



LONG-TERM BENEFITS

The *Social Accountability Program (SAP)*, jointly developed by the Catholic Health Association and the American Association of Homes for the Aging, helps not-for-profit organizations reflect on the extent and effectiveness of their community benefit activities (see **Box**, p. 71). For some facilities, the program has been a catalyst to develop services that further the organization's charitable mission. For others, it has offered a methodology for documenting mission-driven activities already under way.

At St. Leonard Center, a retirement community in Dayton, OH, community benefit programs are such a critical part of daily operations that the organization could not continue to flourish without them. The center's outreach programs and senior housing services have developed in tandem since the facility began operations in 1982.

RICH HISTORY

St. Leonard's rich history of community benefit and mission-oriented services can be traced back to before the center became a retirement community. The facility was founded in 1958 as a Franciscan seminary. Students and faculty at the seminary were among the area's first volunteer firemen, and the local volunteer fire department even bought the brothers a car so they could respond promptly to alarms. Many local residents still recall the Franciscan brothers' public re-



Dr. Forschner is executive director, St. Leonard Center, Dayton, OH.

A Retirement Community Grows by Reaching Out to Area Residents

**BY BRIAN E.
FORSCHNER, PhD**

sponse to the Dayton community's needs.

In 1982 the seminary closed, and in 1983 it was converted into a retirement community. In 1985 the friars sold the facility to the Franciscan Sisters of the Poor, who also sponsor St. Elizabeth Medical Center in Dayton.

Although requests to live at St. Leonard came slowly at first, the center quickly became an important resource for local community organizations. Alcoholics Anonymous held meetings in rooms the center made available, and the local

Summary At St. Leonard Center, a retirement community in Dayton, OH, community benefit programs are such a critical part of daily operations that the organization could not continue to flourish without them. Founded in 1983, the center now serves more than 600 persons. St. Leonard offers independent living arrangements, as well as assisted living and skilled nursing care.

From its beginning the center has depended on collaborative arrangements with local churches, agencies, and other organizations. As the center has grown, it has continued to work with others to enhance services to its clients and to local residents. Recent arrangements with St. Elizabeth Medical Center in Dayton have enabled the center to offer home healthcare, as well as outpatient and inpatient rehabilitation. Integrated pharmacy, medical supply, and laboratory services are also available, and a systemwide management information system is currently under development.

St. Leonard Center also reaches out to local elderly residents through adult day care and respite programs, as well as through its Senior Network, a resource center (cosponsored by St. Elizabeth) with about 25,000 enrollees. The center also offers three special educational programs for children.

