

Safe, affordable, and accessible health care for all—especially for those who are poor or vulnerable—is the hallmark of the Catholic health ministry. For more than 275 years, the ministry's service, commitment, and motives were plain for all to see. A Catholic facility not only served the community but also often stood as a symbol of the community. (Remember when photos of Catholic hospitals graced the covers of phone books?) However, the health care environment has changed, becoming increasingly complex and difficult for the public to understand. Much scrutiny has been placed on the billing and collection practices, margins, executive compensation, and tax-exempt status of not-for-profit health care organizations.

COMMUNICATE, COMMUNICATE, COMMUNICATE

In this time of close scrutiny it is paramount that the Catholic health ministry examine its commitments to its communities and effectively communicate community benefit activities to stakeholders and to those they serve—employees, physicians, patients, and the public.

For the Catholic health ministry to thrive in the 21st century, the dictum of “Do good and maintain a low profile” must evolve to “Do good and talk about it.” Today the public is more informed about its health and researches its health care options. In most cases, an organization's website and printed literature do not sufficiently emphasize, or even mention, what the organization contributes to the community. Health care organizations today need to present a compelling message about their mission and contributions to society.

“Do Good and Talk about It”

*A CHRISTUS Health Study
Emphasizes the Importance
of Telling Our Stories to the
Public*

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The team evaluated the way CHRISTUS Health measures its community benefit activity.

A team sponsored by CHRISTUS Academy, a leadership development program at CHRISTUS Health, Irving, TX, was asked to evaluate the way the system measures community benefit activity and recommend changes as needed (see **Box**, p. 54). The team researched community benefit practices at more than 20 highly respected, tax-exempt CHA and VHA, Inc., facilities and compared them with the practices of about 40 publicly traded, for-profit organizations. Some of the for-profit organizations were involved in health care; others were not.

The study was completed this May. One of its primary conclusions is that community benefit is not just about measuring the numbers—it is also about “telling the story.” Tax-exempt health care organizations tend to struggle with adequately measuring and reporting their community contributions. In contrast, most of the 40 for-profit companies surveyed have adopted the concept of “social accountability.” These corporations, through multiple forms of media, make themselves visible in the community and tell an excel-

lent story about their community service. They also partner with other organizations to fund community programs; and they cite, as their contributions, large dollar amounts rather than a percentage of net revenues. For example, if a billion-dollar company were to contribute \$100,000 to a children’s home, that would be significant for the home and sound wonderful to its community—even though the \$100,000 was but a minuscule percentage of the firm’s total revenue.

PERCEPTION IS REALITY

In general, for-profits realize the importance of (and profitability in) being responsible, corporate citizens. While negative publicity regarding social responsibility has recently affected public perception of both for-profits and not-for-profits, most for-profit companies still manage to tell their story in a positive light. How is this possible? These corporations produce large-scale campaigns involving television and newspaper ads, billboards, brochures, and other media to convey tightly focused messages to the public. In doing so, such companies strengthen the public’s perception that they are socially conscious organizations.

Imagine for a moment that an organization makes a significant contribution to the community it serves. This organization’s work is based on values, service, and sincere commitment to improving the health and well-being of those it serves. This organization’s “story” features life, death, hope, healing, and even—and if you look closely enough—some near-miracles. This is not “perception.” It is the truth about one organiza-

SUMMARY

In a time of public scrutiny, it is paramount that Catholic health care organizations examine their commitments to their communities and effectively communicate community benefit activities to stakeholders—employees, physicians, patients, and the public.

CHRISTUS Academy, a leadership development program at CHRISTUS Health, Irving, TX, conducted two studies regarding community benefit. The first researched community benefit practices at more than 20 highly respected, tax-exempt CHA- and VHA-member organizations, comparing them with the practices of about 40 publicly traded, for-profit organizations. The primary conclusion was that community benefit is not just about measuring the numbers—it is also about “telling the story.” Unlike the for-profit organizations, tax-exempt health care organizations tend to struggle with adequately measuring and reporting their community contributions.

