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DLN: 93493323015150

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ADVOCATE HEALTH AND HOSPITALS CORP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

3075 HIGHLAND PARKWAY SUITE 600

City or town, state or province, country, and ZIP or foreign postal code
DOWNERS GROVE, IL 60515

F Name and address of principal officer:
JAMES SKOGSBERGH
3075 HIGHLAND PARKWAY SUITE 600
DOWNERS GROVE, IL 60515

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
36-2169147

E Telephone number
(630) 572-9393

G Gross receipts \$ 9,106,566,889

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ADVOCATEHEALTH.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1906

M State of legal domicile: IL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SERVE HEALTH NEEDS OF COMMUNITIES THROUGH WHOLISTIC PHILOSOPHY ROOTED IN FUNDAMENTAL UNDERSTANDING OF HUMANS AS CREATED IN THE IMAGE OF GOD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	34,183
6	Total number of volunteers (estimate if necessary)	3,205
7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,341,705
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,509,158	28,047,472
9 Program service revenue (Part VIII, line 2g)	5,263,509,696	5,388,961,319
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,690,605	244,267,870
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,035,721	11,342,585
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,543,745,180	5,672,619,246

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,241,300	7,301,611
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,470,970,651	2,658,864,681
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,829,347,560	3,034,943,930
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,306,559,511	5,701,110,222
19 Revenue less expenses. Subtract line 18 from line 12	237,185,669	-28,490,976

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,356,458,273	14,268,789,247
21 Total liabilities (Part X, line 26)	7,461,070,736	8,971,712,438
22 Net assets or fund balances. Subtract line 21 from line 20	4,895,387,537	5,297,076,809

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2020-11-18
Date

RACHEL HALVERSON VP TAX & ACCTG SVCS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III	Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III		<input checked="" type="checkbox"/>
1	Briefly describe the organization's mission:	
THE MISSION OF ADVOCATE HEALTH AND HOSPITALS CORPORATION IS TO SERVETHE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THOUGH AWHOLISTIC PHILOSOPY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMANBEINGS AS CREATED IN THE IMAGE OF GOD.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	

4a	(Code:) (Expenses \$ 2,933,172,164 including grants of \$ 7,301,611) (Revenue \$ 3,381,626,946)
See Additional Data	
4b	(Code:) (Expenses \$ 1,476,416,211 including grants of \$) (Revenue \$ 1,235,790,883)
See Additional Data	
4c	(Code:) (Expenses \$ 83,222,063 including grants of \$) (Revenue \$ 26,055,230)
See Additional Data	
	(Code:) (Expenses \$ 877,821,532 including grants of \$) (Revenue \$ 742,146,555)
<p>DESCRIPTION OF ADVOCATE AURORA HEALTH IN APRIL 2018, ADVOCATE HEALTH CARE OF ILLINOIS AND AURORA HEALTH CARE OF WISCONSIN MERGED. ADVOCATE AURORA HEALTH IS AMONG THE 10 LARGEST NOT-FOR-PROFIT, INTEGRATED HEALTH SYSTEMS IN THE UNITED STATES AND A LEADING EMPLOYER IN THE MIDWEST WITH MORE THAN 70,000 TEAM MEMBERS, INCLUDING MORE THAN 22,000 NURSES, AND HAS ONE OF THE LARGEST EMPLOYED MEDICAL STAFF IN THE REGION AND A HOME HEALTH ORGANIZATION. A NATIONAL LEADER IN CLINICAL INNOVATION, HEALTH OUTCOMES, CONSUMER EXPERIENCE AND VALUE-BASED CARE, THE SYSTEM SERVES NEARLY 3 MILLION PATIENTS ANNUALLY IN ILLINOIS AND WISCONSIN ACROSS MORE THAN 500 SITES OF CARE. ADVOCATE AURORA IS ENGAGED IN HUNDREDS OF CLINICAL TRIALS AND RESEARCH STUDIES, AND IS NATIONALLY RECOGNIZED FOR ITS EXPERTISE IN CARDIOLOGY, NEUROSCIENCES, ONCOLOGY AND PEDIATRICS. AS A MERGED ENTITY, ADVOCATE AURORA HEALTH (ILLINOIS AND WISCONSIN) CONTRIBUTED NEARLY \$2.2 BILLION IN CHARITABLE CARE AND COMMUNITY HEALTH SERVICES TO ITS COMMUNITIES IN 2019. DESCRIPTION OF ADVOCATE HEALTH CARE (ILLINOIS)WHILE ADVOCATE IS ONE OF TWO ORGANIZATIONS THAT MERGED TO BECOME ADVOCATE AURORA HEALTH IN APRIL 2018, ADVOCATE IN ILLINOIS MAINTAINS A SEPARATE FEIN AND THEREFORE THE NARRATIVE THAT FOLLOWS PERTAINS PREDOMINANTLY TO ADVOCATE HEALTH CARE (ILLINOIS) ONLY. ADVOCATE IS ONE OF THE LARGEST FULLY INTEGRATED HEALTH CARE SYSTEMS IN ILLINOIS AND ONE OF THE LARGEST HEALTH CARE PROVIDERS IN THE MIDWEST. IN 2019, AS PART OF A NETWORK OF NEARLY 400 SITES OF CARE IN ILLINOIS, ADVOCATE'S MORE THAN 36,978 TEAM MEMBERS PROVIDED CARE AT TWELVE HOSPITALS, INCLUDING A CHILDREN'S HOSPITAL LOCATED ON TWO CAMPUSES (OAK LAWN AND PARK RIDGE, ILLINOIS), TOTALING 3,285 LICENSED BEDS. ADVOCATE HAD A COMBINED TOTAL OF 170,610 INPATIENT ADMISSIONS, 2,001,817 OUTPATIENT VISITS AND 544,089 EMERGENCY DEPARTMENT VISITS IN 2019. IN ADDITION, THE ORGANIZATION IS RECOGNIZED AS HAVING ONE OF THE LARGEST HOME HEALTH CARE COMPANIES IN THE STATE. EIGHT ADVOCATE HOSPITALS HAVE BEEN RECOGNIZED FOR DELIVERING EXCEPTIONAL PATIENT CARE FOR 2019-20 BY U.S. NEWS & WORLD REPORT, INCLUDING ADVOCATE'S BROMENN, CHRIST, CONDELL, GOOD SAMARITAN, GOOD SHEPHERD, ILLINOIS MASONIC, LUTHERAN AND SHERMAN. ADVOCATE CHRIST, ADVOCATE GOOD SAMARITAN AND ADVOCATE LUTHERAN GENERAL RANKED IN THE TOP 10 IN ILLINOIS. IN ADDITION, ADVOCATE CHILDREN'S HOSPITAL ON BOTH CAMPUSES OAK LAWN AND PARK RIDGE RANKED 13TH IN THE NATION FOR PEDIATRIC CARDIOLOGY AND CARDIOVASCULAR SURGERY IN THE U.S. NEWS & WORLD REPORT'S 2019-20 BEST CHILDREN'S HOSPITALS RANKINGS. THIS DESIGNATION IS SIGNIFICANT GIVEN THE PROGRAM ROSE 10 SPOTS GOING FROM 23RD IN THE NATION THE YEAR BEFORE TO 13TH IN ONE YEAR. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) REPORTED 5-STAR RATINGS FOR OVERALL HOSPITAL QUALITY TO TWO ADVOCATE HOSPITALS IN 2019 ADVOCATE LUTHERAN GENERAL AND ADVOCATE SHERMAN. THE HOSPITALS WERE TWO OF ONLY 293 HOSPITALS THAT RECEIVED A FIVE STAR RANKING FROM CMS. THE CMS HOSPITAL COMPARE WEBSITE REORTS ON QUALITY MEASURES FOR MORE THAN 4,500 HOSPITALS NATIONWIDE. TWO ADVOCATE HOSPITALS ADVOCATE ILLINOIS MASONIC AND SHERMAN HAVE ALSO EARNED NATION'S TOP 100 HOSPITALS RECOGNITION IN 2019 FROM IBM WATSON (FORMERLY TRUVEN HEALTH ANALYTICS) FOR PERFORMANCE IN PATIENT SAFETY, QUALITY OF CARE, FINANCIAL STABILITY, OPERATIONAL EFFECIENCY AND PATIENT SATISFACTION SCORES. IN ADDITION, EIGHT ADVOCATE HOSPITALS ADVOCATE'S BROMENN, CHRIST, CONDELL, GOOD SAMARITAN, GOOD SHEPHERD, ILLINOIS MASONIC, LUTHERAN GENERAL AND SHERMAN HAVE BEEN AWARDED THE AMERICAN NURSES CREDENTIALING CENTER'S MAGNET DESIGNATION THE HIGHEST HONOR FOR NURSING EXCELLENCE. TWO OF THESE HOSPITALS ADVOCATE CHRIST AND ADVOCATE LUTHERAN ACHIEVED MAGNET RECOGNITION FOR THE FOURTH CONSECUTIVE DESIGNATION AND TWO OF ONLY 50 HOSPITALS TO DO SO INTERNATIONALLY. THE AMERICAN HEART ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION AWARDED THE ADVOCATE MEDICAL GROUP WITH THE 2019 TARGET: BP GOLD STATUS FOR ACHIEVING 70 PERCENT OR GREATER BLOOD PRESSURE CONTROL RATES AMONG ADVOCATE'S ADULT PATIENT POPULATION, WHICH REDUCES THE RISK OF HEART ATTACK AND STROKE. CHICAGO MAGAZINE HAS ALSO NAMED 84 ADVOCATE PHYSICIANS AMONG CHICAGO'S TOP CANCER SPECIALISTS. THE LIST RECOGNIZES PHYSICIANS ACROSS CHICAGO LAND WHO WERE NOMINATED BY THEIR PEERS FOR PROVIDING THE BEST CARE IN ONCOLOGY HEALTH SERVICES. IN ADDITION, ADVOCATE GOOD SMARITAN AND ADVOCATE ILLINOIS MASONIC WERE RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEON'S NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (ACS NSQIP) FOR ACHIEVING MERITORIOUS OUTCOMES FOR SURGICAL PATIENT CARE. TEN ADVOCATE HOSPITALS ADVOCATE'S BROMENN, CHRIST, CONDELL, GOOD SAMARITAN, GOOD SHEPHERD, ILLINOIS MASONIC, LUTHERAN, SHERMAN, SOUTH SUBURBAN AND TRINITY RECEIVED THE AHA/ASA GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD WITH TARGET HONOR ROLL/TARGET ROLL ELITE AND TARGET HONOR ROLL ELITE PLUS DISTINCTIONS. IN ADDITION, ADVOCATE SHERMAN RECEIVED THE AHA/ASA GET WITH THE GUIDELINES HEART FAILURE GOLD PLUS AWARD WITH TARGET HONOR ROLL. AND ADVOCATE CHRIST AND ADVOCATE GOOD SAMARITAN RECEIVED THE AHA/ASA GET WITH THE GUIDELINES MISSION: LIFELINE STEMI RECEIVING GOLD CENTER AWARD. ALL ADVOCATE HOSPITALS ALSO PARTICIPATED IN THE HRSA (HEALTH RESOURCES AND SERVICES ADMINISTRATION) WORKPLACE PARTNERSHIP FOR LIFE CAMPAIGN AND RECEIVED PLATINUM STATUS FOR BRINGING AWARENESS TO ORGAN/TISSUE DONATION WITHIN THE HOSPITALS AND SURROUNDING COMMUNITIES. ADVOCATE WAS RECOGNIZED ON BECKER'S HEALTHCARE'S 150 TOP PLACES TO WORK IN HEALTHCARE LIST FOR 2019. THE LIST HIGHLIGHTS HOSPITALS, HEALTH SYSTEMS AND HEALTHCARE COMPANIES THAT PROMOTE DIVERSITY WITHIN THE WORKFORCE, EMPLOYEE ENGAGEMENT AND PROFESSIONAL GROWTH. ADVOCATE WAS ALSO NAMED TO THE 2019 TOP HOSPITALS AND MEDICAL CENTERS FOR DIVERSITY LIST BY BLACK DOCTOR.ORG BASED ON INITIATIVES AND SUCCESSES TOWARD INCREASING REPRESENTATION OF DIVERSITY WITHIN AN ORGANIZATION. SOME FACTORS CONSIDERED IN THIS AWARD ARE QUALITY OF CARE, DIVERSITY IN SENIOR, EXECUTIVE AND BOARD MEMBER LEVEL POSITIONS AND INITITIAVES, PROGRAMS AND IMPACT IN URBAN COMMUNITIES. NOTABLY, JOSE FELICIANO, SYSTEM VICE PRESIDENT, ENVIRONMENTAL SERVICES AND LINEN DISTRIBUTION, FOR ADVOCATE WAS RECOGNIZED AS ONE OF 50 LOCAL BUSINESS EXECUTIVES AS A BUSINESS LEADER OF COLOR BY CHICAGO UNITED IN 2019. ADVOCATE HAS ALSO BEEN RECOGNIZED BY DIVERSITY MBA MAGAZINE AS A BEST PLACES TO WORK FOR WOMEN AND DIVERSE MANAGERS. THIS AWARD RECOGNIZES ADVOCATE'S ONGOING STRATEGIC EFFORT TO IMPELMENT INTENTIONAL STRATEGIES FOR WOMEN AND MANAGERS OF DIVERSE BACKGROUNDS TO ADVANCE TO LEADERSHIP ROLES IN THE ORGANIZATION. DIVERSITY MBA EMPHASIZES HOW COMPANIES ARE CHAMPIONING RECRUITMENT EFFORTS THAT RESULT IN A DIVERSE AND TARGETED TALENT SELECTION PROCESS. IN ADDITION TO BEST PLACES TO WORK RECOGNITION, ADVOCATE WAS NAMED TO THE TOP 10 BEST IN CLASS FOR ACCOUNTABILITY AND TOP 5 FOR EXECUTIVE DEVELOPMENT, SUPPLIER DIVERSITY AND REWARD SYSTEMS. ADVOCATE'S NAVIGATE PROGRAM WAS NAMED A FRONTLINE WORKER CHAMPION BY CAREERSTAT, AS IT HELPS TEAM MEMBERS SET A VISION FOR THEIR HEALTH CARE CAREERS BY PROVIDING ACCESS TO MENTORING, COACHING, AND TOOLS AND RESOURCES. CHAMPION AWARD WINNERS HAVE DEVELOPED STRATEGIES TO HIRE A WORKFORCE THAT REFLECTS THE COMMUNITIES IN WHICH THEY OPERATE. THEY HAVE MADE TRAINING, EDUCATION AND DEVELOPMENT OPPORTUNITIES ACCESSIBLE TO MORE EMPLOYEES, REGARDLESS OF FINANCIAL ABILITY OR OTHER BARRIERS, AND ARE HELPING NON-CLINICAL WORKERS MOVE INTO CLINICAL POSTIONS WITH A DEFINED CAREER PATH THAT LEADS TO JOBS THAT PAY FAMILY-SUSTAINING WAGES. THREE ADVOCATE HOSPITALS HAVE BEEN RECOGNIZED FOR THEIR ACCOMPLISHMENTS IN MEETING THE NEEDS OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) COMMUNITY. IN 2019, ADVOCATE BROMENN AND ADVOCATE CONDELL WERE DESIGNATED A TOP PERFORMER IN LGBTQ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION. ADVOCATE ILLINOIS MASONIC WAS DESIGNATED A LEADER IN LGBTQ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRC), THE EDUCATIONAL ARM OF THE NATION'S LARGEST LGBTQ CIVIL RIGHTS ORGANIZATION. HOSPITALS ARE CHOSEN FOR THIS DESIGNATION BASED ON LGBTQ-CENTERED CARE, PATIENT SERVICES AND SUPPORT, EMPLOYEE BENEFITS AND POLICIES, AND PATIENT AND COMMUNITY ENGAGEMENT. ONLY A FEW HUNDRED HOSPITALS IN THE COUNTRY RECEIVE THIS TOP HONOR EACH YEAR. ADVOCATE HEALTH CARE ALSO ACHIEVED HEALTHCARE'S MOST WIRED CERTIFIED LEVEL 7 BY THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) WHICH IS A TRIBUTE TO THE ORGANIZATIONS AND DEDICATED PEOPLE IN THEM WHO ARE TRANSFORMING HEALTH CARE AND IMPROVING OUTCOMES THROUGH ADVANCEMENTS IN INFORMATION TECHNOLOGY.</p>	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 877,821,532 including grants of \$) (Revenue \$ 742,146,555)
4e	Total program service expenses
	5,370,631,970

