The American Hospital Association is proud of its members and the multitude of benefits they provide to their communities. We are committed to ensuring that hospitals have the resources they need to accurately and effectively reflect those benefits in the new IRS Schedule H and to go beyond Schedule H to tell their story. It is with that commitment in mind that this resource has been developed for our members. The AHA is grateful to all those who contributed to the resource and would like to give special thanks to:

◆ The following AHA member hospitals that contributed their examples, stories, community benefit information and materials, and their time in the development and review of this resource: Glendive Medical Center, Glendive, MT; Heartland Health, St. Joseph, MO; Henry Ford Health System, Detroit, MI; John C. Lincoln Health Network, Phoenix, AZ; Memorial Hospital of South Bend, South Bend, IN; Mt. Ascutney Hospital and Health Center, Windsor, VT; Munson Healthcare, Traverse City, MI; North Shore – Long Island Jewish Health Care System, Long Island, NY; Sierra Vista Regional Health Center, Sierra Vista, AZ; St. Mary's Health System, Lewiston, ME; St. Mary's Hospital, Madison, WI; Sutter Medical Center, Sacramento, CA.

◆ The following individuals for their expertise and assistance in the development of this resource: Larry Walker, President, The Walker Company Healthcare Consulting; Amy Lee, Partner, 133 Public Affairs; and Donna Hughes, Partner, Hughes design/communications.

Photos in this publication are courtesy of Doug Haight, photographer, and illustrate programs from recent Foster G. McGaw Prize-winning organizations. Since 1986, the Foster G. McGaw Prize has honored health delivery organizations that have demonstrated exceptional commitment to community service. The Prize is sponsored by The Baxter International Foundation, the Cardinal Health Foundation, and the American Hospital Association.
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Overview
This resource provides tools to help hospitals take the limited information available on Schedule H and combine it with relevant stories and details to ensure the full scope of their community benefit is captured and communicated.

You cannot rely on Schedule H alone to inform your community of the value you bring. You must go beyond Schedule H and combine it with stories about patients, people in your community, and examples of your success in improving health and safety to ensure that the full scope of your community benefit is articulated.

Share this resource with the internal team working on completing Schedule H and those responsible for communicating your hospital’s story (include, at a minimum, representatives from the hospital’s finance, communications, community outreach, and legal departments).

Sections include:

◆ **Strategy Checklist for Leaders**
  This section walks CEOs and trustees through the planning, organization, and completion of research needed to comply with the new Schedule H reporting requirements, as well as communication considerations for publicizing the full benefits hospitals provide.

◆ **Telling the Hospital Story**
  This section illustrates what can be achieved when hospitals combine traditional communications with information from Schedule H. Providing tools to enhance existing communication efforts, this section will help your communications team tell your hospital story to key audiences, the media, and the public. All materials in this section are included in the *Telling the Hospital Story* CD-ROM.

◆ **Telling Their Story: Hospital Examples**
  This section contains examples from a variety of hospitals that have been working on organizing, assessing, documenting, and reporting their community benefit activities.

◆ **Sample Community Benefit Reports**
  This section provides community benefit reports from a variety of hospitals and health systems.
Introduction

Hospitals do more than treat injury and illness. Every day in America, hospitals like yours are hard at work, helping to improve health and access to care in the communities they serve. Yet the hospital field faces many challenges and calls for increased accountability to the public. Now, more than ever, it’s important that we effectively connect with our communities — our patients, our caregivers, and our neighbors — to better tell the hospital story. As hospitals tackle the new Internal Revenue Service (IRS) Schedule H reporting requirements, it’s important that they recognize Schedule H only provides a limited view of the work they do in the community. Hospitals must go beyond Schedule H by illustrating and demonstrating the many ways they foster healthy individuals and families.

The true measure of a hospital goes beyond a balance sheet. It involves patients, caregivers, neighbors, local businesses, and board members. And conveying that worth combines statistics and tax forms with real programs and people.

This resource helps you assemble a team to address the requirements of the new Schedule H of the Form 990 and shows you how combining statistics and tax information with personal stories of individuals and families that your hospital helps every day more fully tells the story of all your hospital does to benefit your community.

While filling out and filing the new Schedule H will make basic community benefit information publicly available, the challenge is to ensure that the public – your employees, volunteers, patients, community partners, and others – know about the programs you have in place, their positive impact on health improvement, and the people helped by these programs. Don’t leave the information on your Schedule H open for interpretation by others. Tell your story on your terms. Use Schedule H reporting as a springboard for communicating all you do.
Background on New 990/ Schedule H Requirements for Hospitals

One of the many challenges hospitals face is an intensified public scrutiny, a piece of which is the IRS revised Form 990. A complete redesign includes a 10-page “core” form and 14 specific schedules, some or all of which tax-exempt organizations are required to complete beginning in tax year 2008. Two other schedules, H and K (tax exempt bonds), are required for tax year 2009 in their entirety. Schedule H solicits detailed numerical and financial information related to charity care policies, other community benefit, billing and collections, and joint ventures.

With its focus on numbers, Schedule H will provide the community with some limited information on the ways in which a hospital meets its community benefit obligations. What the Schedule won’t do is convey the depth and breadth of the activities and programs that a hospital provides, the thinking behind those efforts, or the lives touched by them. That most important part of the story is left for your hospital to provide to the community.

Preparing For Tax Year 2009

The bulk of Schedule H will not be due until 2010 when IRS Form 990 reports are completed for tax year 2009. We strongly encourage hospital leaders – the chief financial officer and other finance staff, communications and public relations staff, community outreach and program directors, and legal counsel – to begin working together and preparing now. This resource encourages cross-department preparation and guides hospitals through the process as they begin with a careful review of Schedule H and the final instructions. Copies of the final forms, instructions, and worksheets for Schedule H can be found at http://www.irs.gov/charities/article/0,,id=185561,00.html.

If preparation begins early, hospitals should have time to both review instructions and information collected for the Schedule and also make any needed adjustments in current programs and policies to better fit the measurement criteria of these reporting requirements. Because Schedule H does not adequately inform the community about the full breadth and scope of the benefits provided by a hospital, it is important for those individuals responsible for the completion of the forms to reach out to program directors directly. This will allow for a deeper understanding of the focus, reach, and effectiveness of the many community programs designed to address the unmet health needs within communities.

The American Hospital Association (AHA) has provided guidelines around community benefit, billing and collection practices, and reporting. Those guidelines, outlined below, should be a part of every hospital’s planning for reporting and communicating community benefit.
Hospitals should be continuously involved in promoting community health:

- Hospitals’ commitment to community health as reflected in their missions, values, and goals should be understood and applied by everyone throughout their organizations.

- Hospitals should understand their communities’ unique health needs and work with others in the community to meet those needs.

- Hospitals should periodically conduct a community needs assessment and assign responsibility for the hospital’s community benefit plan to a hospital employee.

- Hospitals should have ongoing processes for planning and monitoring how their commitment to community health is met through services and programs for the community.

- Hospitals should develop and make readily available to the public a comprehensive inventory of all the community programs and services offered, including specialty services, extended care, and programs that address social and basic needs, access, coverage, and quality of life.

- Hospitals should understand and publicly communicate the impact of their programs and services on their communities.

And secondly, as hospitals report on community benefit activities:

- Hospitals should voluntarily, publicly, and proactively report to their communities on the full value of benefit they provide.

- IRS Form 990 filings should be posted on hospitals’ Web sites. When finalized, hospitals should go beyond Schedule H to inform their community about the entire range of benefits they provide, including those that are not easily quantifiable.

- Hospitals should develop an annual community benefit report and attach or include a link on their Web site’s homepage to these reports and/or make them available at their offices.

Built on the guidelines above, AHA has developed a strategy checklist to organize efforts within the hospital as you collect and complete Schedule H, and also as your communications team works to publicize the hospital’s community benefit activities.

This isn’t a prescriptive guide, but rather a checklist to help executive management and the board organize hospital efforts. Components of the checklist touch upon leadership involvement, community assessments, program inventories, program evaluations where available, internal integration between departments, and general billing and collections infrastructure.
Bringing Financial Information to Life

Now is the time to start your Schedule H efforts. This resource shows hospital leaders how to make the financial information collected on the Schedule H come to life. Valuable programs or services may not fit neatly on a specific line item but they should not go uncounted. This resource offers suggestions for hospitals to include such programs. It’s essential that every hospital combine its financial information with the people helped by the programs in place. Doing so will create a complete, accurate, and compelling story unique to each hospital and ensure that no one considers a hospital’s worth equal to the limited information detailed on the Schedule H form.
Strategy Checklist for Leaders

Going Beyond Schedule H
Introduction

One of the challenges hospitals and health systems face today is ensuring that their communities and the public at large understand the full value and benefit they provide – from improving access to health care services to strengthening the social and economic health of the community 24 hours a day, 7 days a week, 365 days a year.

Completing this Schedule H Strategy Checklist for Leaders will help to foster internal coordination and ensure that your organization is fully ready to complete Schedule H with accuracy, credibility, and accountability. By taking time to thoroughly consider the questions included in the strategy checklist, you may identify certain areas where your organization may need to dig more deeply in order to report the true extent of your community outreach activities. Doing so will assist you in more accurately communicating, beyond simply filling out the IRS form, both the breadth and depth of your outreach activities.

Hospitals are committed to meeting the ever-growing needs of their communities, and the AHA is committed to providing the support and tools needed to help hospitals demonstrate their vital benefit and value to their communities.

As part of that commitment, the AHA has developed this Strategy Checklist for Leaders – Going Beyond Schedule H to help CEOs and their leadership teams think through the various aspects of successfully completing Schedule H. After the checklist, you’ll find a helpful list of Schedule H terms and definitions.
How to Use This Strategy Checklist

Every hospital’s community benefit and community outreach activities are different and are tailored to best meet the needs of each individual community. Additionally, the ways in which a hospital works to fulfill its mission and vision and to demonstrate both accountability and transparency may differ.

This checklist is a guide for hospitals and provides suggestions for internal coordination and strong leadership involvement to streamline and facilitate the completion of Schedule H in ways that will assist organizations in telling their community benefit story with purpose and passion.

The checklist is not a “how-to” guide for completing Schedule H. Instead, it is intended to assist leadership teams to ensure that all aspects of Schedule H are fully considered, that organizational knowledge and accountability are expanded, and that the organization is better positioned to communicate the benefit and value of its programs, services, and community health-building role in the most organized and powerful way possible.

It is a starting point for organizing reporting efforts and will make the second step of making the IRS forms “come alive” easier, not only as a required report but also as a catalyst for building organizational and public understanding of the ways in which hospitals and health systems are holding themselves accountable for fulfilling their responsibilities to their patients and communities. The checklist is designed to help organize your efforts in documenting and communicating the many things your hospital does to meet the needs of your communities, and it will serve to bring your organization together to build a common understanding of the full scope of your community benefit and value that can then be shared with others.

A series of questions are organized under the following major headings:

- Organizational Readiness and Preparedness
- Providing, Assessing, and Reporting Community Benefit
- Communicating Your Community Benefit Efforts

Some of the questions are specific. Some are general to stimulate thinking about overall organizational activities. Alongside each are four boxes: “Yes,” “Underway,” “Needs Investigation,” and “No” so you may check the box that applies.

In addition, Schedule H uses a number of specific terms that are defined in the Schedule’s instructions. Many of the terms are also defined after the checklist.
Checklist

Organizational Readiness and Preparedness

The questions in this section will help you prepare your organization for required IRS reporting and maximize the effort to effectively go beyond the Schedule H and communicate all that you do to improve the health of your community.

<table>
<thead>
<tr>
<th>Involvement of Senior Management and the Board</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your board of trustees understand the challenges and barriers to health in your community and the full scope of community services and benefits that the organization provides to meet those challenges?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>2. Has management discussed with the board of trustees the requirements for completing Schedule H?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>3. Has the senior management team reviewed all Schedule H reporting requirements?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>4. Is the senior management team familiar with the critical terms and definitions included in Schedule H?</td>
<td>○</td>
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<tr>
<td>5. Have you defined a process and schedule for reviewing Schedule H with the board of trustees?</td>
<td>○</td>
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<tr>
<td>6. Has senior management discussed how the results of Schedule H may be incorporated into your organization’s community benefit report?</td>
<td>○</td>
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<tr>
<td>7. Is the board of trustees fully supportive of developing a community benefit report that will reflect, and also go beyond, the information contained in Schedule H?</td>
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</table>
Organizational Readiness and Preparedness *continued*

<table>
<thead>
<tr>
<th>Roles and Responsibilities</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Do you have a process for completing Schedule H?</td>
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<tr>
<td>9. Have you determined a single point of accountability for developing, managing, and implementing a work plan for the on-time completion of Schedule H?</td>
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<tr>
<td>10. Has the person in charge of the Schedule H work plan appointed a team of individuals responsible for directing the research and development of information required to complete Schedule H?</td>
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<tr>
<td>11. Does this team of individuals consist of high-level staff from relevant areas throughout the organization, including finance, communications, legal, and community services/relations?</td>
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<td>12. Does the Schedule H work plan include critical deliverables and due dates for completing the various sections of Schedule H?</td>
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<tr>
<td>13. Have you determined a budget, if necessary, to ensure successful on-time completion of Schedule H?</td>
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<tr>
<td>14. Has your team determined whether there are sources of information outside the organization, including other organizations and partners, that will need to be gathered to complete Schedule H?</td>
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<tr>
<td>15. Has your team determined a process to secure required information from sources outside the organization?</td>
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</tbody>
</table>
### Community Needs Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16.</strong> Have you identified the communities you serve by geography and/or by those served?</td>
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<tr>
<td><strong>17.</strong> Does your organization conduct a community needs assessment?</td>
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<tr>
<td><strong>18.</strong> As part of that assessment, does your organization collect data on the demographics of your community, including population; income statistics; percentage of uninsured; percentage of Medicaid and Medicare recipients; medically underserved populations; the number of hospitals serving the population; and other factors relevant in your service area?</td>
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<tr>
<td><strong>19.</strong> Does your organization collect data on the economic, social, cultural, and/or geographic barriers to care that exist in the community?</td>
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<tr>
<td><strong>20.</strong> Does your organization have a process to assess the health care needs of the “communities within the community” you serve, in particular highly vulnerable populations?</td>
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<tr>
<td><strong>21.</strong> Does your organization work with others in the community, such as governmental, community, and/or social service organizations, to conduct your community needs assessment?</td>
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<tr>
<td><strong>22.</strong> Do you share the results of your community health assessment with other organizations and agencies in the community?</td>
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<tr>
<td><strong>23.</strong> Does your organization use the results of the community needs assessment to set priorities for community benefit efforts and programs?</td>
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<tr>
<td><strong>24.</strong> In setting the priorities for community benefit efforts and programs, does your organization work with others in the community, such as governmental, community, and/or social service organizations, and partner on needed health initiatives?</td>
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</tbody>
</table>
Providing, Assessing, and Reporting Community Benefit

The questions in this section will ensure that your organization has considered both broad and specific points related to charity care and billing and collections, so you are able to briefly summarize your policies and practices as dictated by new reporting criteria. Questions in this section also will help your organization identify all of the benefits that you provide to improve community health.

