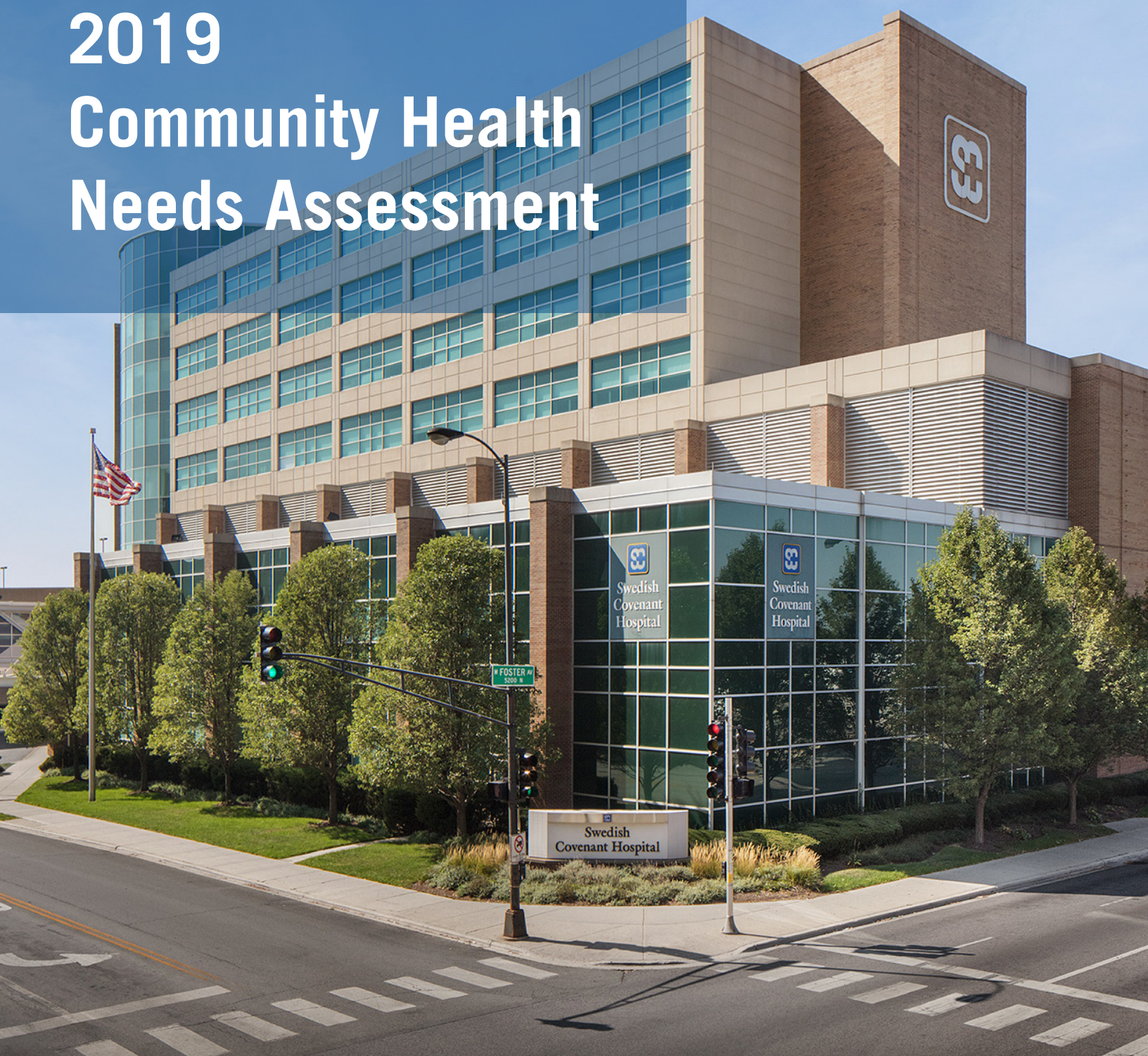


2019 Community Health Needs Assessment



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.