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3,741
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 34,183			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ADVOCATE AURORA HEALTH INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 (630) 929-6057

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								19,956,026	29,192,834	2,613,983

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 21**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PHILLIPS LAW OFFICES 161 N CLARK ST SUITE 4925 CHICAGO, IL 60601	LEGAL SERVICES	17,529,554
MIDWEST ANESTHESIOLOGISTS LTD 387 SHUMAN BLVD STE 240W NAPERVILLE, IL 60563	MEDICAL SERVICES	10,019,953
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	UNIVERSITY SERVICES	9,551,516
CARDIOTHORACIC & VASCULAR SURGIC 9500 BORMET DRIVE SUITE 204 MOKENA, IL 60448	MEDICAL SERVICES	8,255,230
BARRY DAVID GOLDBERG 33 N DEARBORN ST SUITE 1930 CHICAGO, IL 60602	LEGAL SERVICES	8,000,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 331**

Form 990 (2019)		Page 9									
Part VIII		Statement of Revenue									
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d	17,917,157							
	e	Government grants (contributions)	1e	5,133,613							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,996,702							
	g	Noncash contributions included in lines 1a - 1f:\$	1g								
	h	Total. Add lines 1a-1f ▶	28,047,472								
Program Service Revenue			Business Code								
	2a	MEDICARE/MEDICAID	622110	1,750,309,135	1,750,309,135						
	b	BLUE CROSS/MGD CARE	622110	1,273,071,782	1,273,071,782						
	c	PATIENT SVC REVENUE	622110	1,202,456,030	1,202,456,030						
	d	PHARMACY	446110	647,813,841	647,813,841						
	e	LABORATORY	621511	382,752,862	382,752,862						
	f	All other program service revenue.		132,557,669	129,215,964	3,341,705					
g	Total. Add lines 2a-2f. ▶	5,388,961,319									
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	127,831,657			127,831,657				
	4		Income from investment of tax-exempt bond proceeds ▶								
	5		Royalties ▶	36,228			36,228				
	6a	Gross rents	(i) Real	(ii) Personal							
			6a	8,099,913							
			b	Less: rental expenses					6b	8,285,399	
			c	Rental income or (loss)					6c	-185,486	
	d		Net rental income or (loss) ▶	-185,486			-185,486				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
			7a	3,540,365,721					1,732,736		
			b	Less: cost or other basis and sales expenses					7b	3,421,747,320	3,914,924
			c	Gain or (loss)					7c	118,618,401	-2,182,188
	d		Net gain or (loss) ▶	116,436,213			116,436,213				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	450							
			b	Less: direct expenses					8b	0	
	c		Net income or (loss) from fundraising events . . . ▶	450			450				
	9a	Gross income from gaming activities. See Part IV, line 19	9a								
			b	Less: direct expenses					9b		
	c		Net income or (loss) from gaming activities . . . ▶								
	10a	Gross sales of inventory, less returns and allowances	10a								
b			Less: cost of goods sold	10b							
c		Net income or (loss) from sales of inventory . . . ▶									
Miscellaneous Revenue		Business Code									
11a		CAFETERIA REVENUE	722514	9,498,557			9,498,557				
b		MISCELLANEOUS	621999	1,179,459			1,179,459				
c		GIFT SHOP	812930	828,375			828,375				
d		All other revenue		-14,998			-14,998				
e		Total. Add lines 11a-11d ▶	11,491,393								
12		Total revenue. See instructions ▶	5,672,619,246	5,385,619,614	3,341,705		255,610,455				

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,301,611	7,301,611		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,627,083	7,627,083		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,838,418	1,838,418		
7 Other salaries and wages	2,173,707,642	1,990,354,972	183,352,670	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	83,209,811	73,978,678	9,231,133	
9 Other employee benefits	251,064,230	233,404,746	17,659,484	
10 Payroll taxes	141,417,497	128,195,473	13,222,024	
11 Fees for services (non-employees):				
a Management	43,396,855		43,396,855	
b Legal	2,762,838		2,762,838	
c Accounting	551,281		551,281	
d Lobbying	1,753,514		1,753,514	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	868,352		868,352	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	422,935,879		422,935,879	
12 Advertising and promotion	19,043,669	1,027,714	18,015,955	
13 Office expenses	14,097,448	10,243,863	3,853,585	
14 Information technology	170,663,567	164,820,408	5,843,159	
15 Royalties				
16 Occupancy	89,509,140	81,258,264	8,250,876	
17 Travel	8,799,661	6,044,721	2,754,940	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,882,767	7,607,981	1,274,786	
20 Interest	49,647,716	49,644,757	2,959	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	237,903,565	209,871,180	28,032,385	
23 Insurance	57,371,477	55,709,188	1,662,289	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER INTERCOMPANY	769,499,461	764,846,352	4,653,109	
b MEDICAL SUPPLIES	717,163,440	719,529,119	-2,365,679	
c BAD DEBT	174,509,165	174,509,165		
d INCOME TAXES	887,447	887,447		
e All other expenses	244,696,688	681,930,830	-437,234,142	
25 Total functional expenses. Add lines 1 through 24e	5,701,110,222	5,370,631,970	330,478,252	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		73,587,897	1	129,375,434
	2	Savings and temporary cash investments		134,180	2	140,244
	3	Pledges and grants receivable, net		2,351,374	3	3,005,724
	4	Accounts receivable, net		648,853,725	4	708,251,462
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,393,083,953	7	1,467,359,444
	8	Inventories for sale or use		63,443,578	8	62,804,909
	9	Prepaid expenses and deferred charges		50,806,199	9	58,328,807
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,682,490,728		
	b	Less: accumulated depreciation	10b	2,299,873,334		
				2,221,648,306	10c	2,382,617,394
	11	Investments—publicly traded securities		4,062,323,134	11	4,943,503,759
	12	Investments—other securities. See Part IV, line 11		3,385,868,614	12	3,951,932,009
	13	Investments—program-related. See Part IV, line 11		96,883,078	13	101,795,607
	14	Intangible assets		41,651,441	14	40,408,739
15	Other assets. See Part IV, line 11		315,822,794	15	419,265,715	
16	Total assets. Add lines 1 through 15 (must equal line 34)		12,356,458,273	16	14,268,789,247	
Liabilities	17	Accounts payable and accrued expenses		838,505,971	17	1,032,258,425
	18	Grants payable			18	
	19	Deferred revenue		8,917,433	19	17,636,606
	20	Tax-exempt bond liabilities		1,942,947,870	20	1,514,549,946
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		30,060,974	23	32,544,043
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		4,640,638,488	25	6,374,723,418
	26	Total liabilities. Add lines 17 through 25		7,461,070,736	26	8,971,712,438
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		4,864,793,545	27	5,266,360,903
	28	Net assets with donor restrictions		30,593,992	28	30,715,906
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,895,387,537	32	5,297,076,809
33	Total liabilities and net assets/fund balances		12,356,458,273	33	14,268,789,247	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,672,619,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,701,110,222
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,490,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,895,387,537
5	Net unrealized gains (losses) on investments	5	508,468,855
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-78,288,607
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,297,076,809

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990 (2019)

Form 990, Part III, Line 4a:

FINANCIAL ASSISTANCE. PROVIDING INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. INCLUDED IN THESE HEALTH CARE SERVICES ARE THE PROVISION OF FINANCIAL ASSISTANCE AND TRAUMA CARE. AS PART OF ITS COMMUNITY BENEFITS STRATEGY AND ITS VISION AND VALUES, ADVOCATE IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR PEOPLE WHO ARE UNINSURED, UNDERINSURED AND LOW INCOME. ADVOCATE OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PATIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIBLE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALLY, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE INCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF \$25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES OF SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVAILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP. ADVOCATE HEALTH CARE IS DEDICATED TO PROVIDING EXPERT EMERGENCY CARE TODAY AND INTO THE FUTURE. IN THE AREA OF TRAUMA CARE, LEVEL 1 DESIGNATION IS THE HIGHEST LEVEL FOR TRAUMA CENTERS. AS LEVEL 1 TRAUMA CENTERS, FIVE ADVOCATE HOSPITALS ADVOCATE CHRIST, ADVOCATE CONDELL, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERALCARE FOR THE MOST SERIOUSLY INJURED PEOPLE IN CHICAGO LAND. AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE'S TRAUMA CENTERS ARE STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS; FEATURE 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA; AND CAN ACCOMMODATE HELICOPTER TRANSPORTS. ADVOCATE OPERATES NEARLY ONE-QUARTER OF ALL LEVEL I TRAUMA CENTERS IN ILLINOIS AND IS THE LARGEST TRAUMA SYSTEM IN THE STATE. TWENTY PERCENT OF TRAUMA PATIENTS IN METROPOLITAN CHICAGO ARE TREATED ANNUALLY IN AN ADVOCATE TRAUMA CENTER. IN 2019, ADVOCATE'S LEVEL I TRAUMA HOSPITALS TREATED 7,773 TRAUMA PATIENTS. AN ADDITIONAL 973 TRAUMA PATIENTS WERE TREATED AT ADVOCATE'S LEVEL II DESIGNATED TRAUMA HOSPITALS ADVOCATE BROMENN, ADVOCATE GOOD SHEPHERD AND ADVOCATE SHERMAN. IN ADDITION, THERE WERE AN ADDITIONAL 535,343 NON-TRAUMA EMERGENCY ROOM VISITS FOR ALL ADVOCATE'S HOSPITALS.

