Swedish Covenant Hospital

2012 Community Health Needs Assessment

In the spring of 2012, Swedish Covenant Hospital (SCH) embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

Swedish Covenant Hospital is a comprehensive health care facility providing health and wellness services to Chicago's North and Northwest side communities. This 323-bed hospital is one of the few independent, nonprofit hospitals in the area. Its 600 physicians and 2,200 employees remain focused on the hospital's mission of providing compassionate, high quality care in a healing environment. An established teaching hospital, Swedish Covenant Hospital offers a range of medical programs, including the latest cardiac, cancer, orthopedic, surgical, women's health, back health and emergency services.

Swedish Covenant Hospital (SCH) maintains a department dedicated to addressing its outreach objectives of serving the entire community, not only those who come through its doors. Building on a long tradition of service, the Community Relations Department utilizes hospital strengths alongside those of other well-established community partners. This strategy allows SCH to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs. The goal is to improve the community's health status by empowering citizens to make healthy lifestyle choices.

Definition of the Community Served

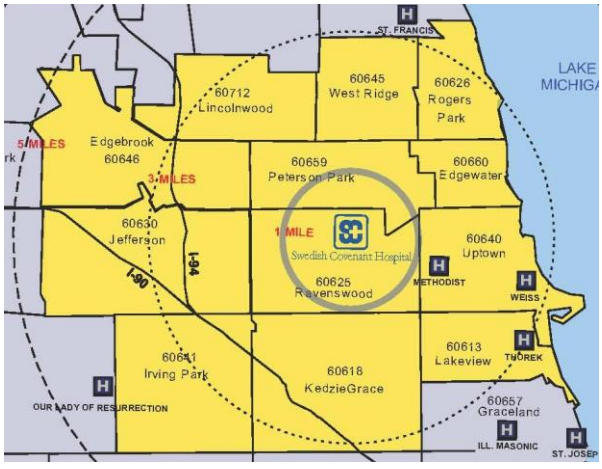
[IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

Swedish Covenant Hospital completed its last Community Health Needs Assessment in 2009.

CHNA Community Definition

SCH's community, as defined for the purposes of the Community Health Needs Assessment, included each of the residential ZIP Codes that comprise the hospital's Primary Service Area (PSA) and Secondary Service Area (SSA), including: 60613, 60618, 60625, 60626, 60630, 60640, 60641, 60645, 60646, 60659, 60660 and 60712. A geographic description is illustrated in the following map.

This community definition was determined because the majority of SCH's patients originate from this area.



Demographics of the Community [IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's service area is estimated at 631,311 people. It is predominantly non-Hispanic White (63.66%), but also has substantial Hispanic (28.75%) and Asian (10.87%) populations.

As throughout the state and nation, our population is aging, with 10.94% currently age 65 and older. This is projected to increase in coming years, as is the need for services to meet the health needs of this older population.

Median household income is below the state average at $48,386, and 12.37% of the families in our population remain below the poverty level.

US Census QuickFacts	SCH Service Area (c)	Cook County	Illinois
Population, 2012 estimate	631,311	5,231,351	12,875,255
Population, 2010	626,806	5,194,675	12,830,632
Persons under 5 years, percent, 2011	6.7%	6.6%	6.4%
Persons under 18 years, percent, 2011	20.65%	23.5%	24.1%
Persons 65 years and over, percent, 2011	10.94%	12.1%	12.7%
Female persons, percent, 2011	49.87%	51.5%	50.9%
White persons, percent, 2011 (a)	63.66%	66.0%	78.0%
Black persons, percent, 2011 (a)	8.58%	25.0%	14.8%
American Indian and Alaska Native persons, percent, 2011 (a)	0.6%	0.8%	0.6%
Asian persons, percent, 2011 (a)	10.9%	6.5%	4.8%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	.05%	0.1%	0.1%
Persons reporting two or more races, percent, 2011	3.63%	1.7%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	28.75%	24.4%	16.2%
White persons not Hispanic, percent, 2011	50.07% (d)	43.7%	63.3%
Living in same house 1 year & over, percent, 2007-2011	NA	86.3%	86.7%
Foreign born persons, percent, 2007-2011	NA	21.0%	13.7%
Language other than English spoken at home, percent age 5+, 2007-2011	47.4%	34.0%	22.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	83.9%	83.7%	86.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	40.96%	33.7%	30.7%
Veterans, 2007-2011	NA	232,373	770,388
Mean travel time to work (minutes), workers age 16+, 2007-2011	37.6	31.8	28.1
Housing units, 2011	289,827 (d)	2,175,941	5,297,318
Homeownership rate, 2007-2011	43.5% (d)	59.8%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	77.4% (d)	53.9%	32.9%
Median value of owner-occupied housing units, 2007-2011	$258,085	$256,900	$198,500
Households, 2007-2011	262,998	1,934,771	4,773,002
Persons per household, 2007-2011	2.35	2.64	2.62
Per capita money income in the past 12 months (2011 dollars), 2007-2011	NA	$29,920	$29,376
Median household income, 2007-2011	$48,386	$54,598	$56,576
Persons below poverty level, percent, 2007-2011	12.37%	15.8%	13.1%

