieve your objectives.

List the activities:

- 1.
- 2.
- 3.
- 4.

STEP 7: PROGRAM OUTPUTS:

Outputs describe the type and amount of items the program will produce, provide or generate, and the number of persons who will be served or who participated. For example, the number of booklets produced, workshops held or people who were educated.

Identify the outputs of the program's activities and who was reached or the population focused on by the program.

Outputs:

Who was reached / focus population:

STEP 8: INPUTS:

What elements are invested into the program (e.g., funding, staff, volunteers, materials, evidence-based programs).

List the program investments:

- 1.
- 2.
- 3.
- 4.

STEP 9: IDENTIFY PARTNERS:

What elements are invested into the program (e.g., funding, staff, volunteers, materials, evidence-based programs).

1. Is this a collaborative effort? If so, who are your partners, and what are their respective roles?

2. If not, are there potential partners you could join with to extend the reach of the program or make it more effective?

(OPTIONAL) STEP 10: DEVELOP A LOGIC MODEL

You now have the information necessary to develop a **logic model**. A logic model can reveal gaps and challenges in a program (e.g., missing resources or activities). It can also be used to ensure that all stakeholders have a common understanding of the program.



Inputs: Use information from Step 8 to complete this box. Tie resources to the activities they will support.

Outputs: Use information from Steps 6 and 7 to complete this box. Tie outputs to the specific activities that will produce them.

Outcomes: These are the intended results of the program. They can be short, intermediate or long-term. Use information from Step 4 to complete this box.

Community Benefit ✦ A Mission to Care: A Commitment to Community



About The Catholic Health Association of the United States (CHA)

For over 35 years, CHA has been the leading source of information and tools for planning and reporting hospital community benefit. In 2008, CHA's accounting system for reporting community benefit was used in the development of the IRS Form 990 Schedule H.

CHA represents more than 650 hospitals and 1,600 long-term care and other health facilities in all fifty states. Our hospitals were established to address health needs in their communities and that tradition continues today. Catholic hospitals are a critical source of care and services in their communities. This includes community-based services that address significant health and health-related needs reported as community benefit.

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