Form 990, Part III, Line 4b:

HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE ORGANIZATION. AS PART OF ADVOCATE'S BROAD ARRAY OF SERVICES AND PROGRAMS DESIGNED TO MEET COMMUNITY HEALTH NEEDS, ADVOCATE PHYSICIANS TARGET UNIQUE HEALTH ACCESS NEEDS OF THE UNINSURED, UNDERINSURED, UNDERSERVED, LOW INCOME AND SPECIAL NEEDS INDIVIDUALS LIVING IN CHICAGOLAND AND CENTRAL ILLINOIS COMMUNITIES. EXAMPLES OF THESE PROGRAMS INCLUDE:ADVOCATE ADULT DOWN SYNDROME CENTER. ESTABLISHED IN 1992 THROUGH A PARTNERSHIP BETWEEN ADVOCATE LUTHERAN GENERAL AND THE NATIONAL ASSOCIATION FOR DOWN SYNDROME (NADS), THE ADVOCATE MEDICAL GROUP ADULT DOWN SYNDROME CENTER PROVIDES CRUCIAL PSYCHOSOCIAL AND MEDICAL SERVICES TO ADOLESCENTS AND ADULTS WITH DOWN SYNDROME LIVING IN ALL AREAS OF ILLINOIS. EACH YEAR, APPROXIMATELY 2,000 INDIVIDUALS ARE SERVED THROUGH OVER 7,000 VISITS, INCLUDING CARE IN THE OFFICE, THE PATIENT'S HOME, AT RESIDENTIAL FACILITIES, NURSING HOMES AND IN THE HOSPITAL. THE CENTER'S MULTIDISCIPLINARY APPROACH TO COMPREHENSIVE MEDICAL CARE, WITH A STRONG EMPHASIS ON PREVENTIVE MEDICINE, PROVIDES PRACTICAL APPROACHES TO HEALTH EDUCATION AND HEALTH RISK REDUCTION, INCLUDING SUPPORTING PEOPLE WITH DOWN SYNDROME IN THEIR OWN HEALTH PROMOTION EFFORTS. REIMBURSEMENT IS REDUCED GIVEN MORE TIME IS PROVIDED TO EACH PATIENT VISIT TO ALLOW INDIVIDUALS WITH DOWN SYNDROME TO PARTICIPATE IN THEIR OWN HEALTH CARE. FURTHER, ONLY ONE-THIRD OF THE COST OF THE CLINIC IS REIMBURSED THROUGH BILLING INSURANCE DUE TO THE PAYOR MIX. ADVOCATE GENEROUSLY PROVIDES SOME SERVICES AT THE CENTER THAT ARE KEY TO HEALTH PROMOTION BUT THAT ARE NOT REIMBURSABLE OR BILLABLE. THE CENTER CONTINUES TO FOCUS ON EXPANDING ITS RESEARCH AND PATIENT EDUCATION IN COMING YEARS. MAINE TOWNSHIP DISTRICT 207 SCHOOL-BASED HEALTH CENTERS (SBHC). MAINE TOWNSHIP DISTRICT 207 WAS FACED WITH APPROXIMATELY 30 PERCENT OF ITS STUDENTS NOT BEING ABLE TO MEET, OR EXPERIENCING SIGNIFICANT DIFFICULTY MEETING, THE STATE-MANDATED PHYSICAL AND IMMUNIZATION REQUIREMENTS DUE TO BEING UNINSURED OR UNDERINSURED. FOLLOWING SEVERAL YEARS OF PLANNING AND IN COLLABORATION WITH ADVOCATE MEDICAL GROUP AND ADVOCATE LUTHERAN GENERAL, THE DISTRICT OPENED A SCHOOL-BASED HEALTH CENTER (D207 SBHC) IN MAINE EAST HIGH SCHOOL IN MARCH 2003 TO PROVIDE THESE STUDENTS WITH ACCESS TO VITAL HEALTH CARE SERVICES. ADVOCATE EMPLOYEES SERVE AS MEDICAL DIRECTOR, PEDIATRICIAN, NURSE PRACTITIONER AND MENTAL HEALTH WORKER FOR THE GRANT-FUNDED CLINIC. THE CLINIC HAS A SMALL PHARMACY THAT PROVIDES LIMITED MEDICATIONS FOR STUDENTS IN NEED AND ADVOCATE KEEPS THE CLINIC EQUIPPED WITH OFFICE SUPPLIES AND OTHER EQUIPMENT. THE CENTER ALSO SERVES AS A TRAINING SITE FOR PEDIATRIC AND FAMILY MEDICINE RESIDENTS. OPEN TO ALL HIGH SCHOOL STUDENTS IN MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207, THE D207 SBHC HAS HELPED TO PROVIDE MANY STUDENTS WITH PHYSICALS AND IMMUNIZATIONS WHICH HAS ALLOWED THE DISTRICT TO MAINTAIN ITS 99% IL STATE COMPLIANCE RATE. THE D207 SBHC CONTINUES TO PROVIDE FREE OR LOW-COST SERVICES INCLUDING PHYSICALS, IMMUNIZATIONS, EMERGENT CARE, BEHAVIORAL HEALTH TREATMENT, NUTRITIONAL COUNSELING AND EDUCATIONAL PROGRAMS. THE CENTER'S MEDICAL DIRECTOR AND STAFF HAD 1,800 CONTACTS DURING THE 2019/2020 SCHOOL YEAR AND MORE THAN 30,800 STUDENT CONTACTS SINCE THE FACILITY'S INCEPTION. MEDFEST. IN 2019, ADVOCATE MEDICAL GROUP SPONSORED MEDFEST, A COLLABORATIVE WITH SPECIAL OLYMPICS OF ILLINOIS, FOR THE 21ST YEAR IN A ROW. MEDFEST IS ANNUALLY HELD AT VARIOUS LOCATIONS IN THE STATE. THE EVENT PROVIDES PEOPLE WITH INTELLECTUAL DISABILITIES OPPORTUNITIES TO PARTICIPATE IN SPORTS TRAINING AND COMPETITIONS, CREATING AVENUES FOR INCLUSION AND ACCEPTANCE FOR THIS UNDERSERVED POPULATION THROUGHOUT ILLINOIS. THE FREE CLINICAL SERVICES RESULT IN PARTICIPANTS' ENHANCED PHYSICAL FITNESS AND COMFORT WITH THE MEDICAL COMMUNITY. AMG PROVIDED 1,764 (207 MORE THAN IN 2018) FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS AT CHICAGO'S UNITED CENTER IN 2019, ALLOWING THEM OPPORTUNITIES TO PARTICIPATE IN COMPETITIONS THROUGHOUT THE YEAR. ADVOCATE MEDICAL GROUP HAS ALSO PROVIDED FREE PHYSICALS TO SPECIAL OLYMPIANS IN BLOOMINGTON FOR THE PAST 6 YEARS AND IN ORLAND PARK FOR OVER ELEVEN YEARS, PROVIDING 40 AND 208 PHYSICAL EXAMS, RESPECTIVELY, IN 2019.

Form 990, Part III, Line 4c:

GRADUATE MEDICAL EDUCATION (GME) AND POST-GRADUATE (CME)/MEDICAL STUDENTS/OTHER HEALTH PROFESSIONALS EDUCATION. ADVOCATE IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF MEDICAL SPECIALTIES. AS ONE OF THE LARGEST PROVIDERS OF TRAINING IN PRIMARY CARE MEDICINE IN ILLINOIS, THERE WERE 2,270 MEDICAL STUDENT ROTATIONS COMPLETED AND 580 RESIDENTS AND FELLOWS WHO RECEIVED HANDS-ON TRAINING IN 2019 AT ADVOCATE'S FOUR ACADEMIC MEDICAL CENTERSADVOCATE BROMENN, ADVOCATE CHRIST, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL. ADVOCATE IS ALSO ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS. ADVOCATE'S CME PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT THROUGH YEAR-ROUND SCHEDULING AND PLANNING OF ACCREDITED COURSES, SEMINARS AND MEETINGS FOR NON-ADVOCATE PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THE REGION, AS WELL AS FOR ADVOCATE'S OWN PHYSICIANS. ADVOCATE'S MEDICAL STAFF SHARE THEIR EXPERTISE THROUGH GROUND ROUNDS, MORTALITY AND MORBIDITY CONFERENCES, AND JOURNAL CLUBSAS WELL AS SINGLE ACTIVITIES ADDRESSING A VARIETY OF CLINICAL AND RESEARCH TOPICS. IN 2019, ADVOCATE HOSTED 2,887 CME EVENTS TO 39,456 PARTICIPANTS, OF WHICH 28,116 WERE PHYSICIANS, AT 13 ADVOCATE SITES FOR A TOTAL OF 3,863 CME CREDIT HOURS.IN ADDITION TO TEACHING GME AND CME STUDENTS, ADVOCATE MEDICAL GROUP (AMG) PHYSICIANS ALSO DEVOTE ONE-ON-ONE TIME TO TEACHING PHYSICIAN ASSISTANTS (PA) AND NURSE PRACTITIONER (NP) STUDENTS FROM MULTIPLE AREA UNIVERSITIES. IN 2019, AMG PHYSICIANS ALONE DEVOTED 14,649 HOURS TO TEACHING NP STUDENTS (AMG STAFF APN'S DEVOTED AN ADDITIONAL 2,280 HOURS TO TEACHING NP STUDENTS) AND 4,984 PHYSICIAN HOURS TO TEACHING PA STUDENTS IN PHYSICIANS' OFFICES. THE VALUE OF THEIR TIME TEACHING THESE STUDENTS TOTALED OVER \$4.5M IN 2019.DEPENDENT ON EACH HOSPITAL'S OR ADVOCATE'S SYSTEM-LEVEL ACADEMIC AFFILIATIONS, THE TRAINING OF UNDERGRADUATE AND GRADUATE STUDENT NURSES, AND STUDENTS IN OTHER ALLIED HEALTH PROFESSIONS, SUCH AS RESPIRATORY CARE, RADIOLOGIC TECHNOLOGY, PHYSICAL AND SPEECH THERAPY, PHARMACEUTICAL SERVICES, ETC., ALSO OCCURS THROUGHOUT ADVOCATE'S MULTIPLE SITES. ADVOCATE'S SPIRITUAL LEADERS OVERSEE A NATIONALLY ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM. SUPERVISING OVER 200 STUDENT UNITS EACH YEAR, THIS PROGRAM IS THE LARGEST IN THE COUNTRY, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL FAITH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS.NOT INCLUDED IN THE EXPENSE AND REVENUE AMOUNTS BUT IMPORTANT TO THE ORGANIZATION'S ROLE IN TRAINING HEALTH CARE PROFESSIONALS, ARE THE NURSING RESIDENCY PROGRAMS AT TWO OF ITS HOSPITALSADVOCATE GOOD SAMARITAN AND ADVOCATE ILLINOIS MASONIC. RESIDENCY PROGRAMS OCCUR IN OTHER DISCIPLINES AS WELL, SUCH AS THE PHARMACY RESIDENCY PROGRAM FOR EXAMPLE, AT MULTIPLE ADVOCATE SITES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES SKOGSBERGH PRESIDENT, DIRECTOR	1.00 55.00	X		X				0	5,917,505	46,577
MICHELE BAKER RICHARDSON CHAIRPERSON, DIRECTOR	1.00 3.00	X		X				0	132,165	0
JOHN TIMMER DIRECTOR	1.00 3.00	X						0	103,333	0
GAIL D HASBROUCK DIRECTOR	1.00 3.00	X						0	14,000	38
DAVID ANDERSON DIRECTOR	1.00 3.00	X						0	107,333	0
REV DR NATHANIEL EDMOND DIRECTOR	1.00 4.00	X						0	18,100	0
RON GREENE DIRECTOR	1.00 3.00	X						0	13,000	0
MARK HARRIS JD DIRECTOR	1.00 3.00	X						0	69,000	0
LYNN CRUMP-CAINE DIRECTOR	1.00 3.00	X						0	80,000	0
CLARENCE NIXON JR PHD DIRECTOR	1.00 3.00	X						0	14,000	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
K RICHARD JAKLE VICE CHAIRPERSON, DIRECTOR	1.00 4.00	X		X				0	119,433	0
EMELIE ILARDE MD DIRECTOR	1.00 3.00	X						0	8,000	0
GARY STUCK DO CHIEF MEDICAL OFFICER	1.00 55.00			X				0	696,475	45,531
WILLIAM SANTULLI EVP, CHIEF OPERATING OFFICER	1.00 55.00			X				0	3,389,096	49,894
JAMES DOHENY ASSISTANT TREASURER	55.00 8.00			X				575,517	0	54,577
REV KATHIE BENDER SCHWICH CHIEF SPIRITUAL OFFICER	1.00 55.00			X				0	872,287	105,846
KEVIN BRADY CHIEF HUMAN RESOURCES OFFICER	1.00 55.00			X				0	1,645,013	64,204
VINCENT BUFALINO MD CHIEF ADVOCATE MEDICAL GROUP OFFICER	1.00 55.00			X				0	1,689,703	53,312
KELLY JO GOLSON CHIEF MARKETING OFFICER	1.00 55.00			X				0	1,316,033	28,503
DOMINIC J NAKIS CFO & TREASURER	1.00 55.00			X				0	2,542,698	53,130

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT POWDER CHIEF STRATEGY OFFICER	1.00 55.00			X				0	1,488,375	50,716
BARBARA BYRNE MD CHIEF INFORMATION OFFICER	1.00 55.00			X				0	1,426,356	86,252
JAMES SLINKMAN ASSISTANT SECRETARY	1.00 55.00			X				0	434,355	60,616
LESLIE LENZO ASSISTANT TREASURER	55.00 1.00			X				875,800	0	45,201
MICHAEL GREBE ASSISTANT SECRETARY, CHIEF LEGAL OFFICER	1.00 55.00			X				0	1,358,493	201,665
MICHAEL KERNS ASSISTANT SECRETARY	1.00 55.00			X				0	490,282	60,284
MIKE LAPPIN SECRETARY	1.00 55.00			X				0	1,964,257	331,811
NAN NELSON ASSISTANT TREASURER	1.00 55.00			X				0	1,072,348	167,410
SHELLY HART ASSISTANT SECRETARY	1.00 55.00			X				0	702,837	132,786
STEVE HUSER ASSISTANT TREASURER	1.00 55.00			X				0	437,105	85,462

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL FARRELL PRESIDENT OF ADVOCATE CHILDREN'S HOSPITAL	55.00 0.00				X			1,558,514	0	46,247
TERIKA R MBANU PRESIDENT OF LUTHERAN GENERAL HOSPITAL	55.00 0.00				X			660,795	0	53,792
RICHARD HEIM PRESIDENT, CHRIST MEDICAL CENTER	55.00 0.00				X			944,028	0	48,634
COLLEEN KANNADAY PRESIDENT OF BROMENN & EUREKA HOSPITAL	55.00 0.00				X			848,807	0	49,687
KAREN LAMBERT PRESIDENT OF GOOD SHEPHERD HOSPITAL	55.00 0.00				X			1,132,308	0	64,402
NANCY M TINSLEY PRESIDENT OF GOOD SAMARITAN HOSPITAL	55.00 0.00				X			562,786	0	34,594
RASHARD JOHNSON PRESIDENT OF TRINITY & SS	55.00 0.00				X			468,528	0	12,233
HAMAD FARHAT MD NEUROSURGEON	55.00 0.00					X		1,917,530	0	58,166
MICHEL ILBAWI MD PEDIATRIC CV SURGERY	55.00 0.00					X		1,242,636	0	51,898
RYAN TROMBLY MD NEUROSURGEON	55.00 0.00					X		1,247,152	0	56,166

