



2012 Community Benefits Report

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I. Introduction



Thorek Memorial Hospital, founded in 1911 by Dr. Max Thorek, is a 218-bed, not-for-profit, acute care facility. From the forerunner as American Hospital to now Thorek Memorial Hospital (TMH), our mission has not faltered: to provide quality, progressive health care to Chicagoans and ensure ease of access to the underserved.

The Hospital has a rich history of addressing the needs of our local communities by serving those without ready access to health care and by providing a wide range of services that meet the needs of the urban poor.

II. Mission, Values, Vision

Faithful to the legacy of charity and compassion of Dr. Thorek, the Hospital provides accessible and quality health care to all within our culturally diverse Cook County community.

Mission

Thorek Memorial Hospital , rooted in the service of improving health, delivers the highest quality care with compassion, respect and service excellence.

Vision

Employing values, compassion, accountability, respect and excellence, will lead to transformation of health care.

III. Leadership Community Involvement and Responsibility

Thorek Memorial Hospital has been proactive in community benefit efforts for many years.

Our Community Benefit plan employs a systematic process for identifying and prioritizing community health needs. The process includes a collection of data from the Metropolitan Chicago Healthcare Council (MCHC) and a review by the Thorek Community Benefits Advisory Committee for evaluation of the program's effectiveness.

Community Benefits Leadership Goals

- monitor outcomes of the community benefits services and compare to community health assessment data
- provide ongoing health education to the community to bridge the gap in health disparities among the population
- obtain feedback from the community

Community Benefits Hospital Leadership & Advisory Committee

Ned Budd, CEO, Thorek Memorial Hospital

Morgan Murphy, CCO, Thorek Memorial Hospital

Kevin Higdon, CFO, Thorek Memorial Hospital

Luzila Publico, Dir. of Strategy and Dev , Thorek Memorial Hospital

Lisa Scala, Marketing Manager, Thorek Memorial Hospital

IV. Community Benefits Planning

Community Health Needs Assessment

The Metropolitan Chicago Healthcare Council (MCHC) conducted a Community Health Needs Survey of the Cook County, DuPage and Lake Counties through Professional Research Consultants, Inc., a nationally-recognized healthcare consulting firm with extensive experience conducting Health Needs Assessments in communities across the United States since 1994.

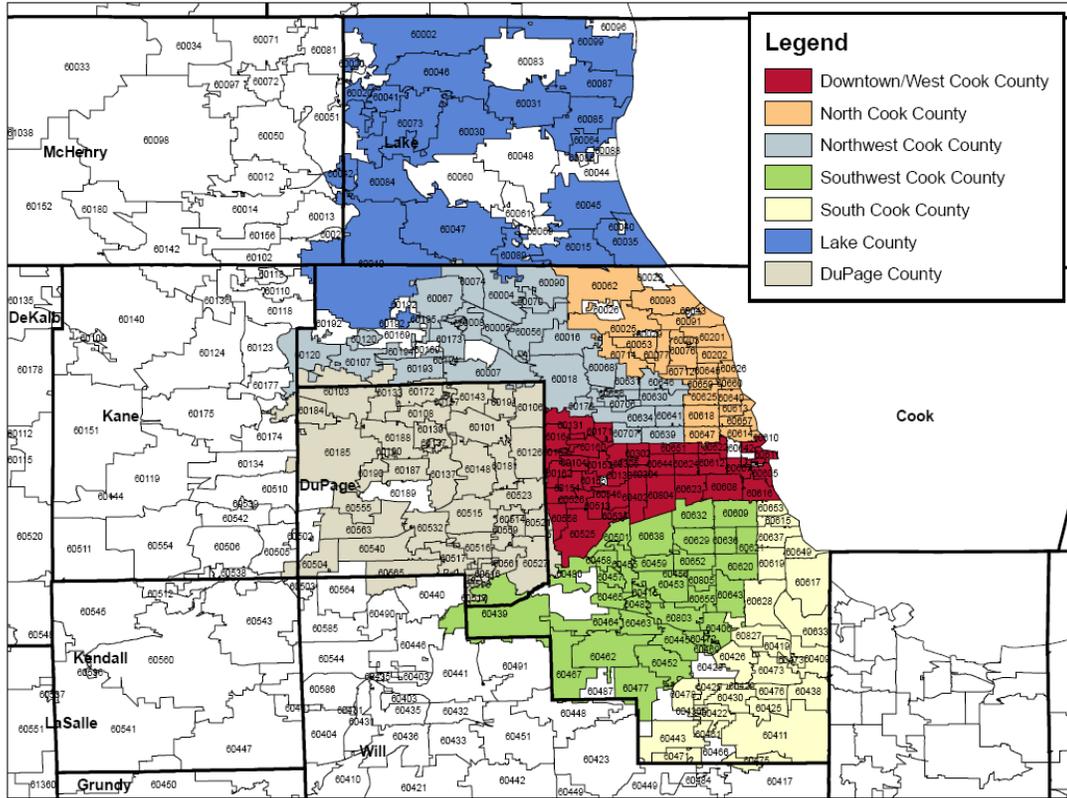
The PRC-MCHC Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit to resources to those areas. The assessment serves as a tool toward reaching three basic goals.

