

# Reference II.

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## COMMUNITY BENEFIT CATEGORIES FOR HOMES AND SERVICES FOR THE AGING

### A. COMMUNITY HEALTH SERVICES

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These categories of community benefit services provided by homes and services for the aging are organized to be consistent with the preceding section, but include examples specific to continuing care settings. Throughout the community benefit report, be careful not to double-count.

#### A1. Community Health Education

**Count:**

- Participation in community-wide health promotion programs
- Health fairs (except when primarily used for marketing)
- Lectures or workshops by staff to community groups
- Education for community members on special topics, such as how to care for elderly family members or how to manage certain chronic conditions, like Alzheimer's disease
- Other education and outreach, such as CPR training or nutrition classes

#### *Support groups*

**Count:**

- Education, counseling, and support for resident family members (but not family and resident councils)
- Support groups for persons with certain diseases
- Bereavement groups

#### *Self-help programs*

**Count:**

- Smoking cessation clinics
- Weight loss programs
- Exercise classes

## **A2. Community-Based Health Services**

### **Count:**

- General screening programs
- Blood pressure clinics
- Eye and hearing exams
- Flu and immunization clinics

## **A3. Health Care Support Services**

### **Count:**

- Information and referral services
- Transportation for elders in the community
- Overnight arrangements and meals for family members
- Non-paid chore services
- Recreation services

### ***Resident activities***

These activities should not be included in a quantitative community benefit report because resident activities, like volunteer activities, are not an organization expense.

Include in a narrative report resident community benefit activities such as:

- Programs to help other residents
- Telephone reassurance
- Needlework and crafts to benefit others
- Oral history programs
- RSVP or Foster Grandparent programs
- Work with local schools

## **B. HEALTH PROFESSIONAL EDUCATION**

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### **B1. Student Internships in Clinical Settings**

Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit.

**Count:**

- Physicians and medical students
- Social workers
- Pastoral care
- Nurses
- Administrators
- Therapists (such as PT, OT, and speech)

### **B2. Scholarships and Funding for Professional Education**

**Count:**

- Physicians/medical students
- Social workers
- Pastoral care
- Nurses
- Administrators
- Therapists (such as PT, OT, and speech)

**Do not count:**

- Scholarships for employees

### **B3. Promoting Health Care Careers**

**Count:**

- Mentoring high school students
- School partnerships for encouraging careers
- Lectures by staff at schools

## **C. SUBSIDIZED HEALTH SERVICES**

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These are services offered despite a financial loss because they are needed in the community and would otherwise not be available in sufficient amounts.

### **C1. Special Services**

**Count:**

- Psychiatric and mental health programs
- Hospice services
- Palliative care programs
- AIDS care programs
- Adult day care
- Assessment and referral services
- Spinal cord and head injury services
- End of life services

### **C2. In-Home Services**

**Count:**

- Home health care services
- Physician, nurse, or other visitation services
- Hospice services
- Senior companion programs
- Lifeline or other phone alert systems

### **C3. Other Subsidized Services**

## **D. RESEARCH AND INNOVATION**

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This group includes the development of programs offered to others for replication, speaking to peers about innovative programs, and inviting others to see innovation firsthand. Do not count programs that are for the improvement of only your organization.

### **D1. Clinical Research**

**Count:**

- New approaches to delivery services
- Staff publication in professional literature

### **D2. Community Health Research**

**Count:**

- Research into problems of persons who are aging
- Research on problems related to chronic disease

## E. FINANCIAL AND IN-KIND DONATIONS

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This group includes funds and in-kind services donated to individuals or the community at large. In-kind services include hours donated by staff to the community while on health care organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings), and donation of food, equipment, and supplies.

### E1. Cash Donations

As a general rule, count donations to organizations and programs that are consistent with your organization's goals and mission.

**Count:**

- Contributions and/or matching funds provided to not-for-profit community organizations
- Contributions to charity events of not-for-profit organizations, after subtracting the market value of participation by the employees or organization
- Contributions provided to individuals for emergency assistance
- Scholarships to community members not specific to health care professions

**Do not count:**

- Employee-donated funds
- Emergency funds provided to employees
- Fees for tickets to sporting events
- Time spent at golf outings or other primarily recreational events

### E2. Grants

These include contributions and/or matching funds provided as a community grant to not-for-profit community organizations, projects, and initiatives.

**Count:**

- Program, operating, and education grants
- Event sponsorships
- General contributions to not-for-profit organizations or community groups

### E3. In-Kind Donations

**Count:**

- Meeting room overhead and space for not-for-profit organizations and community groups (such as coalitions, neighborhood associations, and social service networks)
- Equipment and medical supplies
- Costs of coordinating community events not sponsored by the health care organization, such as the March of Dimes Walk America (Report health care organization-sponsored community events in G1.)
- Employee costs associated with board and community involvement on work time
- Food donations, including Meals on Wheels subsidies and donations to food shelters
- Laundry services for community organizations

**Do not count:**

- Employee costs associated with board and community involvement when these are done on an employee's own time and he or she is not engaged on behalf of his or her organization
- Volunteer hours provided by hospital employees on their own time for community events (These hours belong to the volunteer, not to the health care organization.)
- Promotional and marketing costs concerning the health care organization's services and programs
- Salary expenses paid to employees deployed on military services or jury duty (These expenses are considered employee benefit.)

**E4. Cost of Fundraising for Community Programs****Count:**

- Grant writing and other fundraising costs not reported in G specific to community programs and resource development assistance

## F. COMMUNITY-BUILDING ACTIVITIES

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Community-building activities include programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the health care organization. Costs for these activities include cash, in-kind donations, and budgeted expenditures for the development of a variety of community health programs and partnerships. When funds or in-kind donations are given directly to another organization, report in E3. Remember to subtract any subsidies or grant amounts from total expenses incurred in this category.

### F1. Physical Improvements and Housing

**Count:**

- Neighborhood improvement programs, such as graffiti removal
- Neighborhood and community revitalization
- Housing rehabilitation, such as Habitat for Humanity projects

### F2. Economic Development

**Count:**

- Asking contractors to contribute to community services
- Locating services in economically disadvantaged areas
- Job creation and job training

### F3. Community Support

**Count:**

- Disaster preparedness beyond what is legally required
- Child care for community residents
- Resident activity programs open to community members
- Expanding existing services to include more low- and middle-income persons

### F4. Environmental Improvement

**Count:**

- Recycling
- Reducing disposable materials
- Energy usage audits
- Waste management programs
- Other environmental responsibility activities



## **F5. Leadership Development and Training for Community Members**

### **Count:**

- Language and cultural skills training
- Life and civic skills training
- Career development
- Technical assistance for organizations and groups

## **F6. Coalition Building**

## **F7. Advocacy**

### **Count:**

- Advocacy to improve public health, transportation, or housing
- Advocacy to improve access to health care by uninsured persons
- Advocacy for needed services for elderly persons
- Administrator or staff positions on community service organization boards
- Testifying on behalf of issues important to the welfare of residents and participants

### **Do not count:**

- Advocacy specific to facility or organization operations and financing

## **G. COMMUNITY BENEFIT OPERATIONS**

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Community benefit operations include costs associated with dedicated staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.

### **G1. Dedicated Staff**

#### **Count**

- Staff costs for the management of community benefit programs (not counted elsewhere)
- Staff costs to coordinate community benefit volunteers

### **G2. Community Health Needs Assessments**

### **G3. Other Resources**