

The Governance Institute

Sample Committee Charter: Community Health & Benefit Committee (including mission fulfillment and advocacy)

Purpose

The purpose of the community health and benefit committee is to ensure the hospital/system executes its mission and provides benefit to the communities it serves based on an assessment of community health needs.

Responsibilities

In fulfilling its charge, the community benefit committee is responsible for the following activities and functions:

- Review and recommend a board policy and goals on community health improvement.
- Ensure focus on the mission.
- Ensure that management conducts a community health needs assessment (CHNA) at least every three years in accordance with tax-exemption standards/requirements.
- Hold management accountable for implementing strategies to meet the needs of the community, as identified in the community health needs assessment.
- Develop community benefit goals, parameters, and metrics that align with the results of the CHNA.
- Monitor the effectiveness of community engagement plans and programs that serve to improve the health of and strengthen ties to the communities served.
- Ensure that the organization effectively addresses social determinants of health (e.g., housing, access to health food, employment, financial strain, behavioral health, personal safety).
- Oversee the organization's annual community benefit reporting.
- Advise management on trends and evolving health needs in the community.
- Coordinate with the community outreach staff to identify and address important and relevant community issues and communicate with key external stakeholders (e.g., community leaders, potential donors).
- Oversee educational programs to help the community understand social determinants and behavioral health issues and to reduce stigma.
- Advocate for the hospital/system and the communities served.
- Assist with public policy initiatives (as requested by management).
- Keep abreast of major state and national issues relating to healthcare.
- Perform an annual committee self-assessment; review the committee charter and advance recommendations for any changes to the board for approval.

Composition

The committee should consist of seven to nine members; the senior-most person in charge of mission is often staff to the committee. It should include non-board members with connections to the community and needed expertise such as the following:

- Understanding of underserved and vulnerable populations in the community and their health needs
- Social determinants of health and how they affect quality and cost of care
- IRS reporting requirements related to tax-exemption and community benefit investment/measurement; laws and regulations related to non-profit organizations
- Organizational transformation and innovation
- Non-traditional and unique business partnerships/affiliations
- Community orientation; community education programming
- Public health background
- Public policy background
- Legal understanding of the board's role in advocacy and lobbying

The CMO/VPMA and quality committee chair should attend meetings periodically to integrate community health strategy/activities with quality improvement and population health goals. The general counsel should work periodically with this committee to ensure that all advocacy efforts are consistent with tax-exemption requirements.

Meeting Schedule

The committee should meet two to four times a year.