

Swedish Hospital

Part of  NorthShore

2021 Community Benefits Report



Investing in the
health and well-being
of people in our communities



March 30, 2022

Attorney General Kwame Raoul
Chicago Main Office
11th Floor
100 West Randolph Street
Chicago, IL 60601

Re: Annual Non-Profit Hospital Community Benefits Plan Report Swedish Hospital FY 2021

Dear Attorney General Raoul:

On behalf of Swedish Hospital, I am pleased to submit the Hospital's Community Benefits Plan Report for the fiscal year ending 2021. Swedish Hospital serves a disproportionate share of elderly and disadvantaged citizens. We have been our community's safety net for emergency care and other critical needs in the Albany Park, North Park and Lincoln Square neighborhood and surrounding communities since 1886.

Swedish Hospital's Community Benefits Plan represents our multi-year commitment to addressing the significant health issues of our diverse community. Under the guidance of our Board of Directors, we continually reevaluate our community needs, and adapt our programs to reach out to our community. Through our Financial Assistance Policy, we use our charitable assets to assure to healthcare for our neighbors who lack health insurance.

Please do not hesitate to contact me if you have questions about our Report.

Yours truly,

Jonathan Lind
Chief Operating Officer

Annual Non-Profit Hospital Community Benefits Plan Report

March 31, 2022

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 - a. NorthShore University Health System- Year ended September 30, 2021 and 2020 includes Swedish Covenant Health from October 1, 2020-September 30, 2021

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: _____

Mailing Address: _____
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: ____/____/____ **through** ____/____/____ **Taxpayer Number:** _____
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. **ATTACH Mission Statement:**

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**

The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ _____

ATTACH Charity Care Policy:

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services \$ _____

Government Sponsored Indigent Health Care \$ _____

Donations \$ _____

Volunteer Services

 a) Employee Volunteer Services \$ _____

 b) Non-Employee Volunteer Services \$ _____

 c) Total (add lines a and b) \$ _____

Education \$ _____

Government-sponsored program services \$ _____

Research \$ _____

Subsidized health services \$ _____

Bad debts \$ _____

Other Community Benefits \$ _____

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Name / Title (Please Print)

Phone: Area Code / Telephone No.

Signature

Date.

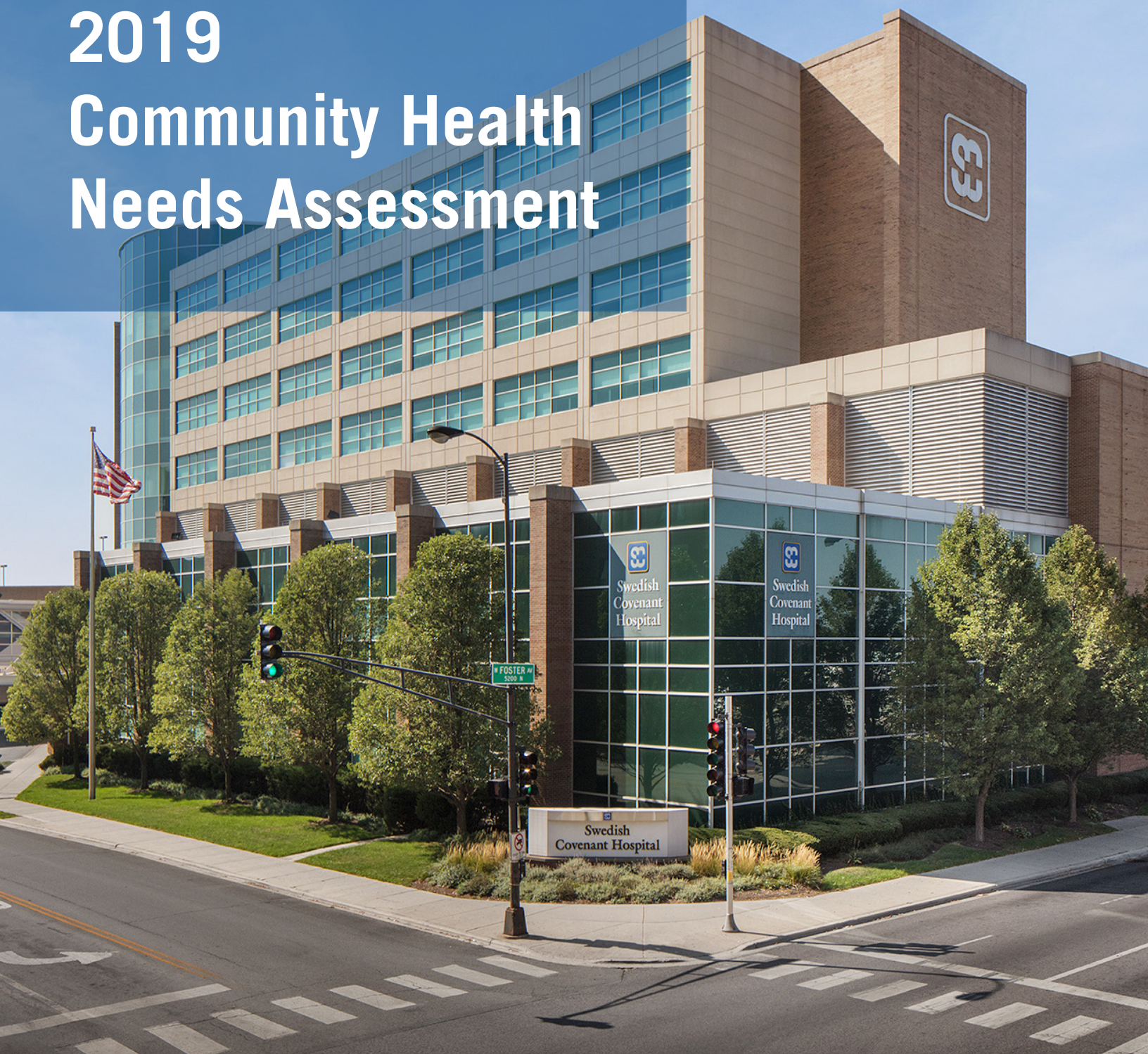
Name of Person Completing Form

Phone: Area Code / Telephone No.

Electronic / Internet Mail Address

FAX: Area Code / FAX No.

2019 Community Health Needs Assessment



Swedish Covenant Hospital
A PART OF SWEDISH COVENANT HEALTH

Swedish Covenant Hospital

2019 Community Health Needs Assessment

Introduction

Swedish Covenant Hospital (SCH) and members of the Alliance for Health Equity (AHE), a collaborative of over 30 hospitals, 7 health departments, and 100 community partners, have worked together over the last 18 months to build this comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, AHE emphasized the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. AHE chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity. As a result, the following health needs have been identified and will be prioritized within our community for FY20-22: 1) Addressing Social and Structural Determinants of Health, including Violence, Trauma and Community Safety, Conditions that Support Healthy Eating and Active Living and Housing and Neighborhood Environment ; 2) Addressing Chronic Conditions: Risk Factors, Prevention and Management, including Diabetes, Heart Disease and Hypertension, Obesity and Cancer; and 3) Improving Mental Health by Enhancing Access to Resources and Services. SCH will continue to partner with members of AHE and other key community partners within our service area to leverage existing resources and develop strategies which contribute to improving the most pressing health needs of our communities. The corresponding Community Health Implementation Plan will describe programs SCH is undertaking over the next three years to address the prioritized health needs within our community. To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook Counties, please visit <https://allhealthequity.org/projects/2019-chna-reports/>.

Our Hospital

Swedish Covenant Hospital is a part of Swedish Covenant Health, a comprehensive health care system providing a wide range of health and wellness services to Chicago's north and northwest sides.

Swedish Covenant Hospital is a 312-bed nonprofit teaching hospital, with more than 600 board-certified doctors and advanced practice providers from top medical schools and residency/fellowship programs in the country. For more than 130 years, the hospital has continually evolved to offer more than 50 academic-level specialties utilizing the latest, most advanced technology and procedures available. Swedish Covenant Hospital is an award-winning and Magnet®-recognized facility, delivering world-class care with the compassion and attention of a faith-based community organization. Swedish Covenant Hospital offers a range of medical programs, including the latest cardiac, cancer, orthopedic, surgical, women's health, back health and emergency services.

Mission, Vision and Core Values

Our Mission is to serve the physical, spiritual and emotional needs of our diverse community with professional excellence and human kindness.

Our Vision is to be our community's first-choice provider and partner in health and wellness.

Our Core Values reflect the beliefs, behaviors and assumptions of our hospital and are used as a moral guide in our day-to-day activities. They include principles that help employees provide compassionate, patient-centered care. Our Core Values are represented by the acronym **S-E-R-V-I-C-E**:

Safety
We keep people safe.
Excellence
We excel in every interaction.
Respect
We consider others.
Value
We improve quality.
Integrity
We do the right thing.
Compassion
We show that we care.
Equality
We celebrate diversity.

Services, Locations and Commitment to Community

Swedish Covenant Health serves the culturally-diverse residents of Chicago's north and northwest side communities, with a full-service hospital campus located in Lincoln Square at the intersection of Foster and California Avenues. Additionally, the organization has more than 170 providers in the Swedish Covenant Medical Group, with practices conveniently placed throughout hospital's campus and on multiple sites throughout Chicago's north side communities (including Immediate Care Centers in Sauganash and North Center) to make care accessible to our patients, wherever they are.

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 life choices.

Swedish Covenant Hospital's Participation in the Alliance for Health Equity

The Alliance for Health Equity (AHE) is a partnership between the Illinois Public Health Institute (IPHI), hospitals, health departments, and community organizations across Chicago and Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of 30+ nonprofit and public hospitals, seven local health departments, and representatives of more than 100 community organizations serving on action teams. AHE is a collaboration of Chicago and Cook County-based hospitals that strives to promote a collective impact on health outcomes in the city of Chicago through an environment that fosters learning, sharing of resources, data and best practices. They are also the driving force to facilitate and execute the Community Health Needs Assessment (CHNA) for their hospital members. SCH has been an active

member of AHE since June of 2017 when the Health Impact Collaborative of Cook County and the Healthy Chicago Hospital Collaborative merged to form the Alliance for Health Equity. Several SCH employees participate as active, engaged members of the following committees and workgroups:

- Steering Committee
- CHNA Committee
- Policy Committee
- Trauma-Informed Hospitals Collaborative
- Mental Health and Substance Use Disorders Committee
- Social and Structural Determinants of Health Committee
 - Subcommittee: Food Security/Food Access Workgroup
 - Subcommittee: Housing and Health Workgroup

Swedish Covenant Hospital's Community Ambassadors and Community Leader Engagement Program

Additionally, as part of the hospital's community outreach efforts, two programs play a critical role for SCH: the Community Ambassador Program and the Community Leader Engagement Program.

Swedish Covenant Hospital initiated a Community Ambassador Program in FY16 which consists of employees throughout the organization who live in the local community and serve as liaisons to further build bridges among neighbors. Ambassadors engage in dialogue with schools, churches, cultural groups and other local organizations to learn more directly about the community's unique needs. Ambassadors share feedback and insight with the Community Relations Department which helps guide development of programming and education to serve the community.

SCH established a Community Leader Engagement Program in FY17 as an extension of the Ambassador Program, to invite leaders from throughout the community to visit the hospital 2-3 times per year for discussion about community health needs and ways to collaborate as a community for the benefit of all. Together, the group has worked on the following health initiatives: head injury prevention/bike helmet safety, bystander CPR and community wellness (fitness, nutrition, mind/body, prevention). This Community Leader group consists of more than 100 social service organizations, health care providers, elected officials, schools and others. Some of the members include: Albany Park Community Center, Apna Ghar, Budlong Elementary School, Centro Romero, Erie Family Health, HANA Center, Heartland Health Centers, KAN-WIN, Lutheran Social Services, Neighborhood Boys and Girls Club, Purple Asparagus and Representative Greg Harris.

As part of the CHNA process, leaders from AHE met with SCH's Community Leader group to provide an overview of the CHNA and to welcome feedback. Additionally, numerous organizations from the SCH Community Leader group were active contributors to focus groups related to health care providers and social services, including immigrant and refugee-serving organizations.

Communities We Serve

SCH's community, as defined for the purposes of the Community Health Needs Assessment, includes each of the residential ZIP Codes that comprise the hospital's Primary Service Area (PSA) and Secondary Service Area (SSA): 60613, 60618, 60625, 60626, 60630, 60640, 60641, 60645, 60646, 60659, 60660 and

60712, as shown in the map in Figure 1. These zip codes encompass the following community areas in Chicago (of the 77 total geographical divisions in Chicago): Albany Park, Avondale, Edgewater, Forest Glen, Irving Park, Jefferson Park, Lake View, Lincoln Square, North Center, North Park, Portage Park, Rogers Park, Uptown, West Ridge and Lincolnwood. This community definition was determined because the majority of SCH's patients originate from these areas.

Figure 1. Map of Swedish Covenant Hospital's CHNA Service Area

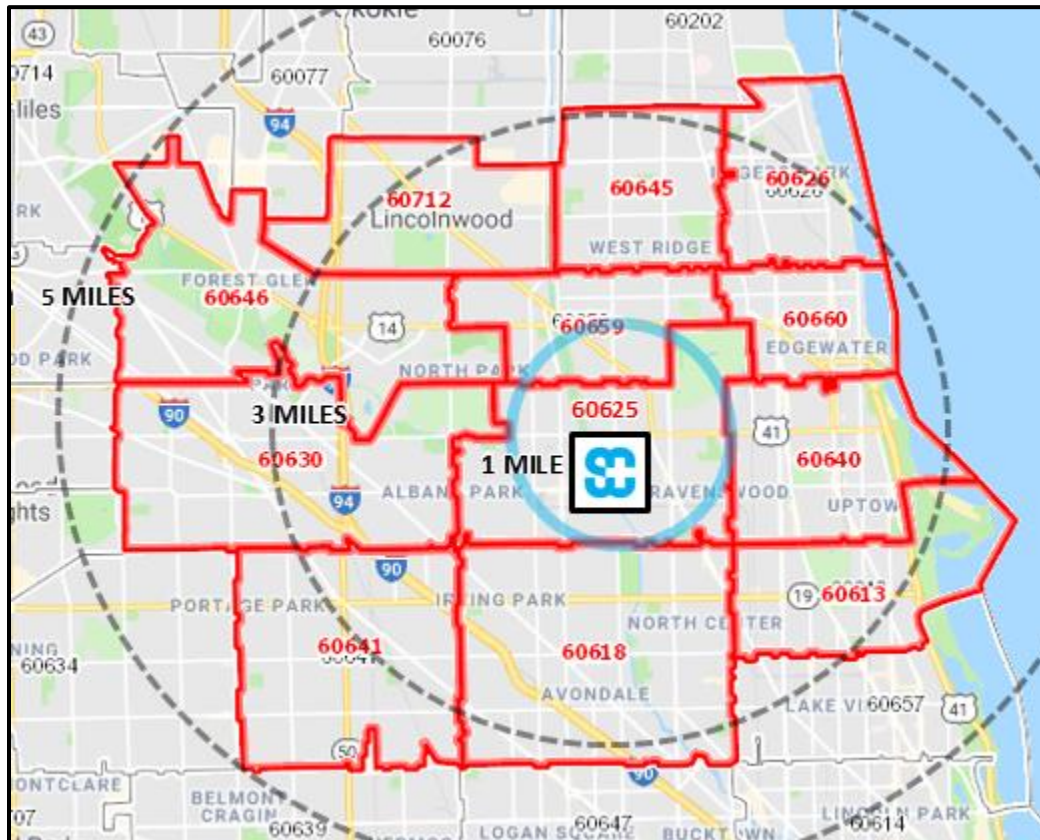
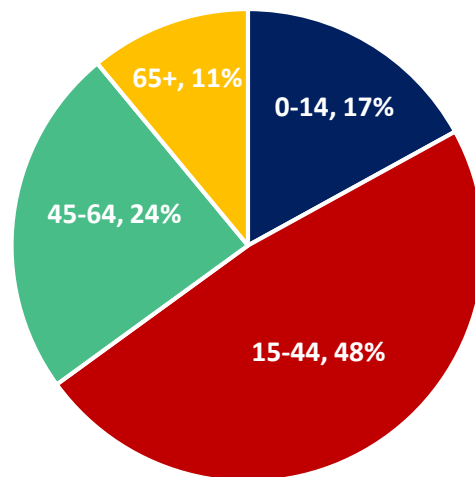
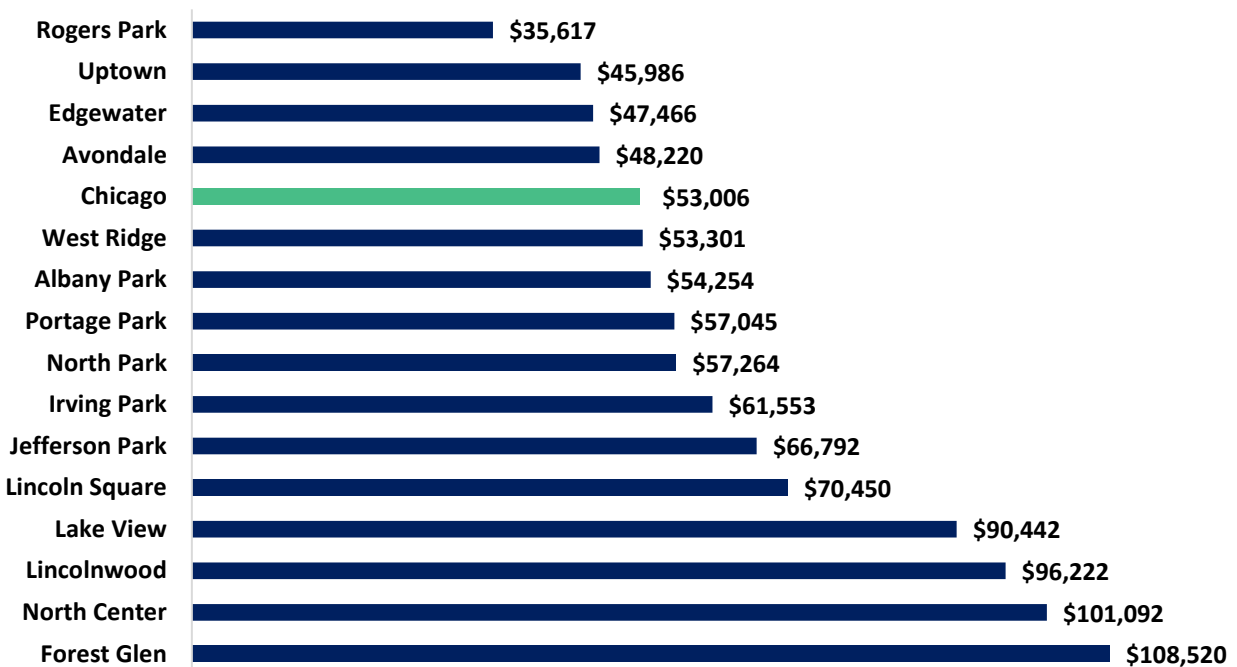


Figure 2. Age Distribution, Swedish Covenant Hospital Service Area, 2017



There is substantial variation in income across the SCH service area as shown in Figure 3. The community area with lowest median household income are Rogers Park, Uptown, Edgewater, and Avondale. More detailed information on poverty rates are on page 16 of this report. The same community areas have the highest poverty rates along with Albany Park.

Figure 3. Median Household Income, by community area, 2016



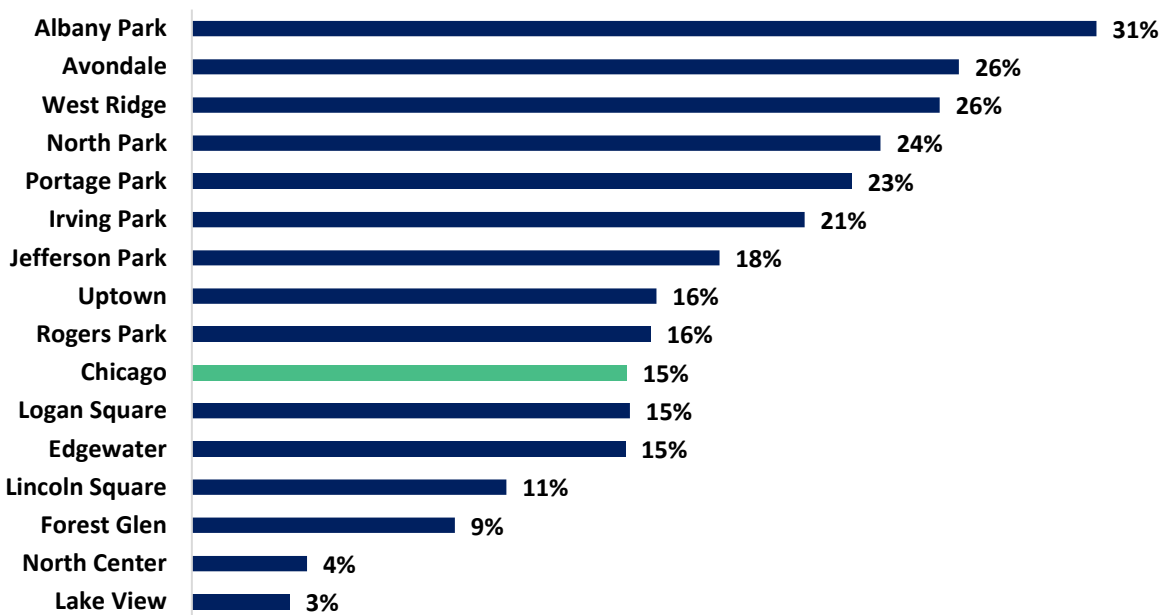
Data Source: American Community Survey (U.S. Census Bureau), 2012-2016

Swedish Covenant Hospital serves a very diverse population, and many of the community areas are home to large immigrant and refugee populations. As shown in Figure 4, over a quarter of the population in Albany Park, Avondale, and West Ridge identifies as limited English speaking. Overall, 17%

of the population in the SCH service area is limited English speaking. Figure 5 shows the top languages other than English spoken at home across the SCH service area.