<table>
<thead>
<tr>
<th>Charity Care and Certain Other Community Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charity Care and Means-Tested Programs</strong></td>
</tr>
<tr>
<td><strong>1.</strong> Does your organization have a written charity care policy?</td>
</tr>
<tr>
<td><strong>2.</strong> Does your charity care policy utilize Federal Poverty Guidelines (FPG) to determine eligibility for charity care and discounted care?</td>
</tr>
<tr>
<td><strong>3.</strong> Does your organization have a budget for the free or discounted care you expect to provide during the year?</td>
</tr>
<tr>
<td><strong>4.</strong> Does your organization have methods for informing patients about eligibility for federal, state, or local coverage programs for which they may qualify?</td>
</tr>
<tr>
<td><strong>5.</strong> Does your organization communicate information about your charity care, financial assistance, and billing policies to patients in the most prevalent languages used in the community?</td>
</tr>
<tr>
<td><strong>6.</strong> Are your organization’s charity care, financial assistance, and billing policies widely distributed and easily available in your facility and/or on your organization’s Web site?</td>
</tr>
<tr>
<td><strong>7.</strong> Does your organization monitor organization-wide adherence to your financial assistance policies?</td>
</tr>
<tr>
<td><strong>8.</strong> Does your organization track the amount of your charity care at cost, including activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
</tr>
<tr>
<td><strong>9.</strong> Does your organization track unreimbursed Medicaid costs, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
</tr>
<tr>
<td><strong>10.</strong> Does your organization track unreimbursed costs from other means-tested government programs, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
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</tbody>
</table>
Providing, Assessing, and Reporting Community Benefit continued

<table>
<thead>
<tr>
<th>Charity Care and Certain Other Community Benefits continued</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Benefits – Community Health Improvement Services and Community Benefit Operations</strong></td>
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<tr>
<td><strong>11.</strong> Does your organization work with others in the community to develop needed community health improvement programs, both by the organization and in partnership with others, to address priority community needs?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>12.</strong> Does your organization track your community health improvement services and community benefit operations, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>13.</strong> Can your organization define the impact of your programs and services on community health status?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>14.</strong> Can you describe the role of each of your affiliate organizations in promoting the health of the communities you serve?</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td><strong>Other Benefits – Education, Subsidized Services, and Research</strong></td>
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<tr>
<td><strong>15.</strong> Does your organization track your participation in health professions education, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>16.</strong> Does your organization track your participation in providing subsidized health services, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>17.</strong> Does your organization track your participation in research, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>18.</strong> Does your organization track your participation in providing cash and in-kind contributions you provide to community groups that meet a defined community need, including specific activities and programs, number of persons served, expenses, and direct offsetting revenue?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tbody>
</table>
### Community Building Activities

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Has your organization identified the role of community building activities in achieving your mission and vision?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>20. Is identifying the underlying causes of poor health incorporated as part of your community needs assessment?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>21. Do you partner with others (government, social service agencies, business, etc.) to identify, prioritize, and implement community building activities?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>22. Do your community building activities and programs address underlying causes of poor health, including programs that address basic needs such as food, housing, safety, economic development, public health, etc.?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23. Do you have a coordinated approach to define, manage, and track community building activities?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>24. Have you measured the ways in which your community building activities promote or improve the health or safety of the community you serve?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>25. Have you inventoried your participation in community coalitions and other collaborative community efforts that address health and safety issues?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>26. Do you track your organization’s scope of participation in community health improvement advocacy activities, such as supporting policies and programs to safeguard or improve public health, ensure access to services, housing, etc.?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>27. Does your organization track your initiatives to collaborate with educational institutions to train and recruit health professionals needed in the community?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>Underway</td>
<td>Needs Investigation</td>
<td>No</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>28. Has the organization reviewed its system and methodology for reporting bad debt costs to ensure it is thorough and accurate?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>29. Is your organization able to track and estimate the amount of bad debt costs reasonably attributable to patients who likely were eligible under your charity care policy but for whom there was not sufficient information to determine eligibility?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>30. Does your organization have a process for identifying the extent to which any Medicare shortfall should be treated as community benefit?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>31. Does your organization have a clear and concise written debt collection policy approved by the board of trustees?</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>32. Does your debt collection policy contain provisions on collection practices to be followed for patients you believe would qualify for charity care or financial assistance if financial information was available?</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>33. Are your charges and billing and collection policies and procedures easily accessible and presented in a way that is understandable and usable to the hospital's patients and the public?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>34. Are your charges and billing and collection policies and procedures available in different languages and in different forms consistent with the diversity of the hospital's community?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>35. Does your organization inform patients that financial counselors are available to assist them and respond to questions about their bills?</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>
### Bad Debt, Medicare, and Collection Practices continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. In addition to well-trained financial counselors, do you have training programs for all staff who have contact with patients about hospital billing, financial assistance, and collection policies and procedures, including how to connect patients with financial counselors?</td>
<td></td>
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<tr>
<td>37. Does your organization have a process to educate patients and persons who may be billed for medical care about their eligibility for federal, state, and local government assistance?</td>
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<tr>
<td>38. Does your organization provide 24-hour access to information about financial assistance, such as a hotline or Web-based information page?</td>
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<tr>
<td>39. Does your debt collection policy prohibit advancing an account for collection if the patient has a pending hospital application for financial assistance?</td>
<td></td>
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</tr>
<tr>
<td>40. Does the agency you use for debt collection comply with the <em>Fair Debt Collection Practices Act</em> and the ACA International’s Code of Ethics and Professional Responsibility in your debt collection policies and practices?</td>
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</table>

### Management Companies and Joint Ventures

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
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<tbody>
<tr>
<td>41. Has your organization reviewed and begun compiling the information required on joint ventures and management companies?</td>
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</tbody>
</table>
Communicating Your Community Benefit Efforts

The questions in this section will help you identify ways to ensure that your community benefit story is successfully communicated inside your organization and to your community.

<table>
<thead>
<tr>
<th>Inside the Organization</th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the board of trustees regularly updated on the organization’s community benefit activities and results?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>2. Have you identified ways to make your community benefit report easily accessible in various locations throughout the organization?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>3. Does your organization have a plan to utilize your internal resources (annual report, Web site, newsletters, etc.) to communicate your community benefit story with the organization?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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</tr>
<tr>
<td>4. Does your organization have a plan to communicate your community benefit report to employees?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>5. Does your organization have a plan to communicate your community benefit report to the medical staff?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>6. Does your organization have a plan to communicate your community benefit report to your auxiliary and other volunteers?</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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</table>
To the Community

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<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>Underway</th>
<th>Needs Investigation</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>7.</td>
<td>Are the organization’s community partners regularly updated on the organization’s community benefit activities and results?</td>
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<tr>
<td>8.</td>
<td>Has the board of trustees approved a process and budget for producing a community benefit report that reflects the information required in Schedule H, and that goes beyond this information to describe all that the organization does to improve the health of its community?</td>
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<tr>
<td>9.</td>
<td>Does your community benefit report discuss programs that have created sustained health improvement?</td>
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<tr>
<td>10.</td>
<td>Does your community benefit report highlight personal stories about people helped by your policies, programs, and services?</td>
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<tr>
<td>11.</td>
<td>Does your community benefit report include testimonials from community partners that attest to the community health improvement value of your policies, programs, and services?</td>
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<tr>
<td>12.</td>
<td>Does your community benefit report connect your policies, programs, and services to local, state, and national health priorities?</td>
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<tr>
<td>13.</td>
<td>Do you make your community benefit report available in languages other than English that are most prevalently used in the community?</td>
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<tr>
<td>14.</td>
<td>Is the organization’s community benefit report easily accessible on its Web site and/or available in its offices?</td>
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<tr>
<td>15.</td>
<td>Do you have a plan to communicate to the local media about the existence and impact of your community programs and services?</td>
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<tr>
<td>16.</td>
<td>Do you have a plan to present the information in your community benefit report to community groups?</td>
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<tr>
<td>17.</td>
<td>Do you have a process to regularly assess the clarity of your organization’s communication about community benefit, and whether the community understands the information you disseminate?</td>
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</tbody>
</table>
Schedule H Terms and Definitions

1. **Cash and in-kind contributions.** Contributions made by the organization to health care organizations and other community groups that are restricted to one or more community benefit activities. In-kind contributions include the cost of hours donated by staff to the community while on the organization’s payroll, indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies.

2. **Charity care.** Free or discounted health services provided to persons who meet the organization’s criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity care does not include: a) bad debt or uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by patients, or the cost of providing care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom; or c) contractual adjustments with any third-party payers.

3. **Community benefit operations.** Activities associated with community health needs assessments as well as community benefit planning and administration. Community benefit operations also include the organization’s activities associated with fundraising or grant-writing for community benefit programs.

4. **Community building activities.** Activities that protect or improve the community’s health or safety but that are not reported in a different part of Schedule H.

5. **Community health improvement services.** Activities or programs carried out or supported for the express purpose of improving community health that are subsidized by the health care organization. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services.

6. **Community support.** May include, but is not limited to child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities, such as community disease surveillance or readiness training beyond what is required by accrediting bodies or government entities.

7. **Economic development.** May include, but is not limited to assisting small business development in neighborhoods with vulnerable populations, and creating new employment opportunities in areas with high rates of joblessness.

8. **Environmental improvements.** May include, but are not limited to activities to address environmental hazards that affect community health, such as alleviation of water or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards.

9. **Health professions education.** Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual’s health professions specialty. It does not include education or training programs available exclusively to the organization’s employees and medical staff or scholarships provided to those individuals. Costs for medical residents and interns may be included.
10. Leadership development and training for community members. May include, but is not limited to training in conflict resolution, civic, cultural or language skills, and medical interpreter skills for community residents.

11. Medicaid provider taxes. Amounts paid or transferred by the organization to one or more states as a mechanism to generate federal Medicaid Disproportionate Share Hospital funds (the cost of the tax generally is promised back to the organizations either through an increase in the Medicaid reimbursement rate or through direct appropriation).

12. Medically indigent. Persons whom the organization has determined are unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their family or household income and/or assets, even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the organization’s charity care policy.

13. Physical improvements and housing. May include, but is not limited to, the provision of rehabilitation of housing for vulnerable populations, such as removing building materials that harm the health of the residents; neighborhood improvement or revitalization projects; provision of housing for vulnerable patients upon discharge from an inpatient facility; housing for low-income seniors; and the development or maintenance of parks and playgrounds to promote physical activity.

14. Revenue from uncompensated care pools or programs. Payments received from the state, including Medicaid DSH funds, as direct offsetting revenue for charity care or to enhance Medicaid reimbursement rates for DSH providers.

15. Research. Any study or investigation of which the goal is to generate generalizable knowledge that is made available to the public, such as about underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

16. Subsidized health services. Clinical services provided despite a financial loss to the organization, measured after removing losses, measured by cost associated with bad debt, charity care, Medicaid, and other means-tested government programs. In order to qualify as a subsidized health service, the organization must provide this service because it meets an identified community needs. The service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization.

17. Workforce development. May include, but is not limited to recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community.
Telling the Hospital Story
In This Section

This section of the resource will help communications staff use the information required on the new Schedule H, as well as provide tools to enhance your communication strategies in telling your hospital’s community benefit story to key audiences, the media, and the public. In this section you will find:

◆ The Communications Strategy that prompts staff to include key information and community portraits that will bolster public messages and materials.

◆ The Sample 2009 Community Benefit Report that illustrates what a finished report may look like. The sample includes expanded information and categories, providing a comprehensive example. It is not intended to be prescriptive, and all components may not apply to your facility. Adapt this sample as appropriate for the size and scope of your organization.

◆ The Community Benefit Report Worksheet, designed to help you create a community benefit report, will guide thinking and help summarize the many ways in which you help your community.

◆ The Sample 2009 Community Benefit Report Presentation that builds on messages used in the Sample 2009 Community Benefit Report and demonstrates how new Schedule H information can be incorporated into presentations.

All materials in this section, along with a Community Benefit Report Template and PowerPoint Template, are included in the Telling the Hospital Story – Going Beyond Schedule H CD-ROM so you can easily pull and adapt elements for your use.
Communications Strategy

It’s essential that hospitals make community benefit programs real to people via stories, examples, and successes. Why? Because the information required by the IRS on the new Schedule H provides communities with only a limited view of what hospitals do for the communities they serve.

As your organization begins planning how to tackle new reporting requirements, be sure to include senior communications staff on the research and reporting team. Actually, to be most effective, the team should consist of program directors and others who are leaders in the hospital’s community benefit programs, as well as representatives from communications, finance, and legal. Completing the collection of financial and other information necessary to fill out the new Schedule H will take hard work and can be handled best by a broad team.

Involving communications staff early ensures that the hard work will translate into a comprehensive, efficient analysis of information and an effective use of that information in relevant communication plans. Additionally, communications staff can recommend which aspects of new reporting requirements provide communication opportunities.

Many hospitals’ community benefit plans involve various departments within their organizations. It is the goal of this resource to make sure that all pieces come together in an integrated and compelling community benefit report. Whether you are a large system or independent hospital, make sure that the full story of your community benefit is told. While the new Schedule H will standardize the way hospitals account for their community benefit, it’s essential that the mission, the thinking behind hospital-based programs, and the lives touched by them are effectively communicated.

Communication Objectives

◆ For hospitals undertaking this level of reporting for the first time; focus on creating a single document that communicates key stories, successes, and statistics. Share this document with internal and key external audiences.

◆ For hospitals with experience at this level of reporting; integrate existing financial information with new Schedule H information and tie it all to stories of the people helped and elements of the community that have been strengthened. Share this with key audiences and build the message for use in board member presentations and with other hospital leaders to take to the community.

NOTE: In Section 4, you will find detailed examples of hospital communication efforts.
Key Messages

◆ Hospitals do more than treat injury and illness. Through programs and services that are responsive to the needs of their communities, they meet a wide variety of needs, for example, dental care for children, transport for seniors to preventive care sites, and safer housing for vulnerable populations.

◆ As Schedule H and the revised Form 990 are filed and made public, it’s important that hospitals not be limited by these documents but rather take the opportunity to communicate the full depth and breadth of programs they provide.

NOTE: Make sure your board understands the requirements of the Form 990 and Schedule H and is involved as appropriate.

As your organization works through the checklist on pages 2:1 – 2:16 of this resource, task communications staff with the following considerations for each section.

Organization Readiness and Preparedness

As your organization prepares for IRS reporting, prepare internally for a public reporting of what your organization does and whom your organization helps.

Plan from the start to go beyond the numbers. As you identify required data, take note of the variety of community-oriented services your hospital provides, both clinical and non-clinical. Select services or programs to highlight in community reports and, when possible, feature people helped by the highlighted services. Be sure various departments within your organization are aware of the need to profile people helped by services or programs in place.

Communications Questions:

◆ How can we illustrate the variety of programs and services in which our hospital is involved?

◆ How do these programs and services contribute to our hospital’s positive role in the community?

◆ How do these programs meet specific community needs?

◆ Are there people who have benefited from these programs who are willing to share their story?

◆ Think in terms of people, not only numbers. When using dollar amounts, include how many people were served by the program or policy that hospital dollars support.
Providing, Assessing, and Reporting Community Benefit

Take the opportunity to highlight personal stories of patients helped by your charity care policies when creating a community benefit report.

Bolster your organization’s health improvement efforts with quotes from community health advocates or community-based health organizations with whom you work. Ask partners and stakeholders why your support is important and include their words in your report to the community.

When possible, include trends showing your commitment to community health over the years. Although the IRS requires annual data, include cumulative information in your public communication. After you have reported under the new Schedule H for a few years, you will have consistent data that you can use for communication purposes.

Now is the time to revisit your hospital’s charity care, billing, and collection practices. Be sure you have a clear, concise statement that describes your organization’s charity care and billing practices, and that it is easy for patients to locate and understand.

While the IRS requires hard numbers of how much charity care you provided, in reporting to the public, include all you do to educate people about your charity care policies. If you have multiple translations of your policies, staff trained to walk people through the process, or workshops that train hospital staff about the support available, include information about this in your public communications.

