



# A BLUEPRINT FOR COMMUNITY BENEFIT

*If they are to continue in their privileged [tax-exempt] position as well as remain true to their original purpose, it is vital that all human service agencies reflect on their missions, recommit themselves to assuaging human hurt, and tell their story to the communities in which they are rooted.*

—Preface, *Social Accountability Program*

**T**he *Social Accountability Program: Continuing the Community Benefit Tradition of Not-for-Profit Homes and Services for the Aging* (1993) helps long-term care organizations reaffirm their community benefit role and plan needed community services. It can also help them respond to challenges related to their tax-exempt status. By its very nature, it is a strategic planning document.

Developed collaboratively by the Catholic Health Association (CHA) and the American Association of Homes for the Aging, the *Social Accountability Program* builds on CHA's earlier project—the *Social Accountability Budget: A*



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## *A CHA- AAHA Document Helps Long-Term Care Providers Plan for And Implement Needed Services*

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*Process for Planning and Reporting Community Service in a Time of Fiscal Constraint* (1989). But it is specifically aimed at long-term care organizations such as nursing homes, housing programs, and continuing care retirement communities.

**Summary** A collaborative effort of the Catholic Health Association (CHA) and the American Association of Homes for the Aging, *The Social Accountability Program: Continuing the Community Benefit Tradition of Not-for-Profit Homes and Services for the Aging* helps long-term care organizations plan and report community benefit activities. The program takes long-term care providers through five sequential tasks: reaffirming commitment to the elderly and others in the community; developing a community service plan; developing and providing community services; reporting community services; and evaluating the community service role.

To help organizations reaffirm commitment, the *Social Accountability Program* presents a process facilities can use to review their historical roots and purposes and evaluate whether current policies and procedures are consistent with the organizational philosophy. Once this step is completed, providers can develop a community service plan by identifying target populations and the services they need. For facilities developing and implementing such services, the program suggests ways of measuring and monitoring them for budgetary purposes.

Once they have implemented services, not-for-profit healthcare organizations must account for their impact on the community. The *Social Accountability Program* lists elements to be included in community service reports. It also provides guidelines for evaluating these services' effectiveness and the organization's overall community benefit role.



Like the earlier document, the *Social Accountability Program* provides a set of tools for planning and reporting community benefit. But unlike the acute care-oriented *Social Accountability Budget*, the new book focuses less on accounting for and quantifying benefits than on establishing a philosophy of community benefit throughout the organization, building relationships with other community and provider groups, and evaluating the quality and sufficiency of the organization's benefit role.

The *Social Accountability Program* consists of five sequential tasks:

- Reaffirming commitment to the elderly and others in the community
- Developing a community service plan
- Developing and providing community services
- Reporting community services
- Evaluating the community service role

#### REAFFIRMING COMMITMENT

Not-for-profit long-term care organizations were established in response to community need, usually those of the frail elderly and chronically or terminally ill. The *Social Accountability Program* begins with steps for restating and clarifying the mission and values that shaped the organization. Facilities are urged to review their organization's historical roots and tax-exempt purpose and to evaluate whether they are still serving their original charitable purpose. The process enables planners to examine their mission in light of current trends and forecasts, thus facilitating strategic planning.

An important part of reaffirming commitment to community benefit is reviewing the organization's policies and procedures and ensuring they are consistent with its philosophy and values. The *Social Accountability Program* provides sample checklists for critically examining policies related to financial assistance, advocacy, employees, treatment of low-income clients, environmental concerns, and governance.

A final step in renewing commitment to community benefit is taking an inventory of community benefits and services currently being provided. The *Social Accountability Program* features an extensive "Prompter Checklist" with examples of programs

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that might be provided either within the facility or in the community. The checklist can also be used to identify potential services.

#### DEVELOPING A PLAN

The *Social Accountability Program* next provides guidelines for developing a community service plan, which becomes a blueprint for services currently provided and for future activities.