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
(c) SCH Service Area statistics are all based on 2013 estimates, except for row Population, 2010, which is based on 2010 Census Data.
(d) Based on 2013 Population Estimates provided by Nielsen.

Existing Healthcare Facilities & Resources [IRS Form 990, Schedule H, Part V, Section B, 1c]

Swedish Covenant Hospital recognizes that there are many existing healthcare facilities and resources within the community that are available to respond to the health needs of residents. These organizations include the following:

Acute-Care Hospitals/Emergency Rooms

- North Shore University Health Systems
- St. Francis Hospital
- Illinois Masonic Hospital
- Our Lady of Resurrection Health Care
- Lutheran General Hospital
- St. Joseph Hospital
- Lurie Children's Hospital
- Northwestern Memorial Hospital
- Thorek Memorial Hospital
- Weiss Memorial Hospital

Federally Qualified Health Centers & Other Safety Net Providers

- Erie Family Health Centers (FQHC)
- Heartland Health Centers (FQHC)
- Asian Human Services (FQHC)
- Access Health Services (FQHC)

Nursing Homes/Adult Care

- Covenant Home
- Bradley Place
- The Hartwell
- Harmony Health Care & Rehabilitation
- Ambassador Nursing Home
- Continental Nursing Home
- Peterson Park Nursing Home
- Lincolnwood Place
- Alden Health Care & Senior Living

Mental Health Services/Facilities

- Erie Family Health Centers(FQHC)
- North River Mental Health Center
- Community Counseling Centers of Chicago (C4)

Emergency Medical Services (EMS)

- City of Chicago EMS Division
- Lincolnwood Fire Department

Home Healthcare

- NorthShore University System Home Health Care
- Presence/Resurrection Home Health Care
- Home Health of Illinois
- All About HHC
- Apple
- Med Life

Hospice Care

- Rainbow Hospice
- Horizon Hospice & Palliative Care
- Midwest Palliative & Hospice CareCenter

School Health Services

- Heartland Health Centers (Roosevelt High School and Hibbard Elementary)
- Erie Family Health Center (Amundsen High School)

Other Community-Based Resources

- Community Counseling Centers of Chicago (C4)
- Albany Park Community Center
- Korean American Community Services
- Centro Romero
- Polish Initiative of Chicago
- World Relief Chicago
- Cambodian Association
- Hanul Family Alliance
- Jane Addams Resource Corporation
- Hamdard Center for Health and Human Services

Collaboration [IRS Form 990, Schedule H, Part V, Section B, 4]

The Community Health Needs Assessment was sponsored by the Swedish Covenant Hospital Foundation, in cooperation with the Metropolitan Chicago Healthcare Council (MCHC). The project also received input from several Community Health Needs Assessment Focus Groups, which were comprised of representatives of the partnering organizations as well as other citizens chosen for their relevant experience and interests.

CHNA Goals & Objectives

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2009, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Swedish Covenant Hospital. Subsequently, this information will be used to inform decisions and guide efforts to improve community health and wellness.

The Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The 2012 PRC Community Health Needs Assessment serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase the accessibility of preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by PRC, with input from SCH and the other community sponsors.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 515 individuals age 18 and older in the Swedish Covenant Hospital Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Swedish Covenant Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC). For statistical purposes, the maximum rate of error associated with a sample size of 515 respondents is ±4.4% at the 95 percent level of confidence.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Swedish Covenant Hospital Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- Illinois Department of Public Health
- Illinois State Police
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect city-level data (City of Chicago) where possible, and county-level data (Cook County) where city data are unavailable.

