



# Results of a National Salary Survey of Community Benefit Professionals

April 2018

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## Snapshot of Findings

Details on community benefit professionals selected from the results of a national survey.

- Community benefit professionals are highly educated, as 67.2% of survey respondents hold a Master's degree or doctorate.
- Manager and Director are the most common titles for community benefit positions.
- Over half of the survey respondents (51.5%) have been in a job with responsibility for community benefit for five years or less.
- 65.6% of hospital facilities/systems represented in the survey have a dedicated budget for community benefit. Over the past three years, 38.7% of community benefit budgets have increased.
- Over three-fourths of the respondents (78.5%) indicated they have other job responsibilities in addition to community benefit; 57.8% have responsibility for community health/community education.
- Over the past three years, 85.8% of the survey respondents indicated their responsibilities for community benefit have increased.
- 64.3% of survey respondents engaged consultants for community benefit. Of the hospitals that engaged consultants, 91.6% used consultants to conduct the Community Health Needs Assessment.
- Job challenges include:
  - Budget constraints and lack of resources
  - Heavy workloads
  - Data collection and reporting for community benefit
  - Communicating the value of community benefit to a variety of stakeholders
  - Regulatory concerns
  - The changing environment
- Rewards of the job include:
  - Addressing the health needs of the community
  - Building community partnerships
  - Engaging with community members
  - Supporting the hospital mission
  - Providing capacity building and technical assistance for hospital staff and community organizations
- Nationally, the largest group (23% of respondents) earned an annual salary of \$61,000 to \$75,000, while 55.4% of respondents earned more, and 21.6% earned less. 74.6% of survey respondents received a pay increase in the past 12 months.

## Introduction

Community Benefit Connect provides resources for community benefit professionals by offering curated information, best practices and up-to-date resources. One of our focus areas is to support community benefit practice. With this in mind, Community Benefit Connect undertook a national salary survey of community benefit professionals in order to provide information on their experience in the field, their job functions and salary levels. This information can be used for benchmarking and to better understand the community benefit workplace.

## Method

A review of the community benefit literature was conducted to obtain information on the employment and salaries of community benefit professionals. No employment or salary information was identified in the published literature.

A survey was undertaken using Community Benefit Connect's registered members. Community Benefit Connect is a publicly-available, national website that has registered members. Registration is free and only requires that persons interested in accessing the full site provide their names and contact information.

The survey was created using SurveyMonkey® online survey software. Community Benefit Connect members were invited to complete the survey and provided with the survey link. The surveys were anonymous: no survey participant or employer names were collected. The survey introduction explained that participants could skip questions and exit the survey at any time. The survey was available from 11/20/17 to 3/9/18; in that time period, 131 persons responded to the survey.

## Overview of Respondents

### Geographic Regions

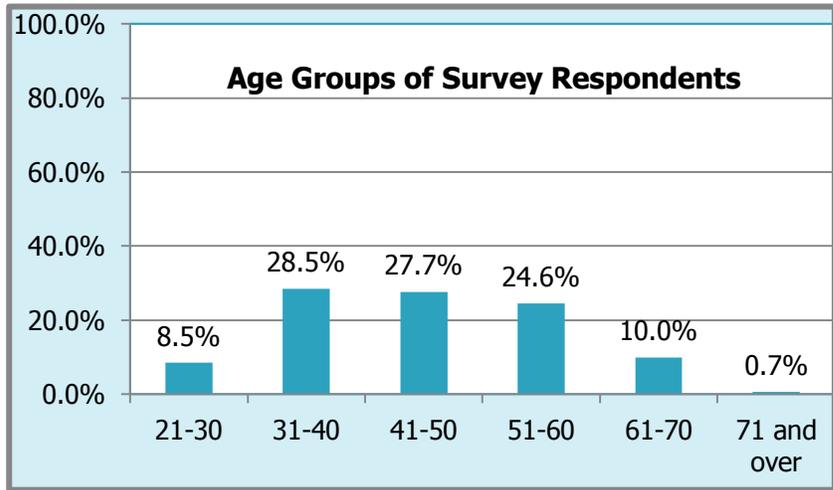
The survey respondents were asked to identify the states where they worked. Persons from 33 states responded, and the responses were combined into geographic regions. The largest number of survey respondents worked for hospital facilities in Midwest states (38.2%) and Western states (33.6%). Sixteen percent (16%) of the participants were from the Northeast region, and 12.2% were from the South/Southeast region. See Appendix 1 for a list of the participant states by region.

