



## **Advancing the State of the Art in Community Benefit Demonstration**

### **Community Benefit/Community Health Managers Job Description Guidelines**

The following is a guideline for individuals at facilities charged with CB/CH management to outline areas of competency, principles, and scope of responsibilities. For section I, it is understood that some competencies may be divided among different staff members. The ASACB Core Principles outlined in section II should be listed for all individuals with CB/CH responsibilities. Section III should be used as an outline to list specific job responsibilities in current job descriptions. The outline should be used to accomplish the following:

- Re-organize and group responsibilities to clearly designated categories (with % FTEs)
- Identify and outline specific responsibilities not in current descriptions
- Identify specific current responsibilities that are impractical and/or inappropriate, given a clearer understanding of CB/CH responsibilities.

The net outcome for the newly framed job responsibilities should be a clearer articulation of the full scope of responsibilities for CB/CH staff, increased accountability associated with those responsibilities, and a re-allocation of impractical/inappropriate responsibilities to other departments and/or staff.

#### **I. Core Competencies**

Community Benefit/Community Health Managers should possess the following competencies in order to effectively carry out their responsibilities:

- Knowledge/experience of populations and communities in PSA
- Demonstrated skill in partnership development with diverse community stakeholders
- Expertise in review and interpretation of population health data and information
- Knowledge of public health concepts (e.g., levels of prevention, epidemiology)
- Expertise in the design and implementation of project monitoring strategies
- Demonstrated knowledge of clinical service delivery

It is understood that many current CB/CH staff do not possess all the skills outlined in this section. Explicit articulation of these competencies will provide a basis for the identification of areas for skill development support to be provided by system offices (if relevant), as well as areas for ongoing support from system office staff. Of equal importance, these competencies provide an important basis for future hiring.

## **II. Core Principles**

Community Benefit/Community Health Managers understand their responsibility to ensure that their hospital fulfills its charitable obligations in the most cost-effective and sustainable manner. In order to achieve this goal, they are guided by five core principles, including:

- **Disproportionate Unmet Health-Related Needs** – Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention** – Address the underlying causes of persistent health problems.
- **Seamless Continuum of Care** – Emphasize evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity** – Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance** – Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

## **III. Job Responsibilities**

### **A. Community Outreach**

- ID community assets and explore opportunities to mobilize
- Represent hospital on community bodies
- Build relationships with key community stakeholders

### **B. Community Assessments**

- Data collection and analysis
- Partner engagement
- Priority setting

### **C. Project Planning**

- Community engagement
- Project design
- Resource development
- Monitoring design

### **D. Project Management**

- Meetings with partners
- Coordinate activities

- Periodic review
- Documentation
- ID and engage new partners
- Re-design/enhancement (Responsible to periodically evaluate and make necessary design changes in all existing and proposed activities counted as community benefits to bring them in line with core principles. Activities that do not meet necessary criteria will not be counted as community benefits. )

#### **E. Project Implementation**

- Staffing of special events
- Clinical service delivery

#### **F. Project Monitoring / Evaluation**

- Data collection and analysis
- Partner engagement/management
- Documentation of results

#### **G. In-Reach / Communications**

- Secure and coordinate participation of clinicians and other employees
- Reporting to decision-making bodies
- Develop annual reports/plans
- Newsletters / email updates

#### **H. Educational Development**

- Ongoing review of current literature
- Attend educational sessions (e.g., conferences, workshops)