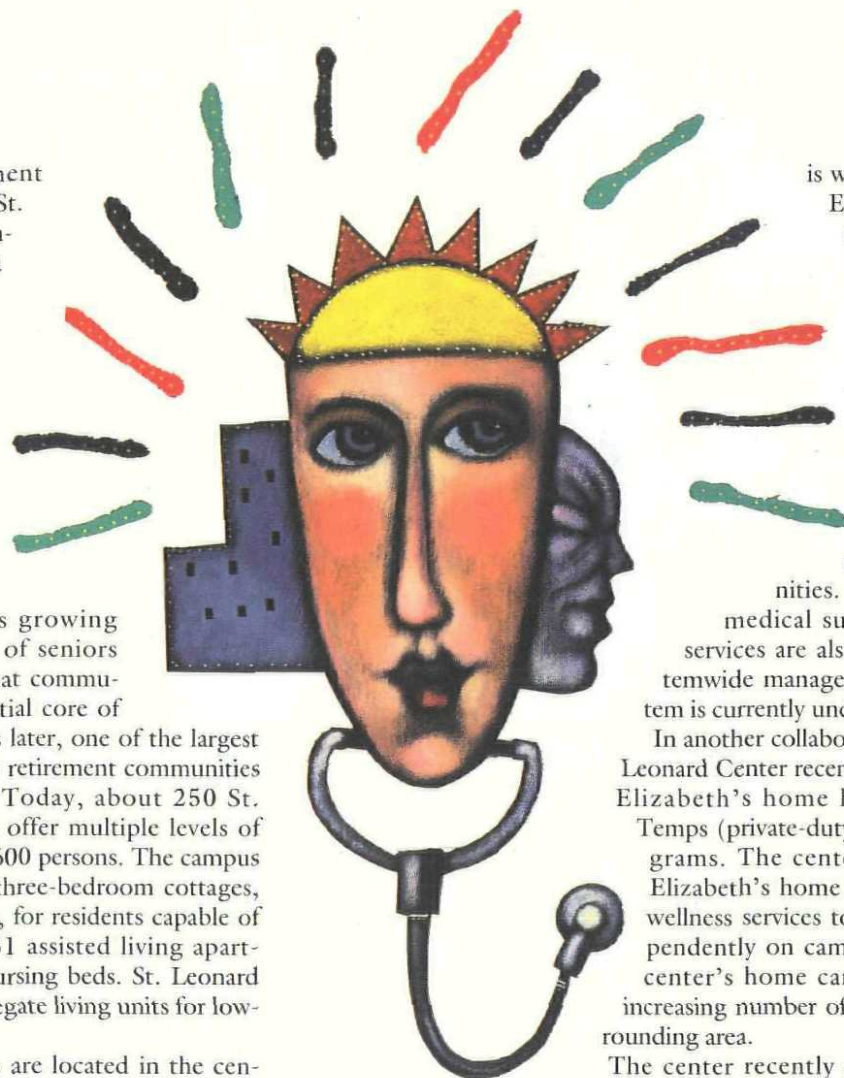
motor vehicle department held DWI classes there. St. Leonard also offered temporary office space and a place to worship to a recently organized Presbyterian church while its new building was being built. In addition, the facility became the site of the senior citizen's center for surrounding communities.

In the midst of this growing activity, a community of seniors gradually developed. That community formed the residential core of what would be, 10 years later, one of the largest Catholic continuing care retirement communities in the United States. Today, about 250 St. Leonard staff members offer multiple levels of assistance to more than 600 persons. The campus includes 173 two- and three-bedroom cottages, as well as 83 apartments, for residents capable of living independently; 51 assisted living apartments; and 90 skilled nursing beds. St. Leonard also subsidizes 67 congregate living units for low-income elderly.

Administrative offices are located in the center's main building. Another building houses the outpatient rehabilitation clinic and physician offices. The skilled nursing unit also has its own building.

COLLABORATIVE ARRANGEMENTS

As the number of elderly clients grows, St. Leonard planners are seeking new ways to improve the programs they offer residents. As part of its strategic planning process, St. Leonard



is working closely with St. Elizabeth to develop a managed care continuum of services. One of the key services already in place is an outpatient and inpatient rehabilitation program. Some patients are residents of the center, but most come from surrounding communities. Integrated pharmacy, medical supply, and laboratory services are also available, and a systemwide management information system is currently under development.

In another collaborative arrangement, St. Leonard Center recently became a site of St. Elizabeth's home healthcare and Care Temps (private-duty nursing service) programs. The center contracts with St. Elizabeth's home healthcare to provide wellness services to all those living independently on campus. In addition, the center's home care programs serve an increasing number of the elderly in the surrounding area.

The center recently opened a physician's office to provide care for both St. Leonard residents and the public at large. A university-trained geriatrician runs the office.

St. Leonard is also the clinical site for the geriatric rotation of residents from St. Elizabeth, the Sinclair College School of Nursing, and the Kettering Adult School Certified Nursing Assistant Training Program. In addition, students from local universities work at the center as

Continued on page 74

THE SOCIAL ACCOUNTABILITY PROGRAM

Completed in 1993, the *Social Accountability Program: Continuing the Community Benefit Tradition of Not-for-Profit Homes and Services for the Aging* describes how long-term care providers can assess and enhance their community benefit activities. The document outlines the following steps:

- 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

The document also presents guidelines for identifying community service activities in terms of the benefits they produce and for distinguishing between promotional activities and community benefits.

In addition, a series of exhibits at the end of the *Social Accountability Program* presents sample documents (e.g., survey forms, action plans, mission statements, community service audits) that healthcare providers can use to further their community benefit mission.

Copies of the Social Accountability Program can be purchased for \$9.95 from CHA by calling 314-253-3458.