### Gender

The majority of survey respondents (91.6%) identified their gender as female; 8.4% identified as male.

### Age Groups

Among survey participants, the age groups with the largest percentage of respondents were 31 to 40 years old (28.5%) and 41 to 50 years old (27.7%).



### Highest Education Level

Among survey respondents, 62.6% hold a Master's degree, 28.2% have a Bachelor's degree, 4.6% have a doctorate and 3.1% have an Associate's degree; 1.5% of respondents have no college degree.

### Years of Experience

Over half of the survey respondents (51.5%) have been in a job with responsibility for community benefit five years or less, and 48.5% have been in a community benefit role for six or more years.

Years	Years of Experience in a Role with Responsibility for Community Benefit	Years of Experience in Current Role
Less than one year	11.5%	13.1%
1 year to 5 years	40.0%	47.7%
6 to 10 years	20.8%	19.2%
11 to 15 years	12.3%	12.3%
More than 15 years	15.4%	7.7%

## Survey Findings

### Position Titles

Survey participants listed their job titles and the titles were then grouped in categories. The most common titles for community benefit positions were Manager and Director. Other titles with community benefit responsibility included: Analyst, Coordinator, Specialist, Supervisor and Vice-President. A list of community benefit job titles from the survey can be found in Appendix 2.

### Community Benefit Departments

Individual survey responses were grouped into areas or departments where community benefit is housed in the hospital organization; only 8.4% of respondents worked in a separate Community Benefit department. By far, the largest percentage of respondents (29.8%) worked in a Population Health/Community Health/Community Outreach department. Community benefit was also housed in a number of other departments, including: finance, government affairs, marketing, mission, philanthropy, public relations and strategy. A list of department names grouped by section can be found in Appendix 3.

### Budgets

Respondents indicated that 65.6% of the hospital facilities/systems have a dedicated budget for community benefit; 34.4% do not. Over the past three years, 38.7% of community benefit budgets have increased, 18.9% have decreased and 42.4% have stayed the same.

	Increased	Decreased	Stayed the Same
Over the past three years, the budget for community benefit	38.7%	18.9%	42.4%

### Scope of Role

Among the survey respondents, 52.7% indicated they were responsible for community benefit at a hospital level, 45.0% were responsible for community benefit at a health system level, and 2.3% of the respondents were in some other role.

Over three-fourths of the respondents (78.5%) indicated they have other job responsibilities in addition to community benefit. The total in the chart below is greater than 100% since respondents could select more than one job responsibility category.

Other Responsibilities	Percent Response
Community health/community education	57.8%
Population health	31.4%

Other Responsibilities	Percent Response
Marketing/Communications/Public Relations	19.6%
Planning and Business Development	19.6%
Grant Writing	14.7%
Government Affairs/Advocacy	13.7%
Finance	9.8%
Foundation	5.9%

Over the past three years, 85.8% of survey respondents indicated their responsibilities for community benefit have increased.

	Increased	Decreased	Stayed the Same
Over the past three years, responsibilities for community benefit	85.8%	0.8%	13.3%

### Community Benefit Team Members

When asked the number of people working on the community benefit team, 119 individuals responded:

- 91 respondents indicated they employed full-time employees on the team: of those 91 teams, 44% engaged 1 FTE and 22% engaged 2 FTEs.
- 39 respondents indicated they employed part-time employees on the team, with 59% of them engaging 1 part-time employee.
- 11 respondents indicated they engaged interns on the team; of those 11, 54.5% engaged 1 intern.
- 4 respondents indicated they worked with volunteers on the team; 50% (2 respondents) engaged 1 volunteer.