Communications Questions:

◆ Which programs have demonstrated sustained health improvement (i.e., smoking cessation classes, free breast cancer screenings, etc.), and how many people have been involved in them?
◆ Which community partners do we regularly work with who can say health or safety has improved because of our involvement / funding / etc.?
◆ What health priorities do our programs address – at the national, state, and / or local level (obesity, diabetes, etc.)?
◆ How do we communicate our charity care policy with the public? How many people have we helped qualify for charity care?

NOTE: Since the IRS revised form requires tracking of programs in ways new to many hospitals, take this opportunity to use IRS required information as a new component of your standard communications.
Communicating Your Community Benefit Efforts

Your hospital likely has many internal communication publications that can be excellent resources for highlighting your community benefit story, including the annual report, Web site, newsletters, and e-newsletters.

After you’ve completed the data inventory required to complete the new reporting and combined it with stories about the people who benefit from your services and programs, consider proactively sharing both your IRS data as well as your community outreach and benefit information with the media and the public.

**Share with key audiences and cultivate new audiences**

In addition to important external audiences such as lawmakers, consumer groups, patients, and future patients, be sure internal audiences see the finished product. Include the following internal audiences:

◆ Board Members
◆ Physicians and Nurses
◆ Leaders and Managers
◆ Staff
◆ Volunteers

As you take your community benefit story beyond the hospital walls, think through external audiences with whom you may already have relationships. Include the following external audiences:

◆ Community Leaders
◆ Legislators
◆ Former Board Members
◆ Community Partners

Consider reaching out to the groups listed above for an interactive discussion. Host legislative breakfasts, staff coffees, or luncheons for former board members, and give these important groups an opportunity to hear your message — not just read about it in the newsletter.
Work with the news media

The media cares about things that impact their readers. As a local hospital, you offer programs that can directly benefit those readers. Give the media a full understanding of your Schedule H information and the stories, examples, and successes that accompany the community benefit programs you provide.

- Keep media informed of your organization’s responses to community needs. You can do so in a variety of ways. Consider:
  - Offer editors Op-ed pieces written by hospital leaders and board members when you’re trying to increase awareness about an issue.
  - In smaller media markets, consider providing a regular column (from a nurse, local physician, or head of the hospital) that highlights hospital programs or initiatives.
- Build a network of local reporters and put them on your e-newsletter and other mailing lists.
- Send timely updates on your hospital’s community benefit efforts (be it a weekly or monthly update).
- Consider pitching a local reporter on a great program and the impact it has on your community, and then tie in that program with the broader community benefit report.

As you build a communications plan, consider the various media audiences and reach out to them in targeted ways.

Media audiences

Publishers – Interested in community impact and often active in partnerships. They can raise the visibility of an issue with a media outlet.

Editors – Interested in issues, trends, and stats. Editorial board meetings with key hospital leaders, such as the chairman of the hospital board or CEO, can help educate staff and create context for future discussions.

Reporters – Always looking for great story ideas, be sure you provide them with accurate information early.

Keep in mind that everything done for your community should be explained in terms of the people helped. While there is always an emphasis on numbers, pairing statistics with the profiles of friends and neighbors will effectively convey the compassion with which your organization works.
Sample 2009 Community Benefit Report

This sample report was created to demonstrate how the Schedule H can be incorporated into your community report. The sample includes expanded information and categories, providing a comprehensive example. It is not intended to be prescriptive and all components may not apply to your facility.

Use the community benefit report template, included in the CD-ROM, to adapt this sample as appropriate for the size and scope of your organization. It is our goal that this serve as a helpful sample that hospitals may adapt to meet their needs and reflect their unique situation.
Mobile Care

Health Access for Teens

Healthy Habits

Oral Health Initiative

Prepare to Care

Elder Care

Women’s Resource Center

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Strengthening Our Community.................19

For more information about ABC Health System, go to www.abchealthsystem.org.

For more information about our programs and services caring for the ABC community, please contact:

Madison Vondra
Vice President
Community Health
555-555-1267
vondram@abchealthsystem.org
ABC Health System (ABCHS) provided $60.2 million of charity care, community benefit, and community building services at cost to the people of the ABC region in 2009.

We are committed to making the ABC region healthy—from individuals and families to schools and neighborhoods. We are committed to meeting the health care needs of all residents, regardless of their ability to pay. We strive to be highly efficient and good stewards of our resources while working to improve health and health care in the community we serve.

It’s more than health care services at our facilities. It’s also the people helped by our outreach programs and other care that make our community a healthy place to live.

19.4% of our total expenses in 2009 were devoted to charity care, community benefit, and community building services at cost.
To Our Community...

The mission of ABC Health System (ABCHS) is to strengthen the health and well-being of the greater ABC region through high-quality, compassionate care provided to all who need it. We are pleased to present our 2009 Community Benefit Report, which outlines many of the community-focused programs and services that enable us to achieve our mission and improve the health of our community.

As a community not-for-profit organization, we take seriously our responsibility to invest our resources and energies into understanding and meeting the diverse health care needs of all, and ensure that everyone, regardless of their ability to pay, receives the care they need.

Our team of passionate and dedicated health care professionals, along with many partners throughout the ABC region, helped us contribute significantly to the health and well-being of our community.

We’re proud that in 2009, we were able to provide $15.7 million in charity care and contribute more than 58,200 hours of total employee volunteer time in the community. We donated new equipment to ABC University Hospital’s School of Medicine for research and to train young doctors, as well as $600,000 in scholarships to current and future caregivers seeking degrees in the health care field. But that’s only part of our community service and benefit story.

This report offers a glimpse of how we touch and improve the health and the lives of people throughout the region. It is a testimony to the commitment and leadership of our medical staff, board of trustees, employees, volunteers, and community partners, whose dedication to service touches many lives and makes our community a better place.
At ABC Health System, our goal is to strengthen the health and well-being of our patients and neighbors, as well as the broader community.

As the only hospital serving the ABC region, ABCHS provided $60.2 million in community benefit, which is more important to building the vitality of our community than ever. The services we provide are essential to not only the community’s overall health, but also to the quality of life of every resident. This belief is ingrained in our culture, from our volunteer board of trustees to our physicians and nurses, staff, auxiliary volunteers, and our ABC Foundation.

Our Community’s Health
Our community is becoming increasingly diverse. The health risks associated with chronic diseases like diabetes and obesity are particularly high among our growing medically underserved Hispanic, African-American, and Russian populations. We reach out to these groups through churches, local community organizations, and other grassroots efforts. Our goal is to help all residents equally access the care they need, and help them learn to manage their conditions and live healthier lives.

An Entire System Working Together
Meeting the health care needs of the greater ABC region cannot be achieved through any one employee, department, or facility. All parts of the ABC Health System work together so that we can better meet specific community needs and achieve our mission of improving the health and well-being of the region.

• **ABC Medical Center** is our 400-bed hospital providing a comprehensive array of health care services. In 2009, the medical center’s emergency department had more than 56,500 visits.

• **ABC Healthcare Clinic** is our outpatient clinic staffed with more than 20 pediatricians, family practitioners, internists, and OB-GYNs. Our clinic is located adjacent to the medical center and shares the same information technology system, allowing patients to seamlessly receive care at both facilities.

“I knew it was important to get my blood pressure checked, but I felt silly going to the doctor. Our pastor encouraged us all to stay after church to talk with the nurses, and they made me feel so comfortable. When I found out I had high blood pressure, they talked to me about what to do, and I learned practical ideas about how to be more healthy and what to ask my doctor. If it weren’t for them coming to the church, I wouldn’t have known that my health was in danger.”

– Member of First Baptist Church of the ABC Valley
• **ABC HomeCare** is an assisted-living facility that provides 24-hour care for patients while helping them to remain as independent as possible. Our HomeCare facility supports 100 residents and strives to maintain patients’ quality of life through community services, activities, and social outings.

• **ABC Hospice** provides comprehensive, compassionate palliative (comfort) care for patients with a serious illness. Our hospice providers visit patient homes with the goal of helping patients maintain the highest quality of life possible.

• **ABC Imaging** provides non-invasive diagnostic imaging, including mammograms, ultrasounds, x-rays, magnetic resonance imaging (MRI), computed tomography (CT) scans, and nuclear medicine.

• **ABC Mobile Clinic** is our “primary care clinic on wheels,” open seven days a week providing basic medical care to all patients regardless of ability to pay. The clinic is staffed with bilingual providers and parks in medically underserved areas at easy-to-access locations including libraries, churches, and schools.

• **ABC Mobile Screening** travels with our Mobile Clinic, working closely with the clinic providers to ensure that patients receive the screening and follow-up care they need.

**Determining Community Needs**

We conduct a community needs assessment regularly, collaborating with local agencies, schools, and community groups. The results help us determine our short- and long-term priorities as well as strategies for improving community health.

Recently identified community needs include:

- Addressing increasing rates of diabetes and obesity, and the challenges associated with these two conditions;
- Reducing health disparities among different ethnicities and socioeconomic groups in the ABC region;
- Ensuring access to primary care, particularly for those living in remote rural parts of the region; and
- Ensuring we have enough qualified health care workers to meet emerging community needs.

“When I had a heart attack, ABC provided wonderful care, but I was nervous about how I would be able to pay my hospital bill. When I told my nurse about my concern, she had a financial counselor come to my room and put my mind at ease. ABC provided the care I needed at a cost that took my income into account, and I was able to focus on recovering.”

- Emergency Room Patient

$2 million
Total amount granted by ABC Foundation in 2009 to support the Mobile Screening and Mobile Clinic

870
Number of patients treated through our Mobile Screening and Mobile Clinic in 2009
ABC Mobile Screening and ABC Mobile Clinic deliver care throughout the ABC region and serve a different location each day of the week.

In 2009, our two mobile facilities treated a combined 870 patients. One of those patients was Nona Wakon, a first-generation immigrant. Our bilingual staff at the mobile clinic were able to communicate with her to ensure both she and her son received the care they needed. Her son was treated for an ear infection, and she not only received a blood sugar and cholesterol screening, but also a basic health care check-up and counseling about how to improve her cholesterol.

Nona’s Story

Even though I couldn’t pay for my exam or my son’s exam, ABC took care of us. They came to our community so that we didn’t have to worry about finding transportation, and they took care of my son without us having to go to the emergency room. I don’t know what I would do without this service.

- Nona Wakon
Providing a Helping Hand: Living Our Charity Care and Community Benefit

ABC Health System is committed to providing health care to everyone in need, regardless of their ability to pay. That’s why we never turn anyone away from our hospital or emergency room.

Our financial assistance program is available to anyone who receives care at any of our facilities.

• First, we provide a discount to all patients of limited means who do not have health insurance.
• Second, we provide assistance to patients whose financial situation makes it difficult to pay their bill—regardless of whether or not they are insured.
• Finally, we assist patients in applying for additional assistance programs for which they may qualify.

Our Charity Care Policy

We offer “charity care,” or free care, to uninsured patients who qualify for our program. Financial counselors assist patients with their bills as well as with applying for other federal, state, and local programs including Medicare, Medicaid, pharmaceutical assistance, and local medical assistance programs for which they may be eligible.

Our charity care and financial assistance policies are available in English, Spanish, and Russian.

Above and beyond our charity care program, we recognize that there are circumstances where a patient may not qualify for charity care but still needs financial assistance. In 2009, we provided discounted and free care to 152 patients who met these circumstances.

For more information about ABC’s charity care program or to speak with a financial counselor for free, please visit www.abchealthsystem.org/financialassistance or call 555-555-1235.

“I love my job because I get to help patients receive the care they need. So often, patients qualify for state and federal programs, but they don’t know how to apply. I recently helped a family with six children apply for Medicaid and find a local primary care physician that accepted the family into his practice. They now have access to the preventive care they need, and have insurance coverage to pay for it.”

- Mary Chikaouski, Financial Representative
Billing and Collections

It is our goal to ensure that our medical bills are always accurate and easy to understand.

Every bill and statement includes information about how to contact financial representatives and arrange payment plans. We are committed to finding ways to help every patient pay the portion of their bill they are responsible for without experiencing an overwhelming financial burden.

In addition to making our billing process easy to understand and ensuring ready access to charity care and financial assistance, we provide patient cost information in advance of services or treatment. Our Patient Price Line is a toll-free telephone hotline open 24 hours a day that provides prices for approximately 140 common procedures provided at ABC Medical Center.

For more information about our Patient Price Line, or to get information about charges for a common procedure, call 555-555-1235 or visit www.abchealthsystem.org/patientpriceline.
Equipping teens with the tools they need for a successful future...

Dr. Mandalay’s Story

ABC Health Access for Teens (ABCHAT) is a program that offers physical and mental health services for youth ages 12 through 21, and provides education, outreach, and training for peer health educators.

Dr. Mandalay recalls one student that struggled with drug abuse and depression before he began coming to the Health Access for Teens program. After meeting with an older peer health educator for two years, the student is now a peer health educator himself, teaching teens about the dangers of drug abuse and providing practical, personal suggestions for ways to avoid using drugs.

“I am so proud of him,” says Dr. Mandalay. “He not only is happy and healthy and a productive member of society, but he has taken on a leadership role that is really making a difference in teens’ lives. He is the reason this program was developed, and clearly it is making an impact that will be felt for many generations.”

In 2009, 3,254 teens received care through the clinic. Operating the clinic, including free care, peer educator training and outreach events, cost $1,540,000.
Understanding Community Needs, Delivering on Our Community Benefit Promise

In 2009, our community efforts resulted in more than 4,000 families and individuals being served in large part by our Mobile Screening, Mobile Clinic, and Health Access for Teens program. These programs and many others form the foundation of our commitment to community health improvement.

Providing Needed Care and Services Plays a Critical Role in Meeting Patient Needs

In addition to providing free and discounted care to uninsured patients or patients that need financial help, ABCHS makes up the difference between the costs of care and the amount paid by government-sponsored programs such as Medicare and Medicaid. Last year, that amounted to $23,502,000.

ABCHS subsidizes many of the critical services we offer, such as emergency and trauma care, our burn unit, neo-natal care, hospice care, and preventive and primary care services offered through our Mobile Screening and Mobile Clinics. In 2009, we provided $4,326,000 in subsidized services.

Meeting the Needs of Our Community, in the Community

We believe that our mission to strengthen the health and well-being of the greater ABC region cannot be achieved solely through the care we provide within our facilities; its the people helped and the lives touched by our community programs.

Below are some examples of our efforts in the community:
- ABC Healthy Habits
- Prepare to Care
- Elder Care
- ABC Oral Health Initiative
- Keeping ABC Healthy
- Transitional Patient Housing
- Women’s Resource Center

ABC Healthy Habits is a nutrition and fitness program offered weekly at the medical center. The program’s goal is to provide

“When I was discharged from the hospital after having my appendix removed, I felt peace and security knowing that I had a place to live. ABC’s Transitional Patient Housing not only met my basic living needs with a warm bed and three healthy meals each day, but it met my health care needs by providing a daily check-in with a registered nurse. The staff at the Transitional Patient Housing also helped me find permanent housing and provided assistance in finding employment. The program really made the difference in getting me back on my feet again.”

- Transitional Patient Housing Recipient
participants with the skills and tools they need to manage their chronic conditions and live a healthy lifestyle. Last year, 234 people participated in Healthy Habits, losing a combined 3,190 pounds.

**Prepare to Care** addresses cultural barriers that may interfere with people’s ability to manage their diabetes or obesity. In 2009, Prepare to Care served more than 2,500 low-income uninsured and underinsured adults. More than 92 percent of the participants improved either their weight, blood sugar, or both during the year.

**Elder Care** was developed to help the many elderly patients we care for that are able to return home after receiving care, but require some additional assistance. Dr. Casey Flan, one of our gerontologists, developed the program because he recognized that many of our elderly patients are cared for by a family member or friend with little or no training. In 2009, 27 ABC employees came to an Elder Care class or saw Dr. Flan. More than 230 individuals attended the Elder Care course throughout the year.