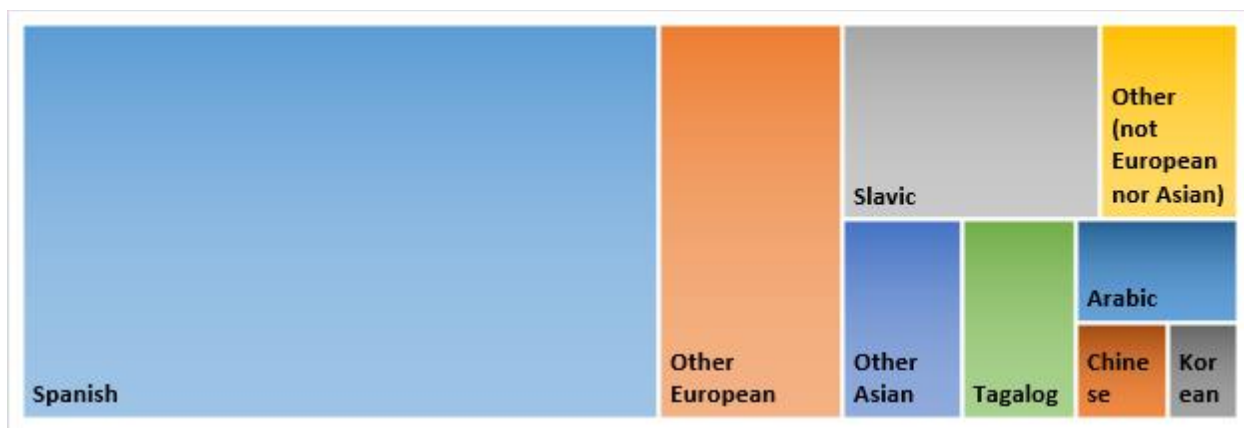
Figure 4. Limited English Speaking Population, by community area, 2017

Percentage of population aged 5 years or older who report speaking English less than 'very well'



Data Source: American Community Survey (U.S. Census Bureau), 2013-2017

Figure 5. Languages Spoken at Home, Swedish Covenant Hospital service area, 2017



Data Source: American Community Survey (U.S. Census Bureau), 2013-2017

Summary of Collaborative Needs Assessment Results and Data Specific to Swedish Covenant Hospital's Service Area

Summary of our collaborative health equity approach to CHNA

The Alliance for Health Equity's collaborative CHNA combined robust public health data, community input, existing research, existing plans, and existing assessments to document the health status of communities within Chicago and Suburban Cook County and to highlight systemic inequities that are negatively impacting health. The CHNA also provided insight into community-based assets and resources that should be supported and leveraged during the implementation of health improvement strategies.

Swedish Covenant Hospital partnered with the Alliance for Health Equity (AHE), other hospitals, the Chicago Department of Public Health, and community organizations to complete this collaborative CHNA between March 2018 and March 2019. Primary and secondary data from a diverse range of sources were utilized for robust data analysis and to identify community health needs in Chicago and Suburban Cook County. IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. As with the 2015-2016 collaborative CHNA, this 2019 CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. AHE chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through four methods:

- Community input surveys
- Community resident focus groups and learning map sessions
- Health care and social service provider focus groups
- Two stakeholder assessments led by partner health departments—Forces of Change Assessment and Health Equity Capacity Assessment

Epidemiologists from the Chicago Department of Public Health (CDPH) and Cook County Department of Public Health (CCDPH) worked with IPHI and the steering committee to select a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model. Secondary data used in the CHNA were compiled from a range of sources. Additional information can be found in Figures 6 and 7 (p. 11) of the [Full CHNA report](#).

In alignment with the purpose, vision, and values, the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs. Community partners have been involved in the assessment and ongoing implementation process in several ways both in providing community input and in decision-making processes (Figure 5 on p. 9 of [Full CHNA Report](#)). The community-based organizations engaged in

the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing services, food security, community safety, planning, community development, immigrant rights, primary and secondary education, faith communities, behavioral health services, advocacy, policy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Overview of data categories

Assessment findings were organized in five areas:

- overview of health inequities
- social and structural determinants of health
- mental health and substance use disorders
- access to quality health care and community resources
- chronic conditions – risk factors, prevention, and management

The following section highlights primary and secondary data related specifically to the SCH service area.

Primary Data: Community Input Survey and Focus Groups

Swedish Covenant Hospital (SCH) worked closely with the AHE and community based organizations that are members of the SCH Community Leader Program to collect in-depth community input data through a community input survey and focus groups. We collected 763 surveys and conducted 8 focus groups with residents from the SCH service area as well as 3 focus groups with healthcare and social service providers.

Community Input Survey

The community input survey was a qualitative tool designed to understand community health needs and assets from community members, with a focus on hearing from community members most impacted by health inequities. The community input surveys, along with focus group data, informed the priority areas and strategies for community health improvement in Chicago and suburban Cook County. There were 763 survey respondents from the SCH service area. Nearly half (47%) of the surveys came from three zip codes: 60630, 60625, and 60618, covering the community areas of Albany Park, Avondale, Jefferson Park, Lincoln Square, North Center, and North Park.

Community Input Survey – Top Needs for a Healthy Community

All selected by more than 20% of respondents:

- **Access to healthcare and mental health services**
- **Safety and low crime**
- **Access to healthy food**
- **Access to community services**
- **Affordable housing**
- **Access to transportation**

Community Input Survey – Top Health Issues

All selected by more than 20% of respondents:

- Mental health
- Age-related illness
- Diabetes
- Substance-use
- Chronic conditions: heart disease and stroke, obesity, cancer
- Violence

Community Input Survey respondents were also encouraged to complete open-ended questions pertaining to the greatest strengths of the community as well as one area of improvement.

Greatest strengths in the community where you live (599 respondents) *Top categories of responses:*

- Community cohesion and people in the community
- Transportation
- Safety and low crime
- Diversity and inclusion
- Parks and recreation

One thing you would like to see improved (500 respondents) *Top categories of responses:*

- Safety and crime
- Affordable housing
- Infrastructure
- Healthcare
- Economic development
- Transportation

Figures 6 and 7 provide further detail about community input survey responses related to the top health issues and needs for a healthy community. Interestingly, this data mirrors the top responses recorded county-wide from the 5,934 total surveys which were analyzed.

Figure 6. Community Input Survey Data for SCH Service Area – Most Important Health Problems
(733 respondents from the SCH service area)

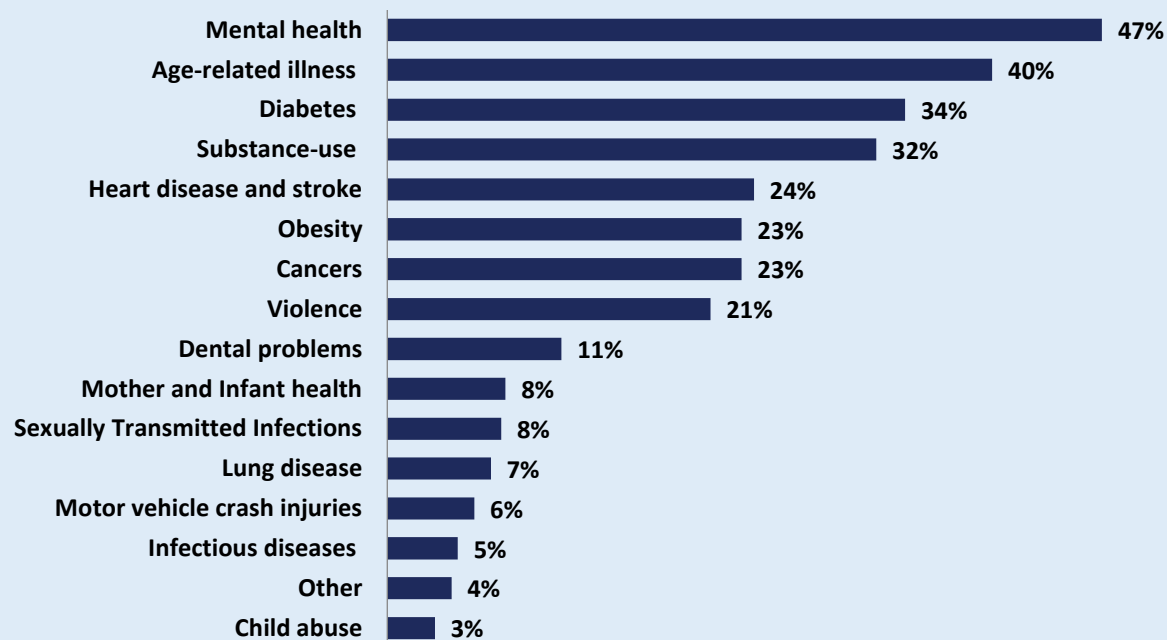


Figure 7. Community Input Survey Data – Most Important Factors for a Healthy Community
(737 respondents from the SCH service area)



Data below details respondent demographics for the community input surveys completed within the SCH Service Area.

Table 1. Demographics of Community Input Survey Respondents in Swedish Covenant Service Area

Age (n=741)		Annual Household Income (n=746)	
18-24	7%	Less than \$10,000	14%
25-34	15%	\$10,000 to \$19,999	15%
35-44	14%	\$20,000 to \$39,999	17%
45-54	16%	\$40,000 to \$59,999	11%
55-64	23%	\$60,000 to \$79,999	7%
65+	24%	\$80,000 to \$99,999	7%
Race/Ethnicity (n=705)		Over \$100,000	16%
Asian	9%	Prefer not to answer	12%
Pacific Islander	0.4%	Children in the household (n=696)	
African American/Black	9%	No children in my household	68%
Hispanic/Latinx	24%	Child/children age 0-4 in my household	15%
Middle Eastern/Arab American	1%	Child/children age 5-12 in my household	15%
Native American	0.4%	Child/children age 13-17 in my household	12%
White	50%	Anyone in the household have a disability? (n=728)	
Multiracial	6%	No	75%
Sexual Orientation (n=723)		Yes	25%
Straight	85%		
Gay or Lesbian	7%		
Bisexual	2%		
Prefer not to answer	4%		
Other	2%		

Focus Groups

Between August 2018 and February 2019, the Illinois Public Health Institute (IPHI) worked with Alliance for Health Equity partners to hold a total of 57 focus groups with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. In total, 12 focus groups were held with residents and service providers in SCH's service area. Listed below are the groups along with the major themes in each of the key assessment areas.

Community resident focus groups:

- Affinity Community Services
- Asian Human Services Family Health Center
- Chicago Public Library – Austin-Ingles Park Branch
- Chicago Public Library – Jefferson Park Branch
- Friedman Place
- Hanul Family Alliance
- NAMI Chicago (2 groups: Individuals with lived experience, family members)
- Northwest Side Housing Center

Community leader and health care provider focus groups:

- Faith leaders
- Immigrant and refugee-serving organizations
- Swedish Covenant Hospital health care and community service providers (including FQHCs)

Focus Group Input – Major Themes

Mental Health and Substance Use Disorders <ul style="list-style-type: none">• Chronic stress• Connections between mental health and substance use disorders and other health conditions as well as social determinants• Mental health education and awareness• Access to treatment• Consequences of untreated conditions• Abuse and other forms of trauma	Access to Care and Community Resources <ul style="list-style-type: none">• Obtaining benefits• Availability of services• Healthcare quality
Social and Structural Determinants of Health <ul style="list-style-type: none">• Economic inequities• Employment opportunities• Education	Chronic Disease <ul style="list-style-type: none">• Social determinants are both underlying root causes of chronic disease and barriers to disease management• Community education about prevention, risk factors, and when to seek medical help• Patient and caregiver stress• Community-based support• Food access and access to resources for physical activity
Cross-cutting: <ul style="list-style-type: none">• Community cohesion: A sense of community and community cohesion were often mentioned as greatest strengths in communities (cross-cutting)• Community Safety/Violence (cross-cutting): described as impacting every other aspect of health• Structural racism and structural inequities (cross-cutting)	

13

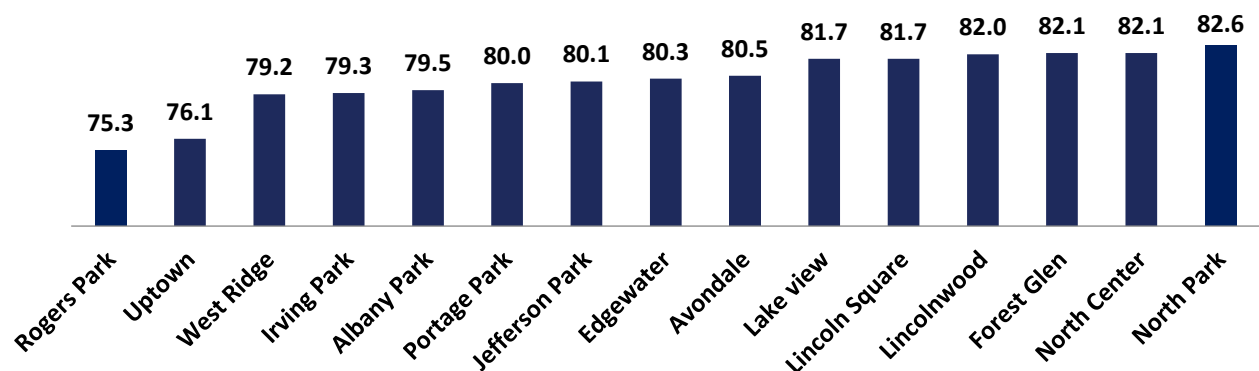
Secondary Data

The key highlights below showcase data pertaining to life expectancy, health behaviors, chronic diseases, community safety, and mental health within the SCH service area. This data was collected and analyzed by Chicago Department of Public Health (CDPH) and compiled and presented by the Illinois Public Health Institute (IPHI).

Life Expectancy

Life expectancy is the average number of years an individual is expected to live. As seen in Figure 8, there are disparities in life expectancy within Swedish Covenant Hospital's service area. Life expectancy in Rogers Park and Uptown is approximately seven years shorter than in North Park, North Center, Forest Glen, and Lincolnwood.

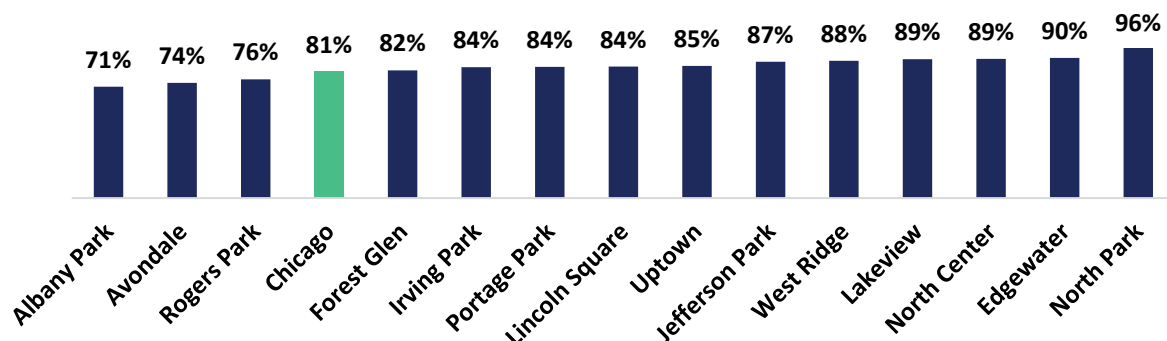
Figure 8. Life expectancy at birth within Swedish Covenant Hospital's service area in years, 2016



Data Source: Chicago Department of Public Health, Cook County Department of Public Health, IDPH Vital Stats, 2016

There is also a substantial disparity in the percent of people reporting good health status across the communities served by SCH – 96% of adults in North Park report good or excellent health status compared to less than eighty percent in Albany Park, Avondale, and Rogers Park.

Figure 9. Overall Health – Percent of adults that reported their overall health status as *excellent, very good, or good* in Swedish Covenant Hospital's service area, 2015-2017ⁱ



Data Source: Chicago Department of Public Health, *Healthy Chicago Survey*, 2015-2017

ⁱ The *Healthy Chicago Survey* is an annual random sample phone survey (landline and cellular) conducted by the Chicago Department of Public Health, and data from the survey is reported publicly on the Chicago Health Atlas. More information about survey methodology is available from the Chicago Department of Public Health [online](#).

Health Behaviors – Key Findings

Table 2. Health Behaviors related to Diet and Exercise, 2015-2017

Self-reported data from adults in Swedish Covenant Hospital's service area

Adults eating 5+ servings of fruits and vegetables		Drank soda or other sweetened beverages at least once per day in the last month		Did not participate in any physical activity or exercise in the past month	
Community Area	Percent	Community Area	Percent	Community Area	Percent
Jefferson Park	24%	Lincoln Square	9%	Uptown	13%
Irving Park	25%	Edgewater	16%	Lakeview	14%
Albany Park	26%	Forest Glen	17%	North Center	17%
West Ridge	27%	Lakeview	17%	Lincoln Square	17%
Avondale	28%	Avondale	18%	Edgewater	19%
Chicago	31%	Irving Park	18%	North Park	21%
Uptown	32%	West Ridge	19%	Albany Park	22%
North Center	34%	North Center	19%	Chicago	23%
Portage Park	34%	Uptown	19%	Portage Park	24%
Rogers Park	34%	Jefferson Park	20%	Irving Park	24%
Lakeview	37%	Portage Park	20%	West Ridge	25%
North Park	39%	Albany Park	21%	Rogers Park	26%
Edgewater	40%	Rogers Park	21%	Forest Glen	26%
Forest Glen	42%	North Park	23%	Jefferson Park	26%
Lincoln Square	47%	Chicago	26%	Avondale	28%
Lincolnwood	N/A	Lincolnwood	N/A	Lincolnwood	N/A

Data Source: Chicago Department of Public Health, Healthy Chicago Survey, 2015-2017

Table 3. Health Behaviors related to Smoking and Drinking, 2015-2017

Self-reported data from adults in Swedish Covenant Hospital's service area

Smoked at least 100 cigarettes in their life, and report that they now smoke cigarettes every day or some days		Engaged in binge drinking in the past month (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion in the past month)	
Community Area	Percent	Community Area	Percent
Portage Park	8%	Jefferson Park	10%
Jefferson Park	12%	Portage Park	20%
Lakeview	12%	Albany Park	20%
Lincoln Square	13%	Rogers Park	22%
North Center	14%	Uptown	24%
Uptown	15%	Forest Glen	25%
Edgewater	15%	Chicago	25%
North Park	16%	West Ridge	27%
Forest Glen	17%	Edgewater	30%
West Ridge	18%	Lincoln Square	30%
Chicago	19%	Avondale	32%
Avondale	19%	Irving Park	33%
Irving Park	21%	Lakeview	43%
Rogers Park	22%	North Center	47%
Albany Park	25%	North Park	N/A
Lincolnwood	N/A	Lincolnwood	N/A

Data Source: Chicago Department of Public Health, Healthy Chicago Survey, 2015-2017

