

# Policy

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**POLICY # 0086140.006**  
**EFFECTIVE 11/2006**  
**REVISED**  
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**APPROVAL**

**SUBJECT:**           **ESTABLISHMENT OF COMMUNITY BENEFIT OVERSIGHT COMMITTEE (CBOC)**

**APPLICATION:**   Community Benefit Oversight Committee (CBOC)

**PURPOSE:**       To increase transparency with respect to The PIH Organization's charitable activities and to foster a culture of social accountability in keeping with PIH's mission and strategic plan.

**POLICY:**           1.1    It is the policy of The PIH Organization to establish and integrate into its strategic direction a Community Benefits Oversight Committee (CBOC).

**PROCEDURE:**    2.1    The CBOC shall function as a committee that reports up to the Board of Directors and will act under a charter defining its role and responsibilities. (refer to Policy # 86140.007—Charter of the Community Benefit Oversight Committee).

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**POLICY # 0086140.007**  
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**APPROVAL**

**SUBJECT:** CHARTER OF THE COMMUNITY BENEFITS OVERSIGHT COMMITTEE (CBOC)

**APPLICATION:** CBOC

**POLICY:** 1.1 The CBOC, acting under authority from The Board of Directors, will oversee the implementation and enhancement of programs aimed at improving community health and will ensure that programs and activities claimed as community benefits meet at least one or more of the core principles of community benefits adopted by The PIH Organization. Specifically, any program or activity claimed as community benefit must address needs of populations with a disproportionate unmet health need.

**PROCEDURE:** 2.1 **Commitment:**  
Each CBOC member is committed to supporting the strategic direction of community benefits within The PIH Organization. Essential to the provision of community benefits as an expression of The PIH Organization's charitable mission, each CBOC member is specifically committed to ensuring that all activities claimed by The PIH Organization as community benefit meet at least one or more of the adopted core principles and, at a minimum, address needs of constituents with a disproportionate unmet health need.

2.2 **Committee Composition:**  
The CBOC will be comprised of members who represent diverse sectors of the community and bring specific competencies essential to the provision of community benefit. Specifically, the committee will be comprised of:

- Five (5) or more Community Members—which may include representatives from local public health agencies, local school districts, area helping agencies and physicians;
- The CEO / President, Vice President and Director responsible for community benefits as well as PIH Foundation and Clinic Operations;
- And, at least one member of the PIH Board of Directors—who will serve as a liaison between the Board of Directors and CBOC.

Community representation should outweigh staff representation by at least two (2) members. Ad Hoc members from other PIH departments such as Business Services and Marketing & Planning may report to meetings on an as-needed basis.

2.3 **Sub-Committees:**

The CBOC will form and maintain a membership sub-committee to specifically address issues of membership. The CBOC may, at its discretion, form additional sub-committees to address specific areas of interest (i.e., community needs assessment, community benefit planning, policy review, community capacity building, etc.).

2.4 **Term Limits:**

CBOC members will be asked to serve a two-year term with one-year renewal option(s) at the discretion of the membership sub-committee with total term not-to-exceed eight (8) years. It will be the goal of the membership subcommittee to add at least one new community member per term.

2.5 **Meeting Frequency:**

The CBOC will meet at least quarterly. A CBOC meeting will be canceled in the event that a quorum is not established (i.e., minimum 60% of membership). No meetings will be held during the months of July, August or December.

2.6 **Full Disclosure:**

To ensure a transparent decision making process, all members are requested to fully disclose affiliations (financial or otherwise) with organizations that might create a conflict of interest. In certain circumstances, members with a conflict of interest will be required to abstain from serving on subcommittees or voting.

2.7 **Confidentiality:**

Members agree to respect the confidentiality of the CBOC and The PIH Organization such that everything said within the group stays within the group.

2.8 **Responsibilities:** The CBOC will be responsible for:

***Assessment of Community Needs and Reporting of Community Benefits*** – Community Needs Assessments and Community Benefit Reports/Plans are the responsibility of the Community Benefits Department. CBOC members may be asked to participate or provide expertise specific to data compilation or other such activities to ensure that community needs are accurately assessed.

CBOC members will be provided with copies of all needs assessments and reports/plans. Members are expected to review the findings in an effort to maintain a clear understanding of challenges facing PIH and the communities served—especially the underserved. Most importantly, members are expected to ensure that all programs reported and claimed by The PIH Organization as community benefits meet, at a minimum, Core Principle # 1—address needs of populations with a disproportionate unmet health need.