- Improving health status, life spans, and improving quality of life.**
- Reducing health disparities among residents.**
- Increasing accessibility to preventive services for all community residents.**

A total of 149 survey items/questions that included self-reported health status, infectious and chronic disease, access to healthcare and perceptions of healthcare were included in the survey.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Thorek Memorial Hospital Service Area” or “TMH Service Area” in this report) is defined as any of the 14 major residential ZIP Codes comprising the primary service area 60018, 60606, 60607, 60612, 60613, 60614, 60618, 60622, 60625, 60634, 60640, 60641, 60647, and 60657. A geographic description is illustrated in the following map. These zip codes account for over 75% of the admissions to the Hospital in 2011 and 2012 although TMC serves patients throughout the Chicago metropolitan area and as far away as Indiana and Wisconsin.



Methodology

A carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed.

The sample design used for this effort consisted of a random sample of 485 individuals age 18 and older in the Thorek Memorial Hospital Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 485 respondents is $\pm 4.4\%$ at the 95 percent level of confidence.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. These information gaps in some ways limit the ability to assess all of the community’s health needs. For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — may not be represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or

members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses. In terms of content, the assessment was designed to provide a comprehensive and broad picture of the health of the overall community.

Data Sources

A variety of existing (secondary) data sources was also consulted to complement the research quality of the Community Health Needs Assessment. Data for Cook and other counties were obtained from the following sources :

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

Summary of Findings:

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access
2. Education/Prevention
3. Obesity, Including Nutrition
4. Mental Health
5. Oral Health

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Thorek Memorial Hospital Service Area, including trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, service area results are shown in the larger, blue column.
- The columns to the right of the blue column provide trending, as well as comparisons between the service area and any available regional, state and national findings, and Healthy People 2020 targets. Symbols indicate whether the TMH Service Area compares favorably (B), unfavorably (h), or comparably (d) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	17.8	 16.6	 15.3	 14.9	 0.0	 21.8
% [65+] With Medicare Supplement Insurance	72.3	 69.7		 75.5		
% [Insured] Insurance Covers Prescriptions	93.8	 93.4		 93.9		 93.3
% [Insured] Went Without Coverage in Past Year	4.0	 6.6		 4.8		 15.4
% Difficulty Accessing Healthcare in Past Year (Composite)	42.0	 38.9		 37.3		 53.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.2	 17.1		 14.3		 26.9
% Cost Prevented Getting Prescription in Past Year	13.2	 15.5		 15.0		 30.7
% Cost Prevented Physician Visit in Past Year	16.8	 15.7		 14.0		 32.6
% Difficulty Getting Appointment in Past Year	16.4	 14.4		 16.5		 26.4
% Difficulty Finding Physician in Past Year	10.8	 9.4		 10.7		 19.3
% Transportation Hindered Dr Visit in Past Year	7.7	 8.1		 7.7		 20.1
% Skipped Prescription Doses to Save Costs	11.2	 14.9		 14.8		 18.0
% Difficulty Getting Child's Healthcare in Past Year	6.1	 3.3		 1.9		 14.1
% [Age 18+] Have a Specific Source of Ongoing Care	74.6	 75.7		 76.3	 95.0	 67.3
% Have Had Routine Checkup in Past Year	66.7	 71.6		 67.3		 65.4
% Child Has Had Checkup in Past Year	90.5	 90.9		 87.0		 95.6
% Two or More ER Visits in Past Year	6.3	 7.9		 6.5		 8.1

