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Wisconsin Hospitals:
Connecting With Our Communities

Community Benefits Reporting

Background

Wisconsin's hospitals are committed to serving their communities. Many hospitals trace their beginnings to the work of religious orders or community leaders who organized a hospital to serve the poor and the sick. Health care organizations embrace that mission today by developing community programs dedicated to meeting the health care needs of the community, both within the hospital and outside of it.

Hospitals provide millions of dollars in free care to those who cannot pay for their care. Along with that, millions more are used to provide community education programs designed to address chronic health programs, or to provide health screenings. In 2006, hospitals provided more than \$182 million in charity care and spent \$63 million on community health improvement services, which included community education and outreach services, immunizations, free or discounted prescription drugs, and many others. In addition, Wisconsin hospitals operate or support nearly 80 free clinics.

While the mission to “improve the health and well-being of all people, especially the poor,” is well understood among hospital employees, hospitals have not been good at collecting and quantifying these activities and have not shared this information with the public. As a result, non-profit hospitals are under attack nationally for a variety of issues that are related to the level of benefit that they provide in the community compared to the taxes they would contribute if they were not tax-exempt. Now, Members of Congress, state legislatures and local community leaders are questioning historic tax-exempt status. Tough questions are being asked that are predicated on the assumption that not-for-profit community hospitals are little different than for-profit businesses when it comes to attitude, practice and cooperation.

A number of national organizations, including the American Hospital Association (AHA), the Catholic Health Association (CHA) and VHA, Inc., have closely examined the difficult environment. They have determined that measuring and reporting community benefits provided by not-for-profit community hospitals is a proactive means to address ongoing questions raised by policymakers. Those organizations argue that today, perhaps in contrast to years past, the community benefits role of not-for-profit health care organizations is not well understood, even by persons within our institutions and organizations. These national organizations are



Wisconsin Hospital Association, Inc.

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beginning to embrace the notion that a standardized approach to measuring and reporting community benefits that uses a uniform methodology is necessary and desirable.

In Wisconsin, many of the same circumstances are being observed. Hospitals are being questioned regarding tax exempt status, some of which have been decided in the court system. Lawsuits are being filed which allege that non-profit hospitals are inappropriately billing the uninsured, and some are saying that non-profit hospitals appear to be behaving much like for-profit organizations. The WHA Board, after reviewing the state and national environment, established a Task Force on Community Benefits and charged it to review these issues and determine if a WHA-led Wisconsin initiative on community benefits is necessary or appropriate. That Task Force recommended WHA initiate, and the WHA Board approved, a voluntary reporting system of community benefits, which it has done. The first annual statewide community benefit report was completed in 2006.

WHA Community Benefit Reporting Initiative

- WHA provided the first annual statewide, voluntary community benefit report for Wisconsin hospitals in late summer, 2006.
- The WHA Community Benefit Reporting Initiative includes community benefits that are categorized into two main areas: charity care and government program underfunding.
- Important Community Benefit Definitions
 - Charity Care: free or discounted health and health-related services provided to persons who cannot afford to pay and from whom no payment is expected. (Charity care will be calculated using costs, not charges.)
 - Government Program Underfunding: the shortfall between payment and costs of providing services to recipients of only the Medicaid program.
- Five general activities make up what will commonly be considered community benefits. Those include: community health, education and prevention services; health professional education; subsidized health services; research; and financial contributions.

What Do Community Benefits Look Like?

Community benefits can generally be categorized in five areas. Examples of items from each of those five categories are below:

- Community Health, Education & Prevention Services
 - community health education
 - community based clinical services
 - health care support services
- Health Professional Education
 - physicians/medical students
 - nurses/nursing students
 - scholarships/funding for professional education
- Subsidized Health Services
 - emergency and trauma care
 - neonatal intensive care
 - burn unit



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- hospice/home care/adult day care
- behavioral health
- Research
 - clinical research
 - community health
- Financial Contributions
 - cash donations
 - grants
 - in-kind donations

How Does My Hospital Tell Its Story?

The Community Benefits Report is a significant step forward in qualitatively showing the value of Wisconsin hospitals to their communities. However, numbers alone cannot convey the direct impact of hospitals in their community—that is why *telling* the hospital story is so important.