Community Stakeholder Input

[IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As part of the Community Health Needs Assessment, seven focus groups were held among key informants in the community on June 21-22 and July 11-12, 2012, each focusing on needs within different geographies or among certain populations.

These key informant focus groups allowed for input from persons with special knowledge of or expertise in public health, as well as others who represent the interests of key cultural groups represented in communities served by Swedish Covenant Hospital. In all, 50 key informants participated, including physicians, other health professionals, social service providers, business leaders, minority organizations and other community leaders.

Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions. Specific names/titles of those participating are available upon request.

Participant Type	Date	Geographic Focus
Community Leaders	June 21, 2012	Cook County
Community Leaders	June 22, 2012	North Chicago
Community Leaders	July 11, 2012	SCH Service Area
Key Informants Serving Polish Population	July 11, 2012	SCH Service Area
Key Informants Serving Hispanic Population	July 11, 2012	SCH Service Area
Key Informants Serving Asian Indian Population	July 12, 2012	SCH Service Area
Representatives of Swedish Covenant Hospital	July 12, 2012	SCH Service Area

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

While this Community Health Needs Assessment is quite comprehensive, SCH and PRC recognize that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as persons who are homeless, institutionalized, or who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs please refer to the complete PRC Community Health Needs Assessment report, which can be viewed online at http://swedishcovenant.healthforecast.net.

Public Dissemination

[IRS Form 990, Schedule H, Part V, Section B, 5-5c]

This Community Health Needs Assessment is available to the public using the following URL: http://swedishcovenant.healthforecast.net. HealthForecast.net™ is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.

This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available at SCH's hospital website at: www.SwedishCovenant.org.

SCH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. SCH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

The following "health priorities" (listed in alphabetical order) represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the complete Community Health Needs Assessment for additional health indicators).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	• Lack of Healthcare Coverage (Age 18-64) • Inconvenient Office Hours • Cultural Competence *(focus group concern)* • Medicaid reimbursement *(focus group concern)*
Cancer	• Cancer Deaths (Including Lung, Prostate, Breast and Colorectal) • Preventive Cancer Screenings (Breast, Colorectal)
Chronic Kidney Disease	• Kidney Disease Deaths
Family Planning	• Births to Unwed Mothers • Births to Teens
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths • Hypertension Screening & Prevalence
HIV	• HIV/AIDS Deaths
Infectious Diseases	• Tuberculosis Incidence
Injury & Violence Prevention	• Firearm-Related Deaths • Homicides • Violent Crime Rate & Victimization • Domestic Violence • Child Abuse
Maternal, Infant & Child Health	• Lack of Prenatal Care • Low Birthweight • Infant Mortality
Mental Health & Mental Disorders	• Stress & Depression *(focus group concern)* • Lack of Providers/Facilities *(focus group concern)* • Insurance Barriers *(focus group concern)* • Cultural Barriers *(focus group concern)* • Coordination With Primary Care *(focus group concern)*
Nutrition, Physical Activity & Weight	• Unhealthy Weight • Fruit/Vegetable Consumption • Basic Nutritional Needs *(focus group concern)* • Unhealthy Diets - Cost, Convenience, Culture *(focus group concern)* • Children's Screen Time
Respiratory Diseases	• Pneumonia/Influenza Deaths
Sexually Transmitted Diseases	• STD Incidence (Gonorrhea, Syphilis, Chlamydia)
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Use of Alcohol (Current and Binge Drinking) • Illicit Drug Use

Prioritization Process [IRS Form 990, Schedule H, Part V, Section B, 1g, 6g]

After reviewing the Community Health Needs Assessment findings, the CHNA Steering Committee Chairpersons met with Swedish Covenant Hospital's Executive Council on Monday, January 7, 2013 and Monday, April 15, 2013, to determine the health needs to be prioritized for action in FY2014-FY1016.

The group assessed key local data findings (Areas of Opportunity) and ranked identified health issues against the following criteria:

- **Magnitude**. The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness**. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility**. The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of not addressing the problem at the earliest opportunity.