In a second study, the academy surveyed CHRISTUS Health’s employees and physicians regarding their knowledge of the system’s commitment vis-à-vis identifying and meeting community needs. The vast majority said the system is important to the community and is actively involved in understanding and meeting the needs of the community. However, they also ranked the system lower in terms of working with other community organizations, being a leader in community health, and being known for sponsoring volunteer activities. These lower rankings indicate that the community benefit activities are not well publicized or known within the organization.

Catholic health organizations must take an active approach in communicating their work to the public, the media, and each other. In doing so, they fulfill an integral part their mission.

tion's impact. Collectively, it is the story of Catholic health care and of the communities served by the ministry. We who are involved in Catholic health care need to tell such stories about our contributions to building community, addressing community challenges, and encouraging health and well-being. And we need to highlight the daily, heroic efforts of our employees.

WHERE DO WE BEGIN?

Once upon a time, we could let our good deeds speak for themselves. Today, we must take a proactive approach in communicating our work to the public, the media, and each other. Our communication vehicles do not need to be glossy

or costly, but they do need to be memorable and consistent in message and method. We must be master communicators and listeners, engaging in honest, open, ongoing dialogues that address the topics of quality, customer service, compassion, mission, and vision. In addition, as a ministry, we must continue to take a systematic approach in planning, monitoring, reporting, and evaluating the community benefit activities and services we provide to our communities. Implementing these steps is not just about generating "good public relations." It is about fulfilling our mission and communicating honestly, openly, and frequently with those whom we serve.

How to Communicate Effectively with Our Publics

In 2003, a work group convened by CHA and involving many different systems and people developed *Telling Our Story: A Communications Plan for Community Benefit Reporting*. The following are recommendations to organizations seeking to improve their communication with the public.

- Utilize established CHA/VHA, Inc., community benefit guidelines when determining community benefit contributions and report actual costs of services provided. A copy of the guidelines, *Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit Inventory for Social Accountability*, can be accessed at www.chausa.org/sab/combenguidelines.pdf.

- Remember that the reporting process should not be considered an end in and of itself. It should be used as a continuous improvement tool (as a self-evaluation tool) to drive performance and track data as well as give the public a picture of your commitment.

- Ensure that reports have as much intellectual rigor as possible. When quantitative data can be applied, talk about outcomes measures. However, realize that quantitative data is not always applicable to social services. A case study or brief description of an activity, accompanied by pictures of smiling people, is valid and useful as an illustration. But, without analysis, reliable conclusions cannot be drawn. This does not mean reports need to be overly academic, but they should have a professional approach.

- Provide concrete data about dollars contributed, the number of individuals helped, and outcomes achieved. Ensure that programs are focused on the health priorities of the community.

- Share your "best practices" with other community organizations.

- Put a human face on your communications—incorporate the stories of individuals who were helped through one or more of your programs.

- Be sincere and consistent. This is not advertising. Our facilities should not support worthwhile causes solely for promotional reasons. Activities should be related to or congruent with our core health care ministry.

- Explain the breadth of community benefits provided by your facility or system. Mention charity care, educational programs, and clinical and community services. Include unreimbursed costs and remember that, even if in cases where there are no unreimbursed costs, some services—simply because they exist—serve as a benefit to the community.

- Recognize your community partners. Collaboration helps ensure effective use of limited resources. Recognizing partners reinforces the perception that the hospital is an integral part of the community.

- Develop a plan that outlines tactics for ongoing communications with your employees and the public about community benefit activities. Identify the communication vehicles available for reaching these groups (newsletters, staff and community meetings, the Internet, your own intranet, health programs and events, and others).