Access to Health Services (continued)	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Rate Local Healthcare "Fair/Poor"	14.1	 15.5		 15.3		 13.9
						
		better		similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	29.6	 37.3		 35.4		 29.4
% [50+] Osteoporosis	11.2	 10.3		 11.4	 5.3	 21.4
% Sciatica/Chronic Back Pain	14.7	 16.0		 21.5		 17.7
% Migraine/Severe Headaches	14.0	 13.2		 16.9		 19.2
% Chronic Neck Pain	8.1	 8.5		 8.3		 6.2
						
		better		similar	worse	

Cancer	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	194.2	 179.3	 183.9	 178.1	 160.6	 212.4
Lung Cancer (Age-Adjusted Death Rate)	51.6	 46.9	 52.1	 50.5	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	34.6	 26.6	 24.3	 23.1	 21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	26.9	 24.8	 23.7	 23.0	 20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	21.8	 18.0	 18.1	 16.8	 14.5	
% Skin Cancer	2.8	 2.9		 8.1		 0.8
% Cancer (Other Than Skin)	4.8	 4.6		 5.5		 0.9

Dementias, Including Alzheimer's Disease	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	15.2	17.8	21.2	23.2	13.0	
						
		better	similar	similar	worse	

Educational & Community-Based Programs	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Attended Health Event in Past Year	22.0	20.2		22.2	18.6	
						
		better		similar	similar	worse

Family Planning	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% of Births to Unwed Mothers	52.6	41.6	38.0	40.4	51.5	
% Births to Teenagers	12.8	9.7	9.9	10.3	15.3	
						
		better	similar	similar	worse	better

General Health Status	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	13.1	15.4	15.5	16.8	13.3	
% Activity Limitations	14.3	19.0	17.8	17.0	14.7	
						
		better	similar	similar	worse	similar

Hearing & Other Sensory or Communication Disorders	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	4.5	5.8		9.6	7.9	
						
		similar		better	similar	similar

Heart Disease & Stroke	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	199.3	 188.3	 189.3	 192.5	 152.7	 269.8
Stroke (Age-Adjusted Death Rate)	44.8	 39.7	 41.8	 42.2	 33.8	 56.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	2.9	 5.1		 6.1	 3.4	
% Stroke	1.8	 3.2	 2.7	 2.7	 1.8	
% Blood Pressure Checked in Past 2 Years	93.0	 94.8		 94.7	 94.9	 91.4
% Told Have High Blood Pressure (Ever)	29.2	 33.0	 28.9	 34.3	 26.9	 17.2
% [HBP] Taking Action to Control High Blood Pressure	90.4	 92.9		 89.1		
% Cholesterol Checked in Past 5 Years	89.2	 91.4	 75.7	 90.7	 82.1	 91.8
% Told Have High Cholesterol (Ever)	28.2	 29.6	 37.5	 31.4	 13.5	 25.4
% [HBC] Taking Action to Control High Blood Cholesterol	84.0	 88.6		 89.1	 91.5	
% 1+ Cardiovascular Risk Factor	81.0	 81.0		 86.3	 81.0	
						
		better	similar	worse		

HIV	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	8.2	 3.8	 2.2	 3.9	 3.3	 12.0
% [Age 18-44] HIV Test in the Past Year	22.9	 26.6		 19.9	 16.9	 27.1
						
		better	similar	worse		

Sexually Transmitted Diseases	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	306.2	 160.1	 127.3	 103.2	 427.9	
Primary & Secondary Syphilis Incidence per 100,000	29.2	 14.1	 8.5	 4.5	 10.6	
Chlamydia Incidence per 100,000	884.8	 525.2	 449.6	 409.8	 809.4	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	13.7	 10.6		 7.1	 9.5	
% [Unmarried 18-64] Using Condoms	48.0	 45.7		 18.9	 43.7	
		 better	 similar	 worse		