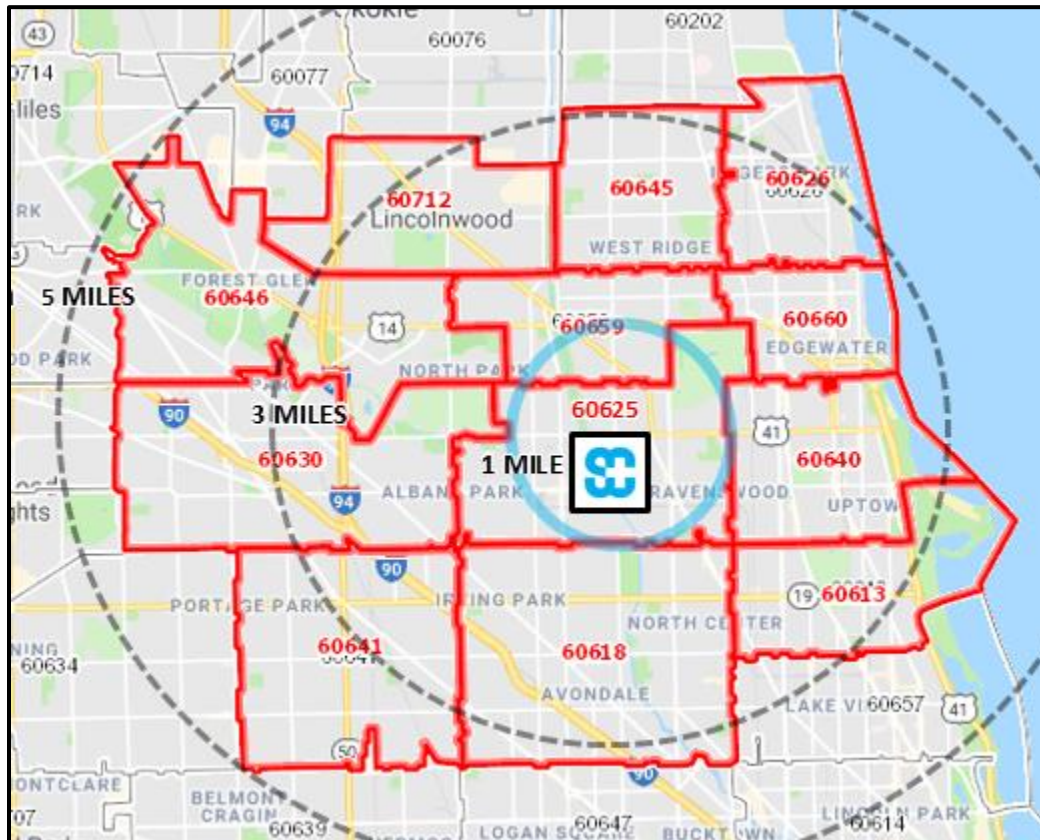
As part of the CHNA process, leaders from AHE met with SCH's Community Leader group to provide an overview of the CHNA and to welcome feedback. Additionally, numerous organizations from the SCH Community Leader group were active contributors to focus groups related to health care providers and social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

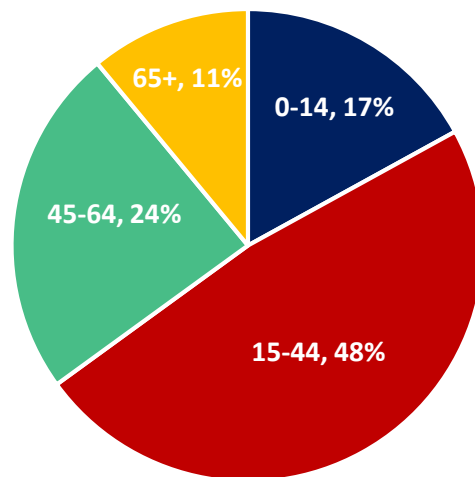
60712, as shown in the map in Figure 1. These zip codes encompass the following community areas in Chicago (of the 77 total geographical divisions in Chicago): Albany Park, Avondale, Edgewater, Forest Glen, Irving Park, Jefferson Park, Lake View, Lincoln Square, North Center, North Park, Portage Park, 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



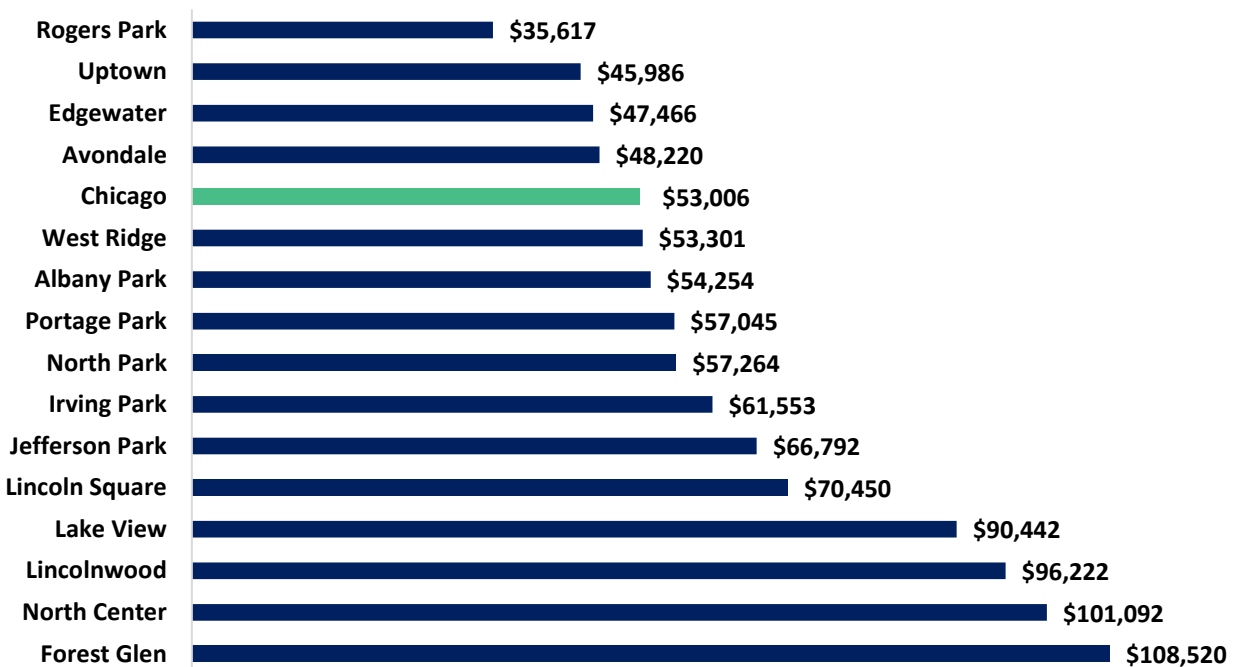
The total population size for the SCH service area is 721,937. In the service area, 28% of the population identifies as Hispanic and 72% Non-Hispanic. Sixty-seven percent of the population identifies as white, 11% Asian, 8% black/African American, 3% identifies as two or more races, and 11% as other. The age distribution for the service area is shown in Figure 2.