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD SCOTT SVP CLINICAL	55.00 0.00					X		1,586,287	0	85,170
DEMETRIUS LOPES NEUROSURGEON	55.00 0.00					X		1,332,474	0	32,932
LEE SACKS MD EVP,FORMER OFFICER	0.00						X	0	625,633	972
SUSAN CAMPBELL FORMER OFFICER	0.00						X	407,708	0	7,069
EARL J BARNES II FORMER OFFICER	0.00						X	0	445,619	30,660
DAVID FOX JR FORMER KEY EMPLOYEE	0.00						X	154,319	0	8,581
DOMINICA TALLARICO FORMER KEY EMPLOYEE	0.00						X	1,086,210	0	50,918
KENNETH LUKHARD FORMER KEY EMPLOYEE	0.00						X	416,181	0	32,111
MATTHEW PRIMACK FORMER KEY EMPLOYEE	0.00						X	526,010	0	46,771
DEAN KARAHALIOS MD FORMER HCE-NEUROSURGEON	0.00						X	1,198,754	0	63,442

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EGON DOPPENBERG MD FORMER HCE-NEUROSURGEON	0.00						X	1,213,682	0	55,723

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP	Employer identification number 36-2169147
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Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B

Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		9,399
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,017,198
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		726,917
j	Total. Add lines 1c through 1i			1,753,514
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-D (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINES 1A, B, D, G	SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE HEALTH AND HOSPITALS CORPORATION SPONSORS A NURSE ADVOCACY COUNCIL, COMPRISED OF NURSES EMPLOYED BY THE SYSTEM. THIS GROUP PROVIDES LEGISLATIVE FORUMS AND EDUCATION SUMMITS TO APPRISE AND EDUCATE LEGISLATORS OF THE ISSUES FACING THE NURSING PROFESSION AND HOW CHANGES IN LEGISLATION AFFECT PATIENT CARE.
FORM 990, SCHEDULE C, PART II-B, LINE 11	ADVOCATE HEALTH AND HOSPITALS CORPORATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION. THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN THE GENERAL ASSEMBLY AND CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS AND ACCREDITATION. A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO THESE LOBBYING ACTIVITIES. ADVOCATE ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY AND PATIENT ACCESS. ADVOCATE ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS. ADVOCATE ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	11,016,745	169,922,803	180,939,548
b	Buildings	3,143,054,962	1,552,391,477	1,590,663,485
c	Leasehold improvements	191,409,251	84,712,928	106,696,323
d	Equipment	1,067,333,949	663,316,852	404,017,097
e	Other	99,753,018	-547,923	100,300,941
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			2,382,617,394

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	3,951,932,009	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,951,932,009	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,374,723,418

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	1	0			3,878,928,999
b Total from continuation sheets to Part I	0	0			4,906,527
c Totals (add lines 3a and 3b)	1	0			3,883,835,526

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1		INVESTMENTS		2,193,674,081
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SELF-INSURANCE	13,942,142

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		514,130,032
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONFERENCE	5,553

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		1,065,223,554
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		3,561,275

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CONFERENCE	2,777
NORTH AMERICA			INVESTMENTS		88,389,585

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	CONFERENCE	6,439
SOUTH AMERICA			INVESTMENTS		1,406,328

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			INVESTMENTS		3,489,439
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	CONFERENCE	525

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	CONFERENCE	3,796

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>60000.0000000000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			72,639,226	216,186	72,423,040	1.310 %
b Medicaid (from Worksheet 3, column a)			768,752,860	613,902,852	154,850,008	2.800 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			841,392,086	614,119,038	227,273,048	4.110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			12,361,481	0	12,361,481	0.220 %
f Health professions education (from Worksheet 5)			122,095,176	26,055,230	96,039,946	1.740 %
g Subsidized health services (from Worksheet 6)			16,746,293	12,189,860	4,556,433	0.080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,664,770	0	2,664,770	0.050 %
j Total. Other Benefits			153,867,720	38,245,090	115,622,630	2.090 %
k Total. Add lines 7d and 7j			995,259,806	652,364,128	342,895,678	6.200 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	174,345,071		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	20,876,633		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,333,881,460
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,568,880,848
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-234,999,388
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): IMPLEMENTATION-PLANS-P		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-	10	Yes
a If "Yes" (list url): IMPLEMENTATION-PLANS-P		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19 Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ADVOCATE SOUTH SUBURBAN HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

5

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE SOUTH SUBURBAN HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 600.000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ADVOCATE SOUTH SUBURBAN HOSPITAL

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19 Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ADVOCATE SOUTH SUBURBAN HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ADVOCATE TRINITY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____ **7**

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ADVOCATE TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600.000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ADVOCATE TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ADVOCATE TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 396

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY:ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515. EIN 36-2167779

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A. SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B. A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY. THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR AHHC. THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED. IF AHHC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY. THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR, MENTAL, BEHAVIORAL AND CHEMICAL DEPENDENCY HEALTH SERVICES, REHABILITATION SERVICES, CARDIAC SURGERY, ORTHOPEDIC AND HOSPICE SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	\$174,509,165 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7E - SYSTEM-WIDE	ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES. AHHC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS. IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE. THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES. THESE SERVICES AND PROGRAMS INCLUDE SENIOR BREAKFAST CLUBS WHICH INCLUDE EDUCATIONAL SPEAKERS FOCUSING ON HEALTH AND WELLNESS AND INCLUDE BLOOD PRESSURE SCREENINGS; CANCER SUPPORT GROUPS FOR VARIOUS TYPES OF CANCER INCLUDING, PROSTATE, BREAST AND SKIN CANCERS. THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS. SKIN CANCER SCREENING ARE ALSO PROVIDED; VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF; VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES AND CHILDBIRTH CLASSES; VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE; THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING AND THE RISKS OF BEING OVERWEIGHT FOR BOTH ADULTS AND ADOLESCENTS. THESE PROGRAMS INCLUDE SCREENING, EDUCATION AND OPTIONS FOR DEALING WITH THE ISSUE; PROGRAMS RELATED TO SPORTS MEDICINE AND ATHLETIC TRAINING AND INJURIES ARE ALSO OFFERED; CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR. CAREER COUNSELING, MENTORING AND JOB SHADOWING ARE ALSO OFFERED TO STUDENTS WHO EXPLORE CAREER POSSIBILITIES IN HEALTH CARE. CERTAIN OF THESE PROGRAMS ARE GEARED TO THE LOW INCOME AND DIVERSE STUDENT POPULATIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7H - SYSTEM-WIDE	AHHC CONDUCTS NUMEROUS RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES. HOWEVER, THE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2019 FORM 990, SCHEDULE H.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>ADVOCATE HEALTH CARECOMMUNITY BUILDING ACTIVITIES REPORT ENVIRONMENTAL IMPROVEMENTSFORM 99 0, SCHEDULE H2019ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO THE PURPOSE OF OUR ORGANIZATION HEALTH AND HEALING. WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE. REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREENHOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES. AS WE WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN). 1. MENTORING AND EDUCATIONAS WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS. ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH. THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY: ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING. ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE. ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES. ADVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING: PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP LESS MEAT, BETTER MEAT PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP SAFER CHEMICALS HEALTH CARE CLIMATE COUNCIL HEALTHCARE PLASTICS RECYCLING COALITION HEALTHCARE FACILITY ADVISORY BOARD PREMIER ENVIRONMENTAL ADVISORY COUNCIL SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT ADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS.2. ADVOCATE HEALTH CARE SYSTEM 2019 ENVIRONMENTAL INITIATIVES: REDUCED CUMULATIVE HOSPITAL ENERGY CONSUMPTION BY 1.7 PERCENT IN TWELVE MONTHS ENDING 11/30/19. OUR 2019 ENERGY REDUCTIONS SAVED ADVOCATE \$1 MILLION IN ENERGY COSTS, AND AVOIDED THE RELEASE OF 5,647 MTCO₂E OF GREENHOUSE GAS EMISSIONS. PLEDGED TO POWER ITS FACILITIES WITH 100% RENEWABLE ELECTRICITY BY 2030. AVOIDED 1,124 MTCO₂E OF GREENHOUSE GASES (EQUIVALENT TO 2.7 MILLION MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. RECYCLED 3,437 TONS OF WASTE FROM HOSPITAL OPERATIONS. RECYCLED 86 PERCENT, OR 3,166 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS. SAVED 49 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$1.1 MILLION VIA OUR SURGICAL AND MEDICAL DEVICE REPROCESSING PROGRAMS. CONTINUED OUR DONATION PROGRAM WITH PROJECT C.U.R.E., A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES. ADVOCATE DONATED A TOTAL OF 154 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 65 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE IN 2019, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED. PURCHASED OVER 25,000 FEWER REAMS OF PAPER IN 2019 VERSUS 2018 EVEN THOUGH PATIENT VOLUMES ROSE - TRANSLATING INTO AN OVER 5% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE. SPENT 77% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS. INCREASED THE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 89% OF TOTAL PURCHASES. PURCHASED 27% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTI</p>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>NG THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA. PLEASE SEE ADVOCATE HEALTH CARE'S PUBLICLY-FA CING SUSTAINABILITY & WELLNESS WEBSITE FOR MORE INFORMATION.3. HOSPITAL-BASED ENVIRONMENTA L IMPROVEMENTS IN 2019ADVOCATE BROMENN MEDICAL CENTER DIVERTED OVER 324,000 POUNDS OF WAST E FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. AVOIDED 5,550 POUNDS OF MEDICA L AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. COMPOSTED OVER 20,000 POUNDS O F FOOD WASTE, REDUCING ITS VOLUME OF WASTE TO LOCAL LANDFILLS. REUSED AND DONATED CLEAN, U SED LINENS TO LOCAL ORGANIZATIONS INCLUDING ANIMAL AND HOMELESS SHELTERS, AMBULANCE SERVIC E COMPANY OR REUSED AS CLEANING CLOTHS WITHIN THE HOSPITAL. 98% OF CLEANING PRODUCTS PURCH ASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANER S) WERE THIRD-PARTY GREEN CERTIFIED. 54% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEM ICALS OF CONCERN. DONATED 3 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. IN PARTNERSHIP WITH THE COMMUNITY, HOSTED A VEGE TABLE GARDEN ON CAMPUS, PROVIDING GARDENING EDUCATION AND HEALTHY PRODUCE TO PATIENTS AND COMMUNITY MEMBERS. ADVOCATE CHRIST MEDICAL CENTER REDUCED ENERGY INTENSITY UTILIZATION BY 2.6 PERCENT, AVOIDING THE RELEASE OF 902 MTCO2E OF GREENHOUSE GAS EMISSIONS. AVOIDED 371 M TCO2E OF GREENHOUSE GASES (EQUIVALENT TO 907,362 MILES OF DRIVING) THROUGH ECO-FRIENDLY MA NAGEMENT OF ANESTHETIC GASES. DIVERTED OVER 1.4 MILLION POUNDS OF WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. RECYCLED 84%, OR 194 TONS, OF CONSTRUCTION AND DEM OLITION DEBRIS. AVOIDED 115,689 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPRO CESSING PROGRAMS PURCHASED 1,264 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INT O AN 3.9% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 84% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE T HIRD-PARTY GREEN CERTIFIED. 96% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. DONATED 74 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 22 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE CONDELL MEDI CAL CENTER REDUCED ENERGY INTENSITY UTILIZATION BY 2 PERCENT, AVOIDING THE RELEASE OF 315 MTCO2E OF GREENHOUSE GAS EMISSIONS. AVOIDED 144 MTCO2E OF GREENHOUSE GASES (EQUIVALENT TO 350,870 MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. DIVERTED OV ER 592,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGR AMS. AVOIDED OVER 11,000 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 2,198 FEWER REAMS OF PAPER IN 2018 VERSUS 2017, TRANSLATING INTO A 10 .8% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 81% OF CLEANING PRODUCTS PURCHASED FOR FIVE K EY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-P ARTY GREEN CERTIFIED. 95% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCER N. PURCHASED 30% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUT INE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGR ICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA. DONATED 9 PAL LETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD.</p>

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Form and Line Reference	Explanation
PART III, LINE 4:	<p>FOR 2019, FOR AHHC, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 21.37% OF NET PATIENT ACCOUNTS RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE. AHHC EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE.THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES. THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED.ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY. WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION. THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS. OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION. THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE. THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE. THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT. WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE. AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 20% DISCOUNT TO CHARGES WHICH IS APPLIED TO ALL SELF-PAY PATIENTS. IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE.BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H.</p>

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Form and Line Reference	Explanation
PART III, LINE 8:	THE SHORTFALL OF \$234,999,387 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY.FOR ADVOCATE HEALTH AND HOSPITALS CORPORATION'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS.

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Form and Line Reference	Explanation
PART III, LINE 9B:	ADVOCATE HEALTH AND HOSPITALS CORPORATION MAINTAINS BOTH WRITTEN FINANCIAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES. THE BAD DEBT/COLLECTION POLICY DOES NOT APPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE; THEREFORE, SUCH PATIENTS ARE NOT SUBJECT TO COLLECTION PRACTICES.

