

Telling the Community Benefit Story

*We Must Remind Our
Neighbors That We Do
Much More Than Provide
Acute Care*

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I know from long personal experience in the health care field that hospitals across this country extend themselves substantially into their communities, attempting to help—attempting to provide benefit. Yet, as I look at the extent of the community benefit that has through the years been delivered by voluntary hospitals, I am amazed at how little the communities benefited know about it.

I say this from my perspective as the former CEO of Catholic Health Initiatives (CHI), Denver, a large national health care system. The system serves approximately 100 communities. The leaders of those communities frequently ask us, “What have you done for me lately?” That’s a disappointing and irritating question because it makes you realize that your efforts have gone unrecognized.

But the truth is that we, as representatives of those voluntary hospitals, have not done an effective job of communicating the facts about the breadth of our service. We haven’t told the community benefit story. In the last 20 to 30 years, people have increasingly come to see their local hospital as the large, monolithic “institution on the hill.” They see it as the place to go for acute care, for clinically and technologically advanced service in times of extreme personal vulnerability. They don’t see it as a major locus of broader community benefit initiatives.

THE QUESTION OF TAX EXEMPTION

It wasn’t always this way. A century ago, the voluntary hospital in this country was the provider of health care services to a sick and largely indigent, often immigrant, population. Such facilities came into existence largely through the efforts of religious organizations or community members acting out of humane concern. The caregivers who worked in them took care of those who had no place else to go and had little, if any, money with

which to pay. Voluntary community hospitals have tax exemption primarily because they perform a function for which the government would be responsible if the hospitals were not in place.

After all, one role of governments is ensuring the health of their communities. By doing that, the voluntary community hospital performs a government function. And, indeed, voluntary community hospitals address the *health* of the community, not just its sickness.

Today, with the availability of private health insurance and the government health insurance programs Medicare and Medicaid, most of the services provided in the voluntary community hospital are, in fact, paid for. One can argue whether the payment is adequate, but the fact remains that hospital services are largely reimbursed.

And that fact is one the public is reminded of frequently and, indeed, also experiences firsthand. Health care has come to be seen, whether correctly or incorrectly, as a business, not much different from any other business. Health care is increasingly seen as a commodity.

Of course, people want the very best care when it involves their own health or that of someone they love. Yet they are appalled by its cost, however defensible that cost may be. And, more importantly, they fear that they can't afford it. As a result, through a complex combination of psychological reactions, they often come to resent a health care system so complex that even those of us who work in it don't understand its entire dynamic. (Nor have we, as a charitable enterprise, been assisted by scandals in recent years that have included health care organizations and leaders in the larger batch of corporate debacles.)

As a result of all these interrelated factors, many people have come to question whether the voluntary community hospital should continue to enjoy tax-exempt status. After all, what have we done for them lately?

A PARTNERSHIP WITH OTHERS

You and I know that our hospitals are *not* the big and sometimes greedy "business on the hill." We can all describe programs that originate inside our walls and benefit the community at large. Unfortunately, though, we haven't told that story—at least not very well.

Some of us have become so caught up in the technological and pharmaceutical miracles occurring inside our walls that we have forgotten that a major responsibility of the community hospital has always been—and remains—the health and well-being of our citizenry. We tend to forget that a great percentage of the health care problems that arrive at the hospital door derive from social ills within the community: poor nutrition, miserable housing, the stress of work, inadequate education, and violence, among others.

Within our hospital walls, we see the physical, psychological, and emotional results of the community problems of our time. We usually focus on addressing the actual problem that appears at our door. And that's as it should be; it is our primary job at that moment. However, what the hospital needs to do, with others—and I emphasize *with others*—is attempt to address the root cause of the problems.

