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*As printed in Michigan Health & Hospitals Magazine, March/April, 2000*

## THE COMMUNITY BENEFITS COLUMN

### Community Benefits are Key: Do your Community Benefits have any Impact?

BY ROBERT M. SIGMOND

*A reader of this column suggested a discussion on the impact of community benefits. How do you know if your community benefit projects are making any difference? Is it even possible to measure community benefit outcomes? Is the community able to see, become involved in, and benefit from your initiatives? If you think so, how can you be sure?*

 This column, and a few to follow, will offer some suggestions for answering these questions, which are asked most frequently whenever the bottom line is tending to turn negative. My suggestions are based on the W. K. Kellogg - funded Community Benefit Standards (see sidebar) as well as experience in helping organizations use these guidelines in successful community benefit programs throughout the country.

According to these standards, the key to achieving results is to address this issue right from the start of each of the organization's community benefit projects. Each project can be designed to document the benefit to a specific, targeted community from the organization addressing a clearly defined problem, with time-specific quantitative goals, and with a built-in evaluation methodology involving community forces as well as elements from within the organization.

Each of these four elements is essential in determining the impact of any community benefit initiative: a target community, a relevant project, quantitative goals, and an evaluation methodology. A target community is the most frequently missing element in community benefit projects, and the most important. There is no way to determine whether a community is benefited unless that community is clearly identified, in all of the dimensions implicit in the standard's definition of a community: a population, community organizations, a circumscribed geographic area, and shared cultural interdependence.

All health services organizations serve many such communities, some nested within each other, some separate, but all contained within the organization's service area. While many organizations define their service area as the targeted community, analysis usually reveals that the service area is too diffuse to meet all four of the required characteristics.

Eventually, any health service organization will want to target each of the communities in its

service area, but initially that is not practical. The best approach at the beginning is to target communities in which staff has been involved with community organizations in traditional community service initiatives, involving community health problems and opportunities.

As a general rule, a health services organization that is programming in terms of the community, rather than multiple communities, has not yet begun to think about the impact of community benefit initiatives, let alone about how to measure the impact.

Future columns will be devoted to the other three elements of a recommended approach to measuring community benefit outcomes: relevant projects, quantitative goals and evaluation methodology. Impatient readers can contact me at

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