**ABC Oral Health Initiative** is a partnership between ABC Health System and dozens of community partners to promote oral health awareness and address gaps in oral health services in the region. The volunteer coalition, whose board includes representatives from more than 60 community groups, insurers, social service agencies, businesses, and local health departments, meets regularly to search for ways to improve oral health care throughout the region. In 2009, more than 2,000 free oral hygiene kits – with toothpaste, toothbrushes, and floss – were given to families.

**Keeping ABC Healthy** is a health screening program that offers free health services and advice. American Processing Services has invited our Keeping ABC Healthy team to host a screening event for their employees annually for the past ten years. In 2009, our Keeping ABC Healthy team traveled to 23 local businesses, providing free services to 2,599 individuals.

**Transitional Patient Housing** is the result of our collaboration with the Union Gospel Mission to provide transitional housing for patients discharged from the hospital who have no real home. The Transitional Patient Housing project is funded through donations to the Union Gospel Mission and ABC Foundation.

**Women’s Resource Center** offers emergency and long-term assistance for women and children, ranging from hot food and showers to domestic violence counseling and crisis intervention.
Changing lives through healthy choices...

Jennifer’s Story

Jennifer Almay began participating in Healthy Habits in 2007. Over the past two years, she has lost 85 pounds and has become a spokesperson for the program in the community.

“Healthy Habits has changed my life. I have learned to eat healthier and exercise, and I feel more energetic than I’ve felt in years. I tell everyone I know about how great the program is.”

- Jennifer Almay

Number of people who participated in our Healthy Habits program in 2009

3,190

Number of pounds lost in 2009 by patients participating in Healthy Habits

234
Our Community Partners

Our community partners are critical to helping us improve the health and well-being of the greater ABC region. Together, we can combine resources and strengths, positively impacting the greatest number of people. By working closely with community leaders, we also build a greater sense of community and a shared commitment toward our common goal of improving the community’s health. We’re proud of our partners.

- ABC Chapter of the American Cancer Society
- ABC Career Center
- ABC Legal Center
- ABC Community College
- Boy Scouts of ABC
- Center for Homeless Veterans
- Coalition of Minority Organizations Leadership Council
- First Baptist Church of Southern Valley
- First Presbyterian Church
- Habitat for Humanity
- Home Rescue Mission
- Kids and Families First
- Mental Health Coalition
- NAACP
- Prevent Child Abuse Now
- Project Future
- Riverbend Outpatient Services
- St. Joseph’s Center for Youth
- Southwest Neighborhood Revitalization Organization
- Teen Pregnancy Resource Center
- United Way of the ABC Valley
- Urban League of ABC County
- Volunteers of America
- Women with a Mission
- YMCA of ABC City

100%
Percent of employee donations through our annual United Way Campaign that were matched by ABC

2,000
Number of oral hygiene kits distributed to families throughout the ABC region in 2009
ABC Oral Health Initiative is a partnership between ABC Health System and dozens of community partners to promote oral health awareness and address gaps in oral health services in the region. The volunteer coalition, whose board includes representatives from more than 60 community groups, insurers, social service agencies, businesses, and local health departments, meets regularly to search for ways to improve oral health care throughout the region.

I was excited to participate in the Oral Health Initiative’s efforts to promote better oral hygiene among children. As a dentist treating primarily children in underserved areas, I am disheartened when I see children with dental problems that could have been prevented simply by proper brushing and regular cleanings. When we provide free clinics, I often speak with parents that tell me the main barrier for them is the cost of purchasing basics such as toothbrushes and dental floss. This program has really made a difference, distributing more than 2,000 oral hygiene kits to families throughout the ABC region in 2009.

- Kenneth Watson, DMD
As a peer educator in the Prepare to Care program, Daniel Palmer has participated in our extensive six-month training program to prepare him for the cultural barriers and challenges that participants face. He now meets with diabetic patients who are learning to manage their condition, much like he experienced when he was diagnosed with diabetes several years ago.

“Meeting with Daniel has helped me to better understand how to manage my diabetes in my day-to-day life. When my doctor told me I was diabetic, I was afraid because I didn’t know how to live with the disease. Daniel has explained to me what he does, and showed me that I can still live a normal life and be healthy despite my diabetes. In addition, I meet with a nurse every quarter to review my lab results and discuss my medications. I meet with the same nurse every time, and she can help me with medical questions I have that Daniel can’t answer. Prepare to Care has taken my diabetes from something scary and seemingly unmanageable to simply a normal part of my everyday life.”

- Marcus DeMarle
Helping care for our elderly loved ones...

Cheyenne’s Story

We partnered with the ABC Senior Center, ABC Geriatric Society, and dozens of local geriatric physicians to offer the free Elder Care program to the community. Dr. Flan leads a weekly class, providing information and practical tools to caregivers to help equip them to care for their elderly loved ones. Dozens of family members and friends tell us that the class has improved their confidence and ability to provide the care needed, and patients report improved satisfaction and healing time when they transition home from the hospital.

“Elder Care helped to relieve all our worries of being able to properly care for my mother when she was released from the hospital. No one in the family had any sort of medical training, so the opportunity to attend these classes has been beneficial to all of us. Thanks to Elder Care, Mom is on her way to a full recovery.”

- Cheyenne Fenneway
Education and Research for a Healthy Future

We consider education and research to be part of our mission. They help prepare the next generation of health care professionals to meet new health care demands. As our country ages, we will need more caregivers than ever before; at the same time, there is a shortage of new graduates in key clinical and technical positions. To ensure that we have the quality workforce we need to care for you in the future, we are committed to the education of existing and future caregivers, and have partnered with local high schools and ABC Community College to provide instructors, classroom space, and practicum training.

Preparing for tomorrow’s health care needs also requires a commitment to researching new and innovative treatments that battle tomorrow’s health care challenges. Our partnership with ABC University Hospital’s School of Medicine is essential to our commitment to ongoing clinical research. Our medical staff is working to find tomorrow’s cures today.

Together we offer a comprehensive learning experience for medical students, enabling interns, residents, and fellows to utilize our state-of-the-art training facilities and integrate advanced technology learned in the classroom directly with patient care. Our partnership with ABC University Hospital includes funding to help purchase equipment that creates a simulated learning environment for first-year medical students.

Our Chief Nursing Officer coordinates with three area high schools to offer our high school job shadow program and promote health careers at their annual career fairs. Tyler Shane first became interested in a health care career through our job shadow program, when he spent a semester rotating through six different departments at the medical center. At the end of the program, he decided to pursue a career in physical therapy and received a scholarship from ABC to support his education.

Our partnership with ABC Community College has allowed the college to nearly double the size of its nursing program, from 32 students a year to 60 nursing students each year. Many of our nurses work as part-time faculty at the college teaching classes and mentoring students. We are also proud to serve as a preceptor site for 20 nursing students every quarter. In addition, we share our employees as faculty and have offered building space to expand the radiation technology program, resulting in an additional 15 radiation technology students each year.
Strengthening the ABC community is a critical responsibility for all local businesses and a responsibility that we take very seriously, from offering space for local meetings to helping local residents escape violent situations, volunteering to help those in need, and providing community health outreach and patient advocacy.

Opening Our Facilities for Local Meetings
ABC Medical Center’s Conference Center allows seating for 500 individuals to attend local educational conferences and town hall meetings. Every year, our Conference Center is utilized for a variety of public events, from local community speakers to medical conferences to town hall meetings. Last year, we were proud to be part of the 2008 national election, hosting a town hall meeting with six state senator candidates and a debate between local congressional candidates.

Providing Advocacy for Our Patients
ABCHS partners with ABC Legal Center to offer our Partners for Health program. The local, not-for-profit public interest law firm provides patient advocacy in financial and legal health care issues, and assistance in accessing public medical assistance programs for ABC families.

In addition to providing patients with legal assistance, ABCHS’ Housing Advocacy Program (HAP) helps ensure that elderly residents and residents living in underserved areas maintain a safe and healthy living environment.

58,200
Number of hours of personal volunteer time reported by employees in 2009

$600,000
Total scholarship money offered in 2009 to current and future caregivers seeking degrees in the health care field

“Since we opened our Healthy House in 2003, our neighborhood school attendance has grown, grades have improved, and children’s access to vaccines and primary care has improved significantly.”

- Fred Larson, Healthy House Coordinator
ABCHS recognizes that physical well-being is not the only component of good health—emotional and spiritual health are just as critical. Our Women’s Resource Center is a drop-in center where women and children can receive emergency and long-term assistance. We provide hot meals seven days a week, but our focus extends beyond meeting basic nutrition needs: Our goal is to enable women to get back on their feet again. We make sure women have a place to shower every day, do their laundry, and have a telephone number and address. We offer crisis intervention services and domestic violence counseling, helping women and their children build safe, healthy lives. We partner with ABC Supportive Housing to provide rental assistance grants, and our staff works with women to help them create resumes and apply for jobs.

Amy Winebar came to us needing a safe place to stay. She left an abusive relationship and her job to start over. The Center provided counseling and a domestic abuse support group. She was concerned that in the current economy she wouldn’t be able to find another job, but through a partnership with ABC Job Seekers, our staff helped Amy apply for a job, where she is currently employed.

“ABC’s Women’s Resource Center did more than provide me with free meals and a place to shower. They provided the emotional support and encouragement I needed to start over. Thanks to the love and care of the people at the Women’s Resource Center, I am now on my feet again and have a full-time job.”

- Amy Winebar
Meeting Local Community Needs

Our Healthy Houses help fulfill local needs, creating healthier, safer communities. Both of our two houses have paid coordinators who live in the house with their family, focusing on developing relationships with local families and creating a sense of neighborhood health, safety, pride, and stability.

The houses are known for being resources that provide health improvement services, promote healthy lifestyles, and improve the well-being of our community beyond health. Healthy Houses help individuals seeking a job or a change in career with assistance in sharpening their existing skills and developing new skills. With computer training, English-language courses, writing skills workshops, and mock interviews, courses are coordinated by ABC, and are taught by a combination of ABC employees as well as guest speakers from the community. In 2009, more than 480 individuals participated in this program.

The ABCHS Mobile Clinic makes regular visits to both of the houses and uses the houses as a base of operations for local vaccinations, health screenings, and other community health outreach efforts.

In addition, the houses offer classes and activities for children, taught by our volunteer staff.

Employees in the Community

Every year, ABC Health System unites around three corporate-wide efforts: 1) providing a Thanksgiving meal to the community; 2) delivering Christmas food baskets to elderly shut-ins; and 3) participating in our local United Way Campaign.

This year, more than 100 employees, physicians, nurses, and board members volunteered on Thanksgiving Day to prepare and serve two meals in the local high school gymnasium. Just one month later, employees collected dried and canned foods to fill holiday food baskets for local elderly residents.

At ABCHS, it’s important to us to give back to our community. In addition to employee United Way donations and volunteer time at ABC-sponsored events, our employees participate in a variety of community service initiatives, from Habitat for Humanity to Doctors without Borders to local student mentoring programs. In 2009, ABC employees logged more than 58,200 hours of personal volunteer time.
ABC Health System
Our mission is to strengthen the health and well-being of the greater ABC region through high-quality, compassionate care provided to all who need it.

ABC Medical Center • ABC Healthcare Clinic • ABC HomeCare
ABC Hospice • ABC Imaging • ABC Mobile Clinic • ABC Mobile Screening

1234 Front Street
ABC City, ST  54321

TEL: 555-555-1234
FAX: 555-555-4321
www.abchealthsystem.org

ABC Health System is an equal-opportunity organization in the provision of health care services and employment opportunities.
Community Benefit Report Worksheet

This worksheet, designed to help you create a Community Benefit Report, will help you summarize the many ways in which you benefit your community. It combines the information your organization is required to gather and report on Schedule H with personal stories of the patients, staff, and programs that make your hospital an invaluable resource to the community. This worksheet is available on the resource CD-ROM so you may share it as needed.

The worksheet includes ideas for information that you may consider including in your community benefit report. It is designed to stimulate your thinking and facilitate the process of developing a draft community benefit report. It includes sample copy, or “thought starters,” to assist you in developing your report.

The worksheet has been divided into sections. Depending on your process, you may assign individuals to develop ideas for each section, or assign one individual or a small team to be responsible for compiling information.

Your community benefit report may include a variety of statistics that demonstrate the scope and value of your contribution to improving the health of your community. Various ideas for statistics appear at the end of the worksheet.

When you have completed the worksheet, you may then incorporate your ideas into a draft using the “Community Benefit Report Template” included on the CD-ROM. After you have finished and approved copy for the report, you may then incorporate the information into a finished document designed to your specifications. As noted at the beginning of this section, a complete sample report provides an example of how finished materials may look. Also, a related PowerPoint presentation follows this worksheet to illustrate how you may incorporate your report into public presentations.

Community Benefit Report Template

Available on the CD-ROM is an adaptable “Community Benefit Report Template” that allows you to easily incorporate the information and ideas from your completed “Community Benefit Report Worksheet” to create a document specific to your institution.

The generic outline and copy included in the template can be easily customized in two steps. Directions on how to use the template are included on the CD-ROM.
Part I: Snapshot of Community Benefit

The snapshot of community benefit would highlight the total amount of community benefit your organization provides. It may include a chart that depicts your total expenses for the year and the total amount of charity care, community building services, and other community benefits you provide. You also may want to consider listing the various components of that amount including:

At cost:

- Charity care: $ _________________
- Unreimbursed Medicaid and other means-tested government programs: $ _________________
- Unreimbursed Medicare: $ _________________
- Bad debt: $ _________________
- Community health improvement and community benefit operations: $ _________________
- Health professions education: $ _________________
- Subsidized health services: $ _________________
- Research: $ _________________
- Cash and in-kind contributions to community groups: $ _________________
- Community building: $ _________________
Part II: Letter to the Community

The letter to the community would summarize your mission, reinforce your tax-exempt purpose and obligation, and briefly highlight some of the most notable community benefits your organization provides. It may include photographs of the CEO and board chair, the chief medical officer, chief nursing officer, or the entire board of trustees. To personalize the letter, it also may include the names and signatures of the CEO and chair of the board.

To Our Community...

Write ideas here for your letter to the community, describing such things as your organization’s mission to meet your community’s needs, your community benefit responsibility, and your dedication to improving community health. You also may list a few samples of the community benefit provided throughout the year, and describe what your community benefit report offers (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

The mission of ABC Health System (ABCHS) is to strengthen the health and well-being of the greater ABC region through high-quality, compassionate care provided to all who need it. We are pleased to present our 2009 Community Benefit Report, which outlines many of the community-focused programs and services that enable us to achieve our mission and improve the health of our community.

As a community not-for-profit organization, we take seriously our responsibility to invest our resources and energies into understanding and meeting the diverse health care needs of all, and ensure that everyone, regardless of their ability to pay, receives the care they need.

Our team of passionate and dedicated health care professionals, along with many partners throughout the ABC region, helped us contribute significantly to the health and well-being of our community.

We’re proud that in 2009 we were able to provide $15.7 million in charity care and contribute 58,210 hours of total employee volunteer time in the community. We donated new equipment to ABC University Hospital’s School of Medicine for research and to train young doctors, as well as $600,000 in scholarships to current and future caregivers seeking degrees in the health care field. But that’s only part of our community service and benefit story.
This report offers a glimpse of how we touch and improve the health and the lives of people throughout the region. It is a testimony to the commitment and leadership of our medical staff, board of trustees, employees, volunteers, and community partners, whose dedication to service touches many lives and makes our community a better place.