The hospital facilities/systems that employed full-time employees in community benefit averaged 3.63 community benefit FTEs. Those that employed part-time employees in community benefit averaged 1.92 part-time employees. Hospital facilities that engaged interns with community benefit averaged 3.9 interns, and those that engaged volunteers with community benefit averaged 7 volunteers.

	Average	Mode	Maximum
Full Time Employees	3.63	1	50
Part Time Employees	1.92	1	8
Interns	3.9	1	12
Volunteers	7	1	16

Over half (52%) of the survey respondents stated that the number of staff members dedicated to community benefit has stayed the same over the past three years.

	Increased	Decreased	Stayed the Same
Over the past three years, the number of staff members dedicated to community benefit	28.8%	19.2%	52.0%

### Community Benefit Consultants

64.3% of survey respondents engaged consultants for community benefit; 35.7% did not engage consultants. Of the hospitals that engaged consultants, 91.6% used consultants to conduct the Community Health Needs Assessment. The table below lists consultant responsibilities; the total is greater than 100% since respondents could select more than one area where consultants were engaged.

Consultant Responsibilities	Percent Response
Community Health Needs Assessment	91.6%
Implementation Strategy	24.1%
Measurement/impact evaluation	18.1%
State and/or Federal (Schedule H) reporting	16.9%
Grant writing for community benefit program funding	14.5%
Planning	12.0%
Counting/recording community benefit (i.e. CBISA, spreadsheet)	10.8%
Meeting facilitation	9.6%
Reporting to internal and/or external stakeholders	6.0%
Other: community benefit audit, presentations, workshops	3.6%

### Job Challenges

When asked what they found most challenging about their jobs, the survey respondents identified challenges and concerns. These responses have been grouped into six themes.

- Budget constraints and lack of resources
- Increasing workloads and accountability
- Data collection and reporting community benefit
- Communicating the value of community benefit to a variety of stakeholders
- Regulatory concerns
- The changing environment

Additional information on these themes can be found in Appendix 4.

### Rewards of the Job

When asked what they found to be the most rewarding about their jobs, the survey respondents identified what was worthwhile and satisfying. These responses have been grouped into five themes.

- Addressing the health needs of the community
- Building community partnerships
- Engaging with community members
- Supporting the hospital mission

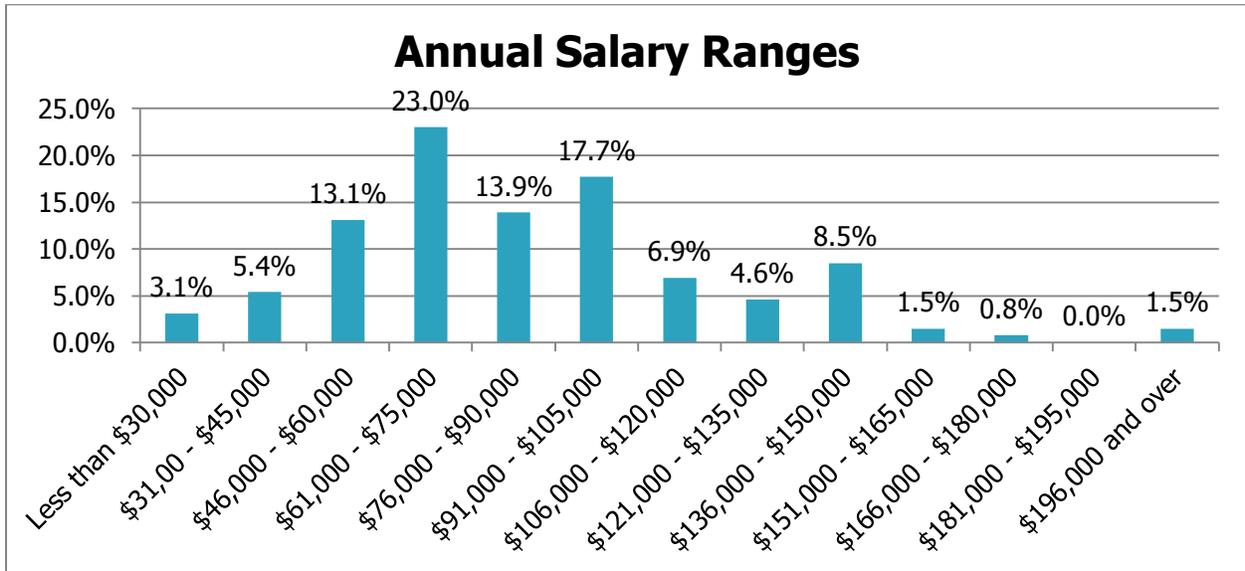
- Providing capacity building and technical assistance for hospital staff and community organizations