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Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PART VI, 3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE (APPLIES TO ALL HOSPITALS).ADVOCATE ASSISTS PATIENTS WITH ENROLLMENT IN GOVERNMENT-SUPPORTED PROGRAMS FOR WHICH THEY ARE ELIGIBLE AND IN SECURING REIMBURSEMENT FROM AVAILABLE THIRD PARTY RESOURCES. FINANCIAL COUNSELING IS PROVIDED TO HELP PATIENTS IDENTIFY AND OBTAIN PAYMENT FROM THIRD PARTIES, INCLUDING ILLINOIS MEDICAID, ILLINOIS CRIME VICTIMS FUND, ETC., AS WELL AS TO DETERMINE ELIGIBILITY UNDER ADVOCATE'S HOSPITAL FINANCIAL ASSISTANCE POLICY. ADVOCATE UTILIZES A FINANCIAL SCREENING SOFTWARE PROGRAM TO HELP IDENTIFY PUBLIC ASSISTANCE PROGRAMS FOR WHICH THE PATIENT MAY BE ELIGIBLE OR ADVOCATE'S FINANCIAL ASSISTANCE AT THE TIME OF REGISTRATION OR AS SOON AS PRACTICABLE THEREAFTER. IN ADDITION, HEALTHADVISOR, ADVOCATE'S EDUCATION REGISTRATION AND PHYSICIAN REFERRAL TELEPHONE CENTER, SERVES AS A COMMUNITY RESOURCE PROVIDING REFERRALS TO GOVERNMENT-FUNDED AND OTHER PROGRAMS VIA TELEPHONE FROM 7 A.M. TO 7 P.M., MONDAY THROUGH FRIDAY AND SATURDAYS 9 A.M. TO 2 P.M. ADVOCATE ASSISTS PATIENTS WITH APPLYING FOR ADVOCATE'S OWN FINANCIAL ASSISTANCE SERVICES, IF PATIENTS ARE NOT ELIGIBLE FOR GOVERNMENT-SUPPORTED PROGRAMS. ADVOCATE COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY. MEANS OF COMMUNICATION INCLUDE:1. THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST.2. SIGNS ARE CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL PATIENT ACCESS, REGISTRATION, EMERGENCY DEPARTMENT, CASHIER, AND BUSINESS OFFICE LOCATIONS.3. BROCHURES ARE PLACED IN HOSPITAL PATIENT ACCESS, REGISTRATION, EMERGENCY DEPARTMENT, CASHIER, AND BUSINESS OFFICE LOCATIONS, AND WILL INCLUDE GUIDANCE ON HOW A PATIENT MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED.4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION IS GIVEN TO UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE.5. ADVOCATE'S WEBSITE POSTS NOTICE IN A PROMINENT PLACE THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE FINANCIAL ASSISTANCE APPLICATION PROCESS, AND ENABLE PRINTING OF THE FINANCIAL ASSISTANCE APPLICATION.6. HOSPITAL BILLS TO UNINSURED PATIENTS INCLUDE A REQUEST THAT THE PATIENT INFORM THE HOSPITAL OF ANY AVAILABLE HEALTH INSURANCE COVERAGE, AND INCLUDE A SUMMARY OF ADVOCATE'S FINANCIAL ASSISTANCE POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A TELEPHONE NUMBER TO REQUEST FINANCIAL ASSISTANCE.</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH. SOON THEREAFTER WORK BEGAN TO ALIGN THE COMMUNITY STRATEGIES OF BOTH PREDECESSOR ORGANIZATIONS. IN OCTOBER 2019, THE ADVOCATE AURORA BOARD APPROVED A COMMUNITY STRATEGY THAT WOULD SUPPORT ORGANIZATIONAL VALUES AND CONTINUE TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES SERVED BY ADVOCATE AURORA. GIVEN THAT ADVOCATE AND AURORA HAVE SEPARATE FEIN'S, THE NARRATIVE THAT FOLLOWS PRIMARILY DESCRIBES PROGRAMS AND ACTIVITIES PERTAINING TO ADVOCATE (AAH ILLINOIS). AS BACKGROUND, ADVOCATE AURORA HEALTH'S ILLINOIS HOSPITALS (ADVOCATE) ARE NOT-FOR-PROFIT AND ARE RELATED TO BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. ADVOCATE'S BOARD, LEADERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY THE ORGANIZATION THROUGH PROGRAMS AND PRACTICES THAT SUPPORT THE ADVOCATE AURORA VISION OF "WE HELP PEOPLE LIVE WELL." ADVOCATE AURORA'S SYSTEM LEADERSHIP HAS HISTORICALLY AND CURRENTLY DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. IN 2016, A COMMUNITY HEALTH DEPARTMENT WAS DEVELOPED BY ADVOCATE, LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECIALISTS, TO EXECUTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE-BASED PROGRAM DEVELOPMENT AND COLLABORATIVE PARTNERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE. PRIOR TO THIS TIME, THE COMMUNITY FACING FUNCTION WAS LED BY A TEAM OF ADVOCATE SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCLUDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS. DURING THE INITIAL 2011-2013 CHNA CYCLE, ADVOCATE'S SYSTEM LEADERS PROVIDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAs AND SUBSEQUENT PROGRAMMING. IN 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED THEIR HOSPITAL COMPREHENSIVE CHNAs (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON ADVOCATE'S WEBSITE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT. FOLLOWING THE MERGER OF ADVOCATE HEALTH CARE AND AURORA HEALTH CARE IN 2018 AND BOARD APPROVAL OF THE NEW COMMUNITY STRATEGY IN 2019, ALL ADVOCATE HOSPITALS' COMMUNITY HEALTH IMPLEMENTATION PLANS ARE GUIDED BY THE AAH COMMUNITY STRATEGY. THROUGH THIS STRATEGY, WE WILL BUILD HEALTH EQUITY, ENSURE ACCESS AND IMPROVE HEALTH OUTCOMES IN OUR COMMUNITIES THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. BASED ON NEED AND EFFECT ON HEALTH EQUITY, AS IDENTIFIED IN ADVOCATE AURORA'S 27 HOSPITAL CHNA REPORTS AND IN INDUSTRY LITERATURE, ADVOCATE PRIORITIZED THE FOLLOWING SIX FOCUS AREAS ON WHICH THE INDIVIDUAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS ARE BUILT AND SUPPORT, INCLUDING: 1) ACCESS/PRIMARY MEDICAL HOMES; 2) ACCESS/ BEHAVIORAL HEALTH SERVICES; 3) COMMUNITY SAFETY; 4) WORKFORCE DEVELOPMENT; 5) AFFORDABLE HOUSING; AND 6) FOOD SECURITY. ADVOCATE'S BOARD, SYSTEM LEADERSHIP AND TEAM MEMBERS ARE FULLY ENGAGED IN PROGRAMS AND ACTIVITIES THAT SUPPORT SYSTEM AND SITE EFFORTS IN ACHIEVING MILESTONES IN EACH OF THESE COMMUNITY STRATEGY FOCUS AREAS. EXAMPLES OF AFFILIATED SYSTEM PROGRAMS/SERVICES THAT ALIGN WITH THE ORGANIZATION'S COMMUNITY STRATEGY AND SUPPORT EFFORTS TO ADDRESS THESE KEY FOCUS AREAS ARE PROVIDED IN THE FOLLOWING NARRATIVE.1. ACCESS/PRIMARY MEDICAL HOMES. THE FIRST OF SIX KEY AREAS TARGETED BY ADVOCATE'S COMMUNITY STRATEGY IS IMPROVING ACCESS/CONNECTING PATIENTS TO PRIMARY MEDICAL HOMES. ADVOCATE IS COMMITTED TO UNDERTAKING AND SUPPORTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, INCLUDING FINANCIAL ASSISTANCE, CARE COORDINATION, LANGUAGE ASSISTANCE, CULTURALLY SENSITIVE PROVISION OF CARE, AND PREVENTION EDUCATION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES. FINANCIAL ASSISTANCE. ADVOCATE OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PATIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIBLE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALLY, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE INCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF \$25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES OF SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVAILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP. FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs). ALL ADVOCATE'S HOSPITALS HAVE RELATIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER COMMUNITY CLINICS WITHIN THEIR SERVICE AREAS FOR PROVIDING CARE FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE SHERMAN WORKS CLOSELY WITH THE GREATER ELGIN FAMILY CARE CENTER (FQHC), THE VISITING NURSES ASSOCIATION AND AUNT MARTHA'S (FQHC) TO COORDINATE CARE FOR LOW-INCOME PATIENTS IN THE ELGIN AREA. ADVOCATE BROMENN MAINTAINS A COMMUNITY HEALTH CLINIC, IN COLLABORATION WITH OSF ST. JOSEPH'S HOSPITAL, WHEREBY BOTH HOSPITALS ARE RESPONSIBLE FOR DESIGNATED CLINIC PATIENTS' HOSPITAL CARE THROUGHOUT THE YEAR. ADVOCATE BROMENN ALSO PROVIDES SPACE AND INFORMATION TECHNOLOGY SUPPORT TO THE CLINIC. IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFERRAL AGREEMENT DATING BACK TO 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS. CHESTNUT HEALTH SYSTEMS OWNS AND OPERATES A FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFERRED TO ADVOCATE BROMENN FOR SERVICES. IN A PARTNERSHIP WITH THE ACCESS TO CARE ORGANIZATION, ADVOCATE CHRIST PROVIDES MAMMOGRAMS TO AREA UNINSURED AND LOW-INCOME INDIVIDUALS THAT ARE REFERRED BY THE CLINIC TO THE HOSPITAL WHEN THIS SERVICE IS REQUIRED. TO MAINTAIN QUALITY CARE EXCELLENCE AND IMPROVE QUALITY OF LIFE FOR PEOPLE SEEKING CARE FROM ADVOCATE, WORKING TO FIND MEDICAL HOMES AND TO REDUCE EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS IS ESSENTIAL. ADVOCATE HAS NUMEROUS PROGRAMS FOCUSED ON MANAGING THE PATIENT EXPERIENCE THROUGH THE CONTINUUM OF CARE IN INPATIENT AND OUTPATIENT SETTINGS, AND IN THE HOME. MEDICAID AND MEDICARE. ADVOCATE ACTIVELY WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE COVERED BY MEDICARE AND MEDICAID AND THAT SEEK SERVICES AT ANY OF ADVOCATE'S 400 SITES OF CARE. ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBOS) AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE CARE ORGANIZATION (ACO). ADVOCATE COLLABORATES WITH MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL FOR PEOPLE ON MEDICAID. ADVOCATE HAS A STRONG HISTORY OF PROVIDING HIGH QUALITY CARE TO THE MEDICAID POPULATION WITHIN ITS NETWORK WITH KEY FOCUS AREAS, INCLUDING IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. THE RESULT HAS BEEN A REDUCTION IN ED UTILIZATION DUE TO SUCCESSFULLY CONNECTING INDIVIDUALS IN THE PLAN TO A MEDICAL HOME.</p>