Part III: Summary of Service and Benefit

This section of your community benefit report would provide a wide-ranging description of the programs, services, partnerships, and contributions your organization makes to improve the health and well-being of your community. It may include a summary of your facilities; your charity care policy; a summary of services you subsidize to meet community needs; a list of organizations you collaborate with to strengthen your community; how you assess community needs; the role of education and research as community benefits; community building programs; employee volunteerism; and other relevant information that conveys the scope of your community service and benefits.

Meeting the Needs of Our Community 24/7/365

Write information here about the organization's community benefits and their impact on the community. You may focus on your commitment to improving community health, the broad community value of your services, and the commitment of your board, physicians, nurses, employees, foundation, etc., to improving community health. In addition, you may highlight some statistics that demonstrate your value and commitment, and the scope of your community benefit (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

At ABC Health System, our goal is to strengthen the health and well-being of our patients and neighbors, as well as the broader community.

As the only hospital serving the ABC region, ABCHS provided $60.2 million in community benefit, which is more important to building the vitality of our community than ever. The services we provide are essential to not only the community's overall health, but also to the quality of life of every resident. This belief is ingrained in our culture, from our volunteer board of trustees to our physicians and nurses, staff, auxiliary volunteers, and our ABC Foundation.
Our Community’s Health

Describe here information about demographic changes in your community, and list the prevalent health risks found among underserved communities. You may focus on ways your organization is reaching out to connect with those in need and working to improve community health (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Our community is becoming increasingly diverse. The health risks associated with chronic diseases like diabetes and obesity are particularly high among our growing medically underserved Hispanic, African-American, and Russian populations. We reach out to these groups through churches, local community organizations, and other grassroots efforts. Our goal is to help all residents equally access the care they need, and to help them learn to manage their conditions and live healthier lives.

An Entire System Working Together

Describe here information about the importance of the role of each of the entities comprising your organization in meeting the community’s health care needs. You also may focus on the shared commitment and dedication in achieving the organization’s mission (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Meeting the health care needs of the greater ABC region cannot be achieved through any one employee, department, or facility. All parts of the ABC Health System work together so that we can better meet specific community needs and achieve our mission of improving the health and well-being of the region.
Write a description of each of the entities in your health care organization. You also may include some statistics to convey the community benefit provided (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

**ABC Medical Center** is our 400-bed hospital providing a comprehensive array of health care services. In 2009, the medical center’s emergency department had more than 56,500 visits.

**ABC Healthcare Clinic** is our outpatient clinic staffed with more than 20 pediatricians, family practitioners, internists, and OB-GYNs. Our clinic is located adjacent to the medical center and shares the same information technology system, allowing patients to seamlessly receive care at both facilities.

**ABC HomeCare** is an assisted-living facility that provides 24-hour care for patients while helping them to remain as independent as possible. Our HomeCare facility supports 100 residents and strives to maintain patients’ quality of life through community services, activities, and social outings.

**ABC Hospice** provides comprehensive, compassionate palliative (comfort) care for patients with a serious illness. Our hospice providers visit patient homes with the goal of helping patients maintain the highest quality of life possible.

**ABC Imaging** provides non-invasive diagnostic imaging, including mammograms, ultrasounds, x-rays, magnetic resonance imaging (MRI), computed tomography (CT) scans, and nuclear medicine.

**ABC Mobile Clinic** is our “primary care clinic on wheels,” open seven days a week providing basic medical care to all patients regardless of ability to pay. The clinic is staffed with bilingual providers and parks in medically underserved areas at easy-to-access locations including libraries, churches, and schools.

**ABC Mobile Screening** travels with our Mobile Clinic, working closely with the clinic providers to ensure that patients receive the screening and follow-up care they need.
Include here ideas for a brief story about a patient, family, or provider experience that highlights the benefits provided by one or more of the entities described on page 3:14. The story may include a quote attributed to an individual or be general, for example, “Nona’s Story” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Nona’s Story

ABC Mobile Screening and ABC Mobile Clinic deliver care throughout the ABC region and serve a different location each day of the week. In 2009, our two mobile facilities treated a combined 870 patients.

One of those patients was Nona Wakon, a first-generation immigrant. Our bilingual staff at the mobile clinic were able to communicate with her to ensure both she and her son received the care they needed.

Her son was treated for an ear infection, and she not only received a blood sugar and cholesterol screening, but also a basic health care check-up and counseling about how to improve her cholesterol.

“Even though I couldn’t pay for my exam or my son’s exam, ABC took care of us. They came to our community so that we didn’t have to worry about finding transportation, and they took care of my son without us having to go to the emergency room. I don’t know what I would do without this service.”

~ Nona Wakon
**Determining Community Needs**

Write information here about your community needs assessment — how often it’s conducted, how it’s done, and how outcomes from the assessment help you determine short- and long-term priorities and strategies for improving community health. You may list and describe here any follow-up activities to the assessment — what was done, who was involved, what they contributed, etc., (see the sample copy for ideas).

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**SAMPLE COPY (Available on the CD-ROM)**

_We conduct a community needs assessment regularly, collaborating with local agencies, schools, and community groups. The results help us determine our short- and long-term priorities as well as strategies for improving community health._

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List here the greatest community needs identified by your community needs assessment (see the sample copy for ideas).

Recently identified community needs include:

---

**SAMPLE COPY (Available on the CD-ROM)**

- **Addressing increasing rates of diabetes and obesity, and the challenges associated with these two conditions.**
- **Reducing health disparities among different ethnicities and socioeconomic groups in the region.**
- **Ensuring access to primary care, particularly for those living in remote rural parts of the region.**
- **Ensuring we have enough qualified health care workers to meet emerging community needs.**
Providing a Helping Hand: Living Our Charity Care and Community Benefit Commitment

Include information here about your organization’s commitment to providing health care to everyone in need, regardless of their ability to pay. Write details of your financial assistance program. You may include information on who it is available to, specifics of the program, etc., (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Our financial assistance program is available to anyone who receives care at any of our facilities.

◆ First, we provide a discount to all patients of limited means who do not have health insurance.
◆ Second, we provide assistance to patients whose financial situation makes it difficult to pay their bill — regardless of whether or not they are insured.
◆ Finally, we assist patients in applying for additional assistance programs for which they may qualify.

Our Charity Care Policy

Describe your organization’s charity care policy — including specific policy criteria, how patients go about qualifying, assistance available in applying, etc., (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

We offer “charity care,” or free care, to uninsured patients who qualify for our program. Our program is provided without regard to race, ethnicity, gender, religion, or national origin and qualifies all uninsured patients below ______ percent of the federal poverty level for free care.
You may list and describe information here on additional assistance patients receive from financial counselors (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Financial counselors assist patients with their bills as well as with applying for other federal, state, and local programs including Medicare, Medicaid, pharmaceutical assistance, and local medical assistance programs for which they may be eligible.

Describe here information about the ways your organization makes its charity care and financial assistance policy information available to patients (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Our charity care and financial assistance policies are available in English, Spanish, and Russian.

In addition, you may describe here additional assistance you provide for patients that do not qualify for charity care, but who still need financial assistance (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Above and beyond our charity care program, we recognize that there are circumstances where a patient may not qualify for charity care but still needs financial assistance. In 2009, we provided discounted and free care to 152 patients who met these circumstances.
Provide information here about where and how individuals may obtain information about your charity care program, and/or how to connect with a financial counselor (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

For more information about ABC’s charity care program or to speak with a financial counselor for free, please visit www.abchealthsystem.org/financialassistance or call (555) 555-1235.

Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your charity care policy. The story may include a quote attributed to an individual or be general, for example, “Patient” and “Financial Representative” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

“When I had a heart attack, ABC provided wonderful care, but I was nervous about how I would be able to pay my hospital bill. When I told my nurse about my concern, she had a financial counselor come to my room and put my mind at ease. ABC provided the care I needed at a cost that took my income into account, and I was able to focus on recovering.”

~ Emergency Room Patient

“I love my job because I get to help patients receive the care they need. So often, patients qualify for state and federal programs, but they don’t know how to apply. I recently helped a family with six children apply for Medicaid and find a local primary care physician that accepted the family into his practice. They now have access to the preventive care they need, and have insurance coverage to pay for it.”

~ Mary Chikaouski, Financial Representative
Billing and Collections

List and describe here ways your organization works to make patient bills patient-friendly. You may focus on your commitment to providing patients assistance in paying their bills and other services your organization may provide to make billing easier. In addition, you may include contact information for patients to find additional information (see the sample copy for ideas).

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SAMPLE COPY (Available on the CD-ROM)

It is our goal to ensure that our medical bills are always accurate and easy to understand.

Every bill and statement includes information about how to contact financial representatives and arrange payment plans. We are committed to finding ways to help every patient pay the portion of their bill they are responsible for without experiencing an overwhelming financial burden.

In addition to making our billing process easy to understand and ensuring ready access to charity care and financial assistance, we provide patient cost information in advance of services or treatment.

Our Patient Price Line is a toll-free telephone hotline open 24 hours a day that provides prices for approximately 140 common procedures provided at ABC Medical Center.

For more information about our Patient Price Line, or to get information about charges for a common procedure, call 555-555-1235 or visit www.abchealthsystem.org/patientpriceline.
Understanding Community Needs, Delivering on Our Community Benefit Promise

You may include information here about your organization's programs or facilities that contribute most to community health improvement. In addition, you may highlight some statistics on the number of families/patients served by these programs, the dollar amount of care provided, etc., (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

In 2009, our community efforts resulted in more than 4,000 families and individuals being served in large part by our Mobile Screening, Mobile Clinic, and Health Access for Teens program. These programs and many others form the foundation of our commitment to community health improvement.

**ABC Mobile Screening and ABC Mobile Clinic** are our two mobile “care on wheels” that travel and deliver care throughout the ABC region. The Screening Van and Mobile Clinic operate Monday through Saturday and serve a different location each day of the week. Staffed by our expert providers, who speak several languages, the two facilities work together to provide a broad range of services from blood sugar and cholesterol screenings to basic health care check-ups, medical exams, and vaccinations. In 2009, ABC Foundation granted $2 million in support; the two mobile facilities treated a combined 870 patients.

In addition to providing medical care, the Mobile Clinic also is staffed twice a week with a financial counselor who assists patients in applying for a variety of community assistance programs. Our financial counselors work with individuals to understand their unique needs and assist them in applying for federal, state, and local programs they may qualify for, including Medicaid and pharmaceutical assistance, food stamps, and the Women, Infants and Children (WIC) program. In 2009, our financial counselors assisted 791 families in applying for financial assistance programs.

**ABC Health Access for Teens (ABCHAT)** is a program that offers physical and mental health services for youth ages 12 through 21. The program was established because ABC has the state's second-highest teen pregnancy rate, as well as child abuse and juvenile arrest rates that are significantly higher than the state average. The ABCHAT facility is located in ABC Healthcare Clinic, and provides physical health services, mental health services, and counseling to teenagers. Nearly 90 percent of participating teens are uninsured or enrolled in Medicaid. The facility serves uninsured teen patients free of charge, and is the primary provider for local foster children.
In addition to providing traditional health services, the program offers youths the opportunity to be trained as peer health educators, working with teens at the facility, as well as in schools throughout the community. Information about ABCHAT is posted throughout all middle and high schools in ABC region. In addition, schools regularly host outreach projects addressing challenges such as teen pregnancy, drug and alcohol abuse, and child abuse. In 2009, 3,254 teens received care through the clinic.

Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your community health improvement programs. The story may include a quote attributed to an individual or be general, for example, “Dr. Mandalay's Story” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Dr. Mandalay's Story

Dr. Mandalay recalls one student that struggled with drug abuse and depression before he began coming to the Health Access for Teens program. After meeting with an older peer health educator for two years, the student is now a peer health educator himself, teaching teens about the dangers of drug abuse and providing practical, personal suggestions for ways to avoid using drugs. “I am so proud of him,” says Dr. Mandalay. “He not only is happy and healthy and a productive member of society, but he has taken on a leadership role that is really making a difference in teens’ lives. He is the reason this program was developed, and clearly it is making an impact that will be felt for many generations.”

~ Dr. Mandalay
Providing Needed Care and Services Plays a Critical Role in Meeting Patient Needs

List and describe here information about the services your organization subsidizes. You may provide some statistics to demonstrate the scope of your commitment to community health (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

In addition to providing free and discounted care to uninsured patients or patients that need financial help, ABCHS makes up the difference between the costs of care and the amount paid by government-sponsored programs such as Medicare and Medicaid. Last year, that amounted to $23,502,000.

ABCHS subsidizes many of the critical services we offer, such as emergency and trauma care, our burn unit, neo-natal care, hospice care, and preventive and primary care services offered through our Mobile Screening and Mobile Clinics. In 2009, we provided $4,326,000 in subsidized services.

Meeting the Needs of Our Community, in the Community

List and describe here information about the community efforts sponsored by your organization to further fulfill your mission to strengthen the health and well-being of the community. You may focus on employees and participants involved, services provided, goals established, etc. In addition, you may highlight statistics that demonstrate the scope of your community benefit (see the sample copy for ideas).
We believe that our mission to strengthen the health and well-being of the greater ABC region cannot be achieved solely through the care we provide within our facilities; it’s the people helped and the lives touched by our community programs. Below are some examples of our efforts in the community:

◆ ABC Healthy Habits  
◆ Prepare to Care  
◆ Elder Care  
◆ ABC Oral Health Initiative  
◆ Keeping ABC Healthy  
◆ Transitional Patient Housing  
◆ Women’s Resource Center

**ABC Healthy Habits** is a nutrition and fitness program offered weekly at the medical center. The program’s goal is to provide participants with the skills and tools they need to manage their chronic conditions and live a healthy lifestyle. Last year, 234 people participated in Healthy Habits, losing a combined 3,190 pounds.

**Prepare to Care** addresses cultural barriers that may interfere with people’s ability to manage their diabetes or obesity. In 2009, Prepare to Care served more than 2,500 low-income uninsured and underinsured adults. More than 92 percent of the participants improved either weight, blood sugar, or both during the year.

**Elder Care** was developed to help the many elderly patients we care for that are able to return home after receiving care, but require some additional assistance. Dr. Casey Flan, one of our gerontologists, developed the program because he recognized that many of our elderly patients are cared for by a family member or friend with little or no training.

In 2009, 27 ABC employees came to an Elder Care class or saw Dr. Flan. More than 230 individuals attended the Elder Care course throughout the year.

**ABC Oral Health Initiative** is a partnership between ABC Health System and dozens of community partners to promote oral health awareness and address gaps in oral health services in the region. The volunteer coalition, whose board includes representatives from more than 60 community groups, insurers, social service agencies, businesses, and local health departments, meets regularly to search for ways to improve oral health care throughout the region. In 2009, more than 2,000 free oral hygiene kits – with toothpaste, toothbrushes, and floss – were given to families.

**Keeping ABC Healthy** is a health screening program that offers free health services and advice, including blood pressure screening, cholesterol screening, blood sugar tests, nutrition and fitness counseling, and flu shots. Our Keeping ABC Healthy team traveled to 23 local businesses in 2009, providing free services to 2,599 individuals.
**Transitional Patient Housing** is the result of our collaboration with the Union Gospel Mission to provide transitional housing for patients discharged from the hospital who have no real home. The Transitional Patient Housing project is funded through donations to the Union Gospel Mission and ABC Foundation.

**Women’s Resource Center** offers emergency and long-term assistance for women and children, ranging from hot food and showers to domestic violence counseling and crisis intervention.

Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your community health improvement efforts. The story may include a quote attributed to an individual or be general, for example, “Jennifer’s Story” (see the sample copy for ideas).

