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# A Guide for Planning & Reporting Community Benefit

## *Supplemental Chapter*



Taken from *A Guide for Planning and Reporting Community Benefit*

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This is an online only resource.

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**Supplemental Chapter Photograph:**

Diane Ryan (left), a Resurrection Home Health Services long-term care program participant walks with Ben Moran, one of 40 volunteers who through this program provides companionship and emotional support to socially isolated seniors in the greater Chicago area so that they may live independently, in their own homes, for as long as possible.

The Catholic Health Association (CHA), the national organization representing the Catholic health ministry, has been a leader in community benefit for over 20 years. Visit CHA's website at [www.chausa.org/communitybenefit](http://www.chausa.org/communitybenefit) for the latest community benefit news and resources that not-for-profit health care organizations can use to develop and deliver more effective community benefit programs.

Learn about and order all of CHA's resources at <https://servicecenter.chausa.org/>.

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# DEFINITIONS OF COMMUNITY BENEFIT SERVICES FOR HOMES AND SERVICES FOR THE AGING

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## A. Community Health Services

Community benefit services provided by homes and services for the aging are organized to be consistent with the Community Benefit Categories and Definitions in *A Guide for Planning and Reporting Community Benefit*. Throughout the community benefit report, be careful not to double-count.

*Note: This reference uses the word “community” to mean the geographic area and the population served where the organization is located. It does not refer to the campus or the residents served by the long-term care organization, which in other contexts may be considered the organization’s community.*

### A1. Community Health Education

#### **Count:**

- Participation in community-wide health promotion programs.
- Health fairs (except when primarily used for marketing).
- Lectures or workshops by staff to community groups.
- Education for community members on special topics, such as how to care for elderly family members or how to manage certain chronic conditions, e.g., Alzheimer’s disease.
- Other education and outreach, such as CPR training or nutrition classes.

#### **Support groups**

#### **Count:**

- Education, counseling, and support for resident family members (but not family and resident councils).
- Support groups for persons with certain diseases.
- Bereavement groups.

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### *Self-help programs*

#### *Count:*

- Smoking cessation clinics.
- Weight loss programs.
- Exercise classes.

## A2. Community-Based Health Services

#### *Count:*

- General screening programs.
- Blood pressure clinics.
- Eye and hearing exams.
- Flu and immunization clinics.

## A3. Health Care Support Services

#### *Count:*

- Information and referral services.
- Transportation for elders in the community.
- Overnight arrangements and meals for family members.
- Non-paid chore services.
- Recreation services.
- Family caregiver support.

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***Resident community service activities***

Include in a financial report:

- Facility costs of resident services activities (including supplies and assigned staff time).

Do not include in a financial report:

- Time spent by residents.
- Time spent by staff on non-working hours and other volunteers.

These activities should not be included in a quantitative community benefit report because resident activities, such as volunteer activities, are not an organization expense.

Include in a narrative report such resident community benefit activities as:

- Programs to help other residents.
- Telephone reassurance.
- Needlework and crafts to benefit others.
- Oral history programs.
- RSVP or Foster Grandparent programs.
- Work with local schools.

#### **A4. Social and Environmental Improvement Activities**

***Count:***

- Removal of harmful materials (such as asbestos, lead) in public housing.
- Violence prevention.

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## B. Health Professions Education

### B1. Student Internships in Clinical Settings

*Count:*

- Physicians and medical students.
- Social workers.
- Pastoral care.
- Nurses.
- Administrators.
- Therapists (such as PT, OT and speech).

### B2. Scholarships and Funding for Professions Education

*Count:*

- Physicians/medical students.
- Social workers.
- Pastoral care.
- Nurses.
- Administrators.
- Therapists (such as PT, OT and speech).

*Do not count:*

- Scholarships for employees.

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## C. Subsidized Health Services

These are services offered despite a financial loss because they are needed in the community and would otherwise not be available in sufficient amounts.

### C1. Special Services

*Count:*

- Psychiatric and mental health programs.
- Hospice services.
- AIDS care programs.
- Adult day care.
- Assessment and referral services.
- Spinal cord and head injury services.

### C2. In-Home Services

*Count:*

- Home health care services.
- Physician, nurse, or other visitation services.
- Hospice services.
- Senior companion programs.
- Lifeline or other phone alert systems.

