COMMUNITY BENEFIT

Community Benefit and Advocacy

"In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society."
—*Ethical and Religious Directives for Catholic Health Care Services*[1]

At its heart, community benefit is advocacy for people who face barriers when trying to access health care services. Therefore, community benefit can be viewed as an extension of a Catholic health care organization's advocacy program: advocacy on behalf of poor and underserved people, advocacy for improved community health, advocacy for better health policies, and advocacy on behalf of the organization's charitable mission.

Advocacy for the Poor and the Broader Community

The community benefit process begins with an assessment of community need, with a particular focus on the needs of people who are vulnerable to discrimination in the health care system, including those who live in poverty.

Community needs assessments also target threats to the health and well-being of the broad community, including tobacco use and other risky behaviors, obesity, and high rates of chronic disease and other medical conditions.

Once needs are identified, health care organizations become advocates by:

*Planning for community-wide responses to the problems identified and working with those most affected and other community partners. For example, a finding of a high rate of diabetes in a particular ethnic group could suggest a coordinated multi-strategy approach combining education and early detection by community, public, and private organizations.

*Determining what role the health care organization itself will take to address the problems. In the case involving high rates of diabetes, a hospital could provide education and consultation services to parish nurses working in the community, using staff clinical specialists as resources for the parish nurses.

*Integrating knowledge of community health problems into the organization's strategic and operational plans. An awareness of escalating rates of diabetes could indicate a need to recruit additional specialists so that diabetic patients admitted to the facility get optimal care.

*Ensuring that state policies or programs support patients at all stages of a disease. For example, a hospital can advocate the full funding of its state's end-stage renal disease program. (Some state legislatures appropriate funds to help pay costs associated with chronic, nonreversible kidney disease, also known as "end-stage renal disease.")

Advocacy of Improved Community Health and Health Policies

Health care organizations can be the source of information vital to health in the community. Several California hospitals track the number of patients admitted with certain "ambulatory sensitive conditions"—that is, admissions that probably could have been avoided if the patients

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involved had had adequate primary and preventive services in their own communities. In these cases, the hospitals then investigate and pinpoint the need for additional ambulatory care.

In rural states like Montana, where the sale and use of methamphetamine are significantly affecting small communities, hospitals may be the only available "safety net" as well as the sole source of critical health data about problems such as drug use. This information can be used to guide policy makers and practitioners and help them create solutions.

Trauma-related advocacy initiatives—such as encouraging the state legislature to enact primary seat belt laws, proper child-seat restraint, or driving restrictions for minors—are also effective ways for a hospital's community benefit programs and advocacy to improve health.

Not-for-profit hospitals and health systems can also demonstrate their role as important community assets by providing services that others have discontinued or are unwilling to offer, such as inpatient psychiatric care and HIV/AIDS care.

Moreover, community benefit programs may be well positioned to draw attention to inadequate public programs. During a recent CHA legislative conference, health care advocates told congressional leaders that while state children's health insurance programs are valuable, community benefit leaders in their organizations have found that enrollment efforts alone do not go far enough. Many families, these advocates said, need help finding practitioners who will provide medical and dental care for their children. Such families sometimes also need guidance in setting up initial medical appointments and in implementing recommended plans of care.

Advocacy on Tax Exemption

Community benefit advocacy also includes advocacy on behalf of a not-for-profit health care organization's charitable purpose. As health care has become increasingly sophisticated, high tech, and businesslike, there has occurred a blurring—in the eyes of both the general public and many policy makers—of the difference between for-profit and not-for-profit health care. This blurring has led some lawmakers to question whether it is fair for not-for-profit health care not to pay taxes.

Community benefit can help the public and policy makers look beneath the surface presented by similar-looking buildings and services to see that the charitable mission of not-for-profit health care is being fulfilled through well-designed, community-centered outreach programs. By describing how not-for-profit health care organizations live out their charitable missions, community benefit advocates can demonstrate that tax exemption—which is, indeed, a valuable privilege—enables the organization to continue its community service and reinvest in important resources to improve access and quality in their communities, and is, therefore, deserved and should continue.

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Adding Credibility to Other Advocacy Messages

When health care advocates tell their community-benefit stories—and especially when they tell them during visits to congressional offices—they gain credibility that will help them when they address policy issues. When those advocates talk, for example, about the need for health care coverage for all persons, or immigration reform, or improved senior services, they will be listened to more readily if they can show that their organizations are already addressing these problems locally, and that they understand, at first hand, the extent of the problems and what needs to be done. ■

NOTE

1. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, Directive 3.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

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Reprinted from *Health Progress*, July-August 2007