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**SAMPLE COPY** (Available on the CD-ROM)

**Jennifer’s Story**

Jennifer Almay began participating in Healthy Habits in 2007. Over the past two years, she has lost 85 pounds and has become a spokesperson for the program in the community.

“Healthy Habits has changed my life. I have learned to eat healthier and exercise, and I feel more energetic then I’ve felt in years. I tell everyone I know about how great the program is.”

~ Jennifer Almay
Our Community Partners

Describe here information about the importance of working with community partners to improve the community’s health. You may focus on the benefits provided by combining resources with those of your partners, and the greater sense of community and shared commitment toward achieving the same goal. (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Our community partners are critical to helping us improve the health and well-being of the greater ABC region. Together, we can combine resources and strengths, positively impacting the greatest number of people. By working closely with community leaders, we also build a greater sense of community and a shared commitment toward our common goal of improving the community’s health. We’re proud of our partners.

List the names of your community partners.
Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your community partnership efforts. The story may include a quote attributed to an individual or be general, for example, “Dr. Watson's Story” or “Cheyenne’s Story” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Dr. Watson’s Story

“I was excited to participate in the Oral Health Initiative’s efforts to promote better oral hygiene among children. As a dentist treating primarily children in underserved areas, I am disheartened when I see children with dental problems that could have been prevented simply by proper brushing and regular cleanings. When we provide free clinics, I often speak with parents that tell me the main barrier for them is the cost of purchasing basics such as toothbrushes and dental floss. This program has really made a difference, distributing more than 2,000 oral hygiene kits to families throughout the ABC region in 2009.”

~ Kenneth Watson, DMD

Cheyenne’s Story

We partnered with the ABC Senior Center, ABC Geriatric Society, and dozens of local geriatric physicians to offer the free elder care program to the community. Dr. Flan leads a weekly class, providing information and practical tools to caregivers to help equip them to care for their elderly loved ones. Dozens of family members and friends tell us that the class has improved their confidence and ability to provide the care needed, and patients report improved satisfaction and healing time when they transition home from the hospital.

“Elder Care helped to relieve all our worries of being able to properly care for my mother when she was released from the hospital. No one in the family had any sort of medical training, so the opportunity to attend these classes has been beneficial to all of us. Thanks to Elder Care, Mom is on her way to a full recovery.”

~ Cheyenne Fenneway
Education and Research for a Healthy Future

Describe here information about the mission-driven investments in education and research your organization is making to help prepare the next generation of health care professionals. You may focus on current industry challenges your efforts are working to overcome; partnerships made with local schools, colleges, and universities; and education and training provided for health care students. You may highlight some statistics to demonstrate the value of your commitment to education and research, such as the dollar amount of scholarships offered, equipment purchased, etc., (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

We consider education and research to be part of our mission. They help prepare the next generation of health care professionals to meet new health care demands. As our country ages, we will need more caregivers than ever before; at the same time, there is a shortage of new graduates in key clinical and technical positions. To ensure that we have the quality workforce we need to care for you in the future, we have committed to the education of current and future caregivers, and have partnered with local high schools and ABC Community College to provide instructors, classroom space, and practicum training.

Preparing for tomorrow’s health care needs also requires a commitment to researching new and innovative treatments that battle tomorrow’s health care challenges. Our partnership with ABC University Hospital’s School of Medicine is essential to our commitment to ongoing clinical research. Our medical staff is working to find tomorrow’s cures today.

Together we offer a comprehensive learning experience for medical students, enabling interns, residents, and fellows to utilize our state-of-the-art training facilities and integrate advanced technology learned in the classroom directly with patient care. Our partnership with ABC University Hospital includes the funding to help purchase equipment that creates a simulated learning environment for first-year medical students.
Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your education and research investments. The story may include a quote attributed to an individual or be general, for example, “Tyler’s Story” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Tyler’s Story

Our Chief Nursing Officer coordinates with three area high schools to offer our high school job shadow program and promote health careers at their annual career fairs. Tyler Shane first became interested in a health care career through our job shadow program, when he spent a semester rotating through six different departments at the medical center. At the end of the program, he decided to pursue a career in physical therapy and received a scholarship from ABC to support his education.

Building Our Community to Foster Healthier Families

List and describe here information about activities you undertake to strengthen the community. You may focus on health and non-health related services provided to the community, such as financial and legal health care assistance, crisis intervention services, domestic violence counseling or return-to-work services, community cleanups, etc. In addition, you may highlight some statistics that demonstrate your value and commitment to community improvement, such as donations made, volunteer hours committed, etc., (see the sample copy for ideas).
Strengthening the ABC community is a critical responsibility for all local businesses and a responsibility that we take very seriously, from offering space for local meetings to helping local residents escape violent situations, volunteering to help those in need, and providing community health outreach and patient advocacy.

**Opening Our Facilities for Local Meetings**

ABC Medical Center’s Conference Center allows seating for 500 individuals to attend local educational conferences and town hall meetings. Every year, our Conference Center is utilized for a variety of public events, from local community speakers to medical conferences to town hall meetings. Last year, we were proud to be part of the 2008 national election, hosting a town hall meeting with six state senator candidates and a debate between local congressional candidates.

**Providing Advocacy for Our Patients**

ABCHS partners with ABC Legal Center to offer our Partners for Health program. The local, not-for-profit public interest law firm provides patient advocacy in financial and legal health care issues, and assistance in accessing public medical assistance programs for ABC families.

In addition to providing patients with legal assistance, ABCHS’ Housing Advocacy Program (HAP) helps ensure that elderly residents and residents living in underserved areas maintain a safe and healthy living environment.

**Meeting Local Community Needs**

Our Healthy Houses help fulfill local needs, creating healthier, safer communities. Both of our two houses have paid coordinators who live in the house with their family, focusing on developing relationships with local families and creating a sense of neighborhood health, safety, pride, and stability.

The houses are known for being resources that provide health improvement services, promote healthy lifestyles, and improve the well-being of our community beyond health. Healthy Houses help individuals seeking a job or a change in career with assistance in sharpening their existing skills and developing new skills. With computer training, English-language courses, writing skills workshops, and mock interviews, courses are coordinated by ABC, and are taught by a combination of ABC employees and guest speakers from the community. In 2009, more than 480 individuals participated in this program.

The ABCHS Mobile Clinic makes regular visits to both of the houses and uses the houses as a base of operations for local vaccinations, health screenings, and other community health outreach efforts. In addition, the houses offer classes and activities for children, taught by our volunteer staff.
Include here ideas for a brief story about a patient, family, or provider experience that highlights the benefits provided by your community building programs. The story may include a quote attributed to an individual or be general, for example, “Amy’s Story” (see the sample copy for ideas).

SAMPLE COPY (Available on the CD-ROM)

Amy’s Story

ABCHS recognizes that physical well-being is not the only component of good health – emotional and spiritual health are just as critical. Our Women’s Resource Center is a drop-in center where women and children can receive emergency and long-term assistance. We provide hot meals seven days a week, but our focus extends beyond meeting basic nutrition needs: Our goal is to enable women to get back on their feet again. We make sure women have a place to shower every day, do their laundry, and have a telephone number and address. We offer crisis intervention services and domestic violence counseling, helping women and their children build safe, healthy lives. We partner with ABC Supportive Housing to provide rental assistance grants, and our staff works with women to help them create resumes and apply for jobs.

Amy Winebar came to us needing a safe place to stay. She left an abusive relationship and her job to start over. The Center provided counseling and a domestic abuse support group. She was concerned that in the current economy she wouldn’t be able to find another job, but through a partnership with ABC Job Seekers, our staff helped Amy apply for a job, where she is currently employed.

“ABC’s Women’s Resource Center did more than provide me with free meals and a place to shower. They provided the emotional support and encouragement I needed to start over. Thanks to the love and care of the people at the Women’s Resource Center, I am now on my feet again and have a full-time job.”

~ Amy Winebar
Employees in the Community

Every year, ABCHS unites around three corporate-wide efforts: 1) providing a Thanksgiving meal to the community; 2) delivering Christmas food baskets to elderly shut-ins; and 3) participating in our local United Way Campaign.

This year, more than 100 employees, physicians, nurses, and board members volunteered on Thanksgiving Day to prepare and serve two meals in the local high school gymnasium. Just one month later, employees collected dried and canned foods to fill holiday food baskets for local elderly residents.

At ABCHS, it’s important to us to give back to our community. In addition to employee United Way donations and volunteer time at ABC-sponsored events, our employees participate in a variety of community service initiatives, from Habitat for Humanity to Doctors without Borders to local student mentoring programs. In 2009, ABC employees logged more than 58,200 hours of personal volunteer time.

Include ideas for a brief story here about a patient, family, or provider experience that highlights the benefits provided by your community building activities. The story may include a quote attributed to an individual or be general, for example, “Local Family” (see the sample copy for ideas).

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__________________________________________

SAMPLE COPY (Available on the CD-ROM)

Local Family

“The ABC Legal Center helped me enroll my family in Medicaid. They also helped me enroll in a prescription assistance program that allows me to get my diabetes medication for free. It’s hard to believe this valuable service is free — what a tremendous burden it has relieved for our family!”

~ Local Family Participating in Partners for Health
Ideas for Community Benefit Statistics

Throughout your community benefit report, you may highlight a variety of statistics that drive home a clear understanding of the scope and variety of community benefits your organization provides.

Sample Statistics at Cost

◆ The number of patients treated through certain community benefit programs.
◆ The number of families assisted in applying for local financial assistance programs.
◆ The number of total pounds lost from all participants taking part in a nutrition and fitness program.
◆ The percentage of patients receiving charity care or the dollar amount of charity care (at cost) provided by your organization.
◆ The amount of bad debt (at cost) the hospital incurred.
◆ The total donation contributed to schools and universities in equipment purchases.
◆ The total scholarship money offered to current and future caregivers seeking degrees in a health care field.
◆ The total amount of Medicare and Medicaid (at cost) underpayment for care provided.
◆ The total amount for subsidized services (at cost), such as trauma center, burn unit, neo-natal care, etc.
◆ The percentage of patients treated at the hospital that were uninsured.
◆ The number of interns, residents, and fellows your organization supports.
◆ The total amount spent on research.
Instructions

This sample PowerPoint® presentation reflects the community benefit story told in the Sample 2009 Community Benefit Report for the fictional “ABC Health System.” It is provided as an example of ways to graphically tell your community benefit story to employees, auxilians, community groups, partners, and others.

The presentation you develop to tell your community benefit story should be designed to accurately reflect your organization, and tell your story in a way that’s meaningful and memorable.

A PowerPoint template is on the CD-ROM included in this Telling the Hospital Story – Going Beyond Schedule H resource. The template features graphic ideas and suggestions for ways to develop a customized presentation unique to your organization and your community.

Our Commitment to Caring for Our Community...

2009 Community Benefit Report

January 15, 2010
Our Mission

To strengthen the health and well-being of the greater ABC region through high-quality, compassionate care provided to all who need it.

Achieving Our Mission: More than $60 million in community benefit in 2009

- Charity care
- Unreimbursed Medicaid and other means-tested government programs
- Unreimbursed Medicare
- Bad debt
- Community building
- Research
- Subsidized health services
- Community health improvement
- Health professions education
- Cash and in-kind donations
- All other 2009 expenses: $250 million
- Total charity care, community benefit, and community building services: $60.2 million
Our community is becoming increasingly diverse...

- Chronic diseases like diabetes and obesity are high among growing medically underserved Hispanic, African-American, and Russian populations
- Our goal: to help all residents equally access the care they need, and help them learn to manage their conditions and live healthier lives

...and our entire system works together to deliver service, value, and benefit...
...beginning with a clear understanding of community needs

Community Needs Assessment

Greatest Community Needs in 2009

- Addressing diabetes and obesity
- Reducing health disparities
- Ensuring access to care
- Ensuring qualified workers to meet emerging needs

Our charity care policy works for people in need...

- We offer charity care to uninsured patients who qualify for program
- Financial counselors assist patients to apply for other federal, state, and local programs
- Policies are available in English, Spanish, and Russian

68% of patients applying for charity care received free care in 2009

$15.7 million in charity care provided in 2009

791 Families assisted in applying for local financial assistance programs in 2009
When I had a heart attack, ABC provided wonderful care, but I was nervous about how I would be able to pay my hospital bill. When I told my nurse about my concern, she had a financial counselor come to my room and put my mind at ease. ABC provided the care I needed at a cost that took my income into account, and I was able to focus on recovering.

- Emergency Room Patient

...and we work to make patient bills understandable and affordable...

Bills are accurate and easy to understand

Payment plans available

Always work with patients regardless of income

Patient Price Line
...with our pricing easily available to all

140

Number of procedures for which we provide price information to patients through the Patient Price Line

180

Number of telephone calls the Patient Price Line receives every month

- Toll-free telephone hotline
- Open 24 hours a day
- Financial experts provide a price range for common procedures
- Assists patients in determining out-of-pocket costs
- Provides information on charity care and financial assistance

Meeting the needs of the community in the community

Mobile Screening  Elder Care  ABC Health Habits
Mobile Clinic  Women’s Resource Center
Health Access for Teens  Transitional Patient Housing  Keeping ABC Healthy
ABC Oral Health Initiative

SAMPLE

SAMPLE
Our mobile screening and mobile clinic make a healthy difference...

$2 million
Total amount granted by ABC Foundation in 2009 to support the Mobile Screening and Mobile Clinic

870
Number of patients treated through our Mobile Screening and Mobile Clinic in 2009

- “Care on wheels” travels and delivers care throughout the ABC region Monday through Saturday
- Providers speak multiple languages
- Provide health screenings, basic primary care services, and vaccinations
- Staffed with a financial counselor to assist residents in applying for various community assistance programs

Even though I couldn’t pay for my exam or my son’s exam, ABC took care of us. They came to our community so that we didn’t have to worry about finding transportation, and they took care of my son without us having to go to the emergency room. I don’t know what I would do without this service.

- Nona Wakon
ABC Health Access for Teens (ABCHAT) meets a critical need...

- Offers physical and mental health services for youth ages 12 – 21
- Provides education and outreach
- Trains youth to be peer health educators

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Dr. Mandalay recalls one student that struggled with drug abuse and depression before he began coming to the Health Access for Teens program. After meeting with an older peer health educator for two years, the student is now a peer health educator himself, teaching teens about the dangers of drug abuse and providing practical, personal suggestions for ways to avoid using drugs. “I am so proud of him,” says Dr. Mandalay. “He not only is happy and healthy and a productive member of society, but he has taken on a leadership role that is really making a difference in teens' lives. He is the reason this program was developed, and clearly it is making an impact that will be felt for many generations.”
Our programs build healthy habits for healthy people...

**234**
Number of people who participated in Healthy Habits in 2009

**3,190**
Number of pounds lost in 2009 by Healthy Habits participants

Weekly nutrition and fitness program
- Education presentation
- 30-minute fitness activity
- Cooking demonstration and meal

Last year participants received **50** healthy recipes

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Healthy Habits has changed my life. I have learned to eat healthier and exercise, and I feel more energetic then I’ve felt in years. I tell everyone I know about how great the program is.

- Jennifer Almay

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Jennifer's Story
...Prepare to Care tears down cultural barriers...

Works to address culture barriers that interfere with patients’ ability to manage diabetes and obesity

- Peer educators
- Nurse consultations each quarter
- Counseling with a registered dietitian once a year

92% of our Prepare to Care participants either improved their weight, blood sugar, or both in 2009

2,500 low-income uninsured and underinsured adults served in 2009

Meeting with Daniel has helped me to better understand how to manage my diabetes in my day-to-day life. When my doctor told me I was diabetic, I was afraid because I didn’t know how to live with the disease. Daniel has explained to me what he does, and showed me that I can still live a normal life and be healthy despite my diabetes. In addition, I meet with a nurse every quarter to review my lab results and discuss my medications. I meet with the same nurse every time, and she can help me with medical questions I have that Daniel can’t answer. Prepare to Care has taken my diabetes from something scary and seemingly unmanageable to simply a normal part of my every day life.