Chronic Disease Key Findings

Table 4. Self-reported obesity and hypertension, 2015-2017

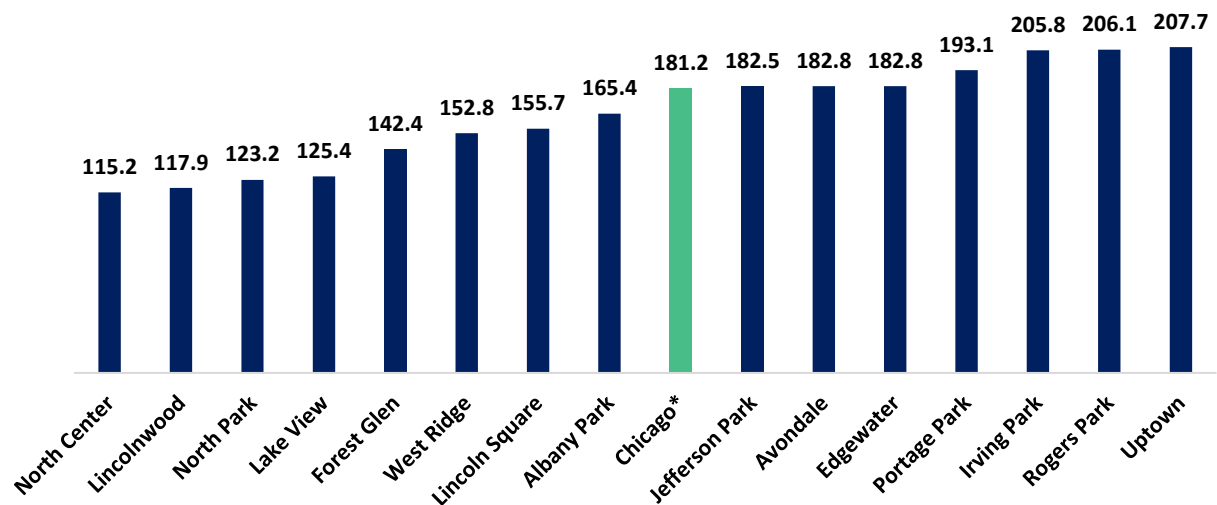
Self-reported data from adults in Swedish Covenant Hospital's service area

Height and weight equivalents to body mass index (BMI) of 30 or greater		A doctor, nurse, or other health professional has diagnosed them with high blood pressure*	
Community Area	Percent	Community Area	Percent
Forest Glen	17%	Forest Glen	18%
Lakeview	17%	North Center	18%
Jefferson Park	18%	North Park	20%
North Center	18%	Portage Park	20%
North Park	19%	Albany Park	20%
Lincoln Square	20%	Irving Park	23%
Uptown	21%	Lincoln Square	26%
Portage Park	24%	Lakeview	27%
Albany Park	24%	Edgewater	27%
West Ridge	24%	Rogers Park	27%
Edgewater	25%	Uptown	27%
Irving Park	29%	West Ridge	30%
Rogers Park	34%	Jefferson Park	32%
Avondale	41%	Avondale	35%
Lincolnwood	N/A	Lincolnwood	N/A

*Excludes borderline high, pre-hypertensive, or hypertension diagnosed only during pregnancy

Data Source: Chicago Department of Public Health, Healthy Chicago Survey, 2015-2017

Figure 10. Mortality Rates for Heart Disease, 2012-2016, age-adjusted rates per 100,000



Data Source: Chicago Department of Public Health, 2012-2016

Figure 11. Mortality Rates for Cancer, 2012-2016, age-adjusted rates per 100,000

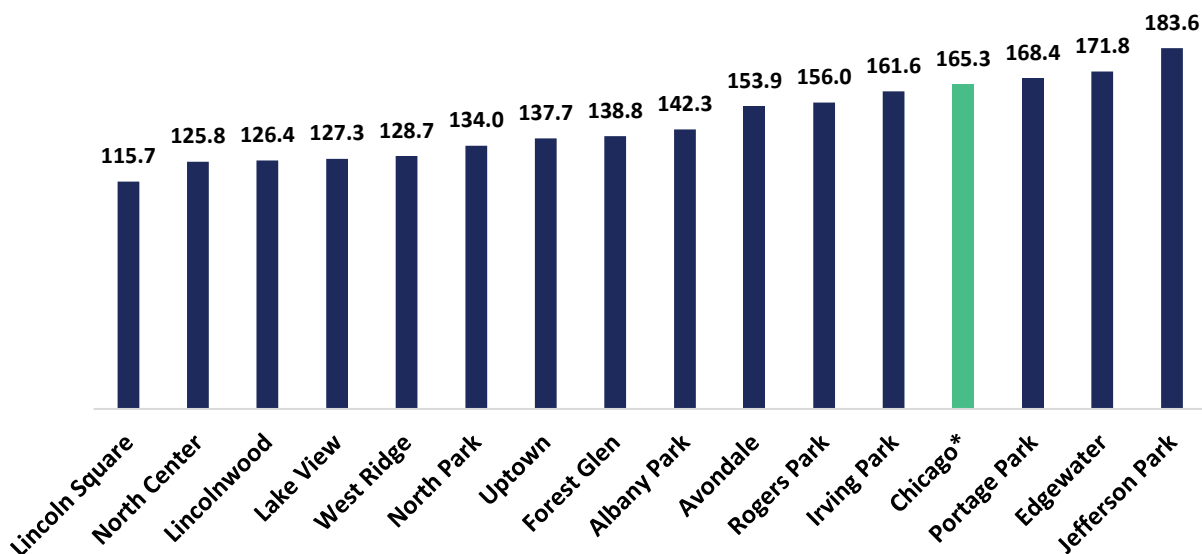
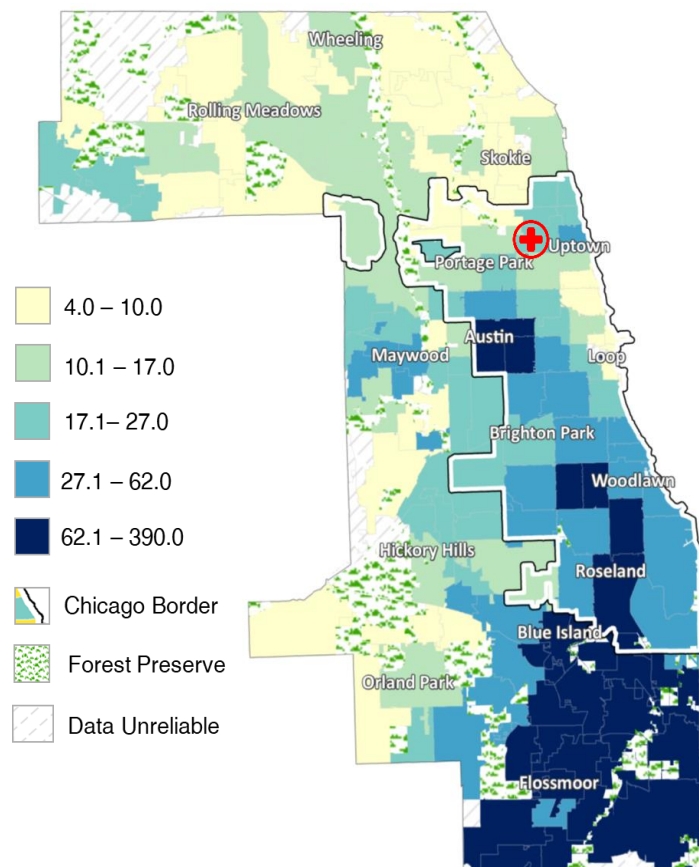


Figure 12. Diabetes Emergency Department visit rates, age-adjusted rates per 10,000 (Adults)

Age-adjusted diabetes emergency department visit rates per 10,000 in SCH's service area (Adults)	
Zip Code	ED Visit Rate
60640	29.7
60626	25.7
60659	21.3
60645	21.2
60625	20.4
60641	19.3
60660	18
60618	14.2
60613	12.8
60630	12.8
60646	9.2
60712	7.5



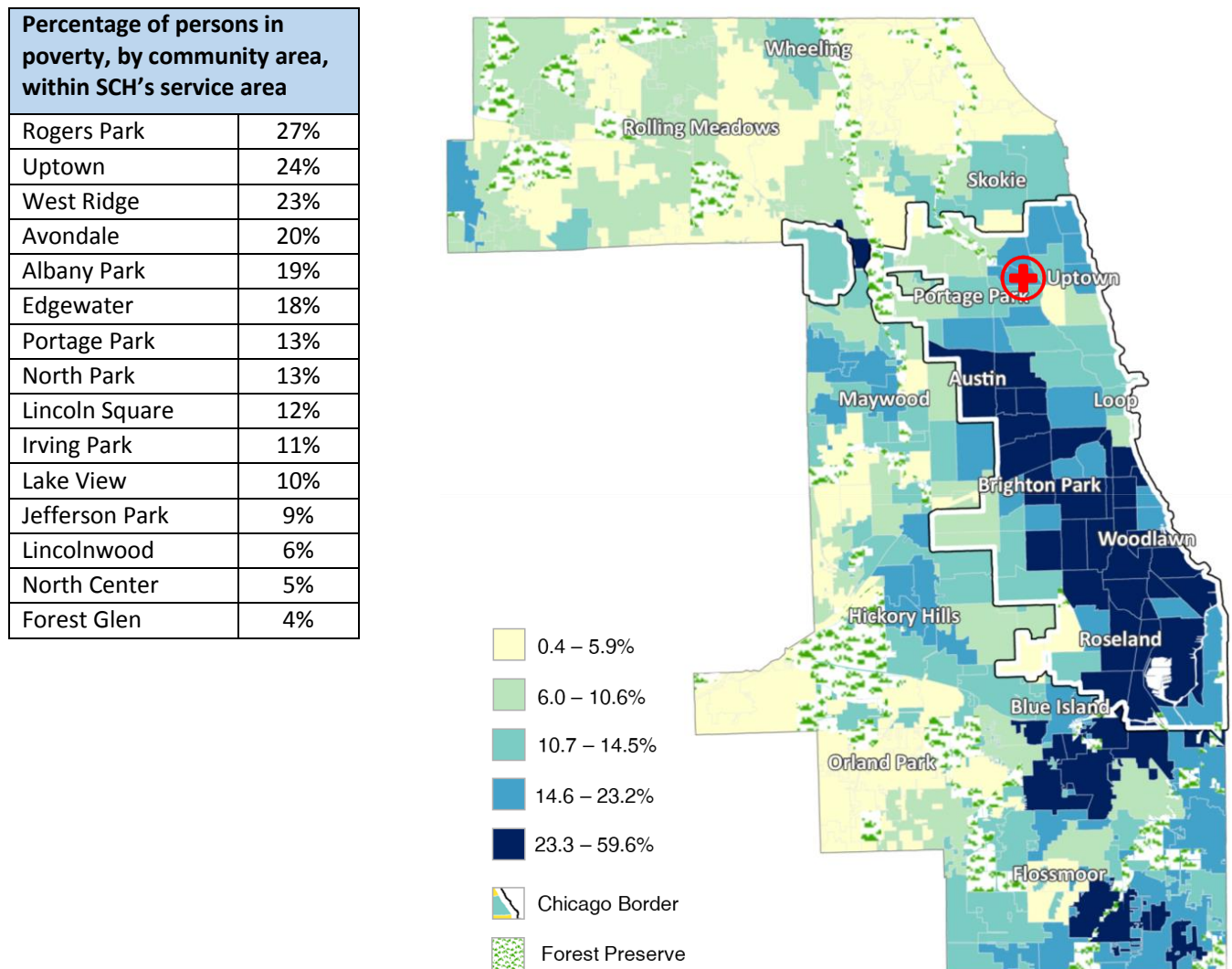
Data Source: Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

Underlying Root Causes of Chronic Diseases

Social determinants of health such as poverty, limited access to healthy foods, exposure to violence, limited access to healthcare, and housing conditions are both underlying root causes of chronic disease and are barriers to the management of chronic disease.

Poverty

Figure 13. Population living at or below the 100% Federal Poverty Level (2016, American Community Survey 5-Year Estimates)

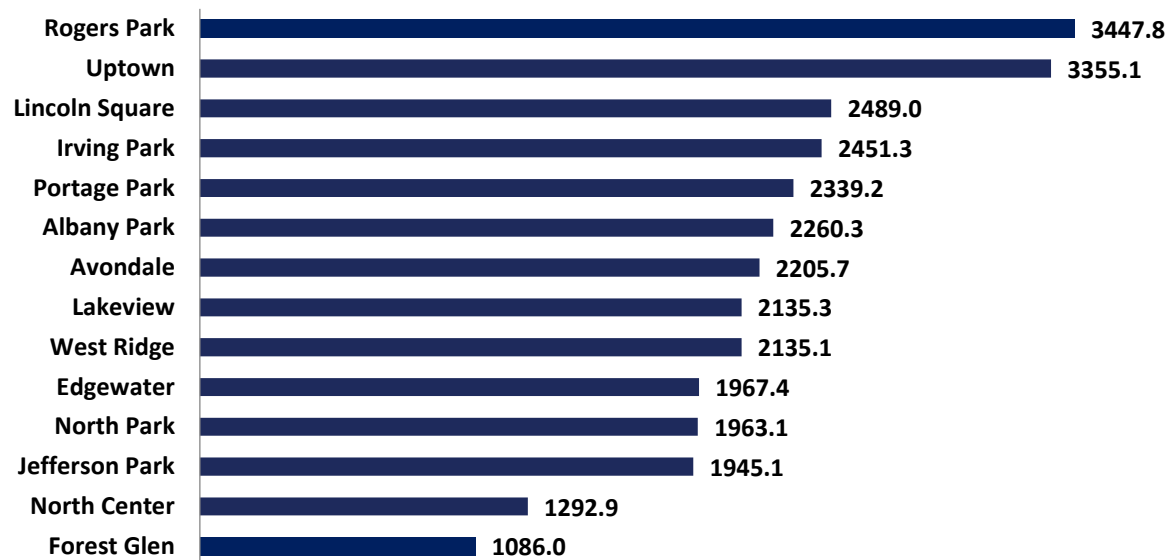


Data Source: American Community Survey (U.S. Census Bureau), 2012-2016

Community Safety, Violence, and Trauma

As shown in Figure 14, there is variation in the level of violent crime across the SCH service area, with Rogers Park and Uptown having the highest rates. In 2016, all community areas served by SCH had rates lower than the citywide rate of 4491.1 per 100,000.

Figure 14. Community areas with the highest and lowest violent crime rates (per 100,000 population) in Swedish Covenant's service area*, 2016



**Number of reported crime incidents relating to violence, including homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery per 100,000 population.*

Data Source: CDPH analysis of Chicago Police Department data, 2016

Domestic violence, sexual assault, and human trafficking are also major health issues in the communities served by SCH. In Illinois each year, over 65,000 intimate violence incidents are reported to law enforcement, and many others go unreported. One in three women and one in seven men have experienced some form of physical violence by an intimate partner. More than half of female victims of intimate partner violence live in homes that include children under age 12. Forty percent of girls age 14-17 report knowing someone their age who was hit or beaten by a boyfriend. Data from the Human Trafficking Hotline for Illinois show that cases have been steadily increasing since 2011, with 193 cases in 2017 with 552 trafficked individuals. In terms of older adult abuse, experts estimate that up to 92% of senior abuse incidents are not reported to authorities. In almost 90% of older adult abuse incidents, the perpetrator is a family member.

Within the SCH Service Area, the Illinois Criminal Justice Information Authority/InfoNet System reported 1,674 adults and 239 children served by community based domestic violence service providers in CY18. The InfoNet System also reported 278 victims of sexual violence served by community based sexual violence service providers in CY18.

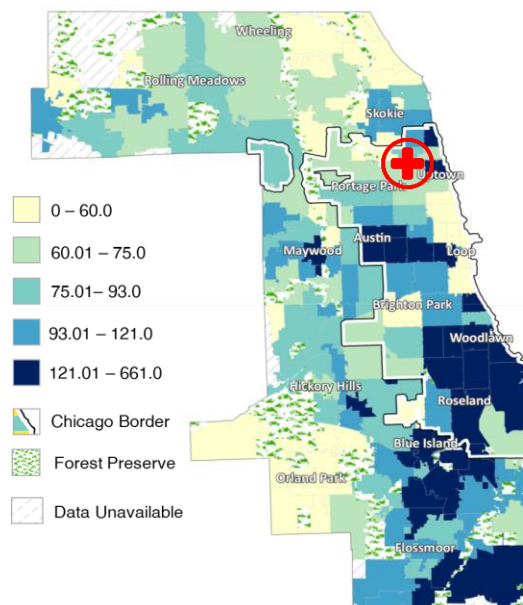
The Swedish Covenant Health Violence Prevention Program serves community members affected by domestic violence, sexual assault, and human trafficking. From August 2018-July 2019, the Violence Prevention Program served 340 individuals and their families; 244 were survivors of domestic violence, 59 survivors of sexual assault, and 37 survivors of human trafficking.

Sources: (1) SCH Violence Prevention Program Data. 2019. (2) NCADV. 2015. Domestic violence national statistics. (2) DFSS, https://www.chicago.gov/city/en/depts/fss/supp_info/general_facts_aboutdomesticviolence.html. (3) Illinois Coalition Against Domestic Violence. 2018 Service Statistics.

Mental Health and Substance Use Disorders

Age-adjusted mental health emergency department visit rates per 10,000 in SCH's service area (Adults)	
Zip Code	ED Rate
60626	144.0
60640	138.8
60645	109.4
60659	92.6
60641	83.1
60660	74.4
60625	70.2
60613	67.9
60630	66.2
60618	62.6
60712	53.8
60646	52.4

Figure 15. Age-adjusted mental health emergency department visit rates per 10,000 (Adults)



Intentional Injury/Suicide

Figure 16. Age-adjusted suicide/self-inflicted injury emergency department visit rates per 10,000 (Adults)

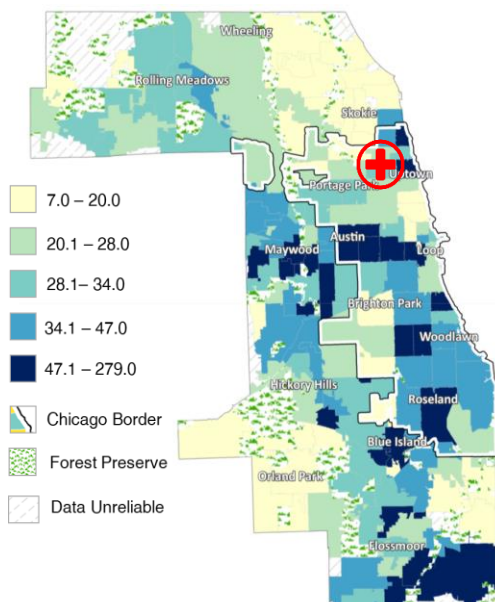
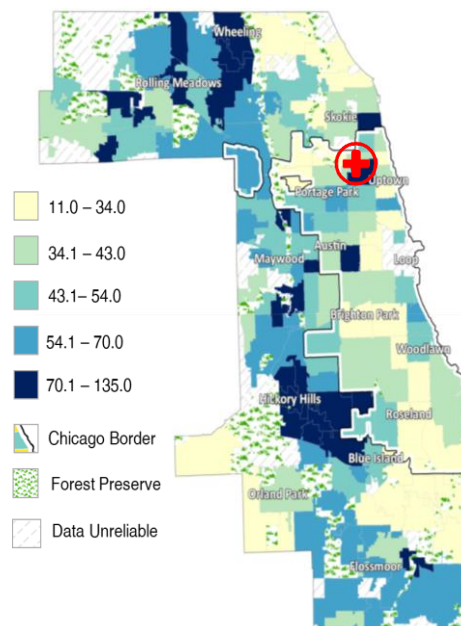
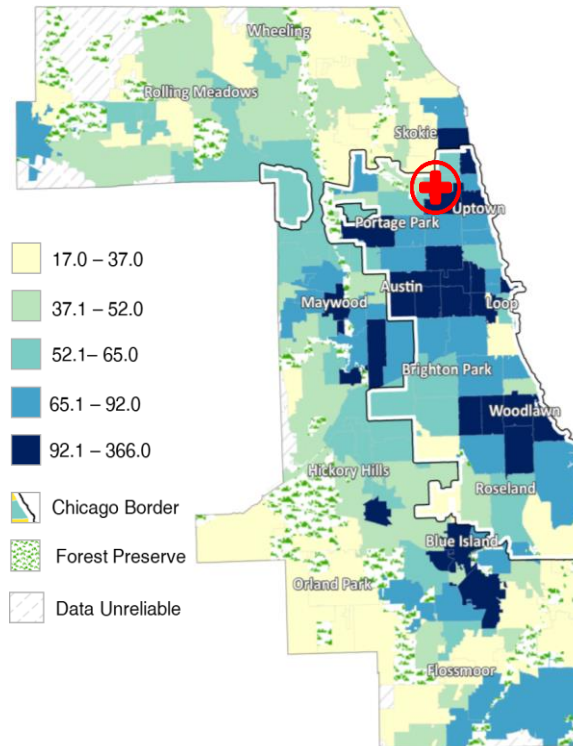


Figure 17. Age-adjusted suicide/self-inflicted injury emergency department visit rates per 10,000 (Youth 10 to 17 years old)



Alcohol Use

Figure 18. Age-adjusted alcohol use emergency department visit rates per 10,000 (Adults)



Data Source: Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

Priority health needs for FY20-22

Based on assessment and analysis of the primary and secondary data compiled for the SCH Service Area, SCH plans to focus on the following needs:

- **Addressing Social and Structural Determinants of Health**
 - Violence, Trauma and Community Safety
 - Conditions that Support Healthy Eating and Active Living
 - Housing and Neighborhood Environment
- **Addressing Chronic Conditions: Risk Factors, Prevention and Management**
 - Diabetes
 - Heart Disease and Hypertension
 - Obesity
 - Cancer
- **Improving Mental Health**
 - Enhancing Access to Resources and Services

Based on relationships with community partners, clinical expertise, strategic priorities and an ongoing commitment to community engagement, SCH believes it is best equipped to make an impact in the above priority needs, including focused attention within communities of greatest need. The corresponding Community Health Implementation Plan will describe programs SCH is undertaking over the next three years to address the prioritized health needs within our community.