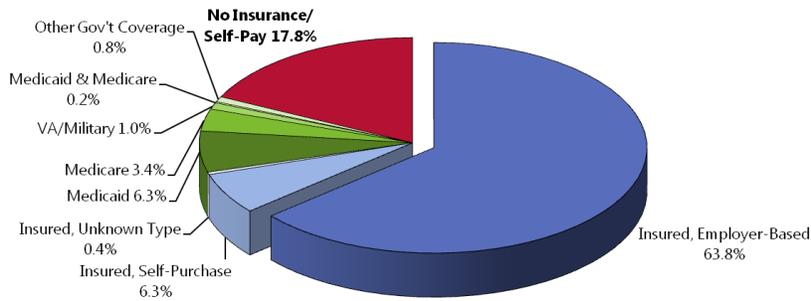
Sickle-Cell Anemia	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Sickle-Cell Anemia	1.1	 0.6				
		 better	 similar	 worse		

Substance Abuse	TMH Service Area	Thorek Memorial Hospital Service Area vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	11.0	 8.2	 8.2	 9.0	 8.2	 12.0
% Liver Disease	1.6	 1.6				
% Current Drinker	71.7	 61.3	 59.1	 58.8		 66.1
% Chronic Drinker (Average 2+ Drinks/Day)	5.8	 4.4	 5.7	 5.6		 3.0
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	33.6	 19.8	 17.8	 16.7	 24.3	 25.0

ACCESS: Healthcare Insurance Coverage - Residents of Cook County are much more likely than adults across the US to be without healthcare coverage (including supplemental coverage among seniors) (See Table below) . Insured adults in Cook County are also more likely

to have gone without coverage at some point in the past year (including 10.4% of insured residents in **South Cook County**).

Healthcare Insurance Coverage (Among Adults 18-64; Thorek Memorial Hospital Service Area, 2012)



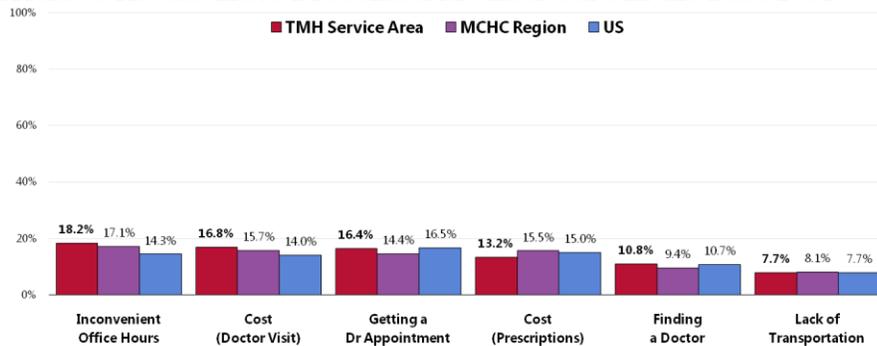
*2012 PRC_MCHC Community Health Survey

Difficulties Accessing Healthcare. Cook County residents are also more likely to be hindered by barriers to healthcare access when compared with adults across the nation, especially those related to cost (both physician visits and prescription medications) and inconvenient office hours. (See Table below) . Cost as a barrier to medication is especially high among **Downtown/West, Southwest and South Cook County residents; respondents in South Cook were also more likely to report that cost prevented a physician visit last year.**

Emergency Room Utilization. Residents of Cook County are statistically more likely than adults across the US to report using a hospital emergency room more than once in the past year for their own healthcare. The proportion is especially high in **South Cook County.**

Flu Shots. The prevalence of flu shots among Cook County seniors (age 65+) in the past year is lower than the national prevalence and particularly low among **South Cook County seniors.**

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: ●2012 PRC Community Health Surveys, Professional Research Consultants, Inc.