- Marcus DeMarle

Marcus’ Story
...Elder Care helps families care for one another...

Free community service program provides information and training for family members to care for their elders

- Class meets weekly at ABC Medical Center
- Includes guest speakers presenting information about caring for the elderly at home

More than 230 individuals attended the course throughout the year

Elder Care helped to relieve all our worries of being able to properly care for my mother when she was released from the hospital. No one in the family had any sort of medical training, so the opportunity to attend these classes has been beneficial to all of us. Thanks to Elder Care, Mom is on her way to a full recovery.

- Cheyenne Fenneway
...ABC Oral Health Initiative focuses on kids...

2,000

Number of oral hygiene kits distributed to families throughout the ABC region in 2009

Partnership with dozens of community partners to promote oral health awareness and address gaps in oral health services

- Volunteer coalition consists of representatives from more than 60 community groups, insurers, social service agencies, businesses, and local health departments
- Works to improve oral health care throughout region
- Fosters communication and encourages advocacy
- Major initiative is to promote better oral hygiene among children

Dr. Watson’s Story

“I was excited to participate in the Oral Health Initiative’s efforts to promote better oral hygiene among children. As a dentist treating primarily children in underserved areas, I am disheartened when I see children with dental problems that could have been prevented simply by proper brushing and regular cleanings.

When we provide free clinics, I often speak with parents that tell me the main barrier for them is the cost of purchasing basics such as toothbrushes and dental floss. This program has really made a difference, distributing more than 2,000 oral hygiene kits to families throughout the ABC region in 2009.

- Kenneth Watson, DMD"
...we keep the ABC community healthy...

A health screening program that offers free health services and advice, including:

- Blood pressure screening
- Cholesterol screening
- Blood sugar tests
- Nutrition and fitness counseling
- Flu shots

23 local businesses hosted our health screening program in 2009

2,599 individuals received screenings in 2009

With how busy I get at work, I can never find the time to schedule an appointment with my doctor. I'm thankful that ABC sponsored this event with the company. Otherwise I would have never known I had high cholesterol. I was able to get the necessary treatment and counseling to reduce my cholesterol and avoid a heart attack or stroke.

-Keeping ABC Healthy Participant
Collaboration with the Union Gospel Mission to provide transitional housing for discharged patients with no real home

- Provides transitional health care needs
- Includes three healthy meals delivered daily
- Daily check-in by a registered nurse
- Includes assistance in finding permanent housing and employment

$500,000 total dollar amount donated by ABC to subsidize the Transitional Patient Housing Project in 2009

"When I was discharged from the hospital after having my appendix removed, I felt peace and security knowing that I had a place to live. ABC’s Transitional Patient Housing not only met my basic living needs with a warm bed and three healthy meals each day, but it met my health care needs by providing a daily check-in with a registered nurse. The staff at the Transitional Patient Housing also helped me find permanent housing and provided assistance in finding employment. The program really made the difference in getting me back on my feet again."

- Transitional Patient Housing Recipient
... and our Women's Resource Center helps women build safe, healthy lives...

- Drop-in center where women and children can receive emergency and long-term assistance
- Hot meals
- Showers
- Laundry
- Telephone number and address for women
- Crisis intervention services and domestic violence counseling
- Rental assistance grants
- Assistance with resumes and job applications

Our goal is to help women get back on their feet

SAMPLE

Amy’s Story

ABC’s Women’s Resource Center did more than provide me with free meals and a place to shower. They provided the emotional support and encouragement I needed to start over. Thanks to the love and care of the people at the Women’s Resource Center, I am now on my feet again and have a full-time job.

- Amy Winebar
...with the help of our partners for community health

25 organizations partner with us

ABC Career Center
ABC Legal Center
Center for Homeless Veterans
First Presbyterian Church
Home Rescue Mission
Mental Health Coalition
NAACP
Prevent Child Abuse Now
St. Joseph's Center for Youth
Volunteers of America

Our mission-driven investments help prepare the next generation of health care professionals...

$2 million committed to the education of current and future caregivers

- Partnered with local high schools and ABC Community College
- Provides instructors classroom space and practicum training
...and our commitment to research helps create a healthy future

- Partnership with ABC University Hospital’s School of Medicine is essential to our commitment to ongoing clinical research
- Enables interns, residents, and fellows to utilize our state-of-the-art facilities and integrate advanced technology directly with patient care

$700,000
Total dollar amount donated by ABC in 2009 to University Hospital to purchase equipment that advances research and patient care goals

We donated more than $710,000 in cash and in-kind contributions to community groups and 58,200 employee volunteer hours
The ABC Legal Center helped me enroll my family in Medicaid. They also helped me enroll in a prescription assistance program that allows me to get my diabetes medication for free. It’s hard to believe this valuable service is free—what a tremendous burden it has relieved for our family!

- Local Family Participating in Partners for Health
...we strengthen communities through our “healthy houses”...

- Paid coordinators live in the houses with their families
- Create a sense of neighborhood health, safety, pride, and stability
- Known as resources for health improvement services
- Mobile Clinic uses the houses as a base of operations for vaccinations, health screenings, and other community health efforts
- Classes and activities for children, taught by volunteer staff

...and we help people seek jobs or career changes...

- Sharpen existing skills and develop new skills
- Offered once a week
  - Computer training
  - English-language courses
  - Writing skills workshops
  - Mock interviews

480 participants in 2009
Since we opened our Healthy House in 2003, our neighborhood school attendance has grown, grades have improved, and children’s access to vaccines and primary care has improved significantly.

- Fred Larson, Healthy House Coordinator

...through the generous contributions of our employees

- 290
  Number of adults and children who enjoyed our healthy, home cooked Thanksgiving Day meal in 2009

- 120
  Number of Christmas food baskets distributed to local elderly residents in 2009

- $820,510
  Total United Way Campaign Donation in 2009

Three corporate-wide efforts
1. Thanksgiving Day meal
2. Christmas food baskets
3. United Way Campaign
Our Commitment to Caring for Our Community...

2009 Community Benefit Report

January 15, 2010

ABC HEALTH SYSTEM
Telling Their Story: Hospital Examples
Whether your hospital has just begun thinking through the new reporting requirements, or whether you have been at it for some time, the examples that follow will help you think through different options and ideas for organizing your efforts, providing community benefit, and communicating about your programs.

Organizational Readiness and Preparedness

Using community health assessments, organizing multi-department quarterly reporting, and itemizing end-of-year financial information, this multi-hospital health system provides an example of how to ensure all aspects of community benefit are counted, reported, and communicated.

Munson Healthcare, Traverse City, MI

Munson Healthcare is a regional, not-for-profit health system composed of eight hospitals (including small and rural as well as large and metropolitan) located throughout northern Michigan. The system is committed to understanding the needs of its residents and implementing programs that address those needs to improve the region’s health status and quality of life. To gain a clear understanding of local needs, Munson conducts a community needs assessment nearly every five years. Several of the organization’s past community needs assessments have been conducted in collaboration with the member hospitals of the North Central Council of the Michigan Hospital Association. The assessments included telephone surveys asking a combination of questions about community health, behavioral risk factors, and access to care. This information was analyzed for each of the respective regions, as well as for the entire northern Michigan area.

The most recent community needs assessment conducted by Munson Healthcare used a combination of information from sources such as surveys and the State of Michigan. The results of the community needs assessment are used to further define the kind of services and programs Munson Healthcare delivers to its community.

Munson also uses the Community Benefit Tracker software tool created by the Michigan Hospital Association. The Web-based tool allows the organization to capture its community benefit activities in one place in a user-friendly manner. The system’s Community Health team is currently responsible for managing the process. The team has developed a worksheet on the internal intranet that departments throughout the organization complete quarterly, itemizing their community health activities. The next phase of the process will include identifying “super users” in various departments who will enter their information directly into the Community Benefit Tracker program.
The Community Health staff monitors the information provided through worksheets entered into the Community Benefit Tracker to ensure that it is accurate and complete. At the end of the year, the information is combined with financials itemizing the community benefit provided (such as subsidized programs) to provide a complete and accurate picture of the total community benefit provided. The year-end report helps the organization more easily comply with the IRS Form 990 reporting requirements and provides simple, easy-to-understand information that may be shared with key stakeholders to demonstrate the organization’s commitment to the community.

Once a year, Munson shares detailed community benefit information with its board committee that supervises these activities, and provides a report to both the Munson Medical Center Board and the Munson Healthcare Board. A printed report, *Community Connections*, also highlights community benefit results and tells personal stories about lives touched, and the programs and services provided to the community by Munson. The *Community Connections* report is distributed to nearly 250 community partners and is posted on the Munson Web site. In addition, the system distributes a newsprint version in surrounding newspapers to tell its story to the broader community at-large.

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The example below describes how an independent hospital is taking a long view for Schedule H planning, incorporating internal education about the hospital’s finances and team recommendations to create an action plan for completing Schedule H.

### Sierra Vista Regional Health Center, Sierra Vista, AZ

Sierra Vista Regional Health Center is a not-for-profit hospital serving approximately 40,000 residents in the communities of Sierra Vista, Ft. Huachuca, and Cochise County. The 86-bed hospital began preparing for successfully completing Schedule H in 2006. The hospital’s work was divided into three phases: 1) Education; 2) Preparation; and 3) Execution.

The education phase began with bringing in field experts from the hospital’s financial audit team to meet with the board of trustees, leadership, and staff involved in the collection of data. Organizational leaders’ education also involved the review of information included in the Sarbanes-Oxley Act, interpretation of the requirements for the Form 990’s Schedule H, the responsibilities and due diligence of the hospital for proper completion of Schedule H, and the consequences of non-completion or improper completion of Schedule H. The education process was augmented by additional seminars and/or meetings provided through the federal government, trustee educational organizations, the American Hospital Association, the Arizona Hospital Association, and financial representatives. Organizational leaders were referred to many of the seminars and conferences by the hospital's attorneys and financial team. The thorough education process gave the hospital a firm foundation of understanding of the requirements and how to begin.

The preparation phase consisted of a multi-disciplinary team that discussed and reviewed the hospital’s data collection methods; data maintenance; best practices; and current hospital outreach programs. Sierra Vista Regional Health Center is committed to serving the community and was already providing outreach to the community; to strengthen its efforts, the team made the following recommendations:

1. Purchase software for data collection and review;
2. Hire an independent company to perform a community-wide health care status analysis;
3. Develop and hire the necessary staff to execute a community benefit program;
4. Develop a process where all community benefit flows through a central depository to ensure it is captured accurately;
5. Develop a community benefit plan based on the health of the community, current programs, and proper capture of all data;
6. Educate and train the community benefit and finance staff on the software for data collection, review, and reports;
7. Educate the hospital staff, volunteers, and community on the community benefit programs;
8. Report findings of the programs to the board of trustees;
9. Complete Schedule H as required; and
10. Communicate completion of Schedule H to the board of trustees.

The final phase of the process was execution. This process is ongoing, and includes taking action on the recommendations made by the team; continuously evaluating program results and making necessary adjustments to the program; continuing educational updates for organizational leaders; regularly reporting to the board of trustees; and completing the Schedule H as required.

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Reviewing existing internal organizational community benefit tracking and reporting methods and updating them with Schedule H in mind, the health system below illustrates how hospitals can revisit their current internal practices to include planning for Schedule H.

**St. Mary’s Health System, Lewiston, ME**

St. Mary’s Health System is a not-for-profit organization that provides health care services in central and western Maine from its 16-acre campus in Lewiston. Operating in a federally designated medically underserved area, the system includes a 233-bed acute care hospital; a rehabilitative care facility; a 128-apartment independent living facility for low-income elderly and disabled community members; residential treatment homes for children and adolescents; and a school for children with emotional disabilities. St. Mary’s also offers clinical services with sliding scale fees through a diverse network of physicians and provides a range of preventive and occupational medical services to more than 400 local employers and their employees. St. Mary’s Health System is a member of Covenant Health Systems.

A deep organizational commitment to serving the community has been a constant focal point of programs and services provided at St. Mary’s Health System. The organization believes that maintaining a community focus is paramount to success, and continually seeks ways to meet community needs from a holistic perspective, targeting obesity, ensuring affordable neighborhood housing, maintaining a food pantry, providing free community health screenings, and more. St. Mary’s develops programs based on needs identified when working with patients, through evaluation of state and local health priorities, and its active participation in the Healthy Androscoggin Coalition – a group committed to promoting and improving the health of Androscoggin County.

To prepare for anticipated community needs, St. Mary’s develops an annual community benefit budget. The budgeting process helps ensure that the organization understands trends, including current and emerging community needs, changes in Medicaid payments and bad debt, and increased charity care needs. The budget includes anticipated community benefit activities for the upcoming year, including charity care and subsidized services, as well as specific programs and initiatives that address local community needs.
The health system then measures and reports the community benefit it provides. Each department completes a monthly “social accountability report.” While the information reported is utilized for both the St. Mary’s Health System and Covenant Health System’s annual community benefit reports, St. Mary’s recently re-evaluated this process to prepare for the completion of the Form 990’s Schedule H. The health system has conducted education for departmental leaders to ensure that employees understand the various categories of community benefit, what the organization is doing in those areas, and that all appropriate activities and information are included in the monthly reports. Every department now completes a form for each type of community benefit that they provide related to Schedule H, such as community health education and community-based clinical services. All reports are reviewed by St. Mary’s Mission Effectiveness Department to ensure that activities are categorized appropriately.

The final social accountability reports will be utilized for the completion of St. Mary’s Form 990, in addition to being sent to Covenant Health Systems’ corporate office to support the reporting of system-wide community benefit activities. St. Mary’s is currently evaluating a software program that will help streamline the reporting process, allowing each department to enter its community benefit activities through a Web-based program.

In addition to internal activities, Covenant Health Systems has helped St. Mary’s prepare for completing the new IRS Form 990 by offering educational sessions for managers, board members, and members of the board’s finance and audit committees. The educational programs are conducted by an outside accounting firm, and have helped prepare organizational leaders for the non-financial questions included in the new Form’s requirements. Leaders from St. Mary’s also take part in a full-day educational session offered by Covenant Health Systems that focuses on the detailed preparation of Form 990, including data collection and reporting.

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Providing and Assessing Community Benefit

This health system’s pediatric dental clinic provides an example of a community benefit program created with community partners to meet a specific need – the lack of dental care for children.

Heartland Health, St. Joseph, MO

Heartland Health is an integrated, not-for-profit health delivery system that includes 350-bed Heartland Regional Medical Center, physician practices, a foundation, and a health plan. The health system serves a 21-county area in northwest Missouri, northeast Kansas, and southeast Nebraska. Because dental care was virtually non-existent for children enrolled in the St. Joseph School District who were covered by Medicaid, in February 2002 Heartland Health partnered with the school district to offer dental services to children covered by Medicaid.

A pediatric dental clinic called the Patee Market Youth Dental Clinic was opened at Heartland Regional Medical Center, where dental work is performed by Dana Browning, DDS. On occasion, students from the University of Missouri-Kansas City School of Dentistry rotate through the clinic and work alongside Dr. Browning. Oral surgery also is provided for patients in need of extensive care. Partners include the school district, health department, United Way, and local dental providers.

The clinic currently has more than 6,800 patients on its roster; nearly 20,000 children covered by Medicaid in 15 counties of northwestern Missouri are eligible for the clinic’s services. As a result of the program, services have been provided to approximately 26 percent of the region’s eligible children. Since the program’s inception, there have been fewer visits to school nurses for mouth pain, and school attendance has improved among clinic patients.