### C3. Other Subsidized Services

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## D. Research and Innovation

This group includes the development of programs offered to others for replication, speaking to peers about innovative programs and inviting others to see innovation firsthand. Do not count programs that are for the improvement of only your organization.

### D1. Clinical Research

*Count:*

- New approaches to delivery services.
- Staff publication in professional literature.

### D2. Community Health Research

*Count:*

- Research into problems of persons who are aging.
- Research into problems related to chronic disease.

*Do not count:*

- Industry sponsored research.

## E. Cash and In-Kind Donations

This group includes funds and in-kind services donated to community organizations or to the community at large. In-kind services include hours donated by staff to the community while on health care organization work time; overhead expenses of space donated to not-for-profit community groups (such as for meetings); and donation of food, equipment, and supplies. (Note: contributions to individuals should be reported in category A3).

### E1. Cash Donations

As a general rule, count donations for aging and health-related programs that are restricted to be used for community benefit purposes.

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*Count:*

- Contributions and/or matching funds provided to not-for-profit community organizations.
- Contributions to charity events of not-for-profit organizations, after subtracting the market value of participation by the employees or organization.
- Scholarships to community members not specific to health care professions.

*Do not count:*

- Employee-donated funds.
- Emergency funds provided to employees.
- Fees for tickets to sporting events.
- Time spent at golf outings or other primarily recreational events.

## E2. In-Kind Donations

*Count:*

- Meeting room overhead and space for not-for-profit organizations and community groups (such as coalitions, neighborhood associations, and social service networks).
- Equipment and medical supplies (needed by the receiving organization).
- Costs of coordinating community events not sponsored by the health care organization, such as the March of Dimes Walk America (report health care organization-sponsored community events in G1).
- Employee costs associated with board and community involvement on work time.
- Food donations, including Meals on Wheels subsidies and donations to food shelters.
- Laundry services for community organizations.
- Grant writing and other fundraising costs not reported in G that are specific to community programs and resource development assistance.

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*Do not count:*

- Volunteer hours provided by facility employees on their own time for community events (hours belong to the volunteer, not to the health care organization).
- Promotional and marketing costs concerning the health care organization's services and programs.
- Salary expenses paid to employees deployed on military services or jury duty (expenses are considered employee benefit).

## F. Community-Building Activities

### F1. Physical Improvements and Housing

*Count:*

- Neighborhood improvement programs, such as graffiti removal.
- Neighborhood and community revitalization.
- Housing rehabilitation, such as Habitat for Humanity projects.

### F2. Economic Development

*Count:*

- Asking contractors to contribute to community services.
- Locating services in economically disadvantaged areas.
- Job creation and job training.

### F3. Community Support

*Count:*

- Disaster preparedness beyond what is legally required.
- Child care for community residents.
- Resident activity programs open to community members.
- Expanding existing services to include more low- and middle-income persons.

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## F4. Environmental Improvement

### *Count:*

- Efforts to reduce community environmental hazards in the air, water and ground.
- Neighborhood and community improvements, such as toxin removal in parks.
- Safe removal or treatment of garbage and other waste products.

### *Do not count:*

- Costs related to complying with laws and regulations.
- Activities where the primary purpose addresses the health of persons affiliated with the organization, i.e. residents and staff (for example, use of green products).

## F5. Leadership Development and Training for Community Members

### *Count:*

- Language and cultural skills training.
- Life and civic skills training.
- Career development.
- Technical assistance for organizations and groups.

## F6. Coalition Building

## F7. Advocacy

### *Count:*

- Advocacy to improve safety, transportation or housing.
- Advocacy for needed services for elderly persons.
- Administrator or staff positions on community-service organization boards.
- Testifying on behalf of issues important to the welfare of residents and participants.

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*Do not count:*

- Advocacy specific to facility or organization operations and financing.

## F8. Workforce Development

*Count:*

- Mentoring high school students.
- School partnerships for encouraging careers.
- Lectures by staff at schools.

## G. Community Benefit Operations

### G1. Assigned Staff

*Count*

- Staff costs for the management of community benefit programs (not counted elsewhere).
- Staff costs to coordinate community benefit volunteers.

### G2. Community Health Needs Assessments

### G3. Other Resources