V. 2012 Thorek Community Benefit Plan Programs

Demographics Served

The demographics of the 855,413 uninsured in Cook County are as follows: 6% Asian, 29% African-American, 39% Latino, 25% White and 1% Other. This shows 75% minorities of the collective uninsured population of Cook County.

In calendar year 2012, TMH provided \$3,856,089 in community benefits that included specialized, hospital-sponsored health services, prevention, education, health screenings and charity care. Many are longstanding services for which TMH has been well known; others have been recently initiated in response to emerging needs. All these services are now part of the hospital's Community Benefits Program and are provided in concert with the hospital's mission and core values to address the health care needs of our community.

Improving Access to Healthcare

Target Population: Community Members who are uninsured, underinsured and the broader community experiencing access to health care

Ambulatory Care - extended hours of operations for ease of access. Evening hours are now available to address access and ER congestion.

Emergency Care – a state-of-the-art emergency department opened in July 2012, with a designated space within the emergency department to help the indigent community who await response from the City of Chicago's shelter services.

Center for Primary Care – In August 2004, TMH opened its Center for Primary Care, accepting appointments and walk-in patients.

Transportation - TMH provides transportation via hospital van and contracted transportation services to 50+ Club members and others within designated geographic boundaries, as determined appropriate based on need and clinical status.

Promoting Wellness of Vulnerable Populations

Target Population: Indigent, elderly, chronically ill, Substance abuse patients

While there are many vulnerable populations, focus and thrust of TMH plan is to address three major populations: the indigent, the elderly, individuals who have substance abuse, alcohol and are at-risk for mental illness, and also the chronically ill. It is our hope that our program transforms these populations from vulnerability to wellness and resilience.

Medical Stabilization Unit – Designed to stabilize patients suffering from withdrawal from alcohol and opiates, the 4-East nursing unit is a 30-bed general medicine unit providing

multidisciplinary care to patients with withdrawal or alcohol intoxication as their primary diagnosis. Once stabilized, patients are provided with referrals for treatment of their addiction as well as follow up for any other medical problems

Inpatient Mental Health – The new, 20-bed, mental health unit was completed in March of 2008 and provides a state-of-the-art, patient safe design that takes into consideration the special needs of mental health patients.

Thorek's Adult Mental Health Program primarily treats patients with the following diagnoses:

- Schizophrenic Disorders
- Schizo-Affective Disorder
- Bi-Polar Disorders
- Dissociative Disorders
- Major Depressive Disorders
- Acute Psychosis
- Dual Diagnoses

Focus on Wellness needs of Seniors

Target Population: Uninsured and underinsured seniors

TMH provides access to medical services for residents of three nearby Chicago Housing Authority (CHA) residential facilities , one private senior residential facility and one HUD senior housing building, by operating medical offices in these buildings. Residents of these buildings are predominantly non-english speaking seniors who qualify for subsidized housing based on financial need. Typical office staffing consists of a RN and a physician. In addition, pharmaceuticals needed by residents are delivered free of charge for those residents that require them based on an appropriate completed scripts by the physicians. In addition to the provision of health services, educational, social, and other activities are arranged by staff for the patients of the five sites on the north side of Chicago, in Thorek's primary service area. No amounts are billed by the hospital for healthcare services provided. Thorek Hospital also helps to provide access to specialty (consultant) physician services to members on an as needed basis.

One of Thorek's Health and wellness education for seniors is designed to identify and reduce cognitive loss and for fostering optimal management of chronic diseases .

Free flu clinics are conducted at off-site elderly housing facilities . We also provide mental health status screening, free diabetes, blood pressure, cholesterol screenings and medication management to this population.