COMMUNITY BENEFIT ACTIVITIES

Continued from page 48

policy, or administration; health administration; nursing; sociology; social work; or business.

- Assess the human needs of the communities that surround the hospital. Graduate students may conduct preliminary studies to identify the scope and variety of community healthcare needs. For example, reviewing materials developed by Mercy Health Services and Mercy Hospital and Medical Center, Chicago, graduate students from DePaul University's Public Services Graduate Program are in the early stages of this type of collaborative project (see *Community Assessment of Human Needs [CAHN]*, a project of Mercy Health Services Special Initiative for the Poor, Mercy Health Services, Farmington Hills, MI, 1987).

A STARTING POINT

This research indicates that many Catholic hospitals are already responding creatively to the needs of their local communities. Specifically, it indicates that Catholic hospitals are extensively linked to their local communities through their educational activities; the special initiatives they undertake on behalf of the poor; and the activities and interactions with their administrators, board members, employees, and medical staffs. However, the results also show that the community—apart from its formal leaders—has relatively little input into hospital planning processes. Moreover, hospitals seldom involve physicians directly in planning with the local community.

These results may give hospital administrators and board members a perspective from which to evaluate their response to community needs. The survey results could serve as an impetus for hospital board members and administrators to be even more creative and responsive to community needs, particularly as healthcare reform demands even more creativity and responsibility from community healthcare institutions. □

LONG-TERM BENEFITS

Continued from page 71

administrators in training, business interns, gerontology specialists, and social workers.

COMMUNITY CONNECTIONS

Senior Network About five years ago St. Leonard and St. Elizabeth collaborated to open Senior Network, a resource center for seniors providing a variety of services. Functioning as a referral base for St. Elizabeth, Senior Network's programs complemented those already in place (e.g., adult education, various health screenings, assistance in filling out Medicare forms) at St. Leonard and thus further extended the retirement community's mission. About 25,000 members are currently enrolled.

The network's most popular program, outside the health screenings it offers, has been its Gadget Shop, which sells a variety of assistive devices for persons with various physical difficulties. The devices include such items as telephones with large numbers, grippers for reaching packages on high shelves, and snap-on additions to door handles to make them easier to grasp. The network also has a library, which offers videotapes, audiotapes, books, and magazines.

Community Center St. Leonard has a well-established reputation as a community center. Until recently, it hosted wedding receptions and conferences. Although it has discontinued these services for the most part, it still hosts the weekly luncheon for the local Rotary Club. In addition, in 1991 a Knights of Columbus Council was officially installed at the center. The council has significantly helped St. Leonard's fundraising efforts.

A modest concert series spotlighting local talent was started a few years ago for residents and proved so popular that nonresidents began attending. Today the series is linked with the St. Leonard Senior Network and the Wright State University visiting artist series. The free concerts, which are underwritten in part by small businesses, draw people from throughout the area. □

Children's Education As the center began to expand its services and facilities for seniors, it also continued to broaden its outreach efforts. St. Leonard has developed three educational programs for children: one for the severely and multiply disabled, one for the developmentally disabled, and one for preschool children. The programs help transform the center from an age-segregated "ghetto" into a community with a variety of relationships vital to area residents.

Adult Day Care A recent initiative has been the opening of an adult day care center. Although no local retirement community had ever succeeded in such a project, St. Leonard planners decided to offer the service after a survey of the local community indicated that it was needed. Planners also studied factors that may have prevented success in earlier ventures. In its first nine months the program, called DayAway, has attracted 40 active participants and achieved a financial breakeven point. St. Leonard's latest project, a respite care program, began operation late last year.

MUTUAL BENEFIT

Charitableness does not have to be a one-way street. All the activities described above demonstrate the commitment to the community of the Franciscan Sisters of the Poor and, as such, provide the foundation of St. Leonard Center's tax-exempt status. At the same time, all the activities directly benefit the center in some form, whether it be revenues from rental payments for use of the facility, surplus revenues from rehabilitation or home care services, service and money contributions from local residents and organizations, or referrals through the Senior Network or the Senior Citizen's Center. Without our community outreach programs, we would never be able to attract the funds and volunteers we need to carry out our mission of ensuring that high-quality services are available to the poor and the underserved. □