Prioritization Results

Based on the hospital's areas of expertise and partnerships with local community organizations, the Areas of Opportunity were prioritized as follows:

1. **Access to Health Services**
2. **Heart Disease & Stroke**
3. **Nutrition, Physical Activity & Weight**
4. **Mental Health & Mental Disorders**
5. **Cancer**
6. **Maternal, Infant & Child Health**
7. **Respiratory Diseases**
8. **Injury & Violence Prevention**
9. **Chronic Kidney Disease**
10. **Family Planning**
11. **Infectious Diseases**
12. **Sexually Transmitted Diseases**
13. **Substance Abuse**
14. **HIV**

Community-Wide Community Benefit Planning

[IRS Form 990, Schedule H, Part V, Section B, 6c-6d]

As individual organizations begin to parse out the information from the 2012 Community Health Needs Assessment, it is Swedish Covenant Hospital's hope and intention that this will foster greater desire to embark on a community-wide community health improvement planning process. SCH has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves.

As part of our commitment to collaboration with local community organizations, SCH engaged one class from North Park University's Masters of Nursing program to analyze results from the Community Health Needs Assessment and recommend best practices, local opportunities and local potential partnerships to enhance and improve the outcomes of the top identified health needs. These students interviewed local

organizations, prepared projects and presented to their fellow classmates ideas including the Centering Pregnancy model (embraced by Erie Family Health), enhanced breast health outreach in the Polish community, outreach through faith communities, and others. SCH will continue to explore some of these suggestions and potential partnerships for improvements in population-based health initiatives.

Additionally, members from the focus groups, along with other local civic and ethnic leaders, were invited to engage in ongoing conversation as part of a newly formed Community Health Advisory Group. This group has met frequently over the past months to discuss health care reform, funding opportunities and ways in which to educate and inform our local communities (as part of the Access to Care priority). In the coming months, this group will continue to engage in dialogue surrounding other area health needs. Swedish Covenant Hospital has served as a leader during these conversations and has also helped to identify and strengthen collaborations among other participating organizations.

Swedish Covenant Hospital

FY2014-FY1016 Implementation Strategy

For more than 125 years, Swedish Covenant Hospital has demonstrated its commitment to meeting the health needs of Chicago's north and northwest communities.

This summary outlines Swedish Covenant Hospital's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that Swedish Covenant Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Health Services**
- **Heart Disease & Stroke**
- **Nutrition, Physical Activity & Weight**
- **Mental Health & Mental Disorders**
- **Cancer**
- **Maternal, Infant & Child Health**
- **Respiratory Diseases**

Integration With Operational Planning

[IRS Form 990, Schedule H, Part V, Section B, 6e]

The FY2014 Strategic Operating Plan addresses many of the major prioritizations of the Community Benefits plan through Primary Care expansion, a Women's Health Center, and a Cardio-Pulmonary Center which will support addressing the above priorities.

Priority Health Issues That Will Not Be Addressed & Why

[IRS Form 990, Schedule H, Part V, Section B, 7]

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Swedish Covenant Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	*Reason*
Injury & Violence Prevention	*SCH has limited resources available to address injury and violence prevention. Other community organizations have infrastructure and programs in place to better meet this need; however, it should be noted that the SCH Emergency Department Chairman does participate in the Attorney General/Community Justice Center's gun violence prevention outreach initiatives. Limited resources excluded this as an area chosen for action.*
Chronic Kidney Disease	*SCH regularly partners with organizations including the National Kidney Foundation to provide free screenings to the ethnicities most vulnerable to this disease. SCH feels that efforts outlined herein to improve access to health services will also have a positive impact on chronic kidney disease and that a separate set of specific initiatives was not necessary.*
Family Planning	*Advisory committee members believe that the new partnership with Erie Family Health will not only enhance access to care but will also positively impact outreach regarding family planning education, as many uninsured individuals will be directed to Erie to establish a medical home. Erie and other community organizations have infrastructure and programs in place to better meet this need, and as a result this was excluded as an area chosen for action.*
Infectious Diseases	*Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.*
Sexually Transmitted Diseases	*SCH believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.*
Substance Abuse	*SCH has limited resources, services and expertise available to address alcohol, tobacco and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. However, the hospital is exploring the feasibility of initiating an in-house smoking cessation program, which is mentioned later in this document. Limited resources excluded this as an area chosen for action.*
HIV	*SCH believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.*

Implementation Strategies & Action Plans [IRS Form 990, Schedule H, Part V, Section B, 6f-6h]

The following displays outline SCH's plans to address those priority health issues chosen for action in the FY2014-FY1016 period.