The community benefit plan begins by defining the community served, including its geographic boundaries and the target population. In addition to the organization's own residents and their families, long-term care planners can consider others in the community when determining the target population. These may include persons on the waiting list requiring long-term care services, care givers supporting elderly in the community, and all elderly in the community (or subgroups such as minorities, frail or homebound persons, the poor, or the homeless). A long-term care organization may extend its definition of a target population to disabled persons of any age, including persons with chronic diseases, developmental disabilities, or mental illness.

Once it has defined the target population, the organization can identify unmet needs within the community. The *Social Accountability Program* provides guidelines for tapping into existing community needs assessments, such as information collected by area or state units on aging, health planning agencies, the United Way, and health



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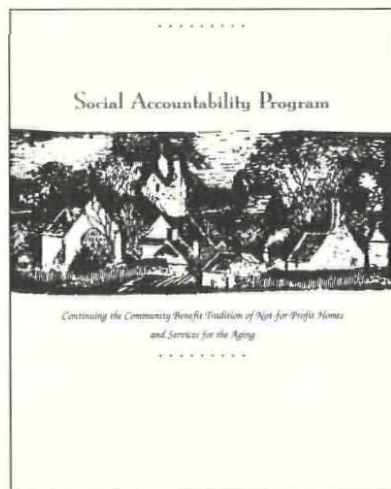


departments. Sample surveys and questionnaires are included in the document for facilities interested in collecting new data for the community needs assessment.

In addition to reviewing existing needs assessments, the facility should examine information already at hand such as marketing reports. Staff can be another source of information on community needs. For example, nurses may have observed that many residents are being admitted in a malnourished state, signaling a need for community-based nutrition services. Social workers may identify the need for counseling or respite care among families of Alzheimer's disease patients.

The community benefit plan next requires facilities to determine the priority of assessed needs on the basis of the scope and seriousness of the problems identified and the effect offering a new service would have on the community. It also suggests planners consider internal factors such as the facility's tradition and expertise, which may indicate whether there is commitment to the new service and whether an existing in-house program could be expanded to meet the most serious needs.

Planning for community services requires setting goals and developing a budget of needed financial, staff, and volunteer resources. Action plans for each new service should include expected outcomes, time lines for implementation, and a plan for measuring progress and outcomes (see **Box**, p. 37).



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## WHAT IS A COMMUNITY BENEFIT?

Not all community-based activities are (or appear to be) community benefits. Some are more promotional in nature, planned and carried out primarily as a marketing tool.

Sometimes it is difficult to distinguish between promotional and service activities. The criteria below may help to determine whether the program is truly a community service. The program should meet at least one of the following criteria:

- Financed through philanthropic contributions, volunteer efforts, or endowment
- Responds to a particular health problem in the community
- Generates a low or negative margin
- Responds to needs of special populations, such as minorities, poor persons with disabilities, the chronically mentally ill, and persons with AIDS

## DEVELOPING AND PROVIDING SERVICES

Catholic and other not-for-profit homes and services for the aging provide a rich array of community services and other community benefits. The following are some categories of these activities, with examples found in nursing homes, housing programs, and continuing care retirement communities:

- *Services that improve the health of the elderly in the community*—teaching about health promotion and disease prevention, making space available for smoking-cessation clinics, offering pneumonia and flu vaccines, and making resident fitness programs available to other elderly people in the community

- *Services that improve accessibility to needed services*—starting a physician referral program for geriatric medicine or for physicians who participate in Medicaid, developing in-house services for patients and residents with HIV infection or AIDS, and holding health screenings with follow-up referral services

- *Services that slow the growth of healthcare costs in the community*—offering free or discounted services for those unable to afford them, furnishing high-technology services such as care of ventilator-dependent patients, and donating equipment or food to homeless shelters or other programs

- *Services that reach out to minorities, the poor, and other underserved persons*—arranging free dental care for residents unable to pay, offering the kitchen as a worksite for a sheltered workshop program, establishing a resident telephone service for latchkey children, and making the facility van available to disabled persons in the community

- *Services that reflect the organization's leadership role*—providing clinical rotations for nursing, medical, and other health or social service students; conducting research on innovative ways to care for persons with Alzheimer's disease or for other long-term care patients and residents; establishing a recycling program and cutting back on the use of disposable supplies; and advocating for better transportation for the community's elderly

The *Social Accountability Program* suggests ways of measuring and monitoring these services that enable an organization to continue to budget for them. Measurement also helps providers respond to government and other inquiries regarding how much the organization is doing for the community. The document provides guidelines for distinguishing between promotional activities and community benefits (see **Box**, left).