Additional information on these themes can be found in Appendix 5.

## Salaries

### Salary Ranges

Salary ranges for the community benefit survey respondents are detailed in the chart below. 23% of respondents earned an annual salary of \$61,000 to \$75,000. 74.6% of survey respondents received a pay increase in the past 12 months.



When salary ranges were grouped by geographic regions, Western state respondents had the highest salaries. South/Southeast region respondents had the lowest salaries overall but also had the highest percentage of persons with salaries from \$76,000 to \$90,000.

Salary Ranges	All States	Northeast	South Southeast	Midwest	West
<b>Less than \$30,000</b>	3.1%	5.0%	6.3%	2.0%	2.3%
<b>\$31,000 to \$45,000</b>	5.4%	0.0%	12.5%	8.0%	2.3%
<b>\$46,000 to \$60,000</b>	13.1%	20.0%	25.0%	10.0%	9.1%
<b>\$61,000 to \$75,000</b>	23.0%	30.0%	12.5%	36.0%	9.1%
<b>\$76,000 to \$90,000</b>	13.9%	10.0%	18.8%	12.0%	15.9%
<b>\$91,000 to \$105,000</b>	17.7%	15.0%	12.5%	16.0%	22.7%
<b>\$106,000 to \$120,000</b>	6.9%	0.0%	0.0%	10.0%	9.1%
<b>\$121,000 to \$135,000</b>	4.6%	10.0%	6.3%	4.0%	2.3%
<b>\$136,000 to \$150,000</b>	8.5%	5.0%	6.3%	2.0%	18.2%
<b>\$151,000 to \$165,000</b>	1.5%	5.0%	0.0%	0.0%	2.3%
<b>\$166,000 to \$180,000</b>	0.8%	0.0%	0.0%	0.0%	2.3%
<b>\$181,000 to \$195,000</b>	0.0%	0.0%	0.0%	0.0%	0.0%
<b>\$196,000 and over</b>	1.5%	0.0%	0.0%	0.0%	4.5%

When asked if their salaries were aligned with the skills, responsibilities and competencies they possess for the job, on average, 65.8% of the respondents indicated agreement. 57.3% survey respondents, on average, felt their salaries were aligned with others in the organization at similar levels of expertise and responsibility, and 57.9%, on average, felt their titles were aligned with others in the organization. The responses to these questions ranged from 0% to 100% agreement, indicating a wide divergence among opinions.