ACCESS TO HEALTH SERVICES	
Community Partners	• Erie Family Health Center • Swedish Covenant Medical Group • Swedish Covenant Hospital's Community Health Advisory Group and Elected Officials • Land of Lincoln Health
Goal	**To improve healthcare access services by partnering with a Federally Qualified Health Center on the Swedish Covenant Hospital Campus. Also, to increase enrollment in health insurance by partnering with local ethnic and business organizations and raising awareness about the Illinois Health Insurance Marketplace.**
Outcome Measures	Number of uninsured Emergency Department patients who are subsequently transitioned to Erie to establish a medical home and apply for Medicaid or other insurance if eligible. Number of local community members who enroll through IL Health Insurance Marketplace and Land of Lincoln Health to acquire health insurance (or enroll in Medicaid if eligible).
Timeframe	FY2014-FY1016
Scope	This strategy will focus on uninsured residents within the SCH service area.
Strategies & Objectives	**Strategy #1: Identify improper utilization of the SCH Emergency Department and direct patients to Erie for care.** • Partner with Erie navigators to enroll qualified individuals in Medicaid and establish medical home with Erie Foster Avenue Health Center. • Partner with Erie to refer Erie patients to SCMG specialists when focused, expert care is needed. **Strategy #2: Partner with area navigators to identify and enroll eligible individuals into Medicaid or into insurance through the Health Insurance Marketplace.** • Conduct 5-10 information sessions at the hospital and in the community at civic and ethic organizations to educate the local community about new and expanded health care coverage options. • Assist Land of Lincoln Health in educating and enrolling local uninsured individuals and families into health insurance packages and establishing a medical home with Swedish Covenant Hospital. **Strategy #3: Provide transitional care coordination through Care Transitions Program.** • Via the hospital's Care Transitions Program, call recently discharged patients to assess educational and social support needs. • Patients identified at risk for readmission will receive a home visit by a Wellness Coach (WC). The WC performs medication reconciliation, education and assistance in scheduling physician appointments and needed transportation. • Continue to seek grants to help support the cost of this program (currently supported by grants from George A. Ackermann Memorial Fund and the VNA Foundation; however, the hospital still covers approximately $60,000 annually to support the Care Program). **Strategy #4: Expand culturally sensitive care administered by the Swedish Covenant Medical Group.** • Employ physicians who speak specific languages to better meet the needs of our diverse community. (Dr. Concepcion, Spanish-speaking cardiology; Dr. Kmiecik, Polish-speaking PCP; Dr. Nguyen, Vietnamese-speaking PCP; Dr. Hassan, Arabic speaking OB; Dr. Chama Matar, Arabic-speaking, female FM; Dr. Hanna Konarzewska, Polish speaking Electrophysiology and Women's Heart Disease). **Strategy #5: Implement Health Information Exchange and Portals for Swedish Covenant Hospital.** • Improve patient care by making the patient record more available to providers of care. • Reduce cost due to repeat testing and availability/accessibility of results. • Patient portal will allow patients to be more informed and involved in their care. They will see results and be able to review discharge instructions, request appointments, refills and communicate with their doctors.

Financial Commitment	$TBD ($60,000 (Care Transitions) + Erie partnership annual costs + $15,387 Health Information Exchange implementation first year + $35,000 annual subscription HIE (discounted to $23,507 first year) + $21,372 (annual HIE management fee)
Anticipated Outcomes	• Decrease in number of uninsured patients utilizing hospital services (due to marketplace or Erie medical home). • Strengthened partnership between Erie and Swedish Covenant Hospital – better outcomes for patients and access to specialist referrals. • Decrease in number of readmissions due to Care Transitions support. • Better patient outcomes and enhanced transparency among providers through clinical integration.
Results	*Pending*