Self-Help Programs

Target Population: Uninsured and underinsured

Thorek provides health programs to the community such as smoking cessation, exercise and weight loss and nutrition programs.

Language Assistant Services

Target Population: Underserved, non-English speaking community

AT&T Language interpreter services are utilized organization-wide. On-site clinical staff with specific language skills assist in the Language Assistant Services.

Education

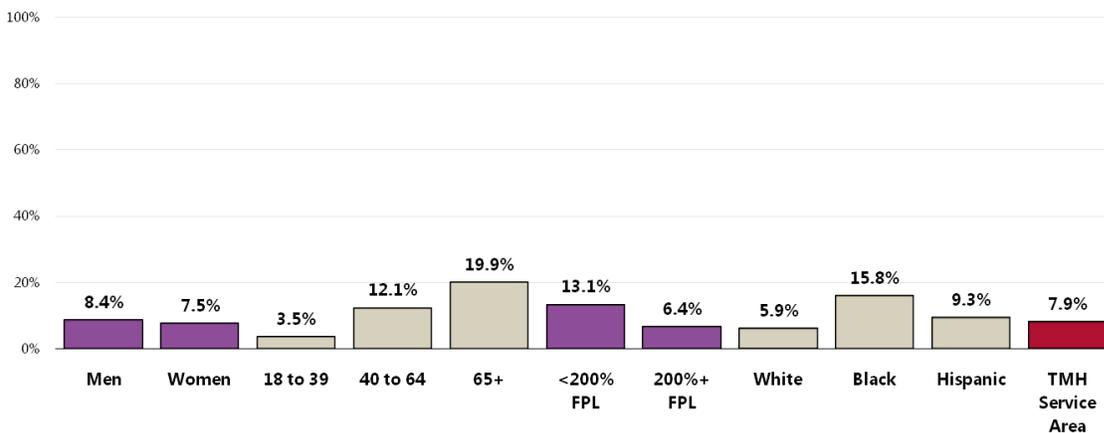
Target Population: Seniors and broader community

Thorek Memorial offers a range of health and wellness activities, including traditional worksite health fairs, screenings and educational seminars; access to behavior modification programs, such as weight management and smoking cessation.

Diabetes Education: Patients will work closely with a registered nurse, who is also a Certified Diabetes Educator, to develop a personalized education and treatment plan. This plan can include:

- Blood glucose meter instruction
- Development of individualized meal plan/medical nutrition therapy
- Personal goal setting and problem solving
- Insulin instruction
- Insulin pump therapy
- Referrals and linkage of individuals to a primary care provider, podiatrist or a licensed professional counselor as needed.

Prevalence of Diabetes (Thorek Memorial Hospital Service Area, 2012*)



*2012 PRC Community Health Surveys

Charity Care

Target Population: Underserved, underinsured, uninsured and broader community

Thorek provides medically necessary services to all patients regardless of race, creed, color, gender, or country of national origin and without regards to ability of the patient to pay for such services. Thorek provides a minimum 55% discount of charges for all patients without insurance, regardless of income or assets. Patients are eligible for an additional 25% quick pay discount on the remaining amount due after the initial 55% discount. Patients are eligible for additional payment reductions and or interest free payment plans up to and including complete writeoff of charges for patients that are eligible for the Hospital's charity care policy or show severe financial distress.

For patients that do not meet charity care guidelines, a 55% (based on 600% of federal poverty guidelines) initial discount is taken and the remainder is eligible for a 25% immediate payment discount. The remaining amount will be paid based upon an agreed upon payment plan (up to one year) with the patient or will receive further discount based upon the individual patient's financial situation. Any final amount that will be paid is determined and paid in full or according to an agreed upon payment plan with the patient (up to one year). Every opportunity will be made to ensure the patient has the chance to pay what they can afford to based upon their financial situation at that time. The Hospital does not attempt to garnish any wages of the patient, does not file liens on any personal property of the patient, nor does it pursue any other aggressive collection techniques in pursuit of payment.

VI. Contact

For more information, please contact:

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