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PART VI, LINE 7, REPORTS FILED WITH STATES	IL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2-CHRIST HOSP INCL HOPE CHILDREN'S HOSP</p>	<p>FOCUS GROUPS. BETWEEN AUGUST 2018 AND FEBRUARY 2019, IPHI WORKED WITH THE ALLIANCE PARTNERS TO HOLD A TOTAL OF 52 COMMUNITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) 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. THE COMMUNITY INPUT SESSIONS INCLUDED 31 FOCUS GROUPS CONDUCTED BY IPHI AND 21 LEARNING MAP SESSIONS LED BY WEST SIDE UNITED, WITH NOTETAKING BY IPHI. IN ADDITION TO THE 52 COMMUNITY INPUT SESSIONS, THERE WERE ALSO FIVE FOCUS GROUPS WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS HOSTED BY SWEDISH COVENANT HOSPITAL, MACNEAL HOSPITAL AND SOUTH SHORE HOSPITAL. FOCUS GROUP FACILITATORS ASKED PARTICIPANTS ABOUT THE UNDERLYING ROOT CAUSES OF HEALTH ISSUES SEEN IN THEIR COMMUNITIES AND SPECIFIC STRATEGIES FOR ADDRESSING THOSE HEALTH NEEDS. IPHI DEVELOPED THE FOCUS GROUP QUESTIONS USING RESOURCES FROM EXISTING CHNA TOOLKITS AND PEER-REVIEWED STUDIES, IN CONSULTATION WITH THE CHNA COMMITTEE AND COLLEAGUES AT PARTNER HEALTH DEPARTMENTS. EACH FOCUS GROUP WAS HOSTED BY A COMMUNITY-BASED ORGANIZATION OR HOSPITAL, AND PARTICIPATION RANGED FROM THREE TO FORTY PEOPLE. MOST FOCUS GROUPS WERE 90 MINUTES LONG WITH AN AVERAGE OF 10 PARTICIPANTS. COMMUNITY INPUT FROM ALL 52 COMMUNITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) WAS COMBINED AND INCLUDED IN THE ASSESSMENT, ALONG WITH INPUT FROM FIVE PROVIDER FOCUS GROUPS. AS INDICATED IN SECTION V, ADVOCATE CHRIST COLLABORATED WITH MANY PARTNERS TO COLLECT PSA, COUNTY AND STATE DATA. SECONDARY DATA COLLECTION WAS CONDUCTED THROUGH THE USE OF SEVERAL PLATFORMS INCLUDING THE CONDUENT HEALTHY COMMUNITIES INSTITUTE. DETAILS REGARDING THE MEDICAL CENTER'S 2017-2019 CHNA'S SECONDARY DATA SOURCES ARE LISTED AS FOLLOWS. CONDUENT HEALTHY COMMUNITIES INSTITUTE. IN EARLY 2017, ADVOCATE HEALTH CARE SIGNED A SECOND THREE-YEAR CONTRACT WITH CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO CONTINUE TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THE ILLINOIS HOSPITALS/MEDICAL CENTERS DURING THE 2017-2019 CHNA CYCLE. THIS ROBUST PLATFORM OFFERED THE HOSPITALS/MEDICAL CENTERS 198 HEALTH AND DEMOGRAPHIC INDICATORS, INCLUDING 38 HOSPITALIZATION AND EMERGENCY DEPARTMENT (ED) VISIT INDICATORS AT THE SERVICE AREA AND ZIP CODE LEVELS. UTILIZING THE ILLINOIS HOSPITAL ASSOCIATION'S COMPDATA, CONDUENT HCI WAS ABLE TO SUMMARIZE, AGE ADJUST AND AVERAGE THE HOSPITALIZATION AND ED DATA FOR FIVE-TIME PERIODS FROM 2009-2017. THE HCI CONTRACT ALSO PROVIDED A WEALTH OF COUNTY AND ZIP CODE DATA COMPARISONS, A SOCIONEEDS INDEX VISUALIZING VULNERABLE POPULATIONS WITHIN SERVICE AREAS AND COUNTIES, A HEALTHY PEOPLE 2020 TRACKER AND A DATABASE OF PROMISING AND EVIDENCE-BASED INTERVENTIONS. AS INDICATED, CONDUENT HCI WAS A KEY SOURCE OF DATA FOR THE 2017-2019 CHNA. THIS SECONDARY DATA WAS CRUCIAL IN ANALYZING THE MEDICAL CENTER'S PSA HEALTH NEEDS AS THE DATABASE WAS THE ONLY SOURCE THAT PROVIDED SUCH AN EXTENSIVE AMOUNT OF DATA SPECIFIC TO THE DEFINED COMMUNITY. ALL DATA COLLECTED THROUGH CONDUENT HCI WAS QUANTITATIVE AND INCLUDED DATA COMPARISONS BETWEEN PSA COMMUNITIES AND COUNTIES IN ILLINOIS. THESE COMPARISONS WERE EXEMPLIFIED IN THE FORM OF COMMUNITY DASHBOARDS, WHICH PROVIDED GREAT INSIGHT ON THE HEALTH STATUS OF THE MEDICAL CENTER'S PSA IN COMPARISON TO OTHER COUNTIES AND COMMUNITIES IN ILLINOIS. OTHER AVAILABLE NATIONAL AND LOCAL DATA. BETWEEN JUNE 2018 AND JUNE 2019, ADVOCATE CHRIST STAFF COLLECTED PERTINENT COMMUNITY HEALTH DATA FOR THE MEDICAL CENTER'S PSA. OTHER DATA SOURCES REVIEWED INCLUDED THE CHICAGO HEALTH ATLAS, ILLINOIS DEPARTMENT OF PUBLIC HEALTH, CHICAGO DEPARTMENT OF PUBLIC HEALTH, ADVOCATE CHRIST PATIENT UTILIZATION DATA, CITY OF CHICAGO-HEALTHY CHICAGO 2.0, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, HEALTHY PEOPLE 2020, AND CDC (STATE AND COUNTY HEALTH DATA). ADVOCATE CHILDREN'S WORKED CLOSELY WITH LOCAL PARTNER SCHOOL DISTRICTS, SCHOOL NURSES, THE HOSPITAL'S FAMILY ADVISORY COUNCIL, THE PARTNERSHIP FOR RESILIENCE, HEALTHY SCHOOLS CAMPAIGN AND THE CHICAGO PUBLIC SCHOOL'S OFFICE OF STUDENT WELLNESS TO IDENTIFY HEALTH ISSUES AFFECTING CHILDREN.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4-CHRIST HOSP INCL HOPE CHILDREN'S HOSP</p>	<p>DESCRIPTION OF THE COMMUNITY/POPULATION. FOR THE 2017-2019 CHNA, ADVOCATE CHRIST DEFINES THE COMMUNITY AS THE MEDICAL CENTER'S PSA. THE PSA CONSISTS OF 28 ZIP CODES IN CHICAGO AND SUBURBAN COOK COUNTY. THE COMMUNITY AREAS INCLUDE ALSIP, ASHBURN, AUBURN GRESHAM BEDFORD PARK, BURBANK, CHICAGO LAWN, CHICAGO RIDGE, CLEARING, EVERGREEN PARK, ELSDON, HICKORY HILLS, HOMETOWN, JUSTICE, MIDLOTHIAN, MORGAN PARK, OAK FOREST, MT. GREENWOOD, OAK LAWN, ORLAND HILLS, ORLAND PARK, PALOS HILLS, PALOS HEIGHTS, PALOS PARK, TINLEY PARK, WEST ENGLEWOOD AND WORTH.DEMOGRAPHICSPOPULATION. IN 2019, ADVOCATE CHRIST PSA'S TOTAL POPULATION WAS ESTIMATED AT 924,370. THERE HAS BEEN A DECREASE OF 0.42 PERCENT IN THE POPULATION FROM 20102019. SIMILARLY, THE STATE OF ILLINOIS POPULATION DECREASED 0.46 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, 2019).AGE. AS OF 2019, THE ADVOCATE CHRIST PSA HAS A MEDIAN AGE OF 38 YEARS COMPARED TO THE STATE OF ILLINOIS AT 39 YEARS. THE MEDIAN AGE AMONG FEMALES AND MALES IS RELATIVELY SIMILAR IN THE PSA AND IN THE STATE OF ILLINOIS. MALES HAVE A MEDIAN AGE OF 36 YEARS IN THE PSA COMPARABLE TO A MEDIAN AGE OF 37 YEARS IN THE STATE OF ILLINOIS. IN ADDITION, FEMALES HAVE A MEDIAN AGE OF 39 YEARS IN THE PSA COMPARED TO 40 YEARS IN THE STATE OF ILLINOIS. OVERALL, THERE ARE NO NOTABLE DIFFERENCES IN MEDIAN AGE AMONG MALES AND FEMALES IN THE MEDICAL CENTER'S PSA COMPARED TO THE STATE OF ILLINOIS. INDIVIDUALS AGES 25-64 YEARS MAKE UP A MAJORITY OF THE POPULATION (52.62 PERCENT) FOR THE MEDICAL CENTER'S PSA AND IN THE STATE OF ILLINOIS (52.34 PERCENT). THERE ARE NO NOTABLE DIFFERENCES IN AGE GROUPS AMONG THE MEDICAL CENTER'S PSA COMPARED TO THE STATE OF ILLINOIS. OVERALL, INDIVIDUALS AGES 25-34 (14.45 PERCENT) MAKE UP THE MAJORITY OF THE POPULATION WITHIN THE PSA COMPARED TO INDIVIDUALS AGES 25-34 (13.48 PERCENT) THAT MAKE UP THE MAJORITY OF THE POPULATION WITHIN THE STATE OF ILLINOIS. CHILDREN AGES 0-17 MAKE UP 24 PERCENT OF THE TOTAL SERVICE AREA POPULATION. THIS IS SLIGHTLY LOWER THAN THE 35-54 AGE GROUP WHICH REPRESENTS 25 PERCENT OF THE TOTAL SERVICE AREA POPULATION. THOSE AGES 15-17 YEARS OF AGE REPRESENT THE LOWEST PERCENTAGE (4 PERCENT) OF THE POPULATION. ALL IN ALL, INDIVIDUALS AGE 0-14 MAKE UP A MAJORITY OF THE PEDIATRIC POPULATION FOR ADVOCATE CHILDREN'S HOSPITAL.GENDER. MALES AND FEMALES FOR THE MEDICAL CENTER'S PSA ARE SIMILAR IN THE PERCENT OF POPULATION BY GENDER WHEN COMPARED TO THE STATE OF ILLINOIS. THERE ARE 51.50 PERCENT FEMALES IN THE MEDICAL CENTER'S PSA COMPARED TO 50.82 PERCENT IN THE STATE OF ILLINOIS. SIMILARLY, THERE ARE 48.50 PERCENT MALES IN THE MEDICAL CENTER'S PSA COMPARED TO 49.18 PERCENT IN THE STATE OF ILLINOIS. OVERALL, THERE ARE NO NOTABLE DIFFERENCES IN GENDER BETWEEN THE PSA AND THE STATE OF ILLINOIS AMONG THE MALE AND FEMALE POPULATION. RACE/ETHNICITY. ADVOCATE CHRIST'S PSA POPULATION IS 57.53 PERCENT WHITE; 23.44 PERCENT BLACK/AFRICAN AMERICAN; 13.88 PERCENT SOME OTHER RACE; 2.33 PERCENT 2+ RACES; 2.41 PERCENT ASIAN; 0.38 PERCENT AMERICAN INDIAN/ALASKAN NATIVE AND 0.02 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER. THE PSA HAS A SUBSTANTIALLY HIGHER REPRESENTATION OF THE SOME OTHER RACE POPULATION WHEN COMPARED TO THE STATE OF ILLINOIS. THE MEDICAL CENTER'S PSA HAS A LARGER HISPANIC/LATINO POPULATION COMPARED TO THE STATE OF ILLINOIS WITH 69.36 PERCENT NON-HISPANIC AND 30.64 PERCENT HISPANIC/LATINO. THE STATE OF ILLINOIS HAS A POPULATION OF 17.62 PERCENT HISPANIC/LATINO AND 82.38 PERCENT