HEART DISEASE & STROKE	
Community Partners	• Ackermann Foundation • VNA Foundation
Goal	To provide a safe transition from hospital to home. Also, to educate the community about heart disease and stroke risk factors by providing community education and blood pressure screening events featuring SCH physicians and nurses.
Outcome Measures	Reduce 30-day readmission rates for Heart Failure and Heart Attack.
Timeframe	FY2014-FY1016
Scope	This strategy will focus on patients at-risk for readmission (regardless of insurance status) as well as general community members within the SCH service area.
Strategies & Objectives	**Strategy #1: Discharge Navigators play a leading role for patient follow up and support.** • Discharge Navigators (DN) call cardiac patients discharged from the hospital within 24-48 hours to answer questions/concerns post hospitalization. • The DN arrange for additional support as necessary (home health, transportation, Wellness Coaching or telemonitoring). **Strategy #2: Wellness Coach and telemonitoring helps patients at risk for re-admission.** • Home visit by SCH Wellness Coach to review prescribed medications and provide disease specific education. • 90-day home telemonitoring for patients at risk for readmission. **Strategy #3: Educate community about risk factors and warning signs of heart disease and stroke.** • Collaborate with Stroke Education Coordinator to provide blood pressure screenings in community and education related to warning signs/risk factors for heart disease and stroke. • Collaborate with physicians to provide education to community groups.
Financial Commitment	Grant funding is $130,000 per year with SCH funding approximately $60,000 annually
Anticipated Outcomes	• Reduce 30-day readmission rate. • Improve the percent of patients with a physician appointment within 7-14 days post discharge. • Increase heart failure self-care knowledge. • Increase community awareness about risk for heart disease and stroke.
Results	*Pending*

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	
Community Partners	• Whole Foods Market Sauganash • Purple Asparagus • Mariano's Fresh Market • Budlong Elementary School • Peterson Garden Project
Goal	To educate the community and local families about healthy eating and healthy lifestyles. Also, to participate in a community garden project to increase awareness about edible gardening and healthy lifestyle habits.
Outcome Measures	Number of people educated regarding healthy eating, fitness and nutrition.
Timeframe	FY2014-FY1016
Scope	SCH service area
Strategies & Objectives	**Strategy #1: Provide community education regarding healthy eating and fitness.** • Offer a minimum of 25 programs annually focused on healthy eating, cooking, diabetes prevention or fitness – in partnership with various local grocers and organizations. • Highlight specific cultural groups to present focused nutrition information, including nutrition tips for the Indo American Center and Centro Romero. • Support community events related to fitness and nutrition, including the WTTW Kids Fun and Run. **Strategy #2: Provide year-long healthy eating and lifestyle curriculum to select students at Budlong Elementary School.** • Partner with Purple Asparagus to deliver healthy eating curriculum "Delicious Nutritious Adventures" to one grade level of students per year (consisting of one 45 min program per month). • Partner with Budlong to provide enhancements to 7th grade science and wellness curriculums through guest speakers and tours of SCH and GLC. **Strategy #3: Provide 1-1 diabetes support and community education through the SCH Diabetes Community Center.** • Provide community educational sessions regarding diabetes prevention, management and support. • Provide education through group classes as well as individual sessions to type 1, type 2, and gestational diabetics. **Strategy #4: Explore grant funding opportunities related to nutrition and healthy lifestyle habits.** • Work with SCH Foundation to identify grants and mini-grants which support nutrition initiatives, focusing on women, children or specific cultural groups within the community.
Financial Commitment	$ 15,000
Anticipated Outcomes	• Provide healthy eating curriculum to more than 250 students. • Lower A1C levels in 75% of patients visiting Diabetes Community Center. • Provide outreach and support regarding healthy eating, nutrition and fitness to more than 5,000 local community members annually.
Results	*Pending*

MENTAL HEALTH & MENTAL DISORDERS	
Community Partners	• North River Expanded Mental Health Services Program and Governing Commission • Local elected officials • Erie Family Health • Lutheran Social Services (Project IMPACT)
Goal	To expand and extend mental health services to mentally ill residents who need the assistance of their communities in overcoming or coping with mental or emotional disorders, with a special focus on early intervention and prevention of such disorders.
Outcome Measures	Reduction of improper usage of our Emergency Department for individuals with mental illness who are best suited for care in an outpatient setting. Reduction in ED recidivism for individuals with mental illness. Increase of funding for local mental health providers and social service agencies to provide care for mentally ill community members.
Timeframe	FY2014-FY1016
Scope	SCH service area
Strategies & Objectives	**Strategy #1: Serve on the North River Expanded Mental Health Services Program Governing Commission.** • Mary Shehan, Chief Nursing Officer, was appointed by Mayor Rahm Emanuel to serve as one of nine appointed commissioners overseeing the program. **Strategy #2: Decrease improper usage of the Emergency Department for mentally ill cases.** • To increase the number of mentally ill individuals being well cared for in a community setting, ultimately decreasing improper use of Emergency Department services. If and when individuals do seek care, additional resources in the community will assist SCH in providing community referrals for outpatient care. • To maintain and enhance partnership with Lutheran Social Services Project IMPACT and the care they provide through the hospital's ED. **Strategy #3: Dialogue with area legislators regarding the desperate need for mental health services and funds allocation.** • Meet with area legislators about lack of outpatient mental health services on Chicago's north side.
Financial Commitment	$5,000 in kind donation of time
Anticipated Outcomes	• Expansion of outpatient mental health services for uninsured and Medicaid patients. • Reduction in number of individuals with mental illness who present to the ED for non-medical concerns. • Reduction in ED recidivism for individuals with mental illness.
Results	*Pending*