### REPORTING COMMUNITY SERVICE

Accountability demands that not-for-profit healthcare organizations report their community service. This should be done *both* by publishing a distinct community benefit report and by incorporating community service in all of the organization's communications processes.

The community service report may be a stand-alone document or part of an annual report, the community benefit plan, or another publication. The *Social Accountability Program* suggests the document report the following elements:

- The mission and values that compel the organization to be concerned about community needs and community service
- The geographic area and target population of primary concern
- Needs and problems uncovered
- Services provided directly and in collaboration with others
- Needs the organization was not able to address that are recommended for community-wide attention

Reports of community services should be included in all of the organization's communications. Some opportunities for presenting the community service message include annual reports, facility newsletters, speeches to civic leaders and community groups, orientation for new staff and volunteers, inserts into religious congregation bulletins, and facility bulletin boards. In addition, accounts of community activities and the organization's community service role should be included in meetings of the governing board, staff, volunteers, and attending physicians.

### EVALUATING COMMUNITY SERVICE ROLE

The final section in the *Social Accountability Program* focuses on evaluating each community service an organization provides and the organization's overall community benefit role.

Community services can be evaluated with the same rigor as other facility programs. The evaluation can take place within the facility's general quality assurance or total quality management program, or community services can be evaluated separately. Key questions to ask include:

- Are goals and objectives being met?
- What are the unexpected benefits or problems?
- Do changes in the community suggest the need for a change in the program?
- Should the program be continued? If so, should it be changed?

Even more important than evaluation of indi-

vidual programs is an assessment of the organization's overall community benefit role. The board or another evaluation group should reflect on whether the organization is doing enough in light of its mission, its financial ability, and community needs. The review group should consider whether community service is changing as community needs change and whether programs are being planned in anticipation of future needs.

Another component of evaluation is asking whether the organization is sufficiently involved with other organizations, collaborating to assess and respond to community needs. This is important to ensure community-wide responses to problems of elderly and others in the community, to build relationships for carrying out other activities, and to promote the facility's image as a community benefit organization.

In a tumultuous period of healthcare and social service reforms, the *Social Accountability Program* is a timely document that can help organizations define their role and services. It can be incorporated into a strategic planning document to assist providers in developing a continuum of care for the elderly. While reaffirming the organization's current mission, such a document can be futuristic in scope. □

*A complimentary copy of the new Social Accountability Program is being sent to all long-term care members of the Catholic Health Association and all members of the American Association of Homes for the Aging. Additional copies can be purchased for \$9.95 from CHA by calling 314-253-3458.*

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tions.

## ACTION PLAN FOR COMMUNITY SERVICES

1. Briefly describe program: \_\_\_\_\_
2. What is the target population? \_\_\_\_\_
3. How many persons are expected to be served? \_\_\_\_\_  
(Use different unit of service if more applicable) \_\_\_\_\_
4. Expected outcome? \_\_\_\_\_
5. Expected schedule  
Planning period (give dates): \_\_\_\_\_  
Implementation date(s): \_\_\_\_\_  
Completion dates (if applicable): \_\_\_\_\_  
Report to governing body by: \_\_\_\_\_  
Report service by: \_\_\_\_\_
6. Plan for measuring progress and outcomes: \_\_\_\_\_
7. Staffing  
Physician hours: \_\_\_\_\_  
Volunteer hours: \_\_\_\_\_
8. Financing  
Expected costs: \_\_\_\_\_