	<b>Average</b>	<b>Median</b>	<b>Mode</b>	<b>Range</b>
In your opinion, is your salary aligned with the skills, responsibilities, and competencies you possess for the job?	65.8%	70.5%	100%	0% - 100%
In your opinion, is your salary aligned with others in your organization who are at a similar level of expertise and responsibility?	57.3%	55%	50%	0% - 100%
In your opinion, is your title aligned with others in your organization who are at a similar level of expertise and responsibility?	57.9%	64%	100%	0% - 100%

## Appendix 1 Participant States by Region

Northeast	South/Southeast	Midwest	West
CT	AR	IA	CA
MA	FL	IL	CO
MD	GA	IN	MT
NH	KY	KS	NM
NJ	NC	MI	OR
NY	TN	MN	WA
PA	TX	MO	
	VA	ND	
		NE	
		OH	
		SD	
		WI	

## Appendix 2 Community Benefit Job Titles

### Analysts

- Community Benefit Financial Analyst
- Population Health Analyst
- Senior Business Development Analyst
- Strategic Reimbursement Senior Analyst

### Coordinators

- Community Benefit Coordinator
- Community Engagement Coordinator
- Community Health Coordinator
- Coordinator for Community Engagement
- Engagement & Outreach Coordinator
- Marketing & Community Relations Coordinator
- Program Coordinator
- Special Projects Coordinator

### Directors

- Associate Director, Community Benefit Systems & Planning
- Clinical Director, Community Health & Well-Being
- Director
- Director of Community Benefit
- Director of Community Benefit & Community Health
- Director of Community Benefit & Patient Relations
- Director of Community Engagement
- Director of Community Health
- Director of Community Health & Outreach
- Director of Community Health Engagement
- Director of Community Health Improvement
- Director of Community Outreach
- Director of Community Partnerships & Population Health
- Director of Community Relations
- Director of Mission Integration & Community Benefit
- Director of Operations for the Center for Population Health
- Director of Physician and Community Services
- Director of Public Relations
- Director of Strategic Planning

- Division Director of Community Health
- Divisional Director of Community Outreach
- Executive Director
- Foundation Director
- System Director

#### Managers / Program Managers

- Community Benefit & Health Manager
- Community Benefit Manager
- Community Benefit Program Manager
- Community Health Improvement Manager
- Community Health Manager
- Community Health Outreach Manager
- Community Health Programs Manager
- Community Outreach Manager
- Manager
- Manager of Community Behavioral Health
- Manager of Community Benefit
- Manager of Community Benefit Compliance
- Manager of Community Benefit Program
- Manager of Community Health & Benefit
- Manager of Community Health Improvement
- Manager of Community Health Needs
- Manager of Community Outreach – Lifestyle Medicine
- Manager of Community Relations
- Manager of Customer Experience & Community Engagement
- Mission & Community Benefit Programs Manager
- Program Manager
- Program Manager, Community Benefit
- Special Projects Manager
- Strategic Development Manager

#### Officers / Vice-Presidents

- Chief Community Benefit Officer
- Vice-President of Healthy Communities
- Vice-President of Mission Integration
- Vice-President of Public Health

### Specialists

- Community Benefit Specialist
- Community Health Specialist
- Community Impact Specialist
- Senior Community Benefit Specialist
- Senior Community Outreach Specialist
- Senior Specialist

### Supervisors

- Community Health Supervisor
- Supervisor, Community Health Operations

### Others

- Accountant
- Administrative Assistant to the Community Benefit Coordinator
- Community Health Assessment Planner
- Community Health Educator
- Community Health Worker
- Community Relations Representative
- Consultant
- Facilitator Outreach
- Lead, Community Health
- Senior Accountant

## **Appendix 3 Community Benefit Departments**

### Community Benefit

- Community Benefit
- Community Benefit & Healthier Communities
- Community Benefit / Accounting

### Finance

- Accounting
- Finance

### Government Affairs

- Government & Community Relations & Finance
- Government Affairs
- Government Relations
- Government Relations & Outreach

### Marketing

- Business Development
- Marketing / Development
- Marketing
- Market Support
- Marketing & Community Outreach
- Communication & Marketing / Marketing & Communications
- Marketing & Community Relations