CANCER	
Community Partners	• Rush University Medical Center • CyberKnife Cancer Institute of Chicago • American Cancer Society • Susan G. Komen Foundation • National Breast Cancer Foundation
Goal	To increase the community's access to additional research studies and advanced surgical procedures by Rush surgeons; to increase the community's access to pain-free, noninvasive treatments for complex tumors while sparing healthy tissue; to provide breast cancer screening, diagnosis and navigation to uninsured and underinsured women in our community through the Susan G. Komen Foundation and other breast health grants; to provide additional cancer screenings throughout the SCH service area, including ethnic organizations such as the Polish National Alliance.
Outcome Measures	Number of uninsured and low-income women navigated through breast care continuum. Number of uninsured and low-income women who receive breast cancer screening. Number of patients who gain access to Rush specialists or clinical trials. Number of patients who benefit from noninvasive CyberKnife treatment.
Timeframe	FY2014-FY1016
Scope	SCH service area
Strategies & Objectives	**Strategy #1: Increase local community's access to cancer screening, treatment and care, regardless of income level or insurance status.** • Continue affiliation with Rush ($29K) to increase local community's access to specialized treatment and care. • Employment of 5 oncologists through the Swedish Covenant Medical Group allows SCH to ensure a continuum of care and quality treatment for patients, regardless of insurance status. • Provide pain-free, noninvasive treatment for complex tumors to all medically qualified individuals regardless of their insurance status through the CyberKnife Cancer Institute of Chicago (CCIC), the only CyberKnife facility in Chicago. • Advocate for approval of CyberKnife to treat prostate cancer patients in Illinois (Dr. Adam Dickler, Medical Director of CCIC serves as a leader, meeting with the Medical Director of Blue Cross Blue Shield of IL to share 5 year data statistics and other supporting evidence – treatment is already approved in other states). • Apply for grant funding related to patient care enhancements, including application to federally-funded PCORI study (Patient Centered Outcomes Research Institute) – focused on patient outcome improvements through non-reimbursed care including nutrition education, physical therapy, alternative medicine, massage and health psychology integration. These treatments are provided concurrently with traditional therapies such as chemotherapy, radiation and surgery. If awarded SCH will cover approximately $55,000 in in-kind staff time. **Strategy #2: Serve the uninsured and underinsured in our local service area by providing free and reduced cost mammograms and breast cancer treatment through charity care as well as grant opportunities.** • Partner with National Breast Cancer Foundation to provide screening mammograms to at least 300 women annually. • Partner with Susan G. Komen Foundation to provide biopsies and funding toward nurse navigation. • Continue to research, identify and submit applications to further enhance our care and outreach within the local community.

	Strategy #3: Provide cancer screenings and cancer prevention educational seminars and smoking cessation initiatives throughout the community. • Provide 3-5 annual cancer screenings including: prostate, skin and cervical. • Provide at least 15 programs annually related to cancer prevention, healthy nutrition habits, fitness and other healthy lifestyle recommendations. • Explore feasibility of in-house interdisciplinary smoking cessation program.
Financial Commitment	$ 61,000 (29,000 (Rush annual fee) + $32,000 (annual navigator approximation for uninsured care delivery) Note: + $55,000 if funded by PCORI grant
Anticipated Outcomes	• Increase access to Rush clinical trials, with special focus on low volume cases. • Broader expert panel for case review with Virtual Rush/SCH tumor boards.
Results	*Pending*