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



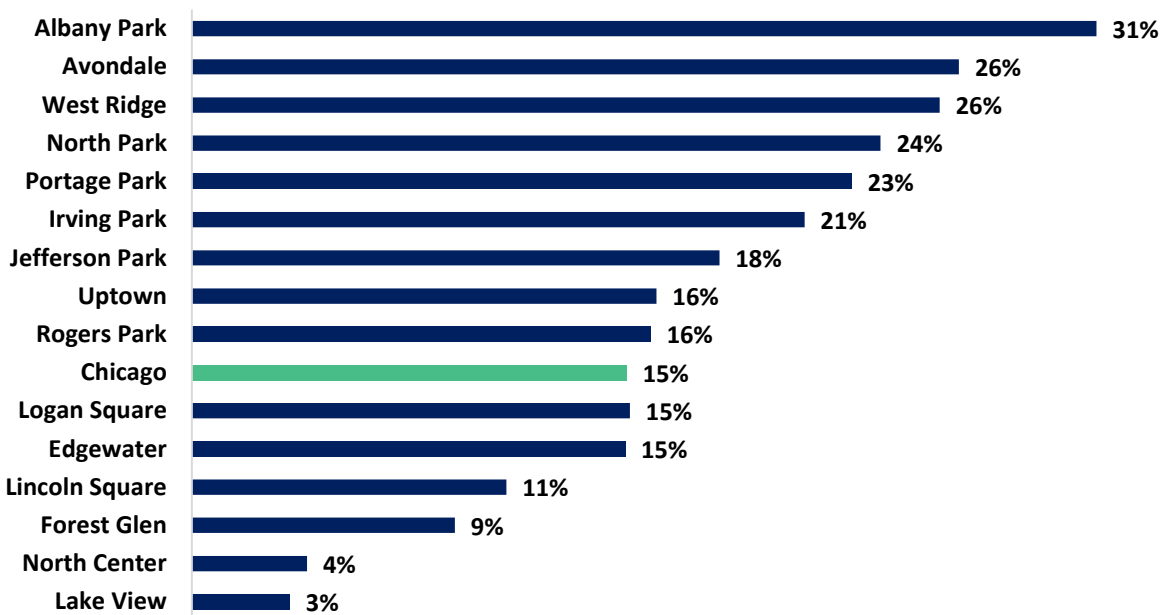
Data Source: American Community Survey (U.S. Census Bureau), 2012-2016

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.

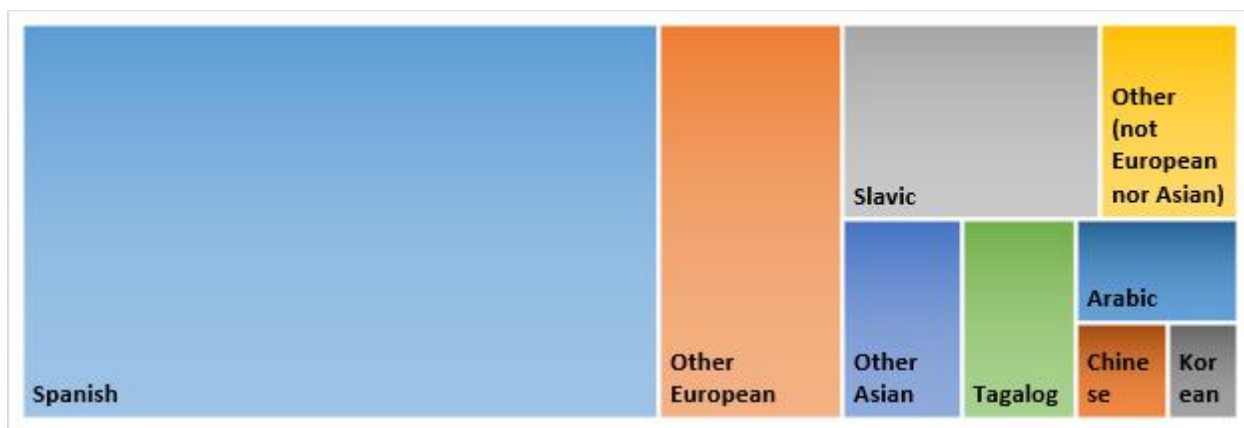
Figure 4. Limited English Speaking Population, by community area, 2017

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)