Needs identified in previous 2016 CHNA and key supporting activities

SCH focused on six priority health issues as a result of the previous 2016 CHNA:

- Cancer
- Diabetes
- Heart Disease and Stroke
- Injury and Violence
- Mental Health
- Nutrition, Physical Activity and Weight

Below is a summary of objectives and key implementation programs and activities from 2016-2019.

1. Cancer

Objective	Programs/activities which have supported objective
Serve the uninsured and underinsured women in our community by providing free and reduced-cost mammograms and breast cancer screening treatment through charity care as well as grant-funded programs.	<ul style="list-style-type: none"> • Robust, ongoing partnerships and grant support via The National Breast Cancer Foundation, Susan G. Komen Chicagoland, A Silver Lining and the Washington Square Healthcare Foundation to support breast cancer detection, treatment, and survivorship. • More than 1,900 no-charge cancer detection services provided annually to more than 1,300 uninsured or underinsured low-income women, many of whom are new immigrants facing numerous barriers and challenges.
Enhance cancer treatment by complementing standard care with psychosocial and other supports via the Integrated Cancer Care Program.	<ul style="list-style-type: none"> • More than 270 patients seen annually by the ICCP Navigator or a Licensed Clinical Social Worker as part of the Navigation Team. Nearly half of patients were seen more than once with most encounters ranging between 16-60 minutes. • Key partnership with GLC to connect cancer survivors with integrative therapies/services that support healing and overall health, including massage therapy, acupuncture and Watsu (aquatic therapy), as well as personal training, fitness groups and meditation/relaxation classes. SCH provides cancer survivors with access to a number of these offerings at no charge to the patient.
Provide cancer screenings and cancer prevention education seminars throughout the community.	<ul style="list-style-type: none"> • Skin cancer screenings provided 1-2 times annually • Numerous educational presentations at the hospital for the community or by request for local community groups on topics of cancer prevention, as well as related topics including fitness and nutrition. • Annual Korean Health Fair hosted at SCH in partnership with HANA Center. Services include lab work, mammography, cervical cancer screening, and primary/specialty care (significant discounts provided).

2. Diabetes

Objective	Programs/activities which have supported objective
Provide 1-1 counseling services to community members, outpatients and inpatients via the hospital's Diabetes Community Center and Transitional Care Program.	<ul style="list-style-type: none"> • Ongoing efforts to provide comprehensive diabetes education, resources and support via the ADA accredited self-management program at SCH. • 1-1 support provided via physician referral • Free home visits provided with a certified diabetes educator via Ackermann grant and SCH Transitional Care Team, for recently-discharged patients who meet criteria.
Provide free support groups and monthly small group education sessions to offer strategies for ongoing diabetes lifestyle management.	<ul style="list-style-type: none"> • Uninsured or underinsured community members are encouraged to attend free monthly offerings via the Diabetes Community Center. More than 80 individuals attended the monthly support groups where participants share experiences and learn tips about healthy living. • A free monthly education class for people with diabetes "Get Educated on Diabetes" is also offered.
Provide diabetes prevention and education seminars throughout the community and schools via the hospital's certified diabetic educators.	<ul style="list-style-type: none"> • Numerous free classes or screenings are presented to the community annually, both on the hospital campus as well as for individual community groups, to educate and empower community members about prevention, risks and management. • Diabetes awareness and promotion of available free resources is facilitated by on-campus fliers, media screens, website listings and in-person promotion at community events.

3. Heart Disease and Stroke

Objective	Programs/activities which have supported objective
Provide community outreach and education related to heart disease and stroke risk factors, warning signs and how to respond in an emergency.	<ul style="list-style-type: none"> • Robust Bystander CPR/AED community training initiative which began in fall of 2017, with more than 1,500 trained in first year. • Reduced-cost heart disease screenings offered several times annually. • Free educational programs hosted both on and off campus to raise awareness about risks and prevention of heart disease and stroke, presented by expert physicians or other clinicians.
Engage with the hospital's Transitional Care Team, Wellness Coaches and Rehabilitation Team to provide in-depth support, care and education to heart disease and stroke patients during and after discharge from the hospital.	<ul style="list-style-type: none"> • Free monthly stroke support group open to anyone from community recovering from stroke, as well as their family members/support team. • Wellness Coach Program, Home Monitor Program and Home Dietitian Program offered at no cost to recently-discharged patients who meet criteria. • Robust, certified cardiac and pulmonary rehab programs continue, utilizing a team approach with nurses, exercise physiologists, nutritionists and cardiologists develop personalized plans for each patient.

4. Injury and Violence

Objective	Programs/activities which have supported objective
Identify and respond to individuals impacted by violence in a skilled and sensitive manner.	<ul style="list-style-type: none"> • Hundreds of patients served annually who have been impacted by sexual assault, domestic violence or human trafficking. • Enhancements made to ED facilities to create safer, more private and more supportive environment for patients who have experienced violence. • Information provided prominently in many female washrooms on campus, to discreetly provide resources to access help.

Facilitate ongoing training throughout the organization to increase level of staff awareness and quality of response.	<ul style="list-style-type: none"> • Dozens of trainings held each year since 2017 via Violence Prevention Program (VPP), with a commitment to training hundreds of staff throughout the organization about signs of domestic violence, red flags of unhealthy relationships, VPP resources and more. • Special training topics included sexual assault, human trafficking, cultural competency, female genital cutting, interpersonal violence in LGBT relationships and domestic violence and traumatic brain injury.
Broaden partnership and engagement within the community around topics of violence, sexual assault and human trafficking to elevate awareness and education around violence as a health issue.	<ul style="list-style-type: none"> • SCH has served as a leader in raising the awareness of violence, sexual assault and human trafficking, through robust partnership with local organizations including Apna Ghar, Between Friends, KAN-WIN, Chicago Metropolitan Battered Women's Network, STOP-IT and Resilience. • Ongoing engagement and leadership of SCH staff in numerous regional steering committees and advisory groups, as well as a work group which meets at SCH, comprised of internal and external partners. • In 2019, SCH was one of only eight organizations nationwide awarded 2-year, 950,000 grant from the US Department of Justice Office for Victims of Crime to support enhancement of services and better identify survivors, connecting them with supportive services.

5. Mental Health

Objective	Programs/activities which have supported objective
Improve linkage and treatment outcomes of individuals presenting in the SCH Emergency Department (ED) with substance abuse disorders.	<ul style="list-style-type: none"> • Lutheran Social Services of Illinois (LSSI) is a strong, key partner of SCH to connect individuals with appropriate resources via either LSSI's Project IMPACT (within the ED) or LSSI's Welcoming Center (outpatient setting, on SCH campus). • Successful partnership with LSSI's Welcoming Center allows individuals access to appropriate levels of care for non-emergent treatments, helping to reduce inappropriate use of the ED. • LSSI began mobile outreach unit, serving community members in need.
Transfer qualified patients in mental health crisis efficiently and safely from SCH ED to MADDO Healthcare Centers and other Specialized Mental Health Rehabilitation Facilities (SMHRF).	<ul style="list-style-type: none"> • SCH regularly works with more than 20 outside agencies to identify appropriate placement for patients in mental health crisis. • Referrals are also made to agencies or hospital-based outpatient mental health services (more than 30 in total) for discharged behavioral mental health or substance abuse patients who are in need of follow up counseling/support. There are numerous challenges throughout this discharge planning process.
Broaden partnership and engagement with mental health providers to elevate awareness of mental health issues.	<ul style="list-style-type: none"> • SCH continues to advocate on behalf of Safety Net Hospital efforts to increase funding and support of mentally ill individuals. • SCH served as a leader in the City's homeless outreach initiative. Via the SCH Foundation, SCH committed \$75,000 in 2018 and \$72,000 in 2019 to house a total of 16 homeless community members who are frequent utilizers of our ED. Funds provided wraparound social services. SCH acknowledges that vulnerable clients can more easily engage in services and address their chronic medical conditions once they are no longer dealing with the chaos of homelessness.
Provide community programs which address stress levels of community members.	<ul style="list-style-type: none"> • SCH hosts a popular, free New Moms Group, which meets weekly and is open to all new moms within the community. The program features rotating speakers and addresses common issues including mental health support.

	<ul style="list-style-type: none"> • Online screening tools for depression and anxiety are available at SwedishCovenant.org and direct community members to available resources. • The SCH Women’s Care Fund helps to alleviate the cost of mental health services for women who lack access to mental health benefits, either because they are uninsured or their insurance does not cover it.
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6. Nutrition, Physical Activity and Weight

Objective	Programs/activities which have supported objective
Provide community outreach and education related to healthy eating, physical activity and healthy weight.	<ul style="list-style-type: none"> • SCH supports dozens of community programs and events annually which encourage healthy lifestyles, ranging from 5K events, free physician and dietitian presentations, Back to School Fairs, Senior Fairs, community gardening and more. • Spring into Health and the Summer Social were key initiatives in 2019 which promoted 100+ community events featuring fitness, nutrition, mind/body health or preventive care – culminating in a large on-campus event in June 2019 with more than 1,500 attendees and dozens of community partner organizations and staff volunteers.
Engage with local CPS schools to provide education about the importance of balanced nutrition and physical activity.	<ul style="list-style-type: none"> • SCH provides funding to Purple Asparagus to deliver the “Delicious Nutritious Adventures” curriculum monthly to all 2nd grade classrooms at Budlong Elementary School. Purple Asparagus is a local nonprofit organization that educates children, families, and the community about healthy, sustainable eating. Budlong is a CPS neighborhood school directly adjacent to the SCH Emergency Department, whose student body is 80% low income. • Monthly educational fliers featuring healthy properties of the food group focus for that month and key insights from SCH registered dietitians are sent home to families of students who participate in the program. • Staff from Galter LifeCenter engage with various local schools annually to provide activity engagements and other support.
Explore grant funding and other support opportunities related to nutrition and healthy lifestyle habits.	<ul style="list-style-type: none"> • SCH collaborates with the SCH Foundation to explore grant opportunities related to healthy lifestyles. • SCH participates in outreach opportunities regularly by providing speakers, screenings and other resources at engagements throughout the community.

Conclusion

Swedish Covenant Hospital (SCH) values the community health needs assessment process as an opportunity to engage with community leaders and organizations through the Community Leader Engagement Program and Community Ambassador Program and with our colleagues from other healthcare institutions across the County through the Alliance for Health Equity. In partnership with communities, the Chicago Department of Public Health, the Illinois Public Health Institute, and the Alliance for Health Equity, we have taken an in-depth look at the needs and assets in the communities we serve, and we are committed to addressing those needs through implementation strategies in partnership with communities most impacted by health inequities. We undertake this collaborative

collective impact approach to community health needs assessment and implementation in order to address the underlying root causes of health disparities and to support greater community health and well-being in the communities we serve. Swedish Covenant Hospital makes the Community Health Needs Assessment available at [SwedishCovenant.org/community-benefit](https://swedishcovenant.org/community-benefit). It is also shared broadly with internal and external stakeholders, including employees, volunteers, physicians, elected officials and members of our community, including the Community Leader Engagement Program.

Please send feedback on this Community Health Needs Assessment to the following address:

Swedish Covenant Health
Attn: Community Relations
5145 N. California Ave.
Chicago, IL 60625

Alternatively, you may fill out our [online form](#) to provide feedback about the CHNA or its related Implementation Strategy.

This plan has been reviewed and approved by the Board of Directors of Swedish Covenant Health in 2019.

To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook Counties, please visit <https://allhealthequity.org/projects/2019-chna-reports/>.

**Swedish Hospital
Community Benefit Report
October 1, 2020– September 30, 2021**

This Community Benefit Report for Swedish Hospital identifies three priority health areas to be addressed for providing community benefit: 1) Addressing Social and Structural Determinants of Health, 2) Addressing Chronic Conditions: Risk Factors, Prevention and Management and 3) Improving Mental Health – Enhancing Access to Resources and Services.

The report is based on needs identified and prioritized in the Community Health Needs Assessment Implementation Strategy, which is intended to exist over a three year time period. Every three years, a new needs assessment and implementation plan is developed. The following is a summary of the priorities and supporting strategies of the Community Benefit Plan, to be addressed on an ongoing basis and reported on annually from FY20-22. An additional section includes other key miscellaneous benefits. The following report details accomplishments and progress for the FY21 period.

The COVID pandemic has greatly impacted our communities and our hospital. Some of our identified priorities and proposed initiatives had to be altered due to the resources required to address the pandemic in our community. There is a special COVID section at the top of this report, and the impact of COVID will also be discussed throughout.

Below is a breakdown of the focus for each priority.

Addressing Social and Structural Determinants of Health

- 1. Violence, Trauma and Community Safety**
- 2. Conditions that Support Healthy Eating and Active Living**
- 3. Housing and the Neighborhood Environment**

Addressing Chronic Conditions: Risk Factors, Prevention and Management

- 1. Diabetes**
- 2. Heart Disease & Hypertension**
- 3. Obesity**
- 4. Cancer**

Improving Mental Health

- 1. Enhancing Access to Resources and Services**

Community Benefits Plan—Fiscal Year 2021 Summary of Accomplishments

SPECIAL SECTION: COVID RESPONSE

Throughout FY21, COVID has continued to affect Swedish Hospital's diverse local community. Services have included a dedicated COVID-19 clinic next to the emergency room to avoid unnecessary hospitalizations, a safe and efficient drive-through testing site in the Galter LifeCenter parking lot. In FY21, Swedish Hospital conducted over 31,000 tests and administered more than 36,000 COVID-19 vaccinations.

The work of Swedish Hospital did not stop at the doors of the hospital. Swedish Hospital supported its outpatient community by issuing pulse oximeters to patients for home use and checking in daily with their patients. It also maintained a robust telehealth program to care for the community's needs within a virtual space. Swedish Hospital provided multi-lingual materials for the diverse surrounding community so they could understand how to prevent COVID-19 and what to do after they left the COVID-19 testing tent.

Swedish Hospital provided ongoing updates regarding testing and vaccination as information evolved via swedishcovenant.org/covid and through social media outlets and other channels. Swedish Hospital's dedicated staff educated the community about the importance of COVID-19 vaccination via online webinars and participated in meetings with various community groups to reach the broader community and address any questions about the vaccine safety and efficacy. Swedish Hospital also participated in a Safety Ambassador campaign, which included a toolkit where community members could download images and infographics to encourage family and friends to Mask Up, Wash Up and Back Up. Additionally, they spearheaded an effort to have community members sign a COVID-19 Safety Promise. This promise served as a symbolic commitment to follow key safety guidelines for the health of the entire community. The toolkit also contained testimonials from health professionals and community members regarding the importance of COVID-19 vaccination, and materials were available in multiple languages.

Swedish Hospital staff remained flexible and diligent throughout the pandemic. When day-to-day operations were reduced, staff was cross trained and reallocated to support COVID services. Everyone from therapists, surgical technicians and nurses volunteered for assignments outside their usual scope of work.

Throughout the pandemic, Swedish Hospital administration identified ways to boost employee morale with motivational signage and expressions of gratitude in unconventional ways. The hospital opened Galter LifeCenter as a place of respite for hospital front line workers to de-stress before, after, and in between shifts. The Center provided showers, quiet areas for reflection and meditation, and acupuncture to staff members.

Swedish Hospital partners with Cook County Department of Public Health to trace COVID-19 cases. Swedish Hospital hired a full-time contract tracing team to focus on identifying people who had been exposed to COVID -19 and to provide information regarding testing and education for community members.

Swedish Hospital continues to provide updates and resources to local leaders, stakeholders and elected officials to share with the community and their constituents.

During the pandemic, Swedish Hospital had been dedicated to caring for COVID-19 patients, providing testing, educating the community, administering vaccination and supporting employees. Our healthcare professionals have made daily sacrifices and we recognize the ongoing hard work, dedication, and resilience both within the hospital as well as throughout the community, in the face of a global pandemic.

As COVID continues, the hospital continues to adapt, developing educational resources to assist our diverse community members. Resources include multilingual fliers, visuals to help community members understand virus spread and safety measures, and a help line to answer questions about symptom screening, free test scheduling and vaccination. The hospital also rapidly created a drive-through testing tent in April 2020 and was operational for several months in FY21, whenever demand has warranted based on community surge activity.

In FY21, the hospital also produced videos with physicians to highlight the importance and safety of COVID vaccinations. These videos were shared with the community and promoted via social media. In addition to an array of English videos, the hospital also produced short vaccine encouragement videos in other languages, presented by physicians from the Swedish Hospital Medical Group who speak these languages.

To further respond and engage with community on COVID vaccination education and outreach, the hospital applied for and was awarded a grant via the City of Chicago to serve as Regional Lead for the North/Central area of the Healthy Chicago Equity Zones (HCEZ) initiative, as well as the Community Lead for the North Park community area. This program began in the summer of 2021 and focuses on collaboratively working alongside community leaders to identify and confront the social and environmental issues that contribute to health and racial inequity. Thus far, the hospital has partnered with key Community Lead organizations to embed and integrate themselves within the community via trusted, local organizations. The focus has been on COVID-19 vaccination education and outreach, but will broaden during FY22. In July-August the HCEZ team was hired and in Sept 2021 9 vaccine outreach/education events were hosted, in partnership with community organizations.

Priority Area 1: Addressing Social and Structural Determinants of Health

1. Violence, Trauma and Community Safety

- **Create a culture of safety and awareness where individuals impacted by violence and abuse encounter skilled, trauma-informed and compassionate care.**

During FY21, Swedish Hospital served 74 patients who came to our Emergency Department (ED) for medical treatment following a sexual assault or disclosed a sexual assault in one of our inpatient or outpatient settings. We served 193 patients currently experiencing or showing signs of possible domestic violence. 14 patients exhibited red flags for human trafficking.

Female washrooms in most public areas of the hospital display signage that asks “Is Someone Hurting You?” in 5 languages (English, Spanish, Arabic, Urdu and Korean) and provides cards with phone numbers to domestic violence hotlines. Over 512 cards were taken from these washrooms during FY21.

We held a *Start by Believing* event on April 7, 2021. Pathways Program staff and the SANE nurse team sponsored a table in a highly trafficked area of the hospital where we stood with Start by Believing t-shirts and materials, including the Start by Believing pledge for passersby to sign. We also had myths and facts about sexual assault and abuse that we discussed with people who stopped. SANE nurses also visited in the inpatient units to make sure that nurses know how to refer patients to them.

To raise awareness with the community, Swedish Hospital decorates a tree annually in our GMP lobby during Domestic Violence Awareness Month (October) and hosts a community purple ribbon-tying event. In Oct 2020, we held a virtual ribbon tying at which we unveiled the new name of our Violence Prevention Program – Pathways. During October 2020 we distributed lavender-filled sachets with a hidden domestic violence hotline number on the Mother-Baby Unit. Nurses explained to new mothers that the sachet contained a number in case they ever needed to reach out for help.

During the months following the renaming of the Pathways Program, we distributed over 150 hand sanitizers to hospital staff with a tag about the new name and how to reach us on the HOPE-line.

The hospital has also developed online information and education in multiple languages for the community related to violence, and local resources for individuals to access. The hospital's website includes a Pathways page with information and resources in English, Spanish, Arabic, Urdu and Korean. We have also posted information about the Pathways Program on Swedish Hospital's Facebook page.

Swedish Hospital's Public Safety Team leads de-escalation trainings via the Crisis Prevention Institute (CPI). The goal of CPI is to stop the escalating behavior at the defensive level before it gets violent. In FY21, 3 CPI trainings were provided to a total of 35 employees. Due to COVID, trainings from January 2020 through July 2021 were postponed. Approximately 280 hours were spent by the Public Safety team to prepare and lead those 3 classes. To date, ED staff, Behavioral Health staff, Public Safety Staff and Sitters have received the valuable training.

Feedback from staff has been overwhelmingly positive, generating a great degree of interest among other team members seeking the training. These classes, which include restraint and Code Green training, promote a true teamwork mentality between clinical staff and Public Safety Officers. While the program is physically interactive, staff feel the verbal techniques are particularly helpful to prevent situations from becoming hostile with patients and family members. Our data indicates that due to the training, staff are better able to identify when a situation requires partnership with Public Safety, resulting in increased "assists" and "Code Greens" and a decrease in the use of restraints since the trainings initiated.