***Evaluating & Approving Programs*** –Proposed programs and enhancements, along with proposed budgets, may originate from various sources such as hospital departments, senior leadership, the Board of Directors or the CBOC itself. After initial vetting by the Community Benefits Department, proposed programs and enhancements will be submitted to the CBOC for evaluation and detailed discussion. All programs and activities to be counted as community benefit require approval of the CBOC. While programs not approved by CBOC may continue, they must be reclassified and not counted as community benefits. CBOC may also review programs not previously counted as community benefit to determine if, with further enhancement, they may qualify under the guidelines.

Key criteria to be considered in evaluating new or existing programs include:

- Geographic/population (number of people affected per 1,000...);
- Gravity of problem (health impact at individual, family, community level);
- Economic feasibility (program cost, internal/ external resources needed);
- Available expertise (can we make an important contribution?);
- Time Commitment (overall planning, implementations, evaluation);
- External salience (evidence of important to community stakeholders).

***Monitoring Programs*** – The Community Benefit Department staff is responsible for monitoring the progress being made with community benefit programs and activities. Specifically, the staff is responsible for examining progress as it relates to implementation and achievement of measurable program goals and objectives and for presenting periodic updates to the CBOC.

***Program Funding*** – The securing of internal and external funding for community benefit programs is the responsibility of the CEO / President and PIH Foundation with support from the Community Benefits Department. CBOC members may recommend sources for external funding and may also provide letters of support or assistance with external donors when appropriate.

2.9 **Decision Making Process by Consensus:**

Decisions will be reached by consensus in an effort to take advantage of all members' ideas and yield the highest quality decision and respecting that all participants are equal; rank, status and other external considerations aside.

2.10 **Staff Support:**

The CBOC is to be staffed by the Community Benefits Department which shall be responsible for such activities as scheduling meetings, preparing agendas, maintaining and distributing meeting minutes, preparation and presentation of program and service descriptions for review and approval by the CBOC, submission of names of prospective new members and preparing reports as needed for CBOC review.

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**POLICY # 0086140.008**  
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**APPROVAL**

**SUBJECT:**           **RECRUITMENT OF COMMUNITY BENEFIT OVERSIGHT COMMITTEE (CBOC) MEMBERS**

**APPLICATION:**   Community Benefit Oversight Committee (CBOC)

**PURPOSE:**        To establish guidelines for the recruitment of CBOC members, to outline specific member competencies and to establish the membership approval process.

**POLICY:**           1.1    Recognizing that optimal use of charitable resources through informed community benefit decision-making requires diverse skills and expertise beyond hospital administration and clinical service delivery, prospective members will be evaluated for specific competencies and approved for membership by a consensus vote of the committee.

**PROCEDURE:**     2.1    The CBOC, or its established membership sub-committee, will develop a formal interview process to evaluate candidate competencies to ensure that the membership reflects a breadth of knowledge, experience and expertise in the following areas:

- Characteristics, dynamics and history of communities with disproportionate unmet health needs;
- Disease causal factors and primary prevention;
- Analysis of population health data and service utilization;
- Clinical service delivery;
- Local community-based organizations;
- Public sector agencies and regional policy issues;
- Area-specific expertise such as education, social services, immigration, housing, addiction, youth and family services.

2.2    Prospective members will be given a printed copy of the Charter of the Community Benefits Oversight Committee (Policy # 86140.007) to ensure their understanding of the CBOC's roles and responsibilities.

2.3    Prospective members will be presented to the CBOC for final approval.

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**POLICY # 0086140.009**  
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**APPROVAL**

**SUBJECT:** CHARTER REVIEW FOR THE COMMUNITY BENEFITS OVERSIGHT COMMITTEE (CBOC)

**APPLICATION:** Board of Directors, CBOC, CEO / President

**PURPOSE:** To allow for modification of the Charter of the Community Benefit Oversight Committee in order to maintain alignment with The PIH Organization's strategic plan and/or identified changes within the communities served.

**POLICY:** 1.1 The Charter for Community Benefits Oversight Committee (Policy # 0086140.007) will be reviewed and updated as necessary in a manner consistent with periodic review of The PIH Organization's policies and procedures.

**PROCEDURE:** 2.1 Proposed modifications to the Charter will be presented to the CBOC or its designated sub-committee for preliminary review and consideration.

2.2 Preliminarily approved modifications are presented to the CEO / President; if CEO / President rejects proposed modifications, proposal returns to CBOC for further discussion and resolution.

2.3 All modifications require final approval by the Board of Directors.