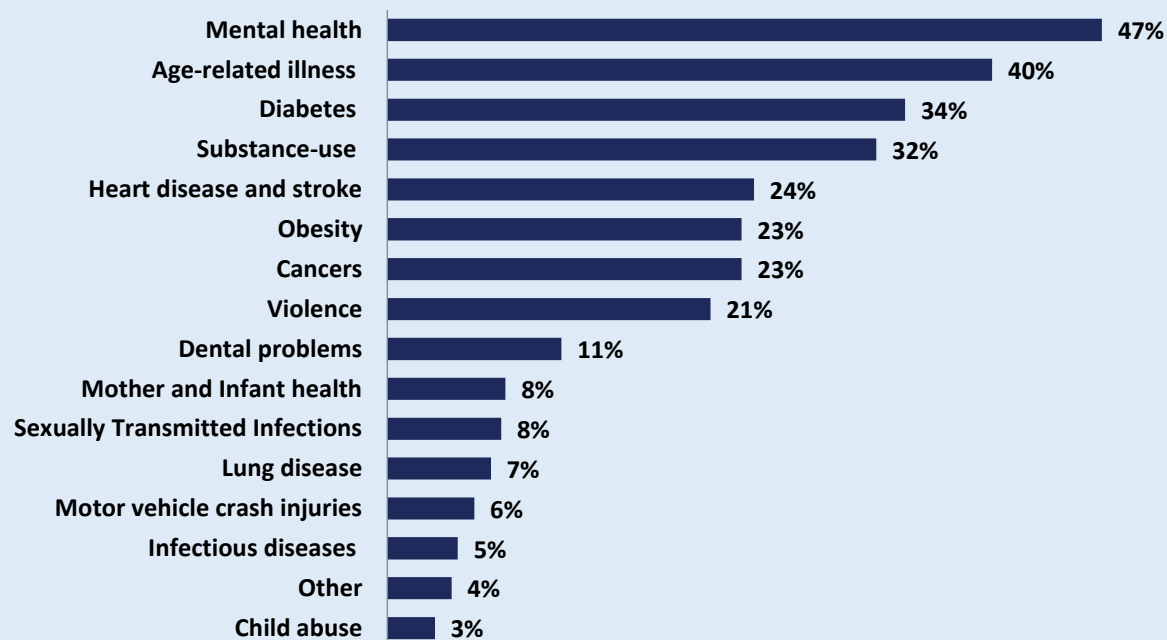
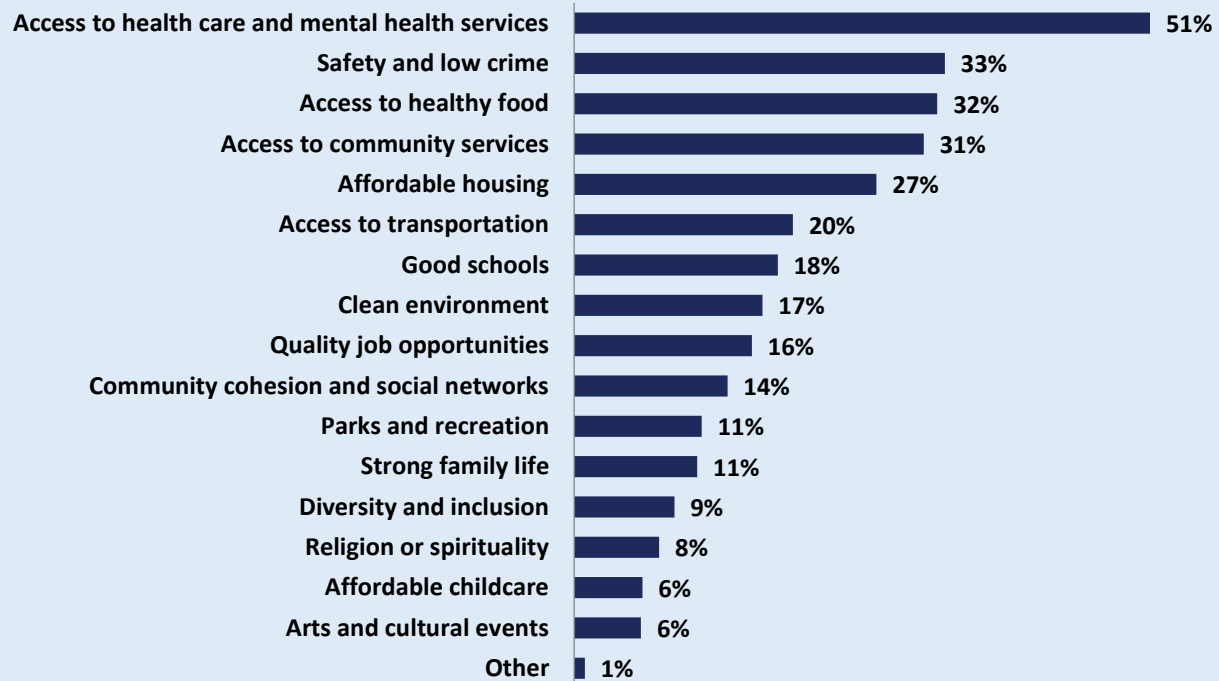


Figure 7. Community Input Survey Data – Most Important Factors for a Healthy Community
(737 respondents from the SCH service area)



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-Irving 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

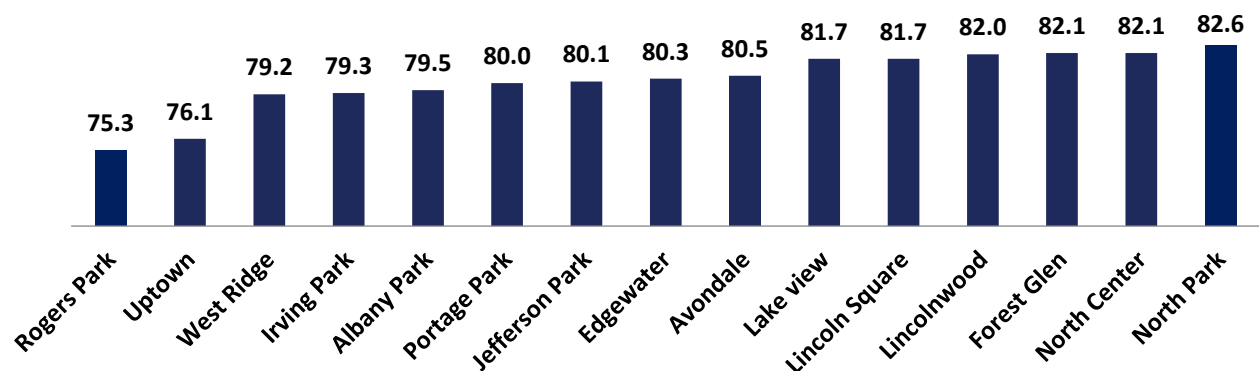
Secondary Data

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.

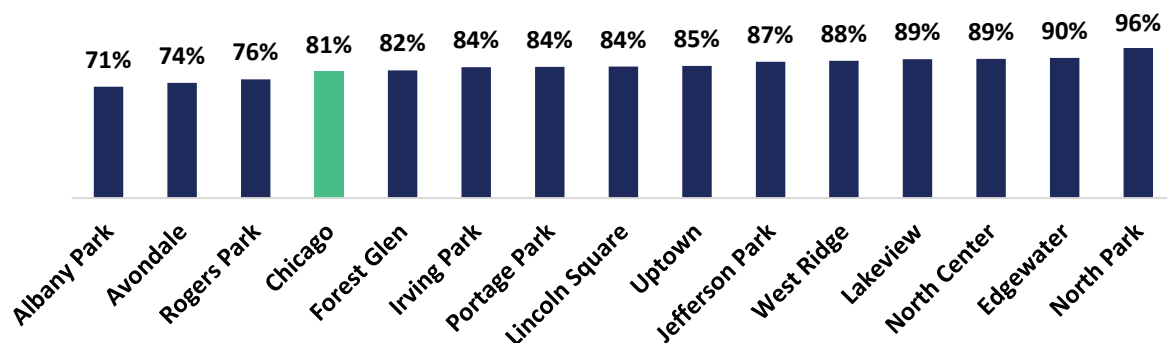
Figure 8. Life expectancy at birth within Swedish Covenant Hospital's service area in years, 2016



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

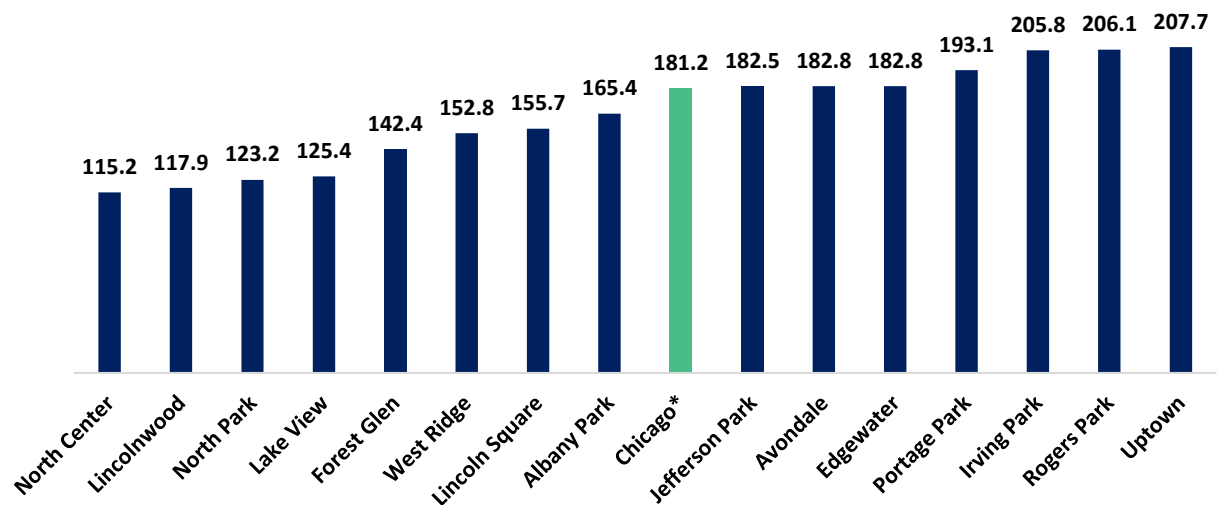
Self-reported data from adults in Swedish Covenant Hospital's service area