What does it mean to “tell your story?” It means providing engaging examples of the role community hospitals play in Wisconsin. It means telling the public, community leaders, the news media and policymakers about what your hospital does in and for your community to address health care needs. To help you think through this, take a look at the following examples from across the state...

Story #1: St. Mary’s Hospital and Medical Center, Green Bay: A Woman’s Place

Rosa is a young woman and mother of two children. She was introduced to A Woman’s Place (AWP) in her English as a Second Language class as they came to AWP for a tour and a breast self-exam class. She was so excited to hear about all of the services and information that AWP could offer her. In addition, she enrolled in the Reproductive Cancer Screening Program, had her exam, and later found out that her pap smear was abnormal. Because she was so concerned and afraid, she came back to AWP to receive more information about her health and the Hispanic Health Educator assisted her in applying for Prevea Clinic and SMH’s Community Care program so that she could receive the treatment needed. She is currently going to follow up appointments every month at Prevea and is glad she received the help and care needed to maintain good health. Now she will also be able to have a mammogram due to the Packer Pink Hat Fund. This fund provides mammograms and diagnostic breast services to women not eligible for the Wisconsin Well Woman’s Program due to their age.

Fransisca is a 60 year old Latina who has been living in the USA for several years with her 16-year old son. She has a full-time job working in a hotel as a housekeeper with no medical benefits. She attends St. Willebrod Church in Green Bay and attended one of the free cardiovascular screenings offered by AWP at the parish. While she was at the screening, she complained about severe abdominal pain that she had been having for several months. When the nurse providing the screening checked her abdomen, she knew that something was wrong and immediately referred her to the local community clinic for medical care. The next day she was diagnosed with uterine cancer. She had surgery the following week and began chemotherapy treatments. While undergoing chemotherapy, she returned to AWP to utilize the American Cancer Society Loan Closet to obtain a wig and some hats. She stated that the reason she had not gone to the doctor was her work schedule, lack of transportation and the impossibility of scheduling an appointment at the local clinic. The screenings were more available to her. It has been one



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year since Fransisca finished her chemotherapy and was told by her doctor that the cancer was gone. She stated that in some way AWP's screening saved her life and hopes that we can continue providing this needed service.

Story #2: Columbia St. Mary's, Milwaukee: Huiras Family Ozaukee Community Health Clinic

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.

Localize the Message

Every Wisconsin hospital has a story to tell. As your hospital prepares its community benefits report, look for the "stories" that your communities need to hear. Develop that story line (make sure to share it with WHA) and then relay that important message to your communities.

Consider the following as you prepare to tell your story:

- The impact of your hospital programs in your community
- How your hospital works with the community to address community needs
- Why your hospital engages in free or reduced-cost services
- Examples of your hospital's programs and services
- Examples of the outcomes of your hospital's programs/services

Contact WHA's Mary Kay Grasmick for assistance in telling your story to the media.

Contact WHA's Jenny Boese for assistance in telling your story to policymakers.

Contact WHA's Mandy Ayers for assistance in completing the WHA community benefit survey

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(for assistance with online Community Benefit Reporting tool)

Related Resources

WHA Website

<http://www.wha.org/communityBenefits/default.aspx>

http://www.wha.org/pubArchive/special_reports/ServePointPaper5-08.pdf

<http://www.wiservepoint.org>

<http://www.wiservepoint.org/report.aspx>

2007 WHA Community Benefit Report – published aggregated statewide report

2007 WHA Community Benefit Storybook – stories that personalize hospital's community service

2006 WHA Community Benefit Report - published aggregated statewide report

2006 WHA Community Benefit Storybook – stories that personalize hospital's community service

American Hospital Association – Community Accountability and Transparency

<http://www.wha.org/AHApaper11-07.pdf>

AHA's Online - ACHI Community Health Assessment Toolkit (posted 4-3-08)

http://www.wha.org/CommunityBenefits/ACHI_CHAT1-24-08.ppt (powerpoint)

http://www.wha.org/CommunityBenefits/ACHI_CHAT1-24-08.pdf (pdf)

Community Health Assessment Toolkit flyer (posted 4-3-08)

http://www.wha.org/CommunityBenefits/ACHI_CHAT.pdf