The voluntary hospital does not bear sole responsibility for the health care needs of the community. It is, however, a most important, even critical, part of a community that seeks to address its own needs and the gaps in necessary services. The hospital is vital to a collaborative effort to identify and address community health care problems. It needs to do those things that are best addressed by the health care provider. But, to address true community need, to fill the gaps in service, the hospital also needs to be in partnership with other organizations and agencies that know as much, if not more, about the community—for example, the Salvation Army, YMCA, schools, homeless shelters, and police.

SUMMARY

The nation's not-for-profit voluntary hospitals—Catholic organizations among them—provide much more than acute, outpatient, and long-term care. They also provide a variety of services—including clinics for the uninsured, parish nurse programs, in-school programs for children—that reach out to people who are poor, vulnerable, and neglected.

Unfortunately, this fact has not been communicated well. As a result, many people have a tendency to ask of

these hospitals: "What have you done for me lately?"

Voluntary hospitals should do more to communicate their community benefit activities to their various constituencies. Celebration should be the thrust—celebration of the hard work of physicians and staff and their dedication to the communities in which they live. If that fact is celebrated and communicated effectively, voluntary hospitals will find their communities celebrating with them.

These organizations have been on the front lines for years, working hard to provide community benefit. Our joint attempt to provide benefit will go further if we judiciously combine our resources and avoid duplication of effort. We need to provide services that benefit our community. We need to do this, not to look good, but because it's the right thing to do. It's a vital component of the mission of the voluntary, community hospital.

Of course, we know we *do* benefit the community. Our hospitals are caring for increasing numbers of the poor and uninsured—an enormous contribution to our society at large. The public needs to know how much we do. Unfortunately, the public tends to see newspaper or TV stories describing a patient who fell through the cracks, who didn't receive the necessary care. We must change this perception. We represent charitable organizations that, on one hand, want to give and not count the cost, but, on the other, must prove the validity of the tax-exempt status that has been bestowed on them. We need to find ways in which to communicate the message of our service to the underserved in such a way that those receiving charity care are neither belittled nor offended in their need and those observing our behaviors are appropriately impressed. It's not a small task, but it is one possible to achieve.

COMMUNITY BENEFIT SERVICES

Most voluntary hospitals give—besides basic, subsidized, or charity care—additional, substantial community benefit. For example, we provide:

- Mobile health services programs carried directly into needy urban and rural areas
- Financial arrangements that allow hospital staff to buy homes (staff are part of the community)
- After-hours clinics for the working poor
- In-school nutrition and exercise programs for obese children
- Parish nurse programs
- Extension programs for seniors who live alone
- Parenting programs
- Shelters for victims of domestic violence
- Free car seats for infants and toddlers
- Primary care clinics for the uninsured
- Free helmets for young bicycle riders
- Health screening for migrant workers
- Bereavement services
- Executive fitness programs
- In-school clinics and counseling programs
- Helicopter services for injured skiers in mountain communities

- Alcohol and drug addiction support programs
- Tobacco cessation programs
- Mental health services (increasingly not covered by insurance)
- Used equipment and supplies (often to the international community)

In addition, many hospital employees volunteer in a variety of capacities, from staffing food banks to tutoring children to teaching English as a second language.

I could go on and on. With their outreach, voluntary community hospitals deal with every segment of our society and every one of its ills. These programs should be celebrated and broadly communicated to our constituencies. Celebration should be the thrust. We're not bragging about our competencies or our contributions—we're celebrating goodness, justice, charity, human concern, and service. We're celebrating the hard work and contributions of our physicians and employees to the community in which they live. With our partners in the community, we're improving the world in which we live. And that is cause for celebration and for sharing the story, so that our community may celebrate with us. These are programs about which the community should be excited.

A MATTER OF PRIDE

However, to return to my original thesis, our constituencies don't know this story. Neither our external communities nor—and this is even more sad—our own physicians, employees, and board members know it. We have kept our light under a bushel, and that has to change.

We have acted in the true spirit of the charitable organization, not wanting to toot our own horn and being embarrassed to talk about our own largesse. But, again, we don't have to brag or exploit the story. We simply have to tell the story. It will convey its own message because it's every bit as important and deserves celebration every bit as much as the latest stomach stapling technique, drug-eluding stent, or laparoscopic procedure.

We need to make real the extent to which the voluntary hospital is vital to the community as a provider of health care programs—not just acute care services—and a partner with other community agencies in ensuring the well-being of our citizens. As an additional and perhaps beneficial fact, a number of health care systems also contribute monies to their facilities for charitable programs. That fact ought not to go unnoticed. It can help

enhance the relationship between the community and a health care system that local people sometimes see as having little interest in them.

We have a good story to tell, but how do we tell it? What is the best way to communicate to the physicians in our facility the good that we do? How do we tell the story in a way that makes them proud to be part of our organization, proud to be associated with the community work that we do, and proud to participate in the community benefit that we deliver? How do we tell the story to government entities so that they see us as contributing to the commonweal, worthy of the tax exemption we enjoy? How do we tell the story to our employees so that they're proud to say where they work and speak openly of the good in which they participate?

Catholic Health Initiatives, for example, has two community benefit programs:

- The Direct Community Investment Program provides low-interest loans to organizations that give disadvantaged populations access to jobs, housing, education, and health care. Since 1999, the program has invested more than \$25 million in the services and initiatives of 36 organizations in the United States and elsewhere.

- The Mission and Ministry Fund provides grants that CHI entities can use to plan, develop, and implement healthy community initiatives. Since 1996, the fund has awarded \$18 million in grants.*

CHI's employees are proud of these programs and enthusiastic about their contribution to a cause bigger themselves. And they *tell* people when they're proud; they tell family and friends in the community. A health care organization's employees are its first line of communication in the community. Because that's true, we need to help health care employees see and appreciate the big-picture contributions of their employers—not just the life-saving acute care service but the broader life-enhancing activities as well.

TELLING THE STORY EFFECTIVELY

What is the most effective way to explain to and engage the community at large in the benefits we offer? How do we help them understand that we have identified need and voluntarily stepped forward to serve in a new capacity? How do we involve our community board members in carry-

ing the story? Because communication strategies have become very important, we need communication experts to tell us how best to get our message across.

As CEO, I came to rely heavily on CHI's communications specialists because they grasped the fact that the medium can make the message. Most of us who are programmatically oriented need help in that regard. We tend to tell too long a story. We use too much jargon. We give too much detail and too little substance.

But communications specialists understand the art of communication, the "how to" of telling the story. They understand the importance of *personalizing* a story—keeping the story simple and emphasizing its human-interest aspects. One reason that today's public is sometimes wary of health care organizations is because they have seen negative stories about them personalized. We need to personalize our services with positive stories.

Communications specialists know how to adapt a story according to the audience or constituency. They know that local government, for example, may need the story of our benefit programs told in a detailed, factual way. Community members, on the other hand, may need to see the story as a centerfold spread, with photographs, in the Sunday newspaper. Physicians on staff may need an hour-long education session (with lunch served, of course). And the board may need a "hands-on" visit to a particular program.

It's wise to seek communications expertise in telling the community benefits story because we don't want that story to be boring. It should be told with excitement and enthusiasm—the same level of excitement and enthusiasm that we accord to a dramatic surgical procedure. Like surgical procedures, community benefit programs save lives.

The community needs to become aware of, understand, and be grateful to and proud of its own local hospital. It needs to recognize its voluntary hospital as a broadly involved and broadly influential community asset. If the community sees the hospital in that light, it will have no trouble understanding why the hospital merits its tax-exempt status.

We who work in voluntary hospitals do good, even great, things in our communities. Let's tell the community benefit story, and tell it well, and perhaps we'll discover that we have become an organization that benefits from the community's gratitude and affection. ■

*For more information on these programs, access www.catholichealthinit.org/body.cfm?id=37891.

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