During FY21, 37 training sessions were held with over 296 providers and staff members trained. Additionally, during monthly hospital orientation sessions, 133 new nurses were trained in how to identify and respond to domestic violence and human trafficking.

In FY21 the Pathways Program continued its rotation of the Family Medicine Residency program with second and third year family medicine residents who spent four 3-hour blocks over the course of a month with the Violence Prevention Program reading articles, doing case review and meeting with partner agencies to learn more about trauma-informed care, domestic violence,

human trafficking and sexual assault. The hospital provides in-kind support for this program in the form of covering staff time to attend trainings.

Our community partners referred 16 human trafficking survivors and 17 domestic violence survivors to receive trauma-informed dental, medical and mental health care services with Swedish Hospital outpatient services.

In July 2021 we hired a new bi-lingual Pathways Advocate/Counselor who has continued to develop the Pathways outpatient counseling practice. From July –September 2021 she provided counseling to 11 domestic violence survivors.

Toward the end of FY21, the Swedish Skin Institute launched a Vanish the Ink program that provides free tattoo removal to human trafficking survivors.

- **Broaden partnership and engagement within the community around topics of domestic violence, sexual assault and human trafficking to elevate awareness and education.**

Swedish Hospital's engagement with law enforcement has included its representation on the Cook County Human Trafficking Task Force Steering Committee and Cook County Sexual Assault Multi-Disciplinary Team Case Review, Steering Committee and Advisory Group. The Director of our Pathways Program is the Domestic Violence Chair of the Chicago Police Department District #20 Advisory Committee.

Our community partners have been impacted by the pandemic in many ways. Those that operate shelters have faced the challenge of social distancing and managing staff and survivor exposures and infections. Partners that provide crisis response services have had to make difficult decisions as to whether or not to provide in person services. Staff who are working from home and supporting trauma survivors from their personal spaces have struggled to maintain healthy boundaries between home and work. All of our partner organizations have struggled to retain staff and are therefore facing very challenging work with fewer staff than they need. Through this crisis Swedish has remained in close touch with our partners. Our Pathways Work Group has served as a peer support group and we have dedicated some meetings to the topic of self-care. In December 2020 one of our Clinical Psychologists facilitated a training and conversation with the group around how to care for ourselves and our staff at this time. In early 2021 Swedish Hospital was able to offer vaccines to sexual assault advocates from Resilience who made up part of the essential health worker cohort to receive the first vaccines so that they could return to in-person sexual assault response.

Our Pathways work group met quarterly during FY21. In addition to key Swedish Hospital staff, this work group includes representatives from Apna Ghar, Between Friends, the Chicago Metropolitan Battered Women's Network, Cook County Human Trafficking Task Force, KAN-WIN, Resilience, the Salvation Army Stop-it Program, State's Attorney's Office and the Chicago Police Department. We added four new partners through the Office of Victims of Crime grant: Sarah's Circle, the YWCA of Evanston, the Hana Center and the Jane Addams Resource Center.

- **Serve as thought leader and mentor to health professionals and institutions in an effort to build broad health care capacity and awareness around topics of violence, sexual assault and human trafficking.**

The Pathways program continues to lead innovation approaches to addressing health care capacity around violence, SA and HT, and is looked to as a leader regionally and beyond. NorthShore University HealthSystem is in the process of implementing a similar model within their legacy hospitals.

Pathways

In FY21, more than \$400,000 in funding was provided by external grant funders, including Michael Reese Health Trust, VNA Foundation, and Department of Justice Office for Victims of Crime. More than \$60,000 in additional funding was provided by Swedish Hospital Foundation to support the Pathways Program. In addition to current grant funding, we are also seeking additional support from individual donors and applying for additional grant opportunities to support the sustainability of the program.

2. Conditions that Support Healthy Eating and Active Living

- **Develop a modified version of Galter LifeCenter's (GLC) innovative, multi-week Fundamental Fitness program, to extend fitness and nutrition outreach into underserved communities and explore grant funding for further expansion of GLC programming.**

At the beginning of FY20, leaders from Nutrition Services, GLC and other internal departments met to explore the possibility of piloting the Fundamental Fitness program with two local organizations focused on underserved communities. Staff met with Albany Park Community Center and the Chicago Park District to make connections and explore hosting Fundamental Fitness sessions on-site at the organizations. As COVID lockdown began, discussions continued (virtually) to make a plan once in-person gatherings resumed. Swedish was developing a legal MOU to begin conducting classes at the Chicago Park District when all activities were halted due to the pandemic lockdown. Unfortunately, the programs were not able to initiate in FY20 due to the pandemic, and staffing resources were too limited to explore virtual program development. Both organizations remain interested in piloting a Fundamental Fitness program on-site, and we expect to resume planning discussions in FY21.

This initiative remains critically important, as community members begin to resume some in-person activities as vaccination efforts expand. While some have improved healthy living habits during the pandemic, others may have allowed healthy habits to slip. Additionally, some individuals may need help maintaining lifestyle and health improvements once restaurants and social life distractions are reintroduced to their lives.

- **Develop and implement one or more pilot programs to better identify food insecurity and increase food access for vulnerable inpatient and/or outpatient populations.**

In FY21 the Swedish Hospital Foundation continued to provide a grant to support the Food Connections Program at Swedish Hospital. In FY21, more than \$95,000 in funding was utilized for program expenses and implementation. Swedish Hospital Foundation will continue to support this program with funding as well as collaborate to identify additional grant opportunities to support the growth and expansion of this program.

Efforts are focused on four areas:

- 1) **Raising awareness of food insecurity as a health issue among Swedish staff:** The program coordinator has hosted presentations, trainings, and volunteer opportunities for more than 400 staff and community members in FY21. A comprehensive guide to food resources has also been disseminated to providers, case managers, and social workers to strengthen their ability to refer patients to resources.
- 2) **Implementing the Hunger Vital Sign™ food insecurity screening questions:** Screening has been implemented in the inpatient Admission Data Intake, the Nutrition and Diabetes Center, Cancer Center, PACU, Wound Care, Uptown Clinic, Mayfair Clinic, and Cardiac Rehab.
- 3) **Food access interventions:** Three different initiatives exist across inpatient and outpatient settings. The **Food Package at Discharge Program** provides non-perishable items from Lakeview Pantry and community resource info to eligible patients, to promote healing at home. In addition, the Food Connections Coordinator meets with these patients and assists with public benefit enrollment, connection to local food pantries for long term food access needs, and establishes home food delivery options for eligible patients. The **Veggies for Health Program** is an 8-week group nutrition class for individuals experiencing food insecurity. Patients receive a weekly bag of local, fresh produce as well as, nutrition education and connection to a local food pantry. The **Cupboard** is stocked daily with 100 pounds of non-perishable pantry items and fresh produce. The Cupboard runs on a no-questions-asked system. Lastly, **Green City Market at Swedish Hospital** provides an employee benefit of fresh, farmers market foods distributed to subscribing employees at work. This program doubles LINK benefits and offers financial assistance to those employees in need.
- 4) **Building relationships with community partners:** Partnerships and collaborations (both internal and external) are vital to the Food Connections program. The program is currently working with Lakeview Pantry, Common Pantry, the Friendship Center, the Illinois Hunger Coalition, Green City Market and Grace Covenant Church
 - **Educate the community about the importance of healthy eating and physical activity via free special events and programs.**

COVID has significantly impacted our ability to participate in events, both due to staff and due to safety guidelines. Some events moved to a virtual format. Throughout FY21, the hospital hosted or participated in more than 15 community events which supported healthy lifestyle. One key initiative focused on bike safety tips and free helmet giveaways/fittings. This initiative was in partnership with the Chicago SAFE Ambassadors (on-site partnership at local community events) and the Swedish Hospital Foundation (provided funding for helmets). During FY21, more than 1,200 bike helmets were distributed (along with safe fittings and safe riding tips) at more than 10 community events including local farmers markets, summer camps and back to school fairs.

GLC, our medical fitness facility, is a key partner in fitness and wellness programming. In addition to signature programs like Fundamental Fitness, they offer an array of programs, including free programs throughout the year. In response to COVID, a discounted virtual membership option is available (\$35/month includes 60 class options – a 50% increase in classes).

Due to COVID, Swedish Hospital has not been able to host the annual large-on campus wellness event, in partnership with our Community Leader Engagement Program and dozens of community organizations.

The hospital supports the community gardening movement by hosting an edible community garden on campus for both employees and general community members, in partnership with Peterson Garden Project.

- **Explore external funding opportunities to enhance offerings related to this priority area at Swedish Hospital.**

The Swedish Hospital Foundation has supported this priority area via ongoing financial support of the Food Connections Program as described earlier in this report.

- **Research best practices for innovative ways Swedish Hospital may enhance programs to support healthy eating, food access and physical activity.**

Swedish Hospital continues to explore best practices and new ways to enhance these programs, in collaboration with GLC, community partners and other stakeholders. While COVID has limited the resources and time available, we intend to continue focusing on these important aspects of wellness.

3. Housing and the Neighborhood Environment

- **Raise awareness among healthcare team about homelessness being a risk factor to health**

Swedish Hospital remains committed to identifying, housing and providing support services to homeless individuals in our area. Ongoing updates about the program are sent to all employees to keep them informed and encourage their ongoing engagement.

Swedish Hospital's ED noticed the patterns of recurring visits by the same chronically undomiciled patients. Seeking a more permanent solution, Swedish Hospital currently partners with Lutheran Social Services of Illinois (LSSI), to reduce hospital visits and improve the well-being of the homeless by providing permanent housing and support services.

- **Share housing options and resources with healthcare team**

The ED Director of Nursing and staff continue to remain engaged in the process of identifying homeless patients who need assistance with food, shelter and clothing.

- **Secure funding for supportive housing, and develop agreements with local agencies who provide supportive housing, as well as explore future opportunities for collaboration**

With funds from the Swedish Foundation, Swedish developed a MOU with LSSI to provide housing and case management to 6 Swedish homeless patients and counting. Swedish Hospital Foundation provided more than \$6,000 in funding to support the housing program, through partnerships with Center for Housing and Health and LSSI. In addition, Swedish's director of intergovernmental affairs has attended 27 meetings, with over 42 hours spent mentoring

collaborations with outside agencies, including meetings with the Alliance for Health Equity Housing Committee.

- **Identify frequent users of Swedish Hospital’s Emergency Department who are homeless or do not have stable housing**

The ED team is very sensitive to housing needs of patients and how much it relates to their health. Upon discovering lack of housing is a factor for their patients, their name/contact information is shared with the ED Director of Nursing or they are asked to return to complete the process. Often patients are reluctant to assistance with housing so the repeat visits allow staff to gain the trust of this population by providing small items to meet their needs like jackets, personal hygiene items and food.

- **Connect individuals with housing partners and appropriate wraparound services from community partners**

Swedish ED physicians and medical staff provide extensive case management services to connect individuals with appropriate medical services within Swedish Medical Group and beyond. In addition to our partnership with LSSI, Swedish maintains ongoing relationships with Heartland Alliance and other community based organizations to connect patients in need with appropriate support services.

Priority Area 2: Addressing Chronic Conditions: Risk Factors, Prevention and Management

1. Diabetes

- **Provide free support groups and education sessions for ongoing diabetes lifestyle management**

Swedish’s Nutrition and Diabetes Center (NDC) continues to provide free support groups and education sessions for ongoing lifestyle management. These free group options are available for individuals who cannot attend 1-1 sessions due to financial barriers or other limitations. A vital part of managing diabetes is having adequate support from others. The free support group is facilitated by a Certified Diabetes Care and Education Specialist (CDCES) and allows participants to share experiences with others and learn tips and information about healthy living. In FY21, due to COVID restrictions on in-person gathering, the support group was transitioned to a quarterly virtual option; 18 participants attended the virtual support group in FY21. In FY22, the support group is moving back to a monthly, in person option as possible.

The free monthly education session, entitled Get Educated on Diabetes, is also led by a CDCES from the NDC and provides strategies regarding how to stay one step ahead of diabetes through healthy lifestyle habits, careful nutrition, exercise, glucose monitoring and medication. In FY21, 11 participants attended the free diabetes class.

In total the NDC saw 728 participants for one on one or group education sessions in FY21.

- **Embed/streamline process for monitoring and managing diabetic patients and providing appropriate referrals to diabetes resources, including the Diabetes Community Center**

In June 2021, the Nutrition Department implemented a new role, Nutrition Care Coordinator, to connect with patients with diabetes during the acute admission and assist in nutrition transitions of care. Additionally, outpatient referrals in Epic are being updated to more directly point patients to the NDC for education.

In Fall 2021, the hospital converted to EPIC. Work is underway to embed a process for increasing screening and monitoring rates of diabetic patients.

In an effort to better educate physicians about the range of services available in the NDC, the Nutrition Director presented at the All-Providers meeting in FY21.

- **Deliver programs to promote community education and awareness of diabetes**

Due to the ongoing COVID pandemic and limitations on in-person meeting, limited community events took place in FY21.

- **Provide free home visits to qualifying diabetic patients post-discharge via the Swedish Transitional Care team**

During FY20, the Transitional Care team was dissolved and re-deployed to focus on COVID related issues, including staffing of our COVID help line and providing follow up calls to discharged patients.

- **Explore ways to enhance access to certified diabetes educators via community partnerships and collaborations**

Swedish Hospital received \$37,500 in funds from the American Hospital Association and BCBSIL to fund diabetes education for low-income racially diverse patients and community members through May 2021. This health disparity grant provided free individual diabetes education to uninsured/underinsured ethnic minorities in the Swedish Hospital community. As part of the program, multilingual fliers were created for partnering organizations (Spanish, Korean and Hindi) to assist in referring patients into this free service. The CDCES worked closely to identify these partner organizations and has remained in close contact with the organizations to streamline the referral process.

In August of 2021, the NDC was also notified of an award from the G.A. Ackermann Memorial Fund, providing \$96,250 to provide nutrition and diabetes education to uninsured or underinsured patients and community members. Under this grant, the NDC is also able to include several additional components, including physical fitness classes, food access resources and transportation assistance. Services via this grant will begin in FY22.

In FY21, 109 visits were completed under the combination of these two grants, and 139.5 hours were spent providing education to patients who otherwise would not have been able to access nutrition and/or diabetes individual education.

Information about the NDC is available within GLC in flier racks and in the Swedish Hospital vaccine clinic. Additionally, GLC staff communicates with NDC staff to send inquiries regarding diabetes/nutrition education. Patients are then contacted by NDC staff to determine what services are best suited to meet their needs (group class, one on one appointment, etc).

- **Research best practices for innovative ways Swedish Hospital may enhance diabetes outreach, education and/or support**

In FY2022, the Nutrition Department will partner with the HealthCare Transformation team to support a Certified Diabetes Care and Education Specialist to provide services in Federally Qualified Health Centers (FQHCs). In addition, the department is exploring ways to provide additional community-facing education and programming to improve nutrition-related health literacy in our service area.

2. Heart Disease & Hypertension

- **Provide community outreach, education and screening related to heart disease and stroke risk factors, warning signs and how to respond in an emergency**

Due to COVID, the ability to provide education and outreach in this area has been significantly limited. The hospital's Stroke Coordinator hosted two presentations about Warning Signs of Stroke in FY21.

Each February, the hospital places special emphasis on Heart Month and helps inform community members about the importance of cardiovascular health and prevention tips. Information is shared on campus media walls, on the hospital website and throughout the hospital's social media platforms.

The hospital teaches community members about the importance of "hands-only" cardiopulmonary resuscitation (Bystander CPR) and how to respond in an emergency situation. The free training features interactive practice of "hands-only" CPR with a mannequin so individuals understand how to properly perform chest compressions. The class also demonstrates how to use an AED (Automated External Defibrillator). COVID has significantly limited the ability to offer these programs and in FY21 one Bystander CPR program was delivered to the community, with a total of 14 individuals attending the training session.

- **Engage with Swedish Transitional Care Team, Wellness Coaches and Rehab Team to provide support and education during and after discharge**

The hospital offers Phase 2 and 3 of Cardiac Rehab, which takes place at GLC (certified medical fitness facility). Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, the certified cardiac rehab and pulmonary rehab programs are committed to improving lives through medically supervised exercise, lifestyle changes and group support. Participants benefit from the guidance of board-certified medical specialists and access to GLC.

Using a team approach, nurses, exercise physiologists, nutritionists and cardiologists develop personalized plans for each patient. Programs last approximately three months and include supervised exercise, education, lifestyle counseling and group support.

Those transitioning out of cardiac rehab have an opportunity to continue on with various fitness/nutrition programs facilitated by Cardiac Rehab staff and GLC staff, including the Medical Fitness Program (Cardiac Rehab Phase 3) and Fundamental Fitness.

The Transitional Care team was dissolved in FY20 and re-deployed to focus on COVID and other issues.

- **Research best practices for innovative ways Swedish Hospital may enhance programs to address risk factors, prevention and management of heart disease and hypertension**

In FY20, the hospital established a COVID Rehabilitation pilot program within the cardiac rehab department. For many people who suffer from COVID-19, the effects of the illness can be long term with serious issues lasting for months. Research indicates that up to 35 percent of patients experience symptoms ranging from fatigue to joint pain, headaches and heart abnormalities that can last for months. The COVID Rehabilitation pilot program was developed to help those who had “recovered” but were still experiencing chronic symptoms like shortness of breath, and were struggling to return to baseline functionality. The program is currently supported by a donation from the Swedish Hospital Foundation. In FY21, the program provided 460 visits supported by more than \$55,000 in funding.

The hospital will continue to explore ways to enhance outreach and programming related to prevention and management of heart disease and hypertension.

3. Obesity

- **Provide robust programs and services via GLC which support individuals who aim to prevent or manage obesity**

As a certified medical fitness facility on Swedish Hospital’s campus, GLC offers a wide variety of programs for all ability levels, to help prevent and manage obesity. GLC is recognized and accredited as the first and only Medical Fitness Center in Illinois from the Medical Fitness Association. As part of our continuum of healthcare services, it is one of 42 certified centers in the nation. Among many programs, GLC offers Fundamental Fitness and Eat-Move-Lose. Fundamental Fitness works with physician referrals to provide a comprehensive 8–week course on health, fitness and wellness topics in a supportive and encouraging environment. The program offers practical knowledge necessary to create a foundation for long–term success in leading a healthy lifestyle, and it is recommended for those who know they need to exercise but don't know where or how to begin. The program is reasonably priced, and scholarships for those unable to afford the program are also available. Fundamental Fitness resumed in FY21 after having paused during Covid and served 21 people between August – September 2021. Many of these participants were referred via a new partnership with Swedish Hospital’s Ackerman Grant, which assists uninsured and underinsured patients with pre-diabetes, diabetes and obesity.

GLC’s Eat-Move-Lose program is a 12-week group weight loss program designed for people who are overweight or have medical conditions related to weight gain. This program includes:

- Weekly group workouts with a certified Personal Trainer
- Eight weekly nutrition classes with a Registered Dietitian
- Comprehensive blood-work at Swedish Hospital
- Fitness assessments (pre- and post-class)

In FY21, Eat-Move-Lose was offered 3 times to a total of 27 participants. One of the 3 classes was presented using a hybrid format where the nutrition class was done virtually and people had

the option of attending the exercise portion in-person or virtually. Because COVID distancing protocols were still in effect during part of this year, we shifted to small group offerings as a way to continue this program.

During FY21, Galter LifeCenter began conversations with the Bariatric team at NorthShore with the goal to partner on weight loss programming.

GLC is also an integral source of patient care and hospital-based programs and initiatives. Hospital programs operated within the GLC include Cardiac Rehab, Pulmonary Rehab, Physical Therapy and the Nutrition and Diabetes Center.

GLC specialists provide fitness programming at various senior/community centers to enhance access to physical fitness. From October – March, a chair yoga class was offered at local senior facility Covenant Home. This was cancelled due to COVID and will be re-evaluated once it is safe to resume.

As GLC continues to adapt during the pandemic, the facility has continued to offer a wide assortment of virtual class options, allowing community members to continue accessing fitness classes remotely and safely from the comfort of their homes. This discounted membership option remains popular and will continue into FY22. Virtual personal training continues to be offered as well. There are over 220 virtual only members and virtual class visits average around 2,330 a month.

- **Provide limited number of GLC membership scholarships to community members in need**

There are currently 80 scholarship members (this number has decreased due to COVID), which provides discounted membership for individuals experiencing both financial and medical need, via an application process. Scholarship Members receive a \$51 discount (\$86-\$35) on the full membership, which totals more than \$48,000 in discounts provided by GLC annually. In FY22 we are looking to increase the number of scholarship memberships as COVID cases decrease and this high risk population are ready to return to in person health and fitness.

- **Explore grant funding via Swedish Hospital Foundation to expand GLC programs such as Fundamental Fitness and/or Eat Move Lose to underserved communities and individuals in need**

Due to COVID, program expansion has been put on hold, as described in the earlier “Healthy Eating and Active Living” section of this report.