AS NON-HISPANIC/LATINO.INCOME. ADVOCATE CHRIST'S PSA POVERTY LEVEL OF 14.4 PERCENT IS LOWER THAN THE COOK COUNTY LEVEL OF 15.9 PERCENT OF THE POPULATION. HOUSEHOLDS BY INCOME ARE RELATIVELY SIMILAR FOR THE MEDICAL CENTER'S PSA AND THE STATE OF ILLINOIS. AS OF 2019, 15.52 PERCENT OF HOUSEHOLDS HAVE AN INCOME LEVEL BETWEEN \$50,000-\$74,499. COMPARATIVELY, THE STATE OF ILLINOIS HAS 16 PERCENT OF HOUSEHOLDS WITH AN INCOME BETWEEN \$50,000-\$74,499.POVERTY. THE NUMBER OF FAMILIES LIVING BELOW 100 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) IN ADVOCATE CHRIST'S PSA IS 25,665 OR 11.33 PERCENT OF THE POPULATION COMPARED TO 313,034 FAMILIES OR 9.80 PERCENT IN THE STATE OF ILLINOIS. THE NUMBER OF FAMILIES WITH CHILDREN LIVING BELOW 100 PERCENT FPL IS 19,100 FAMILIES OR 8.4 PERCENT COMPARED TO 235,695 FAMILIES OR 7.38 PERCENT IN THE STATE OF ILLINOIS. THE NUMBER OF CHILDREN IDENTIFIED AS LIVING BELOW THE FEDERAL POVERTY LEVEL IN THE PSA IS 21.7 PERCENT COMPARED TO THE STATE OF ILLINOIS AT 18.8 PERCENT. BETWEEN THE YEARS 2013-2017, THERE WERE 9.2 PERCENT OF PEOPLE 65 YEARS AND OLDER IN THE PSA LIVING BELOW THE FPL COMPARED TO 8.8 PERCENT IN THE STATE OF ILLINOIS AND 9.3 PERCENT IN THE U.S. FAMILY INCOME CAN HAVE A SIGNIFICANT IMPACT ON A CHILD'S WELL-BEING INCLUDING PHYSICAL HEALTH, SOCIAL WELL-BEING AND EMOTIONAL WELL-BEING. DATA COLLECTED FROM 2013 TO 2017 SHOWS THAT THERE WERE 21.7 PERCENT OF CHILDREN IN THE PSA LIVING BELOW THE POVERTY LEVEL. THIS PERCENTAGE IS LOWER THAN THE COUNTY LEVEL OF 23.0 PERCENT</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4- CHRIST HOSP INCL HOPE CHILDREN'S HOSP</p>	<p>ND HIGHER THAN THE STATE OF ILLINOIS AT 18.8 PERCENT. THIS INDICATOR HAS SLIGHTLY DECREASED OVER TIME SINCE 2014, WITH 24.3 PERCENT OF CHILDREN IN THE MEDICAL CENTER'S PSA LIVING BELOW THE POVERTY LEVEL.ADLTS WITH HEALTH INSURANCE. IN COOK COUNTY, 87.4 PERCENT OF ADULT S AGE 19 AND OVER ARE IDENTIFIED AS HAVING HEALTH INSURANCE. THIS VALUE IS SLIGHTLY LOWER THAN THE STATE AND U.S. VALUES OF 90.2 PERCENT AND 87.7 PERCENT RESPECTIVELY. MORE FEMALES (89.0 PERCENT) HAVE HEALTH INSURANCE WHEN COMPARED TO MALES (85.7 PERCENT) IN THE COUNTY. THIS VALUE IS THE LOWEST WHEN COMPARED TO THE SIX COUNTIES SURROUNDING COOK COUNTY (CONDU ENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2019).CHILDREN WITH HEALTH I NSURANCE. IN COOK COUNTY, 97.0 PERCENT OF CHILDREN HAVE HEALTH INSURANCE. THIS VALUE IS CO MPARABLE TO THE STATE OF ILLINOIS VALUE OF 97.1 PERCENT AND HIGHER THAT THE U.S. VALUE OF 95.0 PERCENT. DATA INDICATES THAT IN ALL RACE AND ETHNICITY CATEGORIES, MORE THAN 95 PERCE NT OF CHILDREN UNDER AGE 19 HAD HEALTH INSURANCE. INTERESTINGLY, 100 PERCENT OF CHILDREN S URVEYED IN THE AMERICAN INDIAN/ALASKA NATIVE POPULATION HAD HEALTH INSURANCE. EXHIBIT 29 D EFINES THE PERCENT OF CHILDREN WITH HEALTH INSURANCE AMONG ETHNICITIES (CONDUENT HEALTHY C OMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2019).PERSONS WITH PUBLIC HEALTH INSURANC E ONLY. THIS INDICATOR IDENTIFIES THE PERCENTAGE OF PERSONS WHO HAVE PUBLIC HEALTH INSURAN CE ONLY. PUBLIC HEALTH COVERAGE INCLUDES THE FEDERAL PROGRAMS MEDICARE, MEDICAID, AND VA H EALTH CARE (PROVIDED THROUGH THE DEPARTMENT OF VETERANS AFFAIRS); THE CHILDREN'S HEALTH IN SURANCE PROGRAM (CHIP); AND INDIVIDUAL STATE HEALTH PLANS. IN COOK COUNTY, 27.0 PERCENT OF THE POPULATION HAD PUBLIC HEALTH INSURANCE; HIGHER THAN THE STATE RATE OF 23.3 PERCENT AN D THE U.S. RATE OF 23.6 PERCENT. THE AGE GROUPS OF 65 AND OVER (46.1 PERCENT) AND 0-18 YEA RS (42.7 PERCENT) HAD THE GREATEST LEVEL OF PUBLIC HEALTH INSURANCE.HOSPITALS AND FEDERALL Y QUALIFIED HEALTH CENTERS. THERE ARE SEVERAL HOSPITALS/MEDICAL CENTERS, FEDERALLY QUALIFI ED HEALTH CENTERS (FQHCs), CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) AND COOK COUNTY HEAL TH SYSTEM (CCHS) CLINICS WHICH SERVE THE MEDICAL CENTER'S PSA. CURRENTLY THERE ARE THREE H OSPITALS AND FIVE FQHC'S WITHIN THE ADVOCATE CHRIST PSA. THERE ARE FOUR COMMUNITIES WHICH ARE MEDICALLY UNDERSERVED AREAS (MUAS) AND EXHIBIT THE HIGHEST SOCIAL NEEDS, INCLUDING ELS DON (60632), CHICAGO LAWN (60629), WEST ENGLEWOOD (60636) AND AUBURN GRESHAM (60620).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5-CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>THE GOVERNING COUNCIL AT ADVOCATE CHRIST IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SIXTY-EIGHT PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. SIGNIFICANT PROGRAMS/INITIATIVES CONTRIBUTING TO A HEALTHIER COMMUNITY ADVOCATE CHRIST RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S (AHA/ASA) GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD. THE MEDICAL CENTER ALSO WAS RECOGNIZED AS A RECIPIENT OF THE AHA/ASA'S TARGET: STROKE HONOR ROLL ELITE AWARD. IN U.S. NEWS & WORLD REPORT'S BEST HOSPITALS 2019 2020 ISSUE, ADVOCATE CHRIST RANKED 8TH IN THE STATE OF ILLINOIS AND 7TH IN THE CHICAGO METRO AREA. PHYSICIANS AND STAFF WERE CITED AS BEING 'HIGH PERFORMERS' IN CARDIOLOGY & HEART SURGERY AND GERIATRICS. THE MEDICAL CENTER WAS ALSO RECOGNIZED AS HIGH PERFORMING IN THE TREATMENT OF HEART BYPASS SURGERY, CONGESTIVE HEART FAILURE, COLON CANCER SURGERY, LUNG CANCER SURGERY, COPD, HIP REPLACEMENT AND KNEE REPLACEMENT. ADVOCATE CHRIST IS A RECIPIENT OF THE GREENHEALTH EMERALD AWARD FROM PRACTICE GREENHEALTH, THE NATION'S LEADING ORGANIZATION DEDICATED TO ENVIRONMENTAL SUSTAINABILITY IN HEALTH CARE. THE AWARD IS EARNED BY HOSPITALS THAT HAVE DEMONSTRATED A STRONG COMMITMENT TO SUSTAINABILITY AND SHOWN LEADERSHIP IN THE LOCAL COMMUNITY AND IN THE HEALTH CARE SECTOR. THEY ARE SETTING THE STANDARD IN ELIMINATING MERCURY, REDUCING AND RECYCLING WASTE, SUSTAINABLE SOURCING AND OTHER AREAS. CHICAGO HEAL INITIATIVE. CHICAGO HEAL HOSPITAL ENGAGEMENT, ACTION AND LEADERSHIP IS A BOLD, THREE-YEAR INITIATIVE TO REDUCE VIOLENCE AND IMPROVE HEALTH THROUGH NEIGHBORHOOD ENGAGEMENT. DRIVEN BY THE LEADERSHIP OF SENATOR DICK DURBIN, ADVOCATE CHRIST JOINED CHICAGO HEAL HOSPITALS TO SHARE BEST PRACTICES AND IDENTIFY WAYS TO COLLABORATE IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THAT IMPACT VULNERABLE COMMUNITIES IN CHICAGO. CHICAGO HEAL'S THREE MAIN OBJECTIVES ARE TO: 1) INCREASE LOCAL WORKFORCE COMMITMENT TO REDUCE ECONOMIC HARDSHIP; 2) SUPPORT COMMUNITY PARTNERSHIPS TO IMPROVE HEALTH AND SAFETY OF PUBLIC ENVIRONMENTS; AND 3) PRIORITIZE KEY IN-HOSPITAL CLINICAL PRACTICES TO ADDRESS UNMET NEEDS OF THE COMMUNITY. SOUTHLAND RISE. IN 2019, IN RESPONSE TO THE PUBLIC HEALTH CRISIS OF INTENTIONAL VIOLENCE, ADVOCATE CHRIST AND THE UNIVERSITY OF CHICAGO MEDICINE JOINED FORCES TO FORM SOUTHLAND RISE (RESILIENCE INITIATIVE TO STRENGTHEN AND EMPOWER), A NEW COLLABORATIVE DESIGNED TO BETTER CARE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES ON THE SOUTH SIDE AND SOUTH SUBURBAN COMMUNITIES. IN ADDITION TO INTEGRATING THE VIOLENCE RECOVERY PROGRAMS OF BOTH INSTITUTIONS, THE SOUTHLAND RISE COLLABORATIVE COMMITTED TO PURSUE THE FOLLOWING INITIATIVES. ALIGN SERVICES PROVIDED THROUGH OUR RESPECTIVE VIOLENCE RECOVERY PROGRAMS TO BETTER SERVE THE SOUTHLAND POPULATION IMPACTED BY VIOLENCE. COORDINATE WRAPAROUND SERVICES TO SUPPORT THE HOLISTIC EMOTIONAL, BEHAVIORAL, AND SOCIAL NEEDS OF THE SOUTHLAND POPULATION IMPACTED BY VIOLENCE. PROVIDE RAPID-CYCLE GRANT FUNDING FOR GRASSROOTS VIOLENCE PREVENTION AND RECOVERY PROGRAMS IN THE SOUTHLAND TO SUPPORT COMMUNITY ORGANIZATIONS OVER THE SUMMER. DEVELOP TRAUMA-INFORMED CARE TRAINING AND A TOOLKIT THAT CAN BE UTILIZED BY COMMUNITY PARTNERS THROUGHOUT THE SOUTHLAND AND BEYOND. HOST A JOINT COMMUNITY SUMMIT ON VIOLENCE PREVENTION, INVOLVING HEALTH CARE PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, POLICY MAKERS, CIVIC, COMMUNITY AND ACADEMIC LEADERS TO MOBILIZE TOWARDS SOLUTIONS FOR VIOLENCE RECOVERY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2- LUTHERAN GEN HOSP INCL LUTH GEN CHILD	N/A

