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# THE COMMUNITY BENEFITS COLUMN

## Community Benefits are Key: Community Benefit and Diversity, Part I

BY ROBERT M. SIGMOND

*Health services management today is emphasizing the value of diversity, especially in response to varied patient populations and labor markets. However, as yet, little attention has been given to diversity in community benefit programs.*

Many of these programs have focused more attention on particular population segments than on the entire diverse community. Generally, populations singled out for community benefit initiatives are disadvantaged and underserved and most deserving of priority consideration. But when the focus is on benefiting a special population, with no explicit relationship to overall community-wide goals, then such initiatives may not actually benefit the community. They may even have the opposite effect, of supporting two-track medical care: one track for the advantaged and a separate track for the disadvantaged. Our history demonstrates the contradiction in "separate but equal" policies. Diversity initiatives should be designed to unify rather than to divide.

The problem stems from the two quite distinct meanings of the word "community" in the community benefit literature. The accepted definition in the New York University Community Benefit Standards, also adopted by the Health Research Education Trust of the American Hospital Association Healthy Communities Coalition, emphasizes the sense of interdependence and belonging among the diverse people and organizations within a circumscribed geographic area. An equally valid dictionary definition is of a population group sharing common characteristics or interests, perceived as distinct in some respect from the larger society within which it exists. From one perspective, the two definitions are completely contradictory, reflecting community interest versus special interest. From another perspective, they are closely related, especially if one sees special interest groups as the necessary elements of any targeted geographic community.

For community benefit programming, both definitions are important and useful, especially when special population initiatives reflect and nurture a sense of interdependence with the other diverse populations and organizations in the target geographic area.

All geographic communities consist of community elements, such as the Afro-American community, the church community, the senior citizens community, the provider community, and so many more. Each of these reflects at least some sense of interdependence with the others. With hardly any exception, however, every organization in any community is more closely committed to special interests than to broad community interest. This is not only true of health services organizations but also of church organizations, business organizations, and all the others. My experience in community initiatives suggests that, in the absence of a crisis, any organization that claims to put community first, ahead of its unique mission, has not yet faced up to its community responsibilities realistically.

Effective community initiatives depend on finding and exploiting linkages between the stronger special interests and the weaker community interests of every organization in ways that benefit the entire community. Future columns will explore opportunities to promote collaboration among special interest community elements to benefit the diverse geographic community that they share.

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