MATERNAL, INFANT & CHILD HEALTH	
Community Partners	• Baby-Friendly USA • CLOCC • CEDA-WIC • Chicago Coalition for Breastfeeding • Erie Family Health • March of Dimes/VHA
Goal	To become accredited as one of the first Baby-Friendly hospitals in Chicago. To partner with Erie and CEDA-WIC to explore the creation of an outpatient lactation clinic, potentially housed within Erie Foster Avenue Medical Center.
Outcome Measures	Improve the breastfeeding rates of women delivering at the hospital and rates of breastfeeding throughout the first year of life. Decrease rate of elective inductions prior to 39 weeks gestational age.
Timeframe	FY2014-FY1016
Scope	SCH service area, with special focus on the local uninsured and Medicaid population
Strategies & Objectives	**Strategy #1: Become accredited as a Baby-Friendly hospital and explore creation of an outpatient breastfeeding clinic.** • Complete dissemination phase, including educational requirements for staff and physicians. • Educate community about our commitment as a Baby Friendly hospital and the benefits. • Apply for funding to support creation of an outpatient breastfeeding clinic on the campus of Swedish Covenant Hospital. **Strategy #2: Enhance partnership with March of Dimes and VHA on 39 week initiative.** • Partner with local ethnic groups to educate regarding the importance of minimizing non-elective induced births at less than 39 weeks gestation. • Continue to educate physicians and the community regarding the importance of baby development during final weeks of pregnancy to minimize early elective births. **Strategy #3: Consider applying for Level II NICU status.** • Evaluate the benefit for patients if SCH achieved Level II NICU status. • Reduce transfers to other hospitals if NICU status changed.
Financial Commitment	$ 21,235 ($17,235 Baby Friendly Staff Educational Costs Year One + $1,000 Baby Friendly Development Phase +$3,000 Baby Friendly Dissemination Phase + TBD NICU Level II Exploration costs)
Anticipated Outcomes	• Swedish Covenant Hospital will be designated as a Baby Friendly Hospital. • Swedish Covenant Hospital will partner on an outpatient breastfeeding clinic.
Results	*Pending*

RESPIRATORY DISEASES	
Community Partners	• Local chambers of commerce • Local ethnic organizations
Goal	To promote the importance of annual flu shots and provide SCH pharmacists as a resource for businesses and ethnic groups to offer group flu shot events throughout the community at a discounted cost. Also, to increase offerings for respiratory screenings and treatments within the new cardiology center.
Outcome Measures	Improve the identification of patients that are eligible and would benefit from Pulmonary Rehabilitation. Rehab is presently offered in the Galter Life Center and is one of the only Pulmonary Rehab programs in the Chicagoland area certified for many years through the American Association of Cardiovascular and Pulmonary Rehabilitation.
Timeframe	FY2014-FY1016
Scope	SCH service area
Strategies & Objectives	**Strategy #1: To enhance pulmonary services, as part of the GMP 4 Renovation (Women's Health Center and Cardiology suites) and work towards certification as a Pulmonary Center of Excellence.** • Expand our existing ability to provide Pulmonary Function Testing. • Add new services including Pulmonary Stress Testing using a metabolic cart. • Utilize a body box, which will enable physicians to detect certain pulmonary conditions that conventional pulmonary function testing cannot. **Strategy #2: To develop and enhance the Pulmonary Fellowship program at SCH.** • Provide fellows with a more thorough experience and education due to enhanced diagnostic tools (pulmonary function testing, body box) and respiratory screenings. **Strategy #3: To educate local businesses about importance of annual flu shots.** • Increase awareness through online and print channels about the importance of annual flu shots. • Promote availability of SCH pharmacists to provide flu shots for area business employees at a discounted price.
Financial Commitment	$ 100,000 (expansion of services and new testing offerings in Women's Health Center and Cardiology)
Anticipated Outcomes	• Identify additional eligible patients who would benefit from Pulmonary Rehabilitation. • Provide flu shots to interested local business owners and general community members.
Results	*Pending*

Adoption of Implementation Strategy

[IRS Form 990, Schedule H, Part V, Section B, 6a-6b]

On September 18, 2013, the Board of Swedish Covenant Hospital, which includes representatives from throughout Chicagoland, met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget items to undertake these measures to meet the health needs of the community.

SCH Board Approval & Adoption:

Lawrence P. Anderson, Asst. Secretary

By Name & Title

9-18-13

Date