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4- LUTHERAN GEN HOSP INCL LUTH GEN CHILD</p>	<p>DESCRIPTION OF THE COMMUNITY/POPULATION. FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSME NT (CHNA) CYCLE, ADVOCATE LUTHERAN GENERAL DEFINED COMMUNITY AS THE HOSPITAL'S PRIMARY SER VICE AREA (PSA). THIS AREA INCLUDES APPROXIMATELY 1,052,976 INDIVIDUALS, WHICH IS A SLIGHT POPULATION INCREASE FROM THE 2016 CHNA REPORT (CONDUENT HEALTH COMMUNITIES INSTITUTE, CLA RITAS, 2018). THERE ARE 28 ZIP CODES25 IN COOK COUNTY AND THREE IN LAKE COUNTY WITHIN THE HOSPITAL'S PSA. SOCIAL DETERMINANTS OF HEALTH. FOR THE 2017-2019 CHNA, ADVOCATE SIGNED A S ECOND 3-YEAR CONTRACT WITH CONDUENT HEALTHY COMMUNITIES INSTITUTE (CONDUENT HCI) TO UTILIZ E THEIR CHNA DATA TOOL. CONDUENT HCI DETERMINED THE SOCIOECONOMIC NEED AND RANKED COMMUNIT IES USING A SOCIONEEDS INDEX. THE SOCIONEEDS INDEX USED SIX MAJOR SOCIO-NEED INDICATORS TH AT WERE CORRELATED WITH POOR HEALTH OUTCOMES, INCLUDING INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION, LANGUAGE AND POVERTY. INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE COR RELATION OF THE INDEX WITH PREMATURE DEATH AND PREVENTABLE HOSPITALIZATION RATES. INDEX VA LUES RANGE FROM ZERO TO 100 AND CAN BE COMPARED ACROSS GEOGRAPHIC LOCATIONS. THE RANKING O F ONE TO FIVE IS A COMPARISON OF THE INDEX VALUE FOR EACH ZIP CODE TO ALL OTHERS WITHIN TH E PSA; A FIVE REPRESENTS AREAS OF HIGHER SOCIO-ECONOMIC NEED RELATIVE TO OTHERS IN THE DEF INED GEOGRAPHIC AREA. ADVOCATE LUTHERAN GENERAL'S PSA INCLUDES THE FOLLOWING COMMUNITIES, LISTED IN ORDER OF GREATEST SOCIOECONOMIC TO LOWEST SOCIOECONOMIC NEED, AS DEFINED BY THE HCI SOCIONEEDS INDEX: IRVING PARK/PORTAGE (60641), ELMWOOD PARK (60707), DES PLAINES (6001 8), DUNNING (60634), JEFFERSON PARK (60630), PALATINE (60074), HARWOOD HEIGHTS (60706), MO UNT PROSPECT (60656), NILES (60714), WHEELING (60090), SKOKIE (60077), DES PLAINES (60016) , PROSPECT HEIGHTS (60070), MORTON GROVE (60053), SKOKIE (60076), HARWOOD HEIGHTS (60056), NORWOOD PARK (60631), ARLINGTON HEIGHTS (60005), FOREST GLEN (60646), ARLINGTON HEIGHTS (60004), PALATINE (60067), GLENVIEW (60025), BUFFALO GROVE (60089), PARK RIDGE (60068), NOR THBROOK (60062), LAKE ZURICH (60047), GLENVIEW (60026) AND DEERFIELD (60015). WHEN COMPARE D TO THE 2014-2016 CHNA COMMUNITY RANKINGS, JEFFERSON PARK (60630) AND HARDWOOD HEIGHTS (6 0706) IMPROVED FROM A LEVEL 5 RANKING TO A LEVEL 4 RANKING. DEMOGRAPHICS. THE MEDIAN AGE F OR THE POPULATION LIVING IN ADVOCATE LUTHERAN GENERAL'S PSA IS 42.3 YEARS, SLIGHTLY HIGHER THAN THE MEDIAN AGE FOR ILLINOIS (38.5) AND COOK COUNTY (37.5). THE POPULATION BY RACE WI THIN THE PSA IS 73.12 PERCENT WHITE, 12.8 PERCENT ASIAN, 8.36 PERCENT SOME OTHER RACE, 2.4 5 PERCENT BLACK/AFRICAN AMERICAN, 2.83 PERCENT TWO OR MORE RACES, 0.36 PERCENT AMERICAN IN DIAN/ALASKAN NATIVE AND 0.03 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER. THE WHITE POPULATIO N IS THE LARGEST GROUP. WHEN COMPARED TO COOK COUNTY, ADVOCATE LUTHERAN GENERAL SERVES A L ARGER ASIAN POPULATION (7.59 PERCENT) AND A LOWER AFRICAN AMERICAN POPULATION (2.45 PERCENT). THE LARGEST ASIAN POPULATED COMMUNITIES IN THE PSA ARE 60076 SKOKIE (29.10 PERCENT), 6 0077 SKOKIE (32.61 PERCENT) AND 60016 DES PLAINES (22.22 PERCENT). FOR THE AFRICAN AMERICA N POPULATION, THE LARGEST COMMUNITIES ARE 60076 SKOKIE (8.17 PERCENT), 60707 ELMWOOD PARK (8.11 PERCENT) AND 60077 SKOKIE (7.46 PERCENT). COMMUNITIES WITH DUAL ZIP CODES WITHIN THE PSA ARE SKOKIE, DES PLAINES, ARLINGTON HEIGHTS, PALATINE, HARWOOD HEIGHTS AND GLENVIEW.TH E MAJORITY OF THE HOSPITAL'S PSA HAS COMMERCIAL HEALTH INSURANCE WITH 60 PERCENT OF THE PO PULATION, FOLLOWED BY MEDICARE AT 25 PERCENT, FOLLOWED BY MEDICAID AT 6 PERCENT. THE PERCE NTAGE OF UNINSURED INDIVIDUALS IN THE PSA IS THREE-POINT-FIVE PERCENT.LANGUAGE. THE DOMINA NT LANGUAGE SPOKEN AT HOME IN THE ADVOCATE LUTHERAN GENERAL PSA POPULATION AGE 5 YEARS AND OLDER IS ENGLISH. FIFTY-SIX PERCENT OF THE POPULATION IN THE PSA SPEAK ENGLISH, LOWER THA N COOK COUNTY (64.94 PERCENT) AND ILLINOIS (77.20 PERCENT). ADVOCATE LUTHERAN GENERAL SERV ES A LARGER INDO-EUROPEAN SPEAKING POPULATION (18.68 PERCENT) WHEN COMPARED TO COOK COUNTY (8.45 PERCENT) AND ILLINOIS (5.49 PERCENT). ACCORDING TO THE U.S CENSUS BUREAU, INDO-EURO PEAN LANGUAGES INCLUDE POLISH, RUSSIAN, FRENCH, ITALIAN, GERMAN, GREEK, YIDDISH, PORTUGUES E, HINDI, GUJARATI AND MORE. THE THIRD LARGEST LANGUAGE WITHIN THE PSA IS SPANISH AT 15.63 PERCENT. WHEN CONSIDERING THE TOTAL HISPANIC/LATINO POPULATION (20.12 PERCENT) IN THE PSA , THE PERCENT OF THE POPULATION SPEAKING SPANISH AT HOME IN ALMOST 5 PERCENT LOWER. ECONOM ICS. THE MEDIAN HOUSEHOLD INCOME FOR THE OVERALL PSA IS \$85,370, WHICH IS SIGNIFICANTLY HI GHER WHEN COMPARED TO THE ILLINOIS VALUE (\$66,487). THE ASIAN POPULATION IS THE HIGHEST EA RNING RACIAL AND ETHNIC GROUP WITH A MEDIAN INCOME OF \$100,618. THE SECOND HIGHEST EARNING RACIAL GROUP IS THE WHITE POPULATION, WITH A MEDIAN INCOME OF \$87,015WHICH IS HIGHER WHEN COMPARED TO THE OVERALL WHITE POPULATION IN ILLINOIS (\$71,965). THE LOWEST EARNING GROUP IS AMERICAN INDIAN/ALASKAN NATIVE. THE TOP THREE C</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4-LUTHERAN GEN HOSP INCL LUTH GEN CHILD</p>	<p>COMMUNITIES WITH THE LOWEST MEDIAN INCOME ARE 60707 ELMWOOD PARK (\$55,566), 60641 IRVING PARK (\$56,488) AND 60714 NILES (\$58,298). CONVERSELY, 60015 DEERFIELD (\$141,268), 60047 LAKE ZURICH (\$132,803) AND 60087 BUFFALO GROVE (\$106,630) ARE THE TOP THREE COMMUNITIES WITH THE HIGHEST MEDIAN INCOME. POVERTY. OF THE 403,196 HOUSEHOLDS IN THE PSA, 8.2 PERCENT OF PEOPLE ARE LIVING BELOW THE FEDERAL POVERTY LEVEL, EQUIVALENT TO 33,062 FAMILIES. IN THE PSA, NO COMMUNITIES ARE IN THE WORST 25TH PERCENTILE MEANING THAT NO COMMUNITIES HAVE RATES HIGHER THAN 16.2 PERCENT. HOWEVER, THE TOP THREE COMMUNITIES IN THE PSA ARE 60018 DES PLAINES (14.2 PERCENT), 60074 PALATINE (13.7 PERCENT) AND BOTH 60641 IRVING PARK AND 60077 SKOKIE HAVE A RATE OF 13.3 PERCENT. FOR PEOPLE 65+ YEARS LIVING BELOW THE POVERTY LEVEL (2007 TO 2017), THE PERCENTAGE RATE INCREASED BY 1.2 PERCENT. COMMUNITIES WITH THE HIGHEST RATES OF POVERTY AMONG THOSE AGED 65 AND OLDER INCLUDE: 60077 SKOKIE (14.7 PERCENT), 60641 IRVING PARK (13.4 PERCENT), 60706 HARWOOD HEIGHTS (13.2 PERCENT), 60074 PALATINE (12.5 PERCENT), 60005 ARLINGTON HEIGHTS (12 PERCENT), 60707 ELMWOOD PARK (11.6 PERCENT), 60016 DES PLAINES (11.3 PERCENT), 60646 FOREST GLEN (11 PERCENT) AND 60634 DUNNING AT 10.5 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). EDUCATION. APPROXIMATELY 90.1 PERCENT OF ADULTS AGED 25 AND OLDER HAVE COMPLETED AT LEAST A HIGH SCHOOL DEGREE OR EQUIVALENT IN THE PSA. EDUCATIONAL ATTAINMENT IS HIGHER IN THE HOSPITAL'S PSA WHEN COMPARED TO THE ILLINOIS VALUE (88.6 PERCENT) AND THE U.S. VALUE (87.3 PERCENT). EIGHT COMMUNITIES IN THE PSA HAVE AN 87.4 PERCENT RATE OR LOWER, WHICH PLACES THEM IN THE WORST 25TH PERCENTILE WHEN COMPARED TO OTHER ZIP CODES IN ILLINOIS. THE COMMUNITIES WITH THE LOWEST EDUCATIONAL ATTAINMENT ARE 60641, IRVING PARK AT 79.9 PERCENT AND 60018, DES PLAINES AT 80.6 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). HEALTH CARE RESOURCES IN THE COMMUNITY. IN ADDITION TO ADVOCATE LUTHERAN GENERAL, THERE ARE SIX OTHER HOSPITALS, TWO FQHC'S AND THREE COMMUNITY CLINICS THAT SERVE ADVOCATE LUTHERAN'S PSA, INCLUDING AMITA PRESENCE HOLY FAMILY MEDICAL CENTER-HOSPITAL. AMITA HEALTH RESURRECTION MEDICAL CENTER-HOSPITAL, SHRINERS HOSPITAL FOR CHILDREN-HOSPITAL' NORTHSORE UNIVERSITY HEALTH SYSTEM-GLENBROOK-HOSPITAL, CHICAGO BEHAVIORAL HOSPITAL-HOSPITAL, MARYVILLE CHILDREN'S HEALTHCARE CENTER-HOSPITAL, ACCESS GENESIS CENTER FOR HEALTH AND EMPOWERMENT-FQHC, OAK STREET HEALTH-MEDICARE CLINIC, OLD IRVING PARK CLINIC-COMMUNITY CLINIC. HEARTLAND HEALTH CENTER-FQHC, AND COOK COUNTY DEPARTMENT OF PUBLIC HEALTH-COMMUNITY CLINIC.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5- LUTHERAN GEN HOSP INCL LUTH GEN CHILD</p>	<p>THE ADVOCATE LUTHERAN GENERAL GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SIXTY-THREE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES.ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S, THROUGH THE OFFICE OF MEDICAL EDUCATION, THE GRADUATE MEDICAL EDUCATION COMMITTEE AND THE CENTER FOR RESEARCH EDUCATION AND DEVELOPMENT, SUPPORT A SUBSTANTIAL ARRAY OF MEDICAL AND HEALTH PROFESSIONS EDUCATION. IN ADDITION TO AND IN ALIGNMENT WITH ITS MISSION, ADVOCATE LUTHERAN GENERAL PROVIDES CARE TO UNDERINSURED AND UNINSURED POPULATIONS IN THE COMMUNITY THROUGH ITS PROVISION OF CHARITY CARE. LUTHERAN GENERAL HOSPITAL ALSO ASSURES ENVIRONMENTAL RESPONSIVENESS, RESOURCE EFFICIENCY AND COMMUNITY SENSITIVITY THROUGH LEED DESIGNATION FOR THE HOSPITAL'S NEW BED TOWER AND ONGOING EDUCATIONAL ACTIVITIES. ADVOCATE LUTHERAN GENERAL'S AND ADVOCATE CHILDREN'S LEADERS ALSO ARE ACTIVELY INVOLVED IN THE COMMUNITY THROUGH REPRESENTATION AND/OR PARTICIPATION IN MANY COMMUNITY ORGANIZATIONS, SUCH AS KIWANIS, ROTARY AND CHAMBERS OF COMMERCE, AND SERVE ON MULTIPLE BOARDS INCLUDING THE NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI), HAVE DREAMS (AUTISM), MARCH OF DIMES, HEALTHY SCHOOLS CAMPAIGN, PARTNERSHIP FOR RESILIENCE AND MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207.IN 2019, ADVOCATE CHILDREN'S CONTINUED TO OFFER ONE-ON-ONE CAR SEAT EDUCATION WITH THE FAMILY DETAILING THE IMPORTANCE OF PROPER CAR SEAT SAFETY. THIS ALSO INCLUDED ONE-ON-ONE CAR SEAT INSTALLATION EDUCATION WITH REQUIRED TEACH BACK BY THE FAMILY. THE CHILD REQUIRING A CAR SEAT IS EVALUATED FOR PROPER FIT IN THE CURRENT CAR SEAT. THE CAR SEAT IS ALSO INSPECTED FOR ANY DEFECTS AND IS THEN EVALUATED FOR COMPATIBILITY IN THE VEHICLE. ADVOCATE LUTHERAN GENERAL'S CARE MANAGEMENT DEPARTMENT PLANS SAFE DISCHARGES FOR PATIENTS RECOVERING FROM HOSPITALIZATION, WHO HAVE NO HOUSING RESOURCES. THE CARE MANAGEMENT/SOCIAL WORK DEPARTMENT MANAGES THE ADVOCATE LUTHERAN GENERAL CAROL STREET APARTMENTS WHICH ARE AVAILABLE FOR RENT ON A DAILY/WEEKLY/MONTHLY BASIS. LOCATED ON THE HOSPITALS CAMPUS, THESE APARTMENTS ARE AVAILABLE FOR FAMILY MEMBERS OF INPATIENTS THAT DO NOT LIVE NEAR LGH AS WELL AS FOR PATIENTS THAT ARE ACTIVELY GETTING SERVICES ON CAMPUS, I.E. CHEMOTHERAPY, RADIATION, ETC. CHARITY IS GRANTED TO PATIENTS AND FAMILIES THAT DEMONSTRATE FINANCIAL HARDSHIP. AN ADDITIONAL BENEFIT IS THAT FOR THOSE THAT CAN AFFORD TO PAY, THE RENT CHARGED FOR THE APARTMENTS IS FAR BELOW THE COST OF HOTEL/MOTEL ACCOMMODATIONS IN THE PARK RIDGE AREA. IN 2019, EXPENSES FOR MAINTAINING THE APARTMENTS EXCEEDED REVENUE BY NEARLY \$30K.IN ADDITION TO ALL PROGRAMS AND SERVICES LISTED EARLIER IN THIS DOCUMENT, ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S HAVE CREATED, COLLABORATED WITH OR SUPPORTED NUMEROUS ADDITIONAL PROGRAMS INCLUDING THE FOLLOWING. MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207 SCHOOL-BASED HEALTH CENTER OLDER ADULT SERVICES (INCLUDING ADULT DAY CARE, ALZHEIMER'S CLASSES, HOME DELIVERED MEALS) DIABETES EDUCATION INTIMATE PARTNER VIOLENCE TASK FORCE (IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS) MELANOMA SKIN SCREENINGS PEDIATRIC CELIAC PROGRAM (FOCUSING ON CLINICAL SERVICES SUPPORT, EDUCATION AND COMMUNITY OUTREACH) DEVELOPMENTAL PEDIATRICS PROGRAM ADULT DOWN SYNDROME CENTER POLISH EARLY ALZHEIMER'S PROGRAM PROACTIVE KIDS WEIGHT MANAGEMENT PROGRAM (WAS AVAILABLE THROUGH 2016) CONTINUING EDUCATION SYMPOSIUM AND WORKSHOPS FOR SCHOOL NURSES PARENT WORKSHOPS, HEALTHY COOKING DEMONSTRATIONS AND CHILDREN'S HEALTHY EATING PROGRAMS PROVIDED AT PARTNER SCHOOL AND THE SCHOOL DISTRICT 63 EXPANDING LEARNING PROGRAM CHILDHOOD INJURY PREVENTION AND CHILD SAFETY SEAT PROGRAM CHILDREN'S HEALTH RESOURCE CENTER PROVIDING RELIABLE HEALTH INFO TO PARENTS; MATERIALS ON THE MOST COMMON DIAGNOSES /CONDITIONS/TREATMENTS ARE ALSO TRANSLATED INTO SPANISH, POLISH AND ARABIC.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE GOOD SAMARITAN HOSPITAL</p>	<p>DESCRIPTION OF COMMUNITY/POPULATION. ADVOCATE GOOD SAMARITAN DEFINED ITS COMMUNITY AS DUPA GE COUNTY FOR THE 2017-2019 CHNA. IN PARTNERSHIP WITH THE DUPAGE COUNTY HEALTH DEPARTMENT AND ALONG WITH DUPAGE COUNTY HOSPITALS AND COMMUNITY ORGANIZATIONS, ADVOCATE GOOD SAMARITAN CONDUCTED A JOINT CHNA FOR DUPAGE COUNTY, WHICH INCLUDES 36 ZIP CODES AND 31 COMMUNITIES . THE DUPAGE COUNTY COMMUNITIES INCLUDE ZIP CODES 60101 (ADDISON), 60504 (AURORA), 60502 (AURORA), 60103 (BARTLETT), 60106 (BENSENVILLE), 60108 (BLOOMINGDALE), 60527 (BURR RIDGE), 60188 (CAROL STREAM), 60514 (CLARENDON HILLS), 60561 (DARIEN), 60515 (DOWNERS GROVE), 6051 6 (DOWNERS GROVE), 60126 (ELMHURST), 60519 (EOLA), 60137 (GLEN ELLYN), 60139 (GLENDALE HEIGHTS), 60521 (HINSDALE), 60143 (ITASCA), 60532 (LISLE), 60148 (LOMBARD), 60157 (MEDINAH), 60540 (NAPERVILLE), 60565 (NAPERVILLE), 60563 (NAPERVILLE), 60523 (OAK BROOK), 60172 (ROSELLE), 60181 (VILLA PARK), 60555 (WARRENVILLE), 60184 (WAYNE), 60185 (WEST CHICAGO), 60559 (WESTMONT), 60187 (WHEATON), 60189 (WHEATON), 60190 (WINFIELD), 60191 (WOOD DALE), 60517 (WOODRIDGE). THE TOTAL POPULATION FOR DUPAGE COUNTY IS 929,026 (HEALTHY COMMUNITIES INSTITUTE, 2018). ADVOCATE GOOD SAMARITAN ALSO CONDUCTED A SUPPLEMENTAL CHNA FOR TWO COMMUNITIES WITHIN THE HOSPITAL'S PSA BUT OUTSIDE OF DUPAGE COUNTY. THE COMMUNITIES INCLUDE BOLINGBROOK (60440) AND ROMEOVILLE (60446), WHICH ARE HIGH SOCIOECONOMIC NEED COMMUNITIES IN WILL COUNTY. THE TOTAL POPULATION FOR BOTH COMMUNITIES 93,181 PERSONS WITH 41,410 IN ROMEOVILLE AND 51,771 IN BOLINGBROOK. THE SUPPLEMENTAL CHNA IS INCLUDED IN THE APPENDIX OF THE DUPAGE COUNTY CHNA AND INCLUDES DEMOGRAPHIC AND SOCIOECONOMIC DATA. THE DUPAGE COUNTY CHNA CAN BE VIEWED AT: HTTPS://WWW.ADVOCATEHEALTH.COM/ASSETS/DOCUMENTS/CHNA/GOOD-SAMARITAN-HOSPITAL/0715_GSAM_CHNA_F_1_14_2020-(LR).PDFSOCIAL DETERMINANTS OF HEALTