

We live out our mission each day as we work to improve the health and well-being of every person we serve. We take care of everyone in our community, including the many who are uninsured or underinsured, and we are making investments that are improving access to care and developing new ways to help people stay healthy. Ours is a long-term commitment of responding to the greatest needs. For example in 2015, our community benefit included the cost of Medicaid payment shortfalls at more than \$93 million. In 2016, that cost rose to more than \$118 million – a 26% increase. During the past five years, our community benefit totaled more than \$742 million – close to three quarters of a billion dollars. Examples of how we are investing in our communities:

Swedish Community Specialty Clinic – Developed in partnership with Project Access Northwest, the clinic provides specialized medical and dental services at no cost to low-income underinsured and uninsured patients. The clinic has served more than 4,600 patients since it started in late 2012.

Global to Local – Swedish is partnering with community organizations and local government to improve social determinants of health for people living in two of the most diverse and underserved communities in King County, Tukwila and SeaTac. With a special focus on education, language and job skills, G2L has provided support to more than 10,000 people, partnered with more than 40 community organizations, and raised more than \$3 million from public and private donors.

Care for homebound people – Through a sponsorship with Lifelong, Swedish provides people living with or at risk of HIV/AIDS and other chronic conditions with meals and other resources. Swedish has provided funding for more than 6,000 meals for local Lifelong clients, in addition to 1,000 emergency preparedness kits to those who are medically homebound and live alone due to disability or illness.

By the numbers

In 2016, Swedish spent more than **\$247 million on community benefit programs**, including \$21.6 million in free and discounted care.



The difference between the actual cost of care and what is paid by the state and federal governments. This does not include Medicare.



Financial assistance for those who are uninsured, underinsured or otherwise unable to pay for their health care.



Subsidies for medical residency programs, nursing and other education, and medical research.



Clinical and social services provided despite a financial loss because they meet identified needs not met elsewhere in the community.



Free services, such as patient education, health screenings, immunizations and support groups, as well as donations to community partners.