### Philanthropy / Mission

- Advocacy Institute
- Charitable Foundation
- Foundation
- Philanthropy
- Mission
- Mission & External Relations
- Mission Integration
- Mission Operations
- Social Responsibility

### Population Health / Community Health / Community Outreach

- Center for Population Health
- Population Health
- Community Partnerships & Population Health
- Community Advancement
- Community Health
- Healthy Communities
- Community Health & Community Benefit
- Community Health & Well-Being
- Community Health & Wellness
- Community Health & Outreach
- Community Outreach
- Community Outreach & Engagement
- Community Outreach / Lifestyle Medicine
- Community Health Improvement
- Community Health / Administration
- Community Medicine
- Community Services
- Community Wellness
- Community & Preventive Care Services
- Engagement & Outreach
- Health & Wellness
- Health Project
- Special Needs & Community Outreach

### Public Relations / Public Affairs

- Community Affairs
- Community Engagement
- Community Relations
- Community Relations & Development
- External Affairs
- Public Affairs
- Public Affairs & Brand Communications
- Public Relations
- Public Relations / Marketing

### Strategy

- Health System Strategy & Business Development

- Planning
- Strategic & External Relations
- Strategic Development & Implementation
- Strategic Planning
- Strategy
- Strategy & Community Health
- Strategy & Development

Other

- Administration
- Consultant
- Diversity
- Guest Services
- Quality

## Appendix 4 Job Challenges

### Budget constraints and lack of resources

- Obtaining funding for programs and projects.
- Tight budgets and doing more with less.
- Balancing community health improvement during tough financial years for the organization.
- Defending community benefit programs. I would say the biggest challenge has been the change in reimbursement for health care. Reductions in reimbursements have hit us hard, which has meant major cuts.
- Gaining support at the hospital level, finding space in the budget to implement outreach programs.
- The demands of addressing community needs with shrinking resources.
- Not having the internal resources to implement projects, programs and strategies.
- Increased expectations and goals, but decreased resources to achieve those expectations and goals.

### Increasing workloads and issues of accountability

- Lack of staff. Finding the time to get everything done.
- Being a department of one and having multiple hospitals and increasing responsibilities.
- Having enough time to create meaningful community benefit programs.
- Increasing work expectations.
- Competing priorities with other work responsibilities.
- Balancing the variety of demands/projects.
- I work with teams at each of our hospitals but the staff does not report to me.
- We administer the charitable funds for community benefit and business donations, document and restrict appropriately, but have little authority to direct the spending, or prevent "uncountable" allocations of funds.

### Data collection and reporting community benefit

- It takes detective work to hunt down the community benefit efforts from cost centers across the health system.
- We must report accurately and in a timely fashion, but no one is mandated to provide information to us.
- The most challenging part is engaging hospital employees to report their data.
- Educating people around what can be counted as community benefit.
- Engaging multiple hospitals in the health system with reporting community benefit. I am only one person and it is a challenge to ensure I am capturing all the community

benefit at each hospital.

- Finding all of the reportable community benefit, developing and implementing strategies systematically, evaluating the impact of strategies.
- Measuring outcomes or program impact.
- Lack of resources to measure impact, e.g. analytical capacity.
- Making certain the compliance measures are met throughout the system.
- Evaluation of programs across an institution where people don't fully understand what to do or how to do it, and do not report directly to me.
- Showing meaningful outcomes / population health improvement in the three-year CHNA and Implementation Strategy timeline.