A variety of tools are available to help you in your communications efforts. These include:

- A CHA Community Benefit website, which can be found at www.chausa.org/sab/sab.asp. Available to all who want to share resources and ideas, the site includes a communications toolkit containing the *Communications Plan for Community Benefit Reporting*, the *VHA Guide for Communicating Value*, and examples of reports from several Catholic systems.

- Public Perception Project materials, which can be found at http://63.151.17.224/CHA_FTS/psi.

- The ASACB's own guide, *Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability* (Public Health Institute, Oakland, CA, November 2004), which can be accessed at <http://www.phi.org/pdf-library/ASACB.pdf>.

The CHRISTUS Academy

CHRISTUS Academy is a yearlong leadership development program sponsored by CHRISTUS Health. The academy's objectives are to:

- Reflect on and discuss the future of Catholic health care and the role of spirituality in the delivery of services
- Complete a leadership curriculum that includes courses on finance, governance, strategic planning and business practices, decision making, organizational relationships, and future trends and issues in health care
- Work in small teams to address systemwide challenges that fall outside team members' own work experiences and responsibilities

One of the four projects assigned to the 2004-2005 class was titled "Establishing System Indicators and Appropriate Levels for Community Benefit." The team was asked to evaluate the effectiveness of the current system indicator for measuring the benefit that CHRISTUS Health provides to its communities, as well as the amount of benefit provided, and to recommend new levels and indicators that may be more appropriate and provide a better measure of the value of CHRISTUS Health's contribution to "improving the health of local and global communities." The team members are Novella Medlock, Sr. Rosanne Popp, CCVI, Rebecca Simon, Louise Thornell, Raymond Wei, and Melissa Williams.

COMMUNICATION STARTS AT HOME

The CHRISTUS Academy team also surveyed CHRISTUS Health's employees and physicians regarding their knowledge of the system's commitment to identifying and meeting community needs. Of the 2,719 responses received (a 12 percent response rate), the vast majority said the system is important to the community and is actively involved in understanding and meeting the needs of the community. However, those same individuals ranked the system lower in terms of working with other community organizations, being a leader in community health, and being known for sponsoring volunteer activities. These lower rankings indicate that the community benefit activities are not well publicized or known within the organization.

When the responses were further broken down according to job category, they revealed an interesting but logical disparity—that senior managers were the best-informed of survey participants, followed by managers, and then staff members and physicians. One staff member commented

that "very little information about community programs is consistently shared."

The study's key lesson was that everyone in our organizations needs to know and be able to tell our stories. Physicians and staff are the best ambassadors of our message, given their frequent contact with the public. But they cannot be good ambassadors unless they are aware of all the positive work being done by the ministry.

AND CONTINUES OUTSIDE THE WALLS

"Advancing the State of the Art in Community Benefit" (ASACB) is a project sponsored by the Public Health Institute, an Oakland, CA-based, not-for-profit public health organization and six health care providers in four Western states. The project is intended to develop and implement a national model for community benefit programming. With this model, the project's sponsors hope to increase effectiveness and sustainability, ensure access for diverse communities, facilitate institution-wide alignment and accountability, and deepen hospital engagement in local communities.

The ASACB project recommends that institutional policy measures be put in place to transform community benefit into a core function of the organization. Two of ASACB's institutional policy measures are meant to ensure that the community benefits message gets out:

- Developing formal mechanisms to inform and encourage involvement of key leaders and employees
- Soliciting input from and disseminating community benefit information to diverse community stakeholders

Sr. Carol Keehan, DC, chairperson of CHA's Board of Trustees, recently urged the Catholic health ministry to "lift up your voice."¹ By doing so, we establish credibility; deliver fairly on our commitment to communicate with those whom we serve; and, most importantly, become role models for truth telling. Today it is not enough to simply sing our own song as a solo—what we need now is an entire chorus singing our stories in harmony. ■

Note

1. Jeff Tieman, "Sister Carol Urges Ministry to 'Lift Up Your Voice,'" *Catholic Health World*, March 1, 2005, pp. 1, 6.

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