- **Engage community in annual large-scale wellness/healthy lifestyle event, featuring leadership from GLC and Swedish Hospital along with other community partners**

Due to COVID and social distancing requirements, this large on-campus event was postponed. Due to lack of resources, we were not able to offer an alternative option.

- **Train and mentor future exercise science specialists via ongoing collaborations with local universities**

GLC had one intern in the spring of 2021 and one in the fall of 2021 from North Park University's Exercise Science program. Both interns assisted with our new hybrid class platform, member challenges, and our Fundamental Fitness and Eat/Move/Lose programs. One of them has already joined our team. Currently we have an intern from UIC and more students inquiring to complete their internship with GLC.

4. Cancer

- **Provide free and reduced cost screening and diagnostic breast health services to those in need via charity care and grant-funded programs.**

The Swedish Hospital Community Breast Health Program (CBHP) serves women who face the greatest challenges accessing breast cancer detection and treatment due to financial, cultural, and language barriers. The program targets uninsured and underinsured women living at or below 200% of federal poverty. Swedish Hospital is located in a Health Professional Shortage Area for low-income populations and a Medically Underserved Area for Asian Americans. Communities in its North side service area, such as Albany Park, serve as a port-of-entry for immigrants and refugees from 60+ nations. According to 2010 U.S. Census data, 35% of Chicago's foreign-born residents reside in the 11 city zip codes the hospital serves.

Chicago is identified as an area where breast cancer mortality rates are high and significant racial/ethnic and socioeconomic disparities exist in mortality and access to breast cancer detection and treatment, with African American, Hispanic, and low-income women most impacted. Black and Hispanic women in Chicago are less likely to access screening services, more likely to present with later stage cancer, and more likely to experience delays in diagnosis and treatment. As of 2016-2018, several communities in Swedish Hospital's service area had mammogram screening rates for women 50-74 significantly lower than the Chicago citywide rate of 80%. Furthermore, screening rates in these neighborhoods highlight the disparities that exist. In Albany Park, for example, where the hospital is located, the percentage of women who have had breast cancer screenings ranges from 32-89%; in the Uptown neighborhood, the rate ranges from 48-94%. Across the hospital's service area, average screening rates range from 60.5% (+/- 28.6%) to 97.2% (+/- 4.3%) indicating that there are significant opportunities to improve screening rates. While Medicaid expansion efforts over the last several years have increased access to screening and treatment for low-income women, many in our community and across the city continue to face significant barriers to care. For these women, the CBHP continues to provide a critical access point to potentially life-saving services.

Swedish Hospital provides a continuum of services to address the needs of individuals related to breast cancer detection, treatment, and survivorship. For our uninsured patients, grant support from The National Breast Cancer Foundation, Susan G. Komen Chicagoland and A Silver Lining is available. In FY21, more than \$115,000 in annual funding was provided by external funders including Susan G. Komen, National Breast Cancer Foundation and A Silver Lining Foundation to support no-cost mammograms, ultrasounds and breast biopsies. Through the generous support of these organizations, the program was able to provide screening and diagnostic mammograms, ultrasounds, and biopsies to low-income women over the last year. In FY21, CBHP delivered 1,105 no-charge cancer detection services to 871 uninsured, low-income women. Of those women, 63% were Hispanic, 19% multiracial/other, 12% Caucasian, 4% African American, and 2% Asian. 50% of these women had a primary language other than English. Non-English speakers spoke more than 16 languages, the most common: Spanish, Polish, Romanian, Arabic, Ukrainian, Somali, Urdu and Vietnamese.

Building upon the organization's 130+ years on Chicago's North Side, and wealth of partnerships that the hospital benefits from, the CBHP works with many community partners. These relationships are critical to our goal of reducing barriers and connecting low-income individuals, newly-arrived immigrants, and other underserved populations with comprehensive breast cancer screening, diagnosis, and treatment services. The CBHP works closely with community partners to offer screening events, or "mammogram parties," hosted at the WHC with groups from partner organizations. Participants for these events are clients of organizations serving diverse cultural groups that live in the neighborhoods surrounding Swedish Hospital. Some of these partners have included: HANA Center, Centro Romero, Vietnamese Association of Illinois, Chinese Mutual Aid Association, Cambodian Association of Illinois, South-East Asia Center, Asian Health Coalition, Hamdard Healthcare and others. Through targeted outreach to agencies, the program reduces barriers to care for recent immigrants, ethnic minorities, and low-income individuals. Although COVID has limited our ability to offer these types of offerings, we will explore resuming when it is safe to do so.

This patient story showcases just one example of the additional hardships created by the pandemic and how our CBHP has assisted women in need:

Alejandra, a 63-year old Hispanic woman has been receiving annual screening mammograms at Swedish Hospital since 2010, who was connected to our Community Breast Health Program through community partner agency Community Health. Unfortunately, Alejandra skipped her annual screening mammograms in 2018 and 2019. She was scheduled for a screening mammogram in March of 2020, but was unfortunately cancelled due to the pandemic, when the Women's Health Center was forced to close from mid-March through mid-May of 2020, following local stay-at-home orders and quarantine measures. After follow-up to reschedule, Alejandra finally came back to the Women's Health Center in February 2021, when she also felt more comfortable returning to a medical facility. At her appointment in February, an abnormal area was noted requiring additional mammographic views, an ultrasound and a biopsy. She was reluctant to schedule the biopsy but understood the importance of moving forward with the procedure, thanks to the breast health team at Swedish Hospital providing her with support and education. The biopsy was scheduled for March of 2021. Pathology showed that Stage 1B breast cancer. Her primary care physician referred her to another hospital for treatment, and we assisted the patient in making her new appointments, and had all of her imaging, reports and slides sent to the new hospital. Thanks to NBCF funding-this patient was able to have testing which revealed the need for a biopsy and subsequently found out she had breast cancer. Alejandra has a good prognosis and maintains in contact with the team at Swedish Hospital. She also has stated that she will return to Swedish Hospital for her routine screenings after finishing her treatment, thanking the navigator for her support throughout the process and providing information on the importance of maintaining her annual screenings, even after treatment has been completed.

Additionally, the hospital provides a wealth of offerings for breast cancer survivors through the Integrated Cancer Care Program (ICCP), including support groups, integrative therapies (massage, acupuncture, etc.), fitness programming, nutrition counseling, and other services, free of charge. The ICCP is highlighted in the next section of this narrative.

- **Enhance cancer treatment via the Integrated Cancer Care Program (ICCP), which complements standard care with free, comprehensive wellness offerings at Galter LifeCenter (GLC), including massage, acupuncture, exercise and other psychosocial supports.**

The ICCP partners closely with GLC to connect cancer survivors with integrative therapies and services that support healing and overall health. Swedish Hospital provides cancer survivors with access to a number of these offerings at no charge to the patient. In FY21, the program provided 226 personal training sessions, 325 massages, 156 acupuncture sessions and 51 hours of meditation. The program also covered the cost for 7 cancer survivors to attend an 8-week Fundamental Fitness Program at GLC. Through the ICCP Program, 79 GLC Facility memberships were provided.

More than \$56,000 in funding by Swedish Hospital Foundation was provided to support cancer survivorship in FY21.

- **Raise awareness among healthcare providers and community members regarding age-appropriate screenings and vaccinations (ex. colorectal, breast, prostate, lung, HPV vaccinations) via outreach and education events.**

The hospital shares information about importance of screening via social media outlets, media wall screens on campus and fliers on campus. Due to COVID, programming was limited. Additionally, each year the hospital historically hosts a Korean Health Fair in partnership with HANA Center. Due to COVID, this program was postponed in FY21 and will plan to resume in FY22.

- **Research best practices for innovative ways Swedish may enhance cancer outreach, education and/or support**

The hospital continues to explore ways to expand and enhance cancer outreach. Due to COVID attention in this area was limited.

Priority Area 3: Improving Mental Health

1. Enhancing Access to Resources and Services

- **Continue and enhance robust partnership with Lutheran Social Services of Illinois, via inpatient acute access and outpatient access on-campus (Project Impact, Welcoming Center and Mobile Crisis Team)**

Swedish Hospital continues to have a strong and robust partnership with Lutheran Social Services (LSSI), within the ED (Project IMPACT), through LSSI's outpatient setting (The Welcoming Center) on the hospital's campus and through the LSSI Mobile Crisis Team.

Patients coming into the ED may speak to Project Impact upon arrival if their chief complaint is a behavioral health issue or if a mental health issue is identified upon their evaluation. If the patient does not wish to have a medical screening exam, the Project Impact crisis team clinician will call the Welcoming Center and escort the patient to the facility (directly across the street). If the patient has been seen in the ED and is following up with the Welcoming Center, they may be discharged with an appointment to follow up at their convenience. The Welcoming Center makes initial visits available to all individuals regardless of their ability to pay, and then helps to connect uninsured individuals with available and appropriate community resources as needed. The Welcoming Center provides ongoing open access for Behavioral Health outpatients. The Center creates easy access to a multi-disciplinary team of Behavioral Health professionals, all at an outpatient rate as compared to the expense of hospitalization.

LSSI's Mobile Crisis Team deploys Crisis Counselors to help an individual who is experiencing a behavioral health crisis. Crisis Counselors will help de-escalate a client, assess for follow-up treatment, and help create a crisis plan. Available 24/7 for children, adolescents, and adults experiencing a crisis on the North/Northwest side of Chicago.

Transition of care team works with individuals who are discharging or have already discharged from Swedish Hospital's psychiatric unit to remain engaged, access needed services, and get connected to long-term treatment in the community. The Team also works with adults who have been referred from LSSI's Mobile Crisis Team.

This Model improves community-based linkages to services and supports that address a person's needs, including their social determinant needs. This collaboration increases access to care and community-based services; decreasing the utilization of the Emergency Department and Inpatient Units for non-emergent treatment, improving treatment outcomes while decreasing the total cost of healthcare.

One enhancement to the hospital's ongoing LSSI partnership includes access within the Swedish Emergency Department for patients who are need of medical stabilization for substance or alcohol abuse.

- **Evaluate pilot program within Swedish Medical Group (SMG), featuring behavioral health integration within primary care setting to provide more comprehensive health to SMG patients.**

In August of 2019, SMG began the process to establish an integrated, team-based approach to create improved access to behavioral health providers, within the primary care setting. Prior barriers to care (including a different physical location and a long wait list) contributed to poor patient follow through with referrals to behavioral health services. This new plan included exclusive access to a clinical psychologist, co-located among four, physically and operationally connected practices that included 16 primary care providers. The collaborative team developed processes for referrals, warm handoffs, electronic health record integration and more.

The psychologist carries a mobile phone with a four-digit extension and an iPad which provides access to the shared electronic health record. Providers can call the psychologist throughout the day to briefly discuss a referral and establish a plan of action. This is followed by the psychologist coming to the patient and physician location where a warm handoff occurs. The psychologist is able to conduct a brief consultation in the patient exam room. These brief "on the spot" consultations were not billable unless the patient was booked and seen for an appointment. Additionally, times were blocked in the psychologist's schedule for same-day referrals as well as follow up appointments. Small, checklist-like cue cards were created to help remind the PCP and Medical Assistants (MAs) of each step in the process of accessing, scheduling, and including appropriate referral with a primary diagnosis for behavioral health services.

Results thus far have included significantly improved access to behavioral health services and resources, high levels of provider and patient buy-in, and high provider and patient satisfaction ratings. Although services were billable based on the patient's insurance, this program has created a more streamlined approach to ensure patients are successfully connected to behavioral health services.

- **Educate the community about mental health and access to resources via free special events and programs, along with ongoing communication between Swedish Hospital and community organizations, including local social service agencies**

Swedish continues to communicate with local social service agencies to discuss best practices and use of healthcare resources for BMH patients. These organizations include Lutheran Social Services of Illinois, MADO Healthcare Centers, The Kennedy Forum of Illinois, Chicago Police Department, local FQHCs, community centers, cultural organizations and social service agencies.

In an effort to foster healthy dialogue and support for new mothers in our community, the hospital facilitates a weekly, free new moms group, open to all new moms within the community. The program features a rotating list of speakers who address issues ranging from mental health support to physical fitness to breastfeeding and other common issues. Due to COVID, these were paused until July 2021 and then resumed as virtual weekly sessions beginning July 6.

The hospital has also developed online assessment tools for the community related to depression and anxiety, while also providing information on local available resources for individuals. In FY21 there were more than 2,133 page views to the online assessment tools page on our website.

The Women's Care Fund at Swedish Hospital helps to alleviate the cost of mental health services for women who lack access to mental health benefits, either because they are uninsured or their insurance does not cover it. While one in three Americans struggle with mental illness at some time in their lifetime, the rate is much higher for women. Trauma is more common among women, with half of all women experiencing some form of trauma during their lives. Additionally, it is estimated that over 40% of women suffer from some form of postpartum depression following childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. In order to address these issues within our community, Swedish Hospital created the Women's Care Fund (WCF) to cover the cost of mental health services for low-income women in our community. Through this initiative, funds were allocated to cover free mental health services to low-income women in the communities surrounding the hospital.

The WCF provides free counseling services to uninsured or underinsured women referred from throughout the hospital's inpatient and outpatient provider network. When a woman calls the hospital with a referral for counseling and identifies as uninsured or otherwise unable to afford treatment, they are scheduled as a WCF patient. Counseling is provided by licensed clinical psychologists housed within Swedish Hospital's Health Psychology department, and the patient never receives a bill. Women served through the Fund receive free counseling for as many sessions as deemed appropriate by their counselor, with the average participant receiving over five free sessions through the project.

In FY21, the Women's Care Fund provided more than \$20,000 in counseling sessions for uninsured or underinsured women who lack access to mental health benefits. The Fund provided 156 counseling sessions to 29 women. The majority of women served were referred from the Swedish Medical Group Midwifery Practice, as well as the hospital's OB/GYN Group. The most common diagnoses for women served include anxiety, depression, and postpartum depression.

- **Enhance child and adolescent behavioral mental health offerings available to the community via LSSI robust on-campus partnership, expanding options beyond merely admitting vs. discharging a patient**

Child and Adolescent mental health services are accessible via the Welcoming Center and LSSI's Mobile Crisis Team, which creates more streamlined care and access for these patients who may present in our Emergency Department initially. Also, we have APN for 14 years and above.

- **Raise community awareness regarding resources available via GLC which support mental health**

GLC offers mindfulness-based meditation practices, which are mental exercises that have been shown to have numerous benefits for mental and physical health and wellbeing. These mental exercises strengthen the mind's ability to respond wisely rather than react habitually to thoughts, emotions, physiological experiences, as well as whatever life and the outside world bring our way. Currently, GLC offers one virtual meditation class, free of charge for members.

- **Research best practices for innovative ways Swedish Hospital may enhance programs to support enhancing access to mental health resources and services**

LSSI, Swedish Hospital and Erie are discussing ways to collaborate on the creation of a mental health and medical services directory to insure appropriate, streamlined access for community members in need.

The Welcoming Center is open for walk-ins from 9am-5pm Monday to Friday and available for intake calls from 8am to 8pm Monday through Friday.

LSSI and Swedish remain interested in exploring a new pilot project in collaboration with the City of Chicago to address behavioral mental health via CFD/CPD Diversion. LSSI had multiple meetings with the City (pre-COVID) who has chosen LSSI to be the provider on the north side. LSSI and Swedish await further connection with the City of Chicago to align on a process and flow for how CFD/CPD communicate with LSSI and integrate Swedish ED when needed. Due to COVID, progress on this initiative has lagged.

Other miscellaneous community benefit: increase access, charity and government-sponsored programs

- **Provide assistance to consumers and patients in obtaining health plan coverage subject to state, federal and private funding.**

All Kids and Medicaid Pending Eligibility (MPE) applications continue to be processed and approved. In Fiscal Year 2021, the total number of applications processed include: Kid Care-0, Family Care-0 and MPE-13 applications and 13 approved. Information about these services is distributed to numerous community organizations, churches, health fairs and school events. It is also publicized throughout the hospital campus and on the hospital website. Medicaid applications continue to be processed for all inpatients who qualify.

- **Provide subsidized health care services to meet community needs.**

The **Swedish Medical Group OB and Midwifery Practice** see patients at the hospital campus in GMP. In FY21, the group had a total of 283 total Medicaid deliveries (out of 816 total deliveries).

The group has also become a strong referral base for women requiring pediatricians, social services, complicated gynecological care, and for follow-up care such as mammography and TB treatment. Additionally, the Midwifery group also runs the Centering Pregnancy group prenatal care program they have also provided free informational sessions regarding common Q&A about nurse-midwifery births; these programs are temporarily halted due to COVID.

The Helping Hands program helps patients in our emergency room access medications that they can otherwise not afford. This assistance allows the patient to complete their medical treatment and helps prevent a return visit to the emergency room. During FY21, 50 low-income patients were provided over \$1,500 in medications.

Swedish Hospital provides spiritual care services to patients, family and staff at no charge for those grappling with the challenges of serious illness, end of life and issues of suffering and resiliency. The Pastoral Care Department provides spiritual support for patients facing hospitalization, and their families. Our chaplains' new admission visits remained lower due to COVID 19 restrictions during FY21. Pastoral care for COVID patients continued with focus on outreach to patient's family members who were not able to visit their hospitalized loved one. Families of patients on the ICU and IMCU received daily calls for support and pastoral care. When patients passed away, a chaplain would make at least one, but often more, bereavement calls providing support and resources for grieving family members. Chaplains were a key resource for families experiencing distress due to the visitor restriction policy. In addition to caring for patients and their families, chaplains provided ongoing support to hospital staff throughout the pandemic, provided resources for resilience, and facilitated expressions of grief as well as gratitude. Chaplains focused on the staffs' recognition and use of healthy coping skills in the face of suffering and adversity.

The Pastoral Care Department maintains relationships with religious communities within the area surrounding Swedish Hospital helping us provide spiritual care for our diverse patient population. These include Roman Catholic, Greek Orthodox, Jewish, Buddhist, and Muslim religious traditions. Communication with four Roman Catholic Churches, St. Demetrios Greek Orthodox Church, Chicago Mitzvah Campaign, Refuah 311, a local Buddhist Temple, and the Muslim Community Center conveyed the department's ongoing care for the community balanced with the hospital's need for restricted access due to pandemic safety protocols. The department also worked with the Roman Catholic Archdiocese of Chicago to provide the sacrament of Anointing of the Sick for dying COVID patients through the archdiocese's specially trained group of priests.

During the summer of FY21, the department maintained its relationship with North Park Seminary, welcoming one pastoral care field education student. The department also welcomed three clinical pastoral education students from NorthShore University Healthsystem. Swedish chaplains provided mentoring and training in pastoral care to all four students as they learned to provide pastoral care in the hospital setting.

Chaplains work closely with Gift of Hope supporting families during the organ donation process. Swedish Hospital chaplains continue with a close working relationship with the Seasons Hospice and Palliative Care unit on the fourth floor of the Anderson Pavilion, cooperating with them to provide patient care and family support. Rev. Carlozo participates in a quarterly Violence Prevention Workgroup as a part of the hospital's violence prevention program.

Chaplains from the department remain as active as possible in community outreach, ranging from coordinating care with local area clergy, maintaining relationships with local senior living

communities and churches, and partnering with North Park University and North Park Theological Seminary.

The Ethics Consultation Service, led by a clinical ethicist, with consultation provided by a core group of responders, supports patients, families, and caregivers when making healthcare decisions are not clear or are in conflict. The consultation service provided 26 consults (initial, continuing follow up and care conferences) during FY21.

The Ethics Program coordinated with the Medical Executive Committee organizing an Ethics Triage Team to provide support and guidance for the medical staff during the pandemic. Their work focused on the ethical care of critically ill COVID patients and ethical medical decision making if/when there was a scarcity of resources. This triage team included medical staff that did not work in critical care units, the ethics consultant, ethics consultation resource team members, nurses, a chaplain and a member of the community. The triage team was available to the members of the critical care medical team as cases have surged during the pandemic, but was never needed for situations requiring ethical decision making due to scarcity of resources.

In FY21 the Palliative Care Program saw 343 new patients, tending to their symptoms, helping with quality of life concerns, life of life decisions and clarifying goals of care. Of particular importance, Palliative Care was, and continues to be, highly involved in caring for the COVID-19 patient population, helping with communication with families and caring for the dying in this difficult time. Before the Seasons inpatient unit was admitting COVID-19 patients into hospice, comfort care was often delivered by the Palliative Care Team on the floors, and in doing so provided further emotional and spiritual support for patients, their families and the medical care teams.

The Seasons Hospice Inpatient unit continues to admit patients, primarily from Swedish Hospital. In the last fiscal year, 273 patients have been admitted to the inpatient unit, 49% of which were from Swedish Hospital. The Inpatient Unit has provided a setting to help with symptom control for hospice patients prior to discharge to home or a nursing facility with hospice, and end of life care for patients who would pass at Swedish Hospital. During the time of COVID, the Inpatient Unit offered the opportunity for families to see their dying loved ones, including patients dying of COVID, while ensuring their safety with PPE and protocols for the safety of family and staff. Extubations for non-COVID patients are offered in the inpatient unit, giving families the opportunity to be present when the ventilator is removed with the support of chaplaincy and music therapy.