### Communicating the value of community benefit to a variety of stakeholders

- Constant messaging to internal and external stakeholders to express the value and impact that community benefit programs have on hospital operations and quality.
- Communicating that community benefit is not "a random act of kindness", that it is strategically planned by professional colleagues.
- Educating others on the purpose of community benefit. It is so much more than just reporting dollars on the Form 990 Schedule H.
- Engagement of internal staff.
- Engaging the community on new initiatives.
- Being the bridge between the community and the hospital leadership.
- Community benefit has never been a "front burner" issue and is always at the end of priorities.
- Convincing senior leadership to take a more proactive approach to community benefit.
- Getting the leadership team to see the need for proactive community projects beyond traditional charity care and unpaid Medicaid.
- Lack of communication and alignment among community benefit projects within and outside of the hospital.
- Executive leadership is not aligning strategy with our CHNA. The CHNA and implementation plans are still viewed mostly as an IRS requirement when, in my opinion, they should drive strategy.
- Lack of understanding and support for community benefit, especially in terms of budgeting for it and tracking it.
- Organizational politics and the focus on marketing versus spending on improving community health.
- Lack of leadership prioritization around investment in community benefit.

### Regulatory concerns and the changing environment

- Ever-changing environment of health care and new regulations/reporting requirements.
- Federal reporting.
- Responding to the changing federal environment particularly around immigration and health care reform.
- Interpreting the federal rules.
- Keeping up with all the State and Federal rules regarding community benefit.
- The state Attorney General guidelines and IRS guidelines don't align.
- The challenge of meeting unfunded mandates.
- Adapting to changing system-level requirements.

## Appendix 5 Rewards of the Job

### Addressing the health needs of the community

- Actively and directly helping the community; making a difference.
- Helping community members gain access to care and programs that they may have been unaware of.
- Seeing the effects that providing free classes and programs can have on families and individuals.
- Making a difference in the mental and physical health for our most vulnerable community members.
- Seeing programs that come out of the CHNA develop and make an impact on community health.
- Connecting organizational assets to the needs in the community.
- At year-end, seeing all the amazing work being done to improve the health and wellbeing of our community.
- Being able to advocate for disadvantaged populations.
- Helping the most vulnerable populations get access to health needs; address the social determinants of health in our communities.
- Helping the community to be better equipped to lead healthier lives.

### Building community partnerships

- Being able to partner with others to impact the health of our community.
- Building relationships with community partners.
- Connecting the community to the hospital in a positive way.
- Connecting interventions, collaborating with nonprofits and addressing health equity.
- Interacting with many different internal and external stakeholders.
- Dedicating additional resources to support communities, such as local hires, procurement, etc. It's forced some real innovation in my organization.
- Giving grants to community partners.
- Working with community nonprofits and other local organizations.
- Working with other hospitals on the CHNA.
- Finding organizations that can apply health literacy education as a component of community benefit.

### Engaging with community members

- Engagement with the community and a chance to see our work firsthand.
- Engaging community stakeholders to align with our vision for community health improvement. This is powerful.

- The ability to serve my community.
- Seeking out the wonderful things we do in the community.
- Understanding the needs of the community.
- Meeting and helping people.
- Providing health education for community members.

#### Supporting the hospital mission

- Working with people in and outside the hospital who share the same mission and vision for serving the underserved.
- Ensuring the organization is helping the community.
- Living out the mission and legacy of our founders.
- The mission of community benefit - meeting unmet needs.
- Knowing that the work my employer does is making a difference.

#### Providing capacity building and technical assistance

- Knowing we are assisting the hospital system to maintain its tax-exempt status; therefore, changing the lives of our most vulnerable community members.
- Being a technical resource for our hospitals.
- Offering support to staff.
- Having the opportunity to engage with so many different people throughout the system, sleuth through their projects and programs to find the community benefit. Then through documentation and reporting, give them a monetary "total" for the work they are doing that contributes to community benefit.
- Providing the tools and training for our grassroots, hospital-level community benefit colleagues to do their best work outside of the hospital walls.
- Working with the dedicated staff who, in spite of budget limitations and constant changes, are determined to address the needs of our patients and community.
- Moving the 'system' into a social determinants frame for community benefit.
- Working with individuals at various sites, planning and organizing the process, hearing the stories of community benefit activities.
- Opportunities to strategize how to effect change in communities.