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## THE COMMUNITY BENEFITS COLUMN Do Your Community Benefits Have Impact? Part 2

## BY ROBERT M. SIGMOND

My last column was the first of a three-part series on the impact of community benefits projects and covered the importance of targeting specific communities so that any impact can be documented, approved and appreciated by community leadership.

This column will focus on general areas of relevant community benefits projects and their measurable goals. Based on well-established responsibilities of health care institutions to their communities (see sidebar), the W.K. Kellogg Foundation-funded Hospital Community Benefit Standards spelled out three specific areas for institutionally sponsored projects: improving health status, addressing problems of medically underserved populations, and containing the growth of community health care costs.

|   | ×    | In each of the three areas, the within a specified time frame. | standards call for measural  | ole objectives to be achieved |
|---|------|--|------------------------------|-------------------------------|
| ļ |      | $^{ m J}$ within a specified time frame. '                     | When spelled out in this way | /, the project's quantitative |
| ( | obje | ectives provide a solid basis for                              | measuring the impact on the  | e targeted community          |

Projects can be designed with quantitative objectives in more than one of the three areas. For example, a project to reduce teenage pregnancy in disadvantaged families in a targeted community can simultaneously have measurable objectives related to all three areas of community benefit. Similarly, many projects designed to attack problems associated with asthma or diabetes and other conditions can simultaneously reduce community health care costs and improve the community's health status.

Frequently, community benefit projects are closely related to traditional community service projects that lack the basic elements required for measuring impact. For example, comprehensive asthma or diabetes initiatives can be designed for the entire service area without explicit quantitative objectives or community involvement. As a result, it is not possible to document the impact of these worthy efforts convincingly. Such projects can, however, become more and more credible as the application of community benefit impact management is expanded by the institution, community by community

Measurable objectives within a specified time frame, as called for in the standards, can be

expressed in terms of changes in structure, process and outcomes. In general, some programmed structural changes are required to achieve necessary changes in process. Together, achievement of these structure and process goals form the basis for eventual impact on outcomes.

This three-stage sequence in the design of community benefit objectives is necessary because changes in outcomes are never achieved overnight. Impact on outcomes takes a long time, almost always two to five years into the future. Assembling authoritative data to document this impact on outcomes almost always takes a few years beyond the actual accomplishment. Fortunately, for most projects, effective structural and process changes foretell measurable changes in outcome.

The next column will discuss the importance of incorporating a credible evaluation process in every community benefits project to document impact. Impatient readers can contact me at (215) 561-5730.

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