Dr. Mark Watson (Hospice and Palliative Medicine) continues to provide education in academic lectures and clinical rotations for the students of St George Medical School, Chicago College of Osteopathic Medicine, Swedish Hospital Internal Medicine and Family Medicine residents, Weiss Hospital Internal Medicine Residents, and University of Illinois Chicago Geriatric Fellows. The students of St George are required to complete a 1 week rotation with palliative care, while the other learners join the Palliative Care Team as part of their individually chosen elective rotations. The learners are integral in helping round on the inpatient hospice patients, while also helping to attend to the palliative care patients while learning about symptom control, the ethics of end of life medicine, and family meetings to help establish the goals of care.

The Swedish Hospital Healing Arts Program remains on hold due to COVID.

- **Provide access to multi-lingual and culturally competent providers and multi-lingual health information.**

Multi-lingual patient education information continues to be offered in English and Spanish through a computer-based program called Micromedex CareNotes™ System. This program provides general information about conditions, inpatient care, and discharge care. Exit Care, an additional patient educational data base, provides patient education in five languages, including Russian and Korean.

Interpretive Services are available to help serve our multi-cultural patient population. The hospital provided in-house interpreters for patients who spoke Spanish, the primary non-English language spoken in the community. These are either telephonic or in person, with the bulk of them in person, by one full time Spanish medical interpreter. There were more than 2,000 in person or phone interpretive encounters via our Spanish medical interpreter during FY21. Due to COVID, many of these encounters required additional time spent with the patient, care provider and family members (remotely) due to the complicated nature of the cases.

When in-house interpreters are not available other hospital staff may assist the patient. In instances where no staff is available who speaks the patient's language, the hospital uses professional telephone and video interpretive assistance and had a total of 669,079 interpretation minutes (49,938 calls) in 85 languages for a total cost of \$514,456.89 for FY21. Top ten languages in rank order were Spanish, Arabic, Korean, Vietnamese, Polish, Bosnian, Russian, Urdu, Rohingya, & Burmese.

Many deaf or hearing impaired patients communicate via video interpretation service, which is included in figures above. However, for those who request in-person sign language interpreters, the hospital provided interpreters through CAIRS, for a total cost of \$4,097 in FY21. Additionally, linguistically and culturally appropriate staff continues to be hired by the Human Resources department.

Throughout COVID, the demand for interpretive services has increased dramatically, due to the limited visitor policy for patients. To help meet this need, the hospital obtained 10 additional VRI video units to allow staff easier access to video interpretation services. Additionally, phone interpretation increased as the hospital staffed a COVID help line to assist community members with symptom screening, test scheduling and vaccination.

- **Provide effective and actionable community health education.**

The hospital provides health education programs both on campus as well as out in the local community. These events include health fairs, daytime and evening lectures and other health-related activities. Throughout the year the hospital collaborated with dozens of community organizations and local businesses to provide wellness and prevention programs. In FY21, there were a total of 105 programs with a total of 4,526 attendees. Additionally, the hospital is committed to educating the public about health and wellness online via social media.

As COVID continues, the hospital continues to adapt, developing educational resources to assist our diverse community members. Resources include multilingual fliers, visuals to help community members understand virus spread and safety measures, and a help line to answer questions about symptom screening, free test scheduling and vaccination. The hospital also rapidly created a drive-through testing tent in April 2020 and was operational for several months in FY21, whenever demand has warranted based on community surge activity.

In FY21, the hospital also produced videos with physicians to highlight the importance and safety of COVID vaccinations. These videos were shared with the community and promoted via social media. In addition to an array of English videos, the hospital also produced short vaccine encouragement videos in other languages, presented by physicians from the Swedish Hospital Medical Group who speak these languages.

To further respond and engage with community on COVID vaccination education and outreach, the hospital applied for and was awarded a grant via the City of Chicago to serve as Regional Lead for the North/Central area of the Healthy Chicago Equity Zones (HCEZ) initiative. This program began in the summer of 2021 and focuses on collaborative working alongside community leaders to identify and confront the social and environmental issues that contribute to health and racial inequity. Thus far, the hospital has partnered with key Community Lead organizations to embed and integrate themselves within the community via trusted, local organizations. The focus has been on COVID-19 vaccination education and outreach, but will broaden during FY22. In July-August the HCEZ team was hired and in Sept 2021 9 vaccine outreach/education events were hosted, in partnership with community organizations.

Swedish Hospital is continuously dedicated to increasing accessibility of services and resources in order to enhance the health and wellness of everyone in our service area. Through relationship cultivation, event leadership and community outreach, our ongoing, two-way conversations have created solid relationships with diverse organizations throughout the community, which has resulted in trust and engagement of our community in shared-interest initiatives. This community commitment is exemplified through our current outreach initiatives as well as ongoing interaction with key internal and external stakeholders. As part of the hospital's community outreach efforts, two programs play a critical role: the Community Ambassador Program and the Community Leader Engagement Program.

The Community Ambassador Program initiated in FY16 and consists of employees from various departments within the organization who live in the local community and are looking for ways to build bridges among neighbors. Ambassadors engage in dialogue with schools, churches, cultural groups and other local organizations to learn more directly about the community's needs. Feedback and insight is shared with the Community Relations staff which helps to develop appropriate programming and education for the community served by the hospital. The group meets virtually 3-4 times per year to discuss ways to better connect with the community. Additionally ambassadors are linked via a closed Facebook group to continue dialogue throughout the year, between meetings. In FY21, approximately 30 employees served as Community Ambassadors.

Swedish Hospital's Community Leader Engagement Program initiated in FY17 as an extension of the Ambassador Program. The community leader program has established the hospital as a local leader driving positive change. Two to three times each year, nearly 100 leaders gather to discuss issues impacting our local community. Attendees represent schools, faith communities, cultural organizations, neighborhood organizations and elected officials, as well as a range of internal hospital leaders. With a focus on health and wellness, the group dialogues about the hospital's Community Health Needs Assessment while exploring tangible efforts to impact key priorities, including the hospital's Violence Prevention Program and Housing Connections (housing for homeless individuals). Each year, the group makes a commitment to improve awareness about a specific community health issue and make a positive impact in the health of the community. In

FY21, we primarily engaged the group on issues related to COVID, vaccination and various programs focused on social determinants of health.

- **Continue to provide financial programs for patients who qualify for charity care and discounted care consistent with the mission of the hospital and any legislation that may be enacted.**

The Guidelines for Issuing Charity or Discounted Care (“Guidelines”) periodically are modified to increase the availability of charity care and address payment issues for the uninsured patients. The Guidelines in effect during FY 2021 provided for a minimum discount of 75% from gross charges for patients with no insurance.

To address the growing problem of access to health care for the uninsured, the hospital applies an automatic discount for patients who do not have health insurance and who do not qualify for other payment plans, such as obstetrical or surgical packages. The discount is 75% from inpatient and outpatient gross charges, subject to a minimum payment of \$300.00.

The discounts and charity care voluntarily extended to uninsured patients by the hospital totaled \$58,317,068. The hospital provided \$8,650,561 in charity care, based on estimated cost, and an additional \$2,838,341 based on estimated cost, in discounts for patients who did not request charity care and did not pay for services, characterized as bad debt by the State.

Notices in English, Spanish, Arabic, Korean, Greek and Croatian about the availability of Charity or Discounted Care are posted in the ED registration area, and inpatient and outpatient registration areas. The information is also contained in the *Patient Handbook*, given to all patients upon inpatient admission. Patients and families are encouraged to speak to a financial counselor for more information and assistance. The Guidelines, along with the financial questionnaire, are posted in English, Arabic, Assyrian, Korean, Mongolian, Polish, Russian, Spanish and Vietnamese on the hospital’s website.

The hospital’s Credit and Collection Policy provides for fair and consistent credit and collections practices; prohibits the use of body attachment by the hospital or any collection agency acting on its behalf, and limits property liens to situations approved by the Finance Committee; establishes approval levels for referral of accounts to collection agencies; and provides that at no time will medically necessary care be denied because of a patient’s inability to pay for services.

- **Enhance discount program for the uninsured patients.**

The hospital continually evaluates its Guidelines for Issuing Charity or Discounted Care and modifies it to respond to the concerns of the uninsured, including their access to credit and availability of cash.

- **Continue to participate in the Medicaid and Medicare programs.**

The hospital continues to provide services to patients who are beneficiaries of the Medicare and Medicaid programs and is considered a Medicare Disproportionate Share Hospital. Of the 10,812 patients discharged from the hospital in FY 2021, 39.7% were Medicare patients and 37.0% were Medicaid patients. In addition, of the 248,901 outpatient visits, 35.1% were made by Medicare patients and 26.4% were made by Medicaid patients.

The hospital continues to aggressively seek coverage for patients who qualify for Medicaid, and dedicates several employees to assist patients and families in the application process.

- **Continue to provide essential health care services for Illinois Department of Public Aid beneficiaries.**

The hospital continues to maintain its status as a Medicaid High Volume and Safety Net Hospital. The ESTIMATED Medicaid Inpatient Utilization Rate (MIUR) was 50%.

Financial Assistance Policy

1. POLICY:

- The fundamental purpose of NorthShore University HealthSystem (NorthShore) is to provide quality health care and health-related services that effectively and efficiently meet the needs of individuals and families who reside in the communities served by NorthShore. For purposes of this policy, NorthShore refers to the non-profit hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital, and Swedish Hospital. Where policy differences apply to Swedish Hospital, those differences are separately identified.
- Consistent with NorthShore's values of compassion and stewardship, it is the policy of NorthShore to provide financial assistance to patients in need. Furthermore, the purpose of this Financial Assistance Policy (FAP) is to provide the framework under which financial assistance will be granted to patients for emergency or medically necessary care provided by NorthShore to those that reside in the communities that we serve.
- This policy identifies the specific criteria and application process under which NorthShore will extend financial assistance to individuals whose financial status makes it impossible to pay fully for the services. Note that certain individuals are presumptively eligible to receive services at no cost (see section 4.E).
- This policy applies to all emergency or medically necessary care provided by a NorthShore hospital. This policy is not binding upon providers of medical services outside of the hospital. In **Exhibit 1** of the FAP, you can find information on providers delivering emergency or other medically necessary care in the hospital facility whose services are covered as part of this policy and a list of providers whose services are not covered as part of this policy. Note that provider services are covered only if you are found to be eligible for financial assistance in accordance with this policy. Free paper copies of the **Exhibit 1** are available as part of the FAP online at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or upon request in the emergency department and hospital registration areas. Free paper copies are also available by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
- NorthShore may exclude services from this policy that are covered by an insurance program at another provider location but are not covered at NorthShore after efforts are made to educate the patient on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.
- This policy describes the criteria used by NorthShore in calculating the amount of the financial assistance discount, if any, the measures NorthShore will take to widely publicize this FAP within the community served by NorthShore, the process used by NorthShore to determine financial assistance eligibility, and the financial assistance application process. The actions NorthShore may take in the event of nonpayment are described in a separate **Billing and Collections Policy**. That policy can be downloaded on NorthShore's website at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or a free paper copy is available in the emergency department and hospital registration areas or by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
- To be eligible for financial assistance, you must complete and submit a financial assistance application (for patients who are not presumptively eligible) along with any required supporting documentation. Financial assistance applications are due no later than 240 days after the date of the first billing statement sent for the services for which you are requesting financial assistance. Exceptions may be granted as described later in this policy. Nothing in this policy takes precedence over federal, state or local laws or regulations currently in effect today or in effect in the future.
- Final authority to determine whether NorthShore has made reasonable efforts to determine FAP eligibility resides with NorthShore's Single Business Office and Swedish Hospital's Financial Services Center. This policy is intended to benefit NorthShore's community consistent with its values of compassion and stewardship. The existence of this FAP does not constitute an offer of financial assistance to any particular patient and creates no contractual rights or obligations. This FAP may be updated by NorthShore in its sole discretion.
- The policies and procedures stated herein are intended to comply with Illinois state regulations and section 501(r) of the Internal Revenue Code and related guidance.

2. SCOPE:

This policy applies to all emergency or medically necessary care provided by a NorthShore hospital. This policy is not binding upon providers of medical services outside of the hospital. In **Exhibit 1** of the FAP, you can find information on providers delivering emergency or other medically necessary care in the hospital facility whose services are covered as part of this policy and a list of providers whose services are not covered as part of this policy. Note that provider services are covered only if you are found to be eligible for financial assistance in accordance with this policy.

3. DEFINITIONS:

Application - Means an application for financial assistance to be completed by a patient.

Application Period - During the application period, NorthShore will accept and process an application for financial assistance. The application period begins on the date the care is provided to the individual and ends on the 240th day after the date of the first billing statement for the care.

Amounts Generally Billed (AGB) - Patients who qualify for financial assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance.

- 1) The NorthShore AGB percentage is calculated using the “look-back” method, which is the total of Medicare fee-for-service and private health insurer allowed claims divided by the total gross charges for those claims for a 12-month period. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.
- 2) AGB percentages can be found in **Exhibit 2** of the FAP.
- 3) A revised AGB percentage will be calculated annually and applied by the 120th day after the start of the year.

Cost of Services Provided - The usual and customary charges at the time of initial billing, multiplied (reduced) by the hospital’s relationship of costs to charges (also referred to as the hospital’s “cost to charge ratio”) taken from NorthShore’s most recently filed Medicare cost report. Costs are updated annually.

Elective Services - Services to treat a condition that does not require immediate attention. Elective services include procedures that are advantageous to the patient, but not urgent and include medically necessary services and non-medically necessary services, such as cosmetic and dental surgery performed solely to improve appearance or other elective procedures not typically covered by health insurance plans. Elective services that are not medically necessary will not be considered for financial assistance.

Emergency Services - Services provided to a patient for a medical condition with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse), such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or with respect to a pregnant woman, the woman or her unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Extraordinary Collection Actions (ECAs) - These are collection actions requiring a legal or judicial process and can also involve other activities such as selling debt to another party or reporting adverse information to credit agencies or bureaus. NorthShore does not engage in ECAs, nor does it permit its collections vendors to engage in ECAs. Further information on NorthShore’s collection policies can be found in NorthShore’s separate **Billing and Collections Policy**. Free paper copies of this policy are available online at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or free paper copies are available upon request in the emergency department and hospital registration areas or by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.

Family - The patient, the patient’s spouse/civil union partner, the patient’s parents or guardians (in the case of a minor patient), and any dependents claimed on the patient’s or parent’s income tax return, and living in the patient’s or his or her parents’ or guardians’ household.

Family Income - The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support reportable to the United States Internal Revenue Service. Family income includes, but is not limited to earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public

assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, alimony, child support, and other sources.

Federal Poverty Level (FPL) - Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this policy, the poverty level indicated in these published guidelines represents gross income. The FPL used for purposes of this policy will be updated annually. FPLs can be found in **Exhibit 3** of the FAP.

Financial Assistance - Financial assistance means assistance offered by NorthShore to patients who meet certain financial and other eligibility criteria as defined in NorthShore's FAP to help them obtain the financial resources necessary to pay for medically necessary or emergent health care services provided by NorthShore in a hospital setting. Eligible patients may include uninsured patients, low income patients, and those patients who have partial coverage but who are unable to pay some or all of the remainder of their medical bills.

Medically Necessary Services - Services or supplies that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational or vocational services.

Plain Language Summary - A plain language summary of NorthShore's FAP includes: 1) a brief description of the eligibility requirements and assistance offered; 2) a listing of the website and physical locations where financial assistance applications may be obtained; 3) instructions on how to obtain a free paper copy of the FAP; 4) contact information for assistance with the application process; 5) availability of language translations of the FAP and related documents; and 6) a statement confirming that patients who are determined to be eligible for financial assistance will be charged no more than AGB for emergency or medically necessary services.

Presumptive Eligibility - A financial assistance eligibility determination made by reference to specific criteria which has been deemed to demonstrate financial need on the part of an uninsured patient without completion of a financial assistance application.

Reasonable Efforts - NorthShore will make reasonable efforts to provide notification to the patient about NorthShore's FAP by offering the plain language summary of the FAP. In addition, NorthShore will take the following steps to inform patients about NorthShore's FAP.

- 1) **Incomplete Applications** - If the patient and/or patient's family member submits an incomplete financial assistance application, NorthShore will provide a written notification that describes what additional information or documentation is needed.
- 2) **Completed Applications** - If the patient and/or patient's family member submits a complete financial assistance application, NorthShore will provide written notification that documents a determination on whether a patient is eligible for financial assistance in a timely matter and notifies the patient in writing of the determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination. This notification will also include the financial assistance percentage amount (for approved applications) or reason(s) for denial, and expected payment from the patient and/or family where applicable. The patient and/or family will continue to receive statements during the evaluation of a completed application.
- 3) **Patient Statements** - NorthShore will send a series of statements describing the patient's account and amount due. Patient statements will include a request that the patient is responsible to inform NorthShore of any available health insurance coverage and will include a notice of NorthShore's FAP, a telephone number to request financial assistance, and the website address where financial assistance documents can be obtained.
- 4) **NorthShore Website** - NorthShore's website will post a notice in a prominent place that financial assistance is available, with an explanation of the financial assistance application process. NorthShore will post its FAP with a list of providers who are covered and not covered under the FAP, plain language summary, financial assistance application, and billing and collections policy at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance. NorthShore will have free paper copies of these documents available upon request in the emergency department and registration areas or by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.

Uninsured Patient - A patient who is not covered in whole or in part under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program (including, without

limitation, private insurance, Medicare, or Medicaid, or Crime Victims Assistance) and whose injury is not compensable for purposes of workers' compensation, automobile insurance, or liability or other third party insurance, as determined by NorthShore based on documents and information provided by the patient or obtained from other sources, for the payment of health care services provided by NorthShore.

Urgent Services - Services to treat an unexpected illness or injury that requires immediate medical attention (usually within 48 hours), that is not life threatening, but where a prolonged delay in treatment may threaten the patient's health or well-being.

4. PROCEDURE:

- A. *Communication*: To make our patients, families, and the broader community aware of the availability of financial assistance, NorthShore will take a number of steps to notify patients and visitors to its hospitals of the availability of financial assistance and to widely publicize this policy to members of the broader community served by the hospitals. These measures include:
- i. *Financial Counseling*: NorthShore patients are encouraged to seek information from their hospital's financial counselor if they anticipate difficulty paying their portion of the hospital bill. Our counselors make every effort to assist patients who are uninsured, underinsured, or face other financial challenges associated with paying for the health care services we provide. Counselors may screen patients for eligibility for a variety of government-funded programs, assist with a worker's compensation or liability claim, set up an extended time payment plan, or help patients apply for financial assistance.
 - ii. *Plain Language Summary*: A paper copy of the plain language summary of NorthShore's FAP will be offered to all patients. NorthShore will also have free paper copies of financial assistance documents available online at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or upon request in the emergency department and registration areas. Free paper copies are also available by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
 - iii. *Translated Copies Available*: NorthShore will offer its FAP, plain language summary, financial assistance application, and billing and collections policy in English and any other languages spoken by the lesser of 1,000 individuals or 5% of the population likely to be affected or encountered by NorthShore hospitals. NorthShore will have free paper copies of these documents available on the NorthShore website at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or upon request in the emergency department and hospital registration areas. Free paper copies are also available by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
 - iv. *We Can Help Signage*: All financial assistance signage will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to NorthShore emergency department and patient registration areas. Signage will indicate that financial assistance is available and the phone number to reach a financial counselor for more information.
 - v. *Brochures*: Brochures will be placed in NorthShore patient access, registration, emergency department, and cashier locations, and will include guidance on how a patient may apply for Medicare, Medicaid, All Kids, Family Care etc., and NorthShore's financial assistance program. A contact and telephone number for help reviewing or applying for financial assistance will be included.
 - vi. *Website*: NorthShore's website will post a notice in a prominent place that financial assistance is available, with an explanation of the financial assistance application process. NorthShore will post its FAP with a list of providers who are covered and not covered under the FAP, plain language summary, financial assistance application, and billing and collections policy on the NorthShore website at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance. NorthShore will also have free paper copies of these documents available upon request in the emergency department and registration areas. Free paper copies are also available by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
 - vii. *Patient Bills and Statements*: Patient statements will include a request that the patient is responsible to inform NorthShore of any available health insurance coverage and will include a notice of NorthShore's FAP, a telephone number to request financial assistance, and the website address where financial assistance documents can be obtained.
- B. *Eligibility Determination*: Financial need is determined in accordance with procedures that involve an individual assessment of financial need. Those procedures are described below:

- i. A presumptive eligibility determination is completed according to the criteria described in Section 4.E. below. If a patient is presumptively eligible for financial assistance, a financial assistance application is not required. The patient or guarantor is expected to cooperate with the screening process and supply personal or financial information and documentation relevant to making a determination of presumptive eligibility;
 - ii. A financial assistance application process, in which the patient or guarantor is expected to cooperate and supply personal or financial information and documentation relevant to making a determination of financial need;
 - iii. Reasonable efforts by NorthShore to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs. Coverage may be pursued by using:
 - a) Available websites and contact information for worker's compensation or public liability claims
 - b) Available contact information for patients in police custody
 - c) The Get Covered Illinois website for patients who are signing up for exchange health coverage during open enrollment
 - d) The eCareNext tool (as part of Passport OneSource) to search for eligibility for health insurance coverage, public aid coverage, DHS social services, Illinois Healthy Women's program, Renal services only, and Temporary Assistance for Needy Families (TANF)
 - e) The state's PACIS and/or IES database to search for public aid coverage
 - f) The SNAP search tool through the Illinois Link EBT card website
 - g) The Experian eligibility tool to search for public aid coverage
 - h) Other appropriate third party sources
 - iv. The use of external publicly available data sources that provide information on a patient or guarantor's ability to pay (including credit scoring) (see section 4.G.);
 - v. A review of the patient's outstanding accounts receivable for prior services rendered at NorthShore and the patient's payment or bad debt history;
 - vi. The levels of financial assistance provided by NorthShore are based on income, family size, and FPL. Both uninsured and insured patients can apply for financial assistance; and
 - vii. The patient's eligibility for financial assistance will be based on the tables below and may vary based on the financial status of the patient, extenuating financial circumstances and the availability of third party health care benefits. Eligibility guidelines will be revised annually after the poverty level guidelines are published by the federal government and will also include NorthShore's most recently filed Medicare cost to charge ratios. Families with incomes exceeding the guidelines stated below can be screened for payment plan consideration.
- C. *Uninsured Patient Financial Assistance Eligibility:* Based on the federal poverty levels, the following table shall be used to determine the discounts offered to uninsured patients qualifying for financial assistance. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.