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

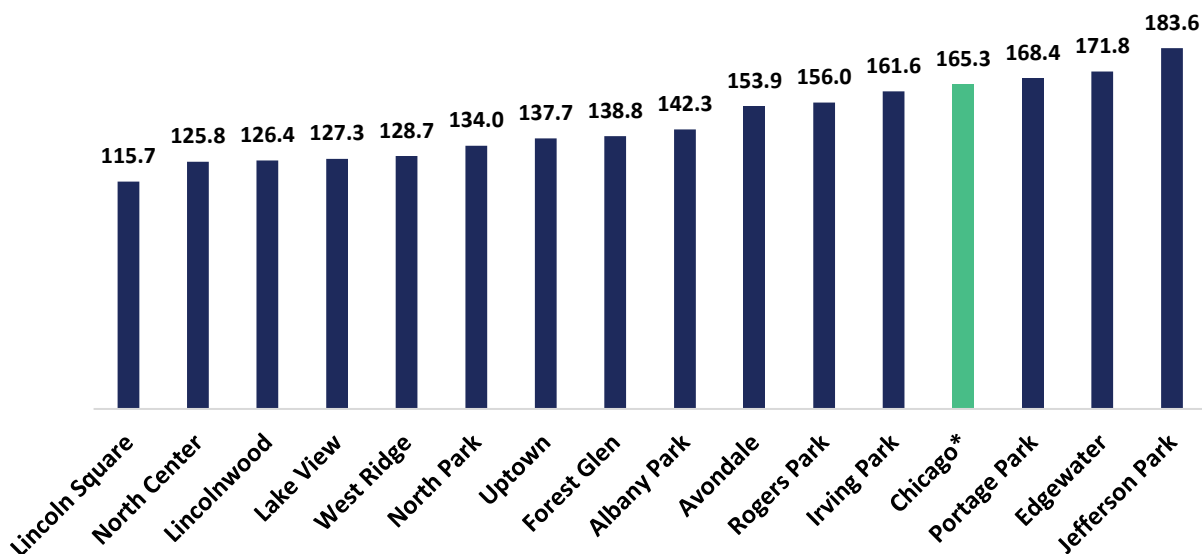
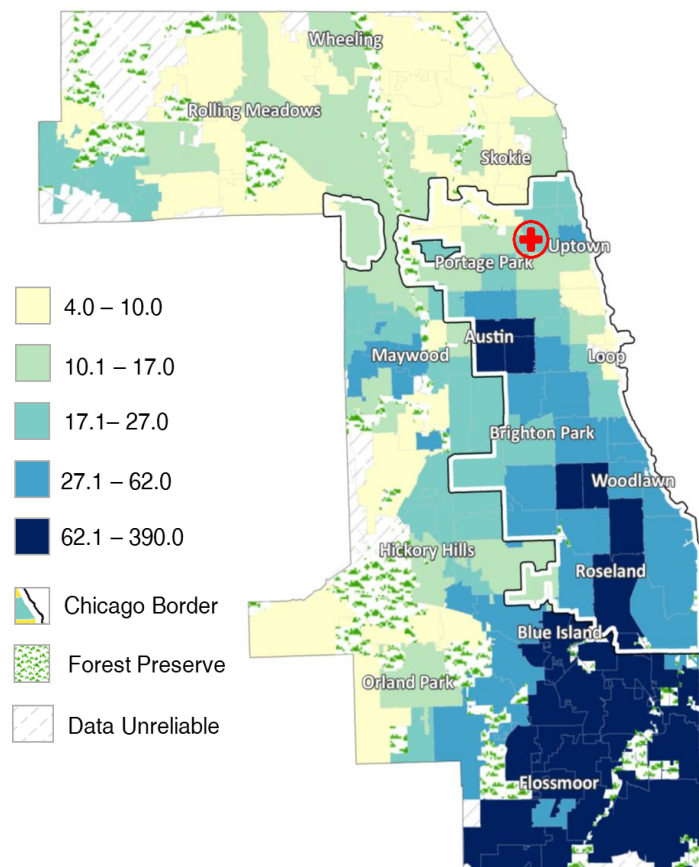


Figure 12. Diabetes Emergency Department visit rates, age-adjusted rates per 10,000 (Adults)

