

# Community Benefits Reporting



Wisconsin Hospitals:  
Connecting With Our Communities

## Background

Wisconsin hospitals provide hundreds of millions of dollars in community benefits. But those facts are not getting out in the clear and consistent way that they should. In addition to providing care to those who cannot pay, and absorbing losses due to government programs not paying what it costs to provide care, hospitals are running free clinics, health screenings and educational programs that are designed to improve the health status of the entire community.

The Wisconsin Hospital Association and its member hospitals just launched a statewide voluntary Community Benefits Reporting Initiative. By the middle of this year, Wisconsin hospitals will begin reporting community benefits they provide and illustrate with real life stories the impact that these programs have on citizens and patients in our communities. Wisconsin residents will hear about the many thousands of activities carried out and millions of dollars spent by hospitals to improve the health and lives of citizens they are dedicated to serving in their communities.

## The WHA Community Benefits Survey

All hospitals will collect data related to the financial, human, and material contributions they make to their communities. WHA is using a survey to collect this information and will then publicly report it later this summer.

WHA President Steve Brenton said hospitals are committed to increasing the amount of information that they provide to their communities—including community benefit reporting. “The public reporting of community benefits, along with quality and safety measures and hospital prices, demonstrates the hospital field’s willingness to be publicly accountable for efforts to improve patient care and collaborate with our communities,” according to Brenton. “The bottom line: measuring and reporting will ultimately improve all that we do,” he said.

**Did you know? Wisconsin hospitals provided more than \$550 million in uncompensated care in 2004 according to The Uncompensated Health Care Report.**

## Caring for our Communities: Hospital Community Benefits Reach Real People

Community benefits go beyond direct patient care services and are often provided at a financial loss to the hospital. Wisconsin hospitals hold multitudes of free clinics and health screenings, sponsor dental health programs that provide free sealants, to name just a few examples. And, if the hospital owns a nursing home, it frequently operates it at a financial loss as a benefit to the entire community. Community benefit programs save lives and change lives. Here are a few examples of how hospitals are helping people.

### **Meriter Hospital, Madison: “Immunizing” Area Kids’ Teeth Through Seal Dane**

Thanks to a program funded by Meriter Hospital in Madison, more children than ever can truthfully cry out television’s most famous dental phrase: “Look, ma! No cavities!”

Dental access and preventing tooth decay is a major public health issue today. To help children who don’t have a regular dentist, Meriter sponsors Seal Dane. Funded by Meriter Community Relations, with voucher support from the Meriter Foundation, Seal Dane is the first school-based dental sealant campaign to target third graders in Madison and Dane County Schools. This health effort, a collaboration between Meriter and Dane County Public Health, is designed to provide free sealants to eligible children and raise awareness of the importance of dental health. During the 2004-2005 school years, Seal Dane reached 550 students with oral health education, and 431 students received sealants on 1,480 teeth.

### **Columbia St. Mary's, Milwaukee: Huiras Family Ozaukee Community Health Clinic: Patient Turnarounds**

The Huiras Family Ozaukee Community Health Clinic provides ongoing care to many patients with chronic and complex diseases. Often it is difficult to see the full impact of our work, but occasionally we see patients who make clear and dramatic turnarounds in their health because of the Clinic. Two such stories show the impact of skillful diagnostics and treatment available to all.

Shelly was a middle-aged woman who worked hard as an in-home caregiver and as a beautician. Unfortunately, neither of these service-industry jobs provided health coverage. When she began to have fluid retention problems, she knew she needed medical help. She came to the Clinic and was diagnosed with severe kidney failure. She was helped to receive fairly expensive medication and now is in full remission. As her health returned, Shelly was able to gain employment in a job with health coverage. She no longer needs the services of the Clinic, but her life is much better for the service she did receive.

John, an uninsured man in his twenties, came to the Clinic for what he was sure was just a chest cold. Since Clinic clients receive the same attention to detail and quality of care as any Columbia St. Mary's patient, his physician was careful to make a complete diagnosis. John's symptoms were not consistent with a simple chest cold and he was sent to a pulmonologist for further work-up. A bronchoscopy helped to diagnose a rare fungal infection, which required six months of antifungal medication. John was helped to apply for pharmaceutical charity programs to cover the cost. He did make a full recovery from what could have been a disabling or fatal condition. The service provided by the Huiras Family Ozaukee Community Health Clinic made a profound difference in his life.

### **Gundersen Lutheran, La Crosse: Free Screening Saved My Life, By Edwin Christie, La Crosse**

I read an article in the paper about a free screening for abdominal aortic aneurysms with the attention-grabbing headline, "Aneurysm screening can save lives." It also caught my attention because my father had an abdominal aortic aneurysm in his 80s.

I was surprised to learn that as a man over the age of 60, with my family history and the fact that I've been a smoker for 50 years, I was five to six times more likely to develop an aneurysm. That was enough to convince me to call for an appointment.

As I left the house to go to the screening, I jokingly said to my wife, Barbara, "I'll call you from the ER." While I had no symptoms to suggest I had a problem, I still had a nagging suspicion they might find an aneurysm...after all, I had all these risk factors.

I first suspected something might be wrong when the young man doing the screening called over a more experienced person to verify the results. They were concerned enough at what they found to suggest I go straight to the emergency room. They were very convincing. I called my wife and told her I'd meet her at Gundersen Lutheran...this time it wasn't a joke.

Tests confirmed I had an enlargement in my abdominal aorta, the main artery that runs from the heart to the lower abdomen. The aneurysm was about the size of a lemon. Tests also showed I had a tear of the inner lining which is the first stage before an aneurysm bursts. Once an aneurysm ruptures, it usually means death.

Soon after the diagnosis, I had surgery to repair the aneurysm. Although it was my first time in the hospital, I wasn't scared. As a retired dentist I've learned to remain calm. I also knew I was in great hands.

