Policy

SUBJECT: **CORE PRINCIPLES OF COMMUNITY BENEFITS**

APPLICATION: Community Benefit Programs

PURPOSE: To explicitly define those principles that must be inherent, in part or in whole, in any program or activity to be claimed by The PIH Organization as community benefit. Further, to establish those principles that will serve as guidelines for the implementation and enhancement of all community benefit programs.

POLICY:

1.1 It is the policy of The PIH Organization that all community benefit programs are in alignment with, in whole or greatest part, the following core principles and that for any program to qualify as a community benefit it must, at a minimum, meet Core Principle # 1.

Core Principle #1 – Disproportionate Unmet Health Need
Programs must emphasize a "disproportionate unmet health need." For example, is there an effort to identify and include vulnerable populations or those most at-risk as determined by disease causal factors or barriers to healthcare?

Core Principle #2 – Primary Prevention
Programs should emphasize primary prevention. For example, are we engaging in one of the three primary prevention strategies: health promotion, disease prevention or health protection? Disease prevention refers to detection and primary treatment. Activities focus on persons with identified risks and may include immunizations, prenatal care, nutrition or substance abuse programs. Health protection activities largely address environmental factors.

Core Principle #3 – Building a Seamless Continuum of Care
Programs should develop evidence-based linkages between clinical services and health improvement activities delivered both inside and outside the hospital. For example: Ambulatory Care Sensitive (ACS) hospitalizations are reduced when the continuum of care links diseases and resulting hospitalizations (such as pneumonia; flu, UTI's asthma, COPD, etc.) to a clear, clinical objective. These types of admissions are higher in poorer people. The community benefit program should address the complimentary association between preventable disease and preventable hospital admission.

Core Principle #4 – Community Capacity Building
Programs should focus on targeting charitable resources that mobilize and build capacity within existing community assets. An asset includes the spectrum of local helping agencies as well as disease-focused community agencies such as the American Cancer Society.

Questions asked should include: How does this program build on what already exists? How does this program reduce duplication of service, reduce cost or link directly to populations at-risk? How does this program bring the community together to solve or make an impact on a health problem?

Core Principle #5 – Collaborative Governance
Programs should emphasize collaboration with community stakeholders. Useful typology for clarification of this principle is: How does this community benefits program advance collaborative governance through:

- Networking – exchanging information and altering activities for mutual benefit to achieve a common purpose;
- Cooperation – exchanging information, altering activities and sharing resources for mutual benefit or achieving common purpose or;
- Collaboration – exchanging information, altering activities, sharing resources and enhancing the capacity of another for mutual benefit and achieving a common purpose.