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



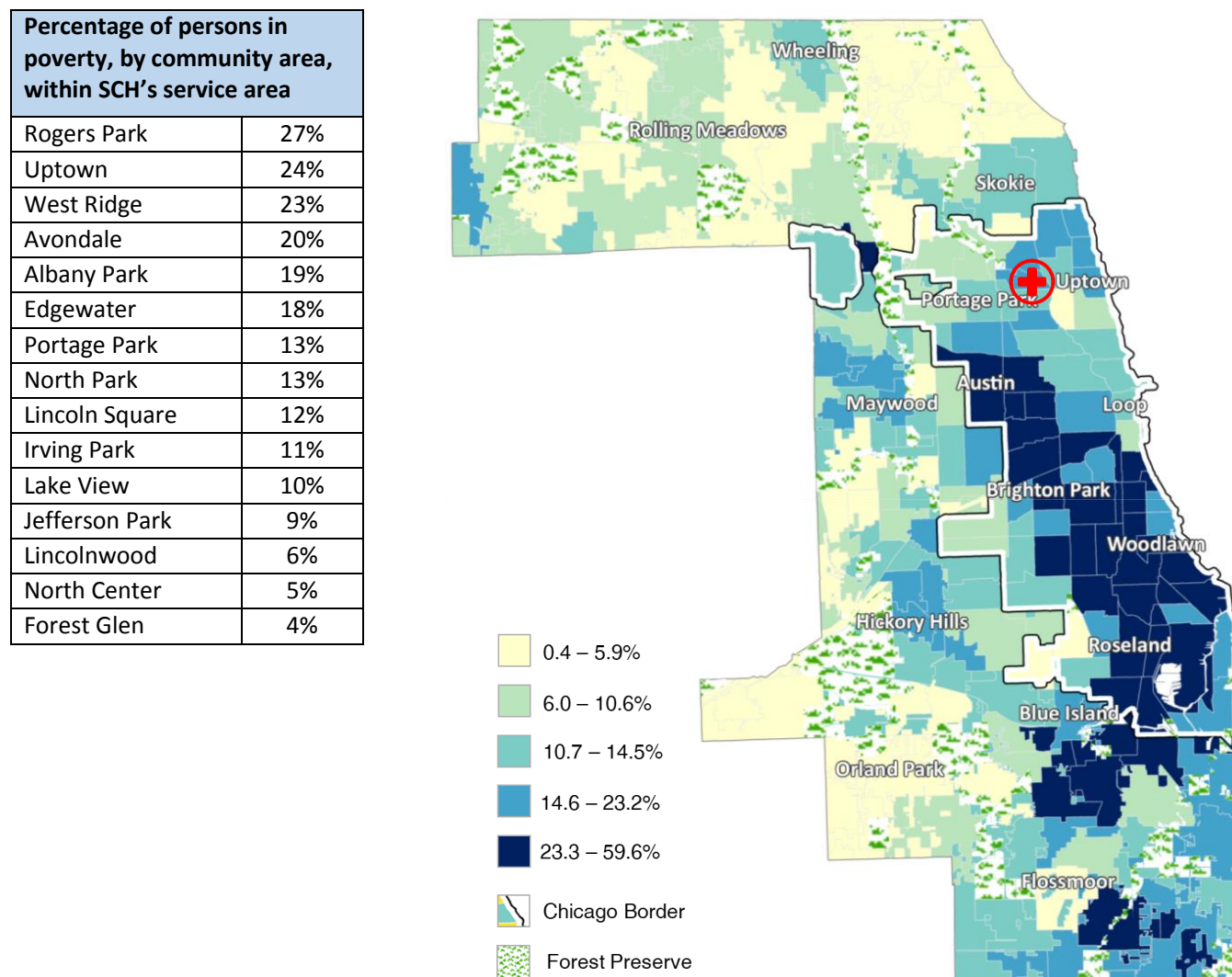
Data Source: Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

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)

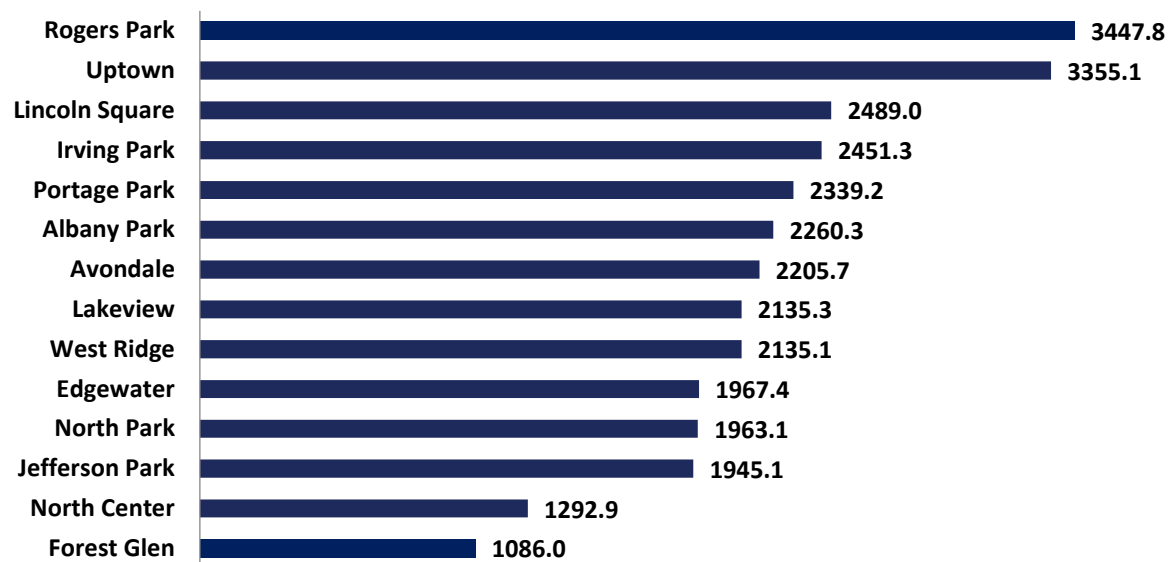


Data Source: American Community Survey (U.S. Census Bureau), 2012-2016

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.