FPL Tier	0% – 200% FPL	201% - 300% FPL	301% - 400% FPL	401% - 600% FPL
Expected Patient Payment	\$0 PMT / 100% write-off	100% of the Cost of Services Provided	100% of the Cost of Services Provided	AGB Percentage (see Exhibit 2)
Annual Maximum Expected Patient Payment	\$0 PMT / 100% write-off	20% of Annual Family Income	20% of Annual Family Income	20% of Annual Family Income

- i. FPLs can be found in **Exhibit 3** of the FAP and AGB percentages for each hospital can be found in **Exhibit 2**.
- ii. Expected payment for NorthShore hospital charges is determined by reducing hospital charges for medically necessary services on the uninsured patient's bill to 100% of the hospital's cost to charge ratio for patients with family income between two and four times the FPL, or amounts generally billed for patients with family income between four and six times the FPL. A revised percentage will be calculated annually and applied by the 120th day

after the start of the year. The NorthShore discount percentages by FPL tier can be found in **Exhibit 4**. The Swedish Hospital discount percentages by FPL tier can be found in **Exhibit 5**.

- iii. In compliance with the Illinois Hospital Uninsured Patient Discount Act (210 ILCS 89/1) effective 1/1/2022, eligibility for financial assistance is restricted to patients with Illinois residency and medically necessary charges exceeding \$150. Also in compliance with this law, NorthShore has compared the discounts for 135% of the hospital's cost to charge ratio to the amounts generally billed and have applied the more generous discounts for patients.
 - iv. NorthShore will offer uninsured patients who received community-based primary care provided by a Federally Qualified Health Center (FQHC)/community health center or a free and charitable clinic, are referred by such an entity to NorthShore, and seek access to nonemergency hospital-based health care services, with an opportunity to be screened for an assistance with applying for public health insurance programs if there is a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program. An uninsured patient who receives community-based primary care provided by an FQHC/community health center or free and charitable clinic and is referred by such an entity to the hospital for whom there is not a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program shall be given the opportunity to apply for hospital financial assistance when hospital services are scheduled.
- D. *Insured Patient Financial Assistance Eligibility*: Based on the FPLs, the following table shall be used to determine the discounts offered to insured patients qualifying for financial assistance. Patients may request financial assistance consideration for the balance remaining (i.e., self-pay balance) after their health insurance has paid for medically necessary services. Financial assistance for insured patients is restricted to patients with a patient balance remaining of \$150 or greater. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB. The NorthShore discount percentages by FPL tier can be found in **Exhibit 4**. The Swedish Hospital discount percentages by FPL tier can be found in **Exhibit 5**. Families with family incomes exceeding the guidelines stated below can be screened for payment plan consideration.

FPL Tier	0% – 200% FPL	201% - 400% FPL
Expected Patient Payment	\$0 PMT / 100% write-off	AGB Percentage times remaining self-pay balance

FPLs can be found in **Exhibit 3** of the FAP and AGB percentages for each hospital can be found in **Exhibit 2**.

- E. *Presumptive Eligibility*: Uninsured patients may be determined eligible for financial assistance based on the presence of one of the criteria listed below. After at least one criterion has been demonstrated, no other proof of income will be requested. The list below is representative of circumstances in which a patient's family income is less than two times the FPL and the patient is eligible for a 100% reduction of medically necessary charges. Presumptive eligibility screening for an uninsured patient should be completed as soon as possible after receipt of medically necessary services and prior to the issuance of any bill for those services. When notified of a possible presumptive eligibility status, NorthShore will hold any patient statement during the completion of the presumptive eligibility review process. Also, NorthShore can work with external charitable and non-profit agencies to pre-approve individuals for presumptive eligibility in extenuating circumstances. Examples of these agencies include federally qualified health clinics or religious non-profit organizations.
- i. Presumptive Eligibility Criteria is demonstrated by enrollment in one of the following programs:
 - a) Women, Infants and Children Nutrition Program (WIC)
 - b) Supplemental Nutrition Assistance Program (SNAP)
 - c) Illinois Free Lunch and Breakfast Program
 - d) Low Income Home Energy Assistance Program (LIHEAP)
 - e) Temporary Assistance for Needy Families (TANF)
 - f) Illinois Housing Development Authority's Rental Housing Support Program
 - g) Organized community-based program or charitable health program providing medical care that assesses and documents low income financial status as criteria
 - h) Medicaid eligibility, but not eligible on date of service or for non-covered service
 - ii. Presumptive Eligibility Criteria can also be demonstrated by the following life circumstances:
 - a) Receipt of grant assistance for medical services

- b) Homelessness
- c) Deceased with no estate
- d) Mental incapacitation with no one to act on patient's behalf
- e) Recent personal bankruptcy
- f) Incarceration in a penal institution
- g) Affiliation with a religious order and vow of poverty
- h) Evidence from an independent third-party reporting agency indicating family income is less than two times FPL

iii. Ways to demonstrate Presumptive Eligibility include:

- a) Electronic confirmation of program enrollment or other presumptive eligibility criteria.
- b) Where independent electronic confirmation is not possible, proof of enrollment or other eligibility criteria will be requested. Any one of the following will be satisfactory proof:
 1. WIC voucher
 2. SNAP card, proof of enrollment screen print, or copy of SNAP approval letter
 3. Letter from the school or Free/Reduced Priced Meals & Fee Waiver Notification with Signature
 4. LIHEAP Award or Approval letter
 5. TANF Approval Letter from Red Cross, DHS, or HFS
 6. Rent receipt in the case of state or federally subsidized housing program
 7. Rent adjustment letter from Lessor or HUD card or letter
 8. Card or Award statement showing current eligibility for State of Illinois program
 9. Statement from Grant Agency or Grant letter
 10. Personal attestation or letter from church or shelter confirming homelessness
 11. Letter from attorney, group home, shelter, religious order, or church
 12. Notice of Discharge of Debtor that identifies NorthShore as a creditor included in bankruptcy filing

F. *Eligibility Timeline:*

- i. For uninsured patients, financial assistance determinations will be effective retrospectively for all self-pay balances dated during the application period and prospectively for a period of at least six months without further action by the patient. The patient shall communicate to NorthShore any material change in the patient's financial situation that occurs during the six month period that may affect the financial assistance determination within thirty (30) days of the change. A patient's failure to disclose a material improvement in family income may void any provision of financial assistance by NorthShore after the material improvement occurs. Presumptive eligibility determinations for uninsured patients may be effective retrospectively for all open self-pay balances.
- ii. For insured patients, financial assistance determinations will be effective retrospectively for all self-pay balances dated during the application period and prospectively for a period of at least six months without further action by the patient.

G. *Final Screening for Financial Assistance Eligibility Determinations:* There are instances when a patient may appear eligible for financial assistance, but there is no application on file or there is a lack of supporting documentation. In this event, external agencies' data and/or NorthShore's accounts receivable payment/charity/bad debt history or membership with the NorthShore Community Health Center at Evanston Hospital or Erie Family Health Center may be used to determine insurance and employment status and to estimate income for financial assistance determinations. NorthShore will approve financial assistance for patients whose financial status has been verified by a third party (e.g., credit scoring). In these situations, a financial assistance adjustment may be posted to the patient account and will not require the patient to submit a financial assistance application. Financial status confirmation through a third party may be done using the Experian Payment Navigator or other third party sources.

H. *Urgent or Medically Necessary Services:* Financial assistance is limited to urgent or medically necessary services rendered in a hospital setting. Nothing in this section is intended to change NorthShore's obligations or practices pursuant to federal or state law respecting the treatment of emergency medical conditions without regard to the patient's ability to pay.

I. *Application Process*

- i. *How to Apply:* A financial assistance application should be completed and submitted, along with supporting documentation. Free paper copies of the application are available for download on NorthShore's website at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance. Free paper copies are also available in the emergency department and in

hospital registration areas. Free paper copies are also available by mail by calling (847) 570-5000 or (773) 989-3841 for Swedish Hospital.

- ii. Applicants may send the completed application and supporting documents to the NorthShore address listed below or bring them to a hospital financial counselor. Patients can locate a hospital financial counselor by visiting the central registration desk and requesting to speak with a financial counselor. For questions about the application process, assistance filling out the application, or to check the status of an application submitted, the hospitals' financial counselors are available to assist in person at the hospital or you can call (847) 570-5000 or (773) 989-3841 for Swedish Hospital.
- iii. *Where to Send Completed Applications:*

NorthShore University HealthSystem
Patient Financial Services
P.O. Box 1006, Suite 330
Skokie, IL 60076-9877
Fax: (847) 982-6957

or

Bring to a hospital financial counselor

For Swedish Hospital:

Swedish Hospital
Financial Service Center
5145 N. California Ave.
Chicago, IL 60625
Fax: (773) 878-6838

or

Bring to a hospital financial counselor

- iv. Requests for consideration for financial assistance or presumptive eligibility may be initiated by any of the following individuals within the application period: a) the patient or guarantor, b) a representative of the patient or guarantor, c) a NorthShore representative on behalf of the patient/applicant.
- v. Notwithstanding considerations outlined elsewhere in this policy, it is the responsibility of the patient to cooperate with and fully participate in the financial assistance application process. This includes providing information about any available third party health coverage; providing in a timely and forthright manner all documentation and certifications needed to apply for funding through government or other programs (e.g., Medicare, Medicaid, All Kids, FamilyCare, Affordable Care Act Health Insurance Exchange, third party liability, Crime Victims funding, etc.) or to determine the patient's eligibility for other financial assistance. Failure to do so may adversely affect consideration of the patient's financial assistance application. Patients are asked to provide the information, certification and documents within thirty (30) days of NorthShore's request unless compelling circumstances are brought to NorthShore's attention. Except in cases of presumptive eligibility, the application for financial assistance must be signed by the patient (or guarantor/ representative).
- vi. A financial counselor can assist the applicant in the process of applying for financial assistance. If the patient is deceased and a responsible party is not identified, a NorthShore representative may generate the request and complete the application using available information and documents (e.g., Medicaid spend down form, estate document, etc.)

J. *Family Income:*

- i. The patient should provide one or more of the following documents to establish family income, if such documents are available. If there is more than one employed person in the patient's family, each person must submit one or more of the documents below:
 - a) If Employed:
 - 1. Most recently filed federal income tax return
 - 2. Two most recent pay stubs
 - 3. Two most recent statements for all checking, savings, and credit union accounts
 - b) If Self-Employed:
 - 1. Most recently filed federal income tax return
 - 2. Two most recent statements for all checking, savings, and credit union accounts

- c) If Unemployed:
 - 1. Most recently filed federal income tax return
 - 2. Unemployment award letter that lists your benefit amount
 - 3. Letter from previous employer with the termination date
 - 4. Confirmation of support letter
 - d) If a Full-Time Student:
 - 1. Proof of college enrollment (including letter from college or university showing your full-time status, or tuition/financial documentation)
 - e) If Retired or Disabled:
 - 1. Most recently filed federal income tax return (if applicable)
 - 2. Award letter from the Social Security Administration stating the monthly benefit amount
 - 3. Two most recent statements for all checking, savings, and credit union accounts
 - f) Proof of Other Non-Wage Income (where applicable)
 - 1. Spousal and/or child support letter
 - 2. Rental property income
 - 3. Investment property income
 - 4. Any other income sources not listed above
- ii. Except in cases of presumptive eligibility, the applicant must sign the application certification. NorthShore may rescind or modify a determination if later evidence demonstrates the applicant provided materially false information.
- K. *Additional Documentation:* Applicants may elect to provide additional documentation regarding expenses, outstanding debts or other circumstances which would show financial hardship to support a request for financial assistance equal to or greater than the amounts to which they are otherwise eligible pursuant to this FAP. Applicants are required to provide documentation of the value of certain assets, including checking, savings, and non-retirement investment accounts. NorthShore may request applicants to submit additional documentation if the applicant's financial position is not adequately reflected by such income documents.
- L. *Eligibility Notification:* NorthShore will use its best efforts to notify applicants in writing of financial assistance determinations within forty-five (45) days after NorthShore has received a fully completed financial assistance application. This notification will also include the financial assistance percentage amount (for approved applications) and expected payment from the patient and/or family where applicable. The patient and/or family will continue to receive statements during the evaluation of a completed application. If a financial assistance application is denied, in whole or in part, NorthShore shall inform the applicant of the reason(s) for the determination and provide contact information if the applicant has any questions.
- M. *Incomplete Applications:* If the patient and/or family submit an incomplete application, NorthShore will provide a written notification that describes what additional information or documentation is needed.
- N. *False or Misleading Information:* If it is determined that an applicant has intentionally provided materially false or misleading information regarding their ability to pay medical expenses, NorthShore may deny the applicant's current or future applications. In the case of false information provided in the absence of bad faith, NorthShore will base its determination upon the corrected information. If financial assistance has already been granted based on the patient's intentional provision of materially false information, NorthShore may void the prior grant of financial assistance, in which case NorthShore retains all legal rights to seek payment from the patient of any amounts which may be due. If the provision of materially false information was unintentional, NorthShore will revise the determination based upon the corrected information.

5. ATTACHMENT:

Exhibit 1 - FAP Provider/Physician List
 Exhibit 2 - Amounts Generally Billed (AGB) Percentages by Facility
 Exhibit 3 - Federal Poverty Level (FPL) Guidelines
 Exhibit 4 - NorthShore Financial Assistance Discount Tables
 Exhibit 5 - Swedish Hospital Financial Assistance Discount Tables

6. DISTRIBUTION:

Administrative Directives Manual

7. POLICY RESPONSIBILITY:

Sr. Vice President, Business Services

8. REFERENCES:**Internal**

Administrative Directives Manual: Billing and Collections Policy
Administrative Directives Manual: HIPAA Policies (Management of Information)
Administrative Directives Manual: HIPAA Policies
EMTALA Compliance Manual: EMTALA Medical Screening Exam Policy

External

Health and Human Services (HHS)
Federal Poverty Guideline, most current year
Hospital Uninsured Patient Discount Act (210 ILCS 89/1)
Internal Revenue Code Section 501(r)

9. REVISION:

The organization reserves the right to unilaterally revise, modify, review, or alter the terms and conditions of the policy within the constraints of the law, with or without reasonable notice.

10. APPROVAL:

<u>Brian M. Washa</u> Signature	<u>Sr. Vice President, Business Services</u> Title	<u>11/23/2020</u> Date
<u>Douglas D. Welday</u> Signature	<u>Chief Financial Officer</u> Title	<u>11/16/2020</u> Date

11. DATES:

Origination: 6/04 **Review:** 9/20 **Effective:** 11/20 **Next Review:** 9/23

Exhibit 1

FAP Provider/Physician List

All NorthShore and Swedish Medical Group physicians/providers are covered under this policy. A list of the independent/non-employed providers that deliver emergency or other medically necessary care in NorthShore hospital facilities that are not covered under this policy are made available online in a separate document at www.northshore.org/about-us/billing/financial-assistance. A list of the independent/non-employed providers that deliver emergency or other medically necessary care at Swedish Hospital that are not covered under this policy are made available online in a separate document at www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance. Free paper copies of Exhibit 1 are also available upon request in the emergency department and hospital registration areas and by mail by calling (847) 570-5000 for NorthShore or (773) 989-3841 for Swedish Hospital. Updates for changes to the provider list will be made on a quarterly basis.

Exhibit 2
Amounts Generally Billed (AGB) Percentages

Patients who qualify for financial assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance. The hospital AGB percentages are calculated using the “look-back” method, which is the total of Medicare fee-for-service and private health insurer allowed claims divided by the total gross charges for those claims for a 12-month period. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.

Provider	AGB %	Discount %
Evanston Hospital	30%	70%
Glenbrook Hospital	30%	70%
Highland Park Hospital	30%	70%
Skokie Hospital	30%	70%
Swedish Hospital	19%	81%
NorthShore Medical Group	30%	70%
Swedish Medical Group	19%	81%

For use in this policy, the AGB percentages for each facility are to be calculated annually and applied by the 120th day after the start of the year.

Exhibit 3
Federal Poverty Level (FPL) Guidelines

The poverty guidelines referenced in this policy are those issued each year by the U.S. Department of Health and Human Services as published in the Federal Register. The income thresholds in the current poverty guidelines were published on January 12, 2022.

Family Size	FPL
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

For family units of more than 8 persons, add \$4,720 for each additional person to determine FPL.

For purposes of this policy, the income levels specified above are understood to be at gross income, although certain provisions allow for adjustments to income for extraordinary medical expenses. For use in this policy, the federal poverty income levels are to be updated annually after their revision and publication by the federal government in the Federal Register.

Exhibit 4
NorthShore Financial Assistance Discount Tables

UNINSURED PATIENT DISCOUNT TABLE

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-300% FPL	301%-400% FPL	401%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 75% Discount	Maximum Income for a 75% Discount	Maximum Income for a 70% Discount
1	\$27,180	\$40,770	\$54,360	\$81,540
2	\$36,620	\$54,930	\$73,240	\$109,860
3	\$46,060	\$69,090	\$92,120	\$138,180
4	\$55,500	\$83,250	\$111,000	\$166,500
5	\$64,940	\$97,410	\$129,880	\$194,820
6	\$74,380	\$111,570	\$148,760	\$223,140
7	\$83,820	\$125,730	\$167,640	\$251,460
8	\$93,260	\$139,890	\$186,520	\$279,780
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income	20% of Annual Family Income	20% of Annual Family Income

INSURED PATIENT DISCOUNT TABLE

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 70% Discount
1	\$27,180	\$54,360
2	\$36,620	\$73,240
3	\$46,060	\$92,120
4	\$55,500	\$111,000
5	\$64,940	\$129,880
6	\$74,380	\$148,760
7	\$83,820	\$167,640
8	\$93,260	\$186,520

Exhibit 5
Swedish Hospital Financial Assistance Discount Tables

UNINSURED PATIENT DISCOUNT TABLE

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-300% FPL	301%-400% FPL	401%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 83% Discount	Maximum Income for a 83% Discount	Maximum Income for a 81% Discount
1	\$27,180	\$40,770	\$54,360	\$81,540
2	\$36,620	\$54,930	\$73,240	\$109,860
3	\$46,060	\$69,090	\$92,120	\$138,180
4	\$55,500	\$83,250	\$111,000	\$166,500
5	\$64,940	\$97,410	\$129,880	\$194,820
6	\$74,380	\$111,570	\$148,760	\$223,140
7	\$83,820	\$125,730	\$167,640	\$251,460
8	\$93,260	\$139,890	\$186,520	\$279,780
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income	20% of Annual Family Income	20% of Annual Family Income

INSURED PATIENT DISCOUNT TABLE

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 81% Discount
1	\$27,180	\$54,360
2	\$36,620	\$73,240
3	\$46,060	\$92,120
4	\$55,500	\$111,000
5	\$64,940	\$129,880
6	\$74,380	\$148,760
7	\$83,820	\$167,640
8	\$93,260	\$186,520