A Promise Kept

This is a time for thanksgiving and celebration because together, as a ministry united in faithfulness to service, we have accomplished what many thought we could not do. The Catholic health care ministry has collectively pledged itself to the highest standards of accountability and has delivered on a promise of community commitment. For the first time ever, a major segment of not-for-profit hospitals is able to fully and credibly describe the extent of its community service contribution.

Last year, the Catholic Health Association's Board of Trustees asked Catholic health organization board and executive leaders to focus attention on community benefit, to pass resolutions and sign pledges that their organizations would plan and report community benefit using standard definitions and guidelines, and to publicly post the availability of charity care. We now have 98 percent of member Catholic health systems and over 95 percent of member hospitals utilizing the guidelines to report their community benefits.

Once we had secured the commitment of our members to report community benefit in a standardized way, using unambiguous definitions and professionally endorsed accounting methods, we took the next steps of asking our organizations to tell us their community benefit story in both human and financial terms.

The result is an advertisement that, appearing in USA Today and other publications, describes (in words) how our community benefit programs touch lives and heal communities and reveals (in numerical terms) the undeniable commitment of this ministry to improved access and community health.

This could not have happened without the contribution of many dedicated individuals and organizations. I want to thank and congratulate them.

Thank You!

I am grateful to all who had a hand in this remarkable success story. Thank you to:

- The governing bodies of Catholic hospitals and health care systems for taking on the responsibility of educating themselves about the moral and legal dimensions of community benefit—and for holding their organizations accountable to the highest standard of community benefit programming and reporting.
- Senior executive leaders in our hospitals and health care systems who pledged to use professionally recognized accounting standards and guidelines to report community benefit. This action took moral courage because, for many, it meant changing the way community benefit is reported and having to explain why it appeared that their commitment had decreased—when, really, it had taken a giant step forward.
- The many national organizations that supported and contributed to our work on planning and reporting community benefit, especially to VHA, Inc., our partner in community benefit for nearly 20 years; to the Health Care Financial Management Association for its guidance and endorsement of our work; and to the many other-than-Catholic health care systems and state and national hospital associations that have used or endorsed our guidelines in reporting community benefit.
- Community benefit leaders in Catholic health care for their pioneering work in planning, reporting, and evaluating the effectiveness of...
community benefit activities. I am also grateful for the contributions of their colleagues in mission, finance, planning, communications, and other departments who are dedicated to making community benefit a priority throughout their Catholic health care organizations.

Finally, I want to acknowledge the leadership of Senators Max Baucus (D-MT) and Charles Grassley (R-IA) in the area of tax exemption and for their insistence on the need for integrity in the charitable not-for-profit sector. They rightly held our feet to fire and asked the tough questions. I want to thank them for recognizing our efforts in defining and reporting community benefit and for calling on other health care organizations to follow our example. This contributed greatly to our goal of achieving community benefit standardization and credibility.

LET US ALSO CELEBRATE!
This is, of course, also a time for celebration. We are, for the first time in our history, able to publicly describe the extent of the Catholic health ministry's community service. I congratulate:

- Health care systems for their dedication to making organizational priorities of community service and compassionate care to the poor and for their hard work in collecting financial information and community benefit stories.
- Catholic hospitals in rural areas, most of them sole providers in their communities and a lifeline to health for thousands of families. Your creativity in meeting needs of vast geographic areas with significantly limited resources is remarkable.
- Catholic hospitals in urban areas, working together with other hospitals and physicians to improve access to uninsured persons. Yours has been a "mission impossible" replacing competition with collaboration in order to help the most needy in our communities.

ONLY PART OF THE STORY
Because of what the ministry reported, we are able to paint a powerful picture of a significant financial contribution, and we can tell stories of how our organizations improved our communities. But the ads do not—and cannot—tell the entire story.

The real community benefit story is that, within the past few years, our mission, finance, and billing offices have heroically dedicated themselves to removing from the bad debt rolls all of those persons who cannot afford to pay for their care, as opposed to those who refuse to pay. Our organizations have strengthened their charity care policies and procedures to ensure that all patients are aware of the availability of financial assistance and are treated with the same respect during the billing process as they were in receiving care.

KEEP IT UP!
Our credibility in community benefit makes us much better advocates for uninsured coverage. We have begun a journey of community benefit accountability and excellence that must continue.

We need to continue our work to assess and report the impact, as well as the cost, of our programs and be able to demonstrate the real benefit our organizations are providing.

We need to continue to work with local communities to examine and address the most pressing health and health-related needs. This means escalating our efforts to promote health in our communities and to improve access to vital health care services.

And most importantly, we need to join hands with all willing partners to achieve the goal that each and every person in our communities has access to the health care they need. That is what community benefit really means: being dedicated to the welfare of our communities by going beyond providing services and working to change the structures and policies that interfere with that well-being.