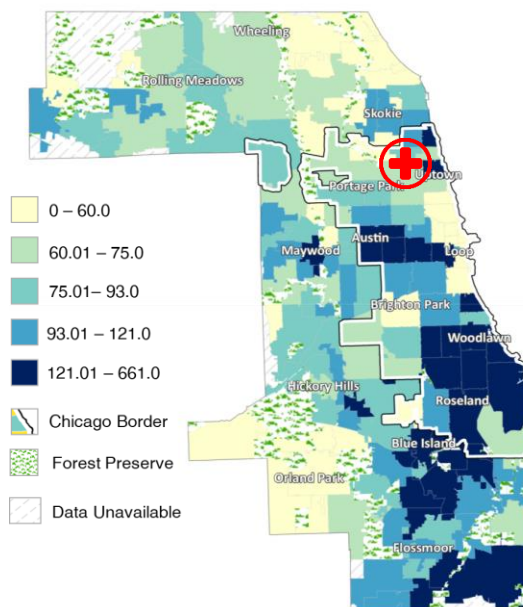
The Swedish Covenant Health Violence Prevention Program serves community members affected by domestic violence, sexual assault, and human trafficking. From August 2018-July 2019, the Violence Prevention Program served 340 individuals and their families; 244 were survivors of domestic violence, 59 survivors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

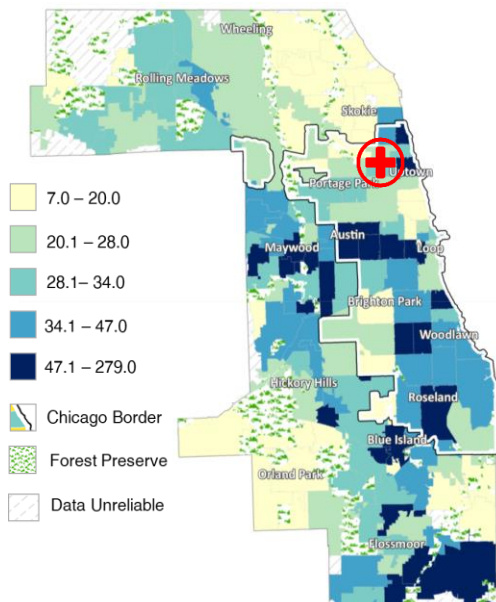
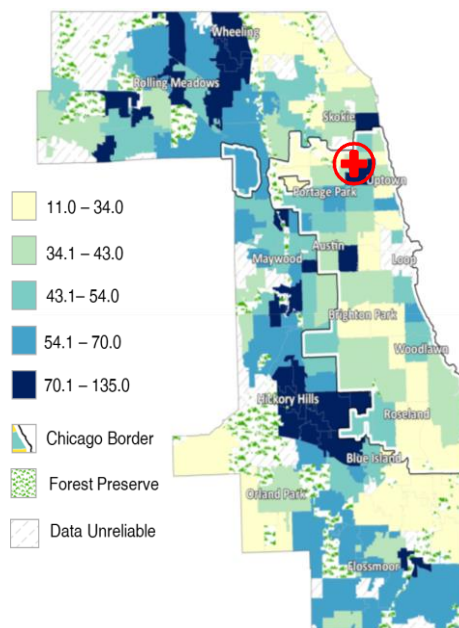
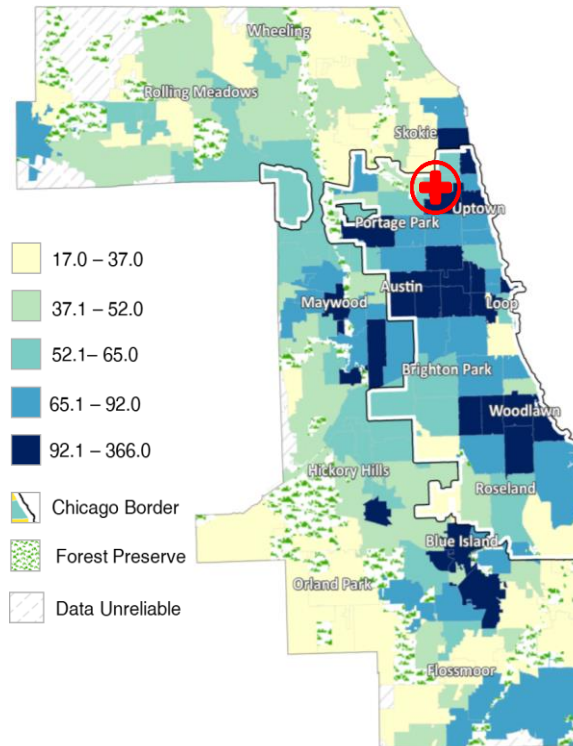


Figure 17. Age-adjusted suicide/self-inflicted injury emergency department visit rates per 10,000 (Youth 10 to 17 years old)



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/>.