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As a program created by a large, urban health system to meet community demand, this example describes a long-running school-based health program that has grown to also serve the larger community.

**Henry Ford Health System, Detroit, MI**

Henry Ford Health System is a not-for-profit organization consisting of hospitals, medical centers, home health, and nursing homes, including Henry Ford Hospital, Henry Ford Cottage Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital – Clinton Township, Henry Ford Macomb Hospital – Warren, Henry Ford West Bloomfield Hospital, and Henry Ford Wyandotte Hospital. Deeply committed to the communities served, Henry Ford has created effective approaches to provide residents, especially minorities and ethnicities, needed medical care. One of the system’s efforts includes the establishment of the School-Based and Community Health Program.

Established in 1994, the program, previously called the School-Based Health Initiative, provides primary and preventive health care services ranging from immunizations to counseling. Services are provided to all children regardless of ability to pay or insurance status, and at times may be the only health care services a child receives. Schools with clinics boast at or near 100 percent immunization rates, meaning more children can start school on time and avoid the delay that expensive shots can bring. Schools with clinics also have higher standardized test scores — 23 percent higher — than their non-clinic counterparts.

The program provides nearly 20,000 student visits a year, with Henry Ford Health System providing the staff, medical oversight, and supplies for the clinics. Twelve school-based health centers are now in operation in Detroit schools as a result of the system’s efforts, and a partnership with other local health systems across the city has resulted in the establishment of 10 other sites in Detroit schools, managed by those organizations. In all, there are 87 school-based health centers across the state managed and supported by private health systems and hospitals or local health departments.

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This community program helps community parents by creating a daycare facility, run by a hospital system, for sick children at low to no cost to parents.

**John C. Lincoln Health Network, Phoenix, AZ**

John C. Lincoln Health Network is a not-for-profit health system that includes two Arizona hospitals (John C. Lincoln Deer Valley Hospital and John C. Lincoln North Mountain Hospital), numerous Phoenix physician offices, and a network of charitable community service programs. John C. Lincoln believes that families are a strong part of a healthy community, and, as a part of its mission to support the local community, the organization established Wee Care to help provide local families peace of mind and day care options.

Wee Care is a day care facility for mildly sick children, allowing parents to drop off their children with trained pediatric caregivers when parents are unable to miss work to look after their child. In 2006, more than 3,000 children were cared for through the program. Local area employers supplement the day care facility's operating costs, contracting with John C. Lincoln Health Network to provide Wee Care services to their employees.

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Providing and Assessing Community Benefit continued

Going beyond the walls of the hospital and partnering with community organizations already in place, this example illustrates how hospitals can bolster existing services to provide more robust assistance for the community.

Memorial Hospital of South Bend, South Bend, IN

Memorial Hospital of South Bend is a not-for-profit, 526-bed regional referral center for cardiac, cancer, childbirth, emergency medicine and rehabilitation services. In 1993, the hospital started a new policy of “tithing,” giving ten percent of its budget surplus for development of healthy community programs. The hospital believes that its community benefit must go beyond the walls of the hospital, recognizing that health is created in the day-to-day decisions people make and that impacting those decisions requires getting out into the community. Rather than engaging only in “check writing,” the team at Memorial develops and supports high-impact services that target underserved and vulnerable populations, but always in partnerships with schools, neighborhoods, faith-based organizations, and community agencies.

As a part of this mission, Memorial Hospital partners with the city’s Center for the Homeless. While the Center does provide a safe place to sleep and hot meals, its focus is primarily on providing life-changing services that further its three-part mission: 1) to break the cycle of homelessness; 2) to bring together disparate groups so that each can discover the worth, dignity, and potential of the other; and 3) to pioneer a service model worthy of replication.

Memorial Hospital has designated funds for the Center’s Play, Exploration, and Developmental Support (PEDS) program, which gives homeless children from birth to age three a unique opportunity to grow cognitively and socially during a critical phase in their development. The program was created because homeless children are frequently developmentally delayed and malnourished. As a result, in first grade they are often shunted off to special education. Part of PEDS includes occupational therapy students playing and interacting with the children, stimulating their minds, and fostering physical development.

The hospital also supports the Center’s counseling program. Three on-site therapists are either licensed clinical social workers or master-level clinicians, providing individual, group, and play therapy with families and children.
Memorial Hospital of South Bend, South Bend, IN  

Memorial Hospital doesn’t help homeless kids only; it provides medical services for adults as well, staffing a 3,000-square-foot satellite clinic that offers critical help to the Center’s guests as well as neighborhood residents suffering from everything from a common cold to chronic illness. The clinic includes OB-GYN and pediatric care, and the clinic’s full-time physician makes rounds for guests that are admitted to the hospital.

In addition to clinical care and development support of the Center, the hospital helps the Center in practical ways. Memorial’s employees collect, launder, and deliver all of the Center’s linens each week. The importance of serving the Center’s guests is ingrained in the hospital staff culture, and many of the employees are personally involved in adopting families and patients. The hospital also assisted in developing a landscaping maintenance business that provides jobs for the homeless and revenue for the Center. The CEO of Memorial Hospital sits on the Center’s board.

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Creating a community partnership that combines historic renovation with providing much needed living space for the area’s elderly residents, this successful program is an example of a hospital leading a community effort that not only benefits health, but also enhances a neighborhood.

Mt. Ascutney Hospital and Health Center, Windsor, VT

Mt. Ascutney Hospital and Health Center is a 64-bed, rural, not-for-profit hospital located in Windsor, VT. The Windsor area has a large elderly population, and concerns about insufficient space in existing nursing homes led the hospital and health center to partner with their community to provide additional living options for the elderly.

The Windsor Elder Care Project/Historic Homes of Runnemede is a historic renovation program that now provides 44 elderly residents with a place to live while preserving and improving the historic downtown area. It offers a combination of independent living and traditional nursing home care through three houses: 1) the Stoughton House, an existing assisted-living facility that was renovated and upgraded; 2) the Evarts House, an historic home that had been abandoned and now provides 12 units for assisted living; and 3) the Cox House, an abandoned historic mansion that now houses seven apartments for independent living seniors.

The project has resulted in additional living options for Windsor seniors, and has improved the downtown area while preserving three historic buildings in town and setting up a revolving loan fund for future community development.

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Communicating Your Community Benefit Efforts

Using a combination of simple messaging, a community benefit report, and a presentation, this example demonstrates some of the audiences hospitals can use as ambassadors to the community to effectively spread the hospital’s story.

**Glendive Medical Center, Glendive, MT**

Glendive Medical Center (GMC) is a not-for-profit, full-service, 25-bed, rural critical access hospital that also operates two nursing homes totaling 155 beds, a fully integrated rural health clinic, an assisted living facility, and home care/hospice. As a designated critical access hospital, the organization is dedicated to being a leader in providing and promoting health and wellness to the residents of east central Montana and western North Dakota.

Part of fulfilling its mission includes clearly communicating the hospital’s community benefit story to local stakeholders and the people served, ensuring that the community understands how the organization earns its not-for-profit designation. Every year, GMC develops a full-color, easy-to-read community benefit report and corresponding PowerPoint presentation. The glossy report is mailed to approximately 11,000 people in the hospital’s local service area and is published on the GMC Web site. It also is included in nearly all educational and promotional pieces utilized by the organization. For example, the glossy report is included with all physician and management-level recruitment packets to help tell the hospital’s community benefit story.

GMC also shares its community benefit story through personal presentations and interactions with local community members and medical center employees. GMC leaders utilize components of the community benefit PowerPoint presentation while presenting through the local Speakers’ Bureau, and board members receive a designated presentation each year. Board members are then asked to be goodwill ambassadors, sharing the information with the community, and infusing the information through personal relationships with social and civic organizations. The development of the written report and PowerPoint presentation ensures that board members are comfortable with the information and consistent in their communications.
Finally, the medical center communicates regularly with its employees, ensuring that employees understand what the medical center is doing and that they take pride in its efforts. The CEO holds four quarterly employee forums each quarter, and in the quarter following the community benefit publication, a significant amount of time is dedicated to presenting the report’s findings and answering employee questions. Subsequent monthly department meetings include a presentation about the organization’s uncompensated care, including charity care, Medicare shortfalls, bad debt, and their definitions. Managers and employees are encouraged to share information about GMC’s uncompensated care in the community. GMC also provides frequent press releases to the local newspaper and holds a portion of their board meetings in a public format, inviting members of the media to attend and providing them with media packets that help tell about the good work the hospital is doing.

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Working to incorporate personal stories in community benefit communications and consolidate previous community benefit documents, this example provides simple ways to use community benefit reports as a communication tool, both externally and internally, include personal stories as part of a final report, and involve community partners in telling the community benefit story.

**North Shore-Long Island Jewish Health Care System, Long Island, NY**

North Shore – LIJ Health Care System (North Shore-LIJ) is one of the largest providers in the metropolitan New York region with a service area encompassing more than five million people. The health system consists of 14 hospitals, two long-term care facilities, The Feinstein Institute for Medical Research, five trauma centers, five home health agencies, a hospice network, and dozens of centers of progressive and specialized care outpatient centers. North Shore-LIJ is partnering with Hofstra University to develop a new medical school.
North Shore-Long Island Jewish Health Care System, Long Island, NY

North Shore-LIJ recently changed its process for communicating its community benefit efforts. Information from all of the system’s hospitals is now combined into one consolidated document to more effectively communicate to a broader audience. The written community benefit report relies heavily on personal stories; it provides basic facts about the system’s community benefit and then uses the personal stories to explain the facts in a way that builds greater understanding of the benefit provided. For example, rather than simply defining the system’s financial assistance program, a story explains the unique aspects of the financial assistance. The story is about a real-life family of four that earned nearly 500 percent of the Federal Poverty Level ($106,000 annually) but, due to the high cost of living on Long Island, still qualified for financial assistance at one of the system’s hospitals.

Employees are encouraged to share with their managers personal stories they observe, which are often used when North Shore-LIJ creates its annual community benefit report. The report also includes stories derived from letters written by patients and families that have had positive experiences at one of the system’s hospitals.

The final written report is broadly disseminated throughout the health system’s service area. The organization maintains a comprehensive mailing list of civic community leaders, elected officials, thought leaders and opinion makers, and other key stakeholders across the geographic region North Shore-LIJ serves and sends out the report through a combination of e-mail and mailed printed materials. Early this year, approximately 5,000 printed copies of the report were distributed. The report is also available in multiple places on North Shore-LIJ’s Web site, ensuring that any user looking for the report can easily find it.

In addition to including the personal stories in the system’s annual community benefit report, the stories are shared throughout the year with employees through e-mails and newsletters on the system’s intranet, and with the local community through the region’s newspapers. The stories also play a critical role in the system’s weekly new employee orientation, which includes a personal visit from the CEO describing the organization’s commitment to meeting community needs. The CEO uses the brief, personal stories to help new employees understand how the organization serves its community and to build a sense of pride around that commitment. Employees are encouraged to share the stories with others.
The individuals represented in the personal vignettes also serve as spokespeople for the hospital at community and town hall meetings. In 2008, the system hosted a Thought Leader discussion to talk about the benefits of being a not-for-profit organization and to build better community awareness and understanding of the broad benefit provided by the health system. In a Community Health Forum, rather than having a hospital spokesperson share stories about people served by the health system, the individuals involved in the stories were invited to speak about their personal experiences. One of the speakers was a representative from a local church whose congregation consisted of undocumented workers. The speaker talked about the personal relationship the church formed with a primary care clinic physician in the hospital, and how this physician developed trust with the congregation so congregants felt comfortable coming to the clinic for free and discounted care. A representative from the church also speaks to hospital employees to help them understand the importance of building trust with patients and the community.

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Building communication efforts around a simple brochure, this example demonstrates how numbers combined with personal stories can keep a community informed.

**St. Mary’s Hospital, Madison, WI**

St. Mary’s Hospital is a 370-bed, not-for-profit hospital serving south central Wisconsin. The organization is part of St. Louis-based SSM Health Care, sponsored by the Franciscan Sisters of Mary. Every year, St. Mary’s Hospital develops a simple, easy-to-understand brochure highlighting the community benefits provided by the hospital. The brochure is distributed at a wide variety of community events, ranging from community health fairs to the organization’s monthly Breakfast with Business. The summary also is posted on St. Mary’s Web site in a downloadable format.
The hospital keeps its community benefit message simple to ensure ease of understanding and a consistent message communicated to patients, key stakeholders, and the general community. All community benefit messages focus on two components: 1) four key numbers highlighting the financial benefit provided, including total community benefit, charity care, unreimbursed care (shortfalls in government programs), and community outreach; and 2) personal stories that communicate the message beyond just numbers. St. Mary’s Hospital shares its personal stories through both written and video stories available on their dedicated Web site www.stmarysstories.com, enabling viewers to see a video of a family benefiting from charity care, read stories about patients who have been helped by St. Mary’s Hospital, and click on links to the hospital’s community benefit report, as well as online forms to request charity care. St. Mary’s is employing the concept of “viral video,” helping the videos to gain popularity by posting them on YouTube and other media-sharing Web sites and sending links to the videos to employees and organizational partners, encouraging them to view the videos and send the links to their friends and family.

St. Mary’s also utilizes a variety of other communication methods to ensure widespread internal and external understanding of the organization’s community benefit. The hospital shares talking points about its community benefit efforts to staff that interact with community members at public events and health fairs, and presents talking points and highlights of community benefit stories at board meetings, in internal hospital newsletters and e-mails, and on the president’s internal blog, “Frankly Speaking.” The organization also has launched a local advertising campaign, including radio advertisements, billboards, and monthly print ads in the newspaper highlighting personal community benefit stories and referring people to stmarysstories.com. The advertisement campaign includes communications in the local Spanish newspaper as well as utilizing the organization’s partners to communicate with the area’s growing Latino community.

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Communicating Your Community Benefit Efforts continued

Using community partnerships to tell its community benefit story, this example employs creative uses of a community benefit report along with traditional advertising.

Sutter Medical Center, Sacramento, CA

Sutter Medical Center, Sacramento, is the foundation of not-for-profit Sutter Health, Northern California’s largest health network with 29 acute-care hospitals, more than 5,000 primary care physicians and specialists, home health, occupational health, psychiatric care, and more. The Sacramento medical center is made up of several facilities that include Sutter General Hospital, Sutter Memorial Hospital, Sutter Oaks Nursing Center Midtown, and Sutter Center for Psychiatry.

The medical center is committed to its mission of enhancing the health and well-being of people in the communities served. Part of fulfilling this mission includes offering grants to local community agencies that work with the communities and populations that Sutter Medical Center is striving to impact. The medical center is entering its tenth year of providing grants to local community agencies, which has helped the organization to not only have a greater impact on the community but also to form strong partnerships with local not-for-profit organizations and community stakeholders.

Sutter Medical Center uses its community partnerships to tell its community benefit story. The organization produces a colorful, printed community benefit report that is annually distributed to more than 500 community partners and elected officials. In addition, the community benefit report is posted on the Sutter Medical Center Web site. When organizations seek out information about grants available from Sutter Medical Center, they are directed to the Web site where the community benefit report is prominently displayed. They may then access information about the grant application and award process. The medical center also imparts its story internally by sharing the community benefit report with all employees, highlighting one community benefit story every other month in the employee newsletter, and presenting community partner and personal patient experiences to the boards and management teams within Sutter Medical Center, Sacramento.

The organization’s partners play a critical role in the communication process. Local partners communicate Sutter Medical Center’s community benefit with their constituents using the language and communication style most effective for their target population. In addition, Sutter Medical Center highlights its partnerships with local community organizations through advertisements in local not-for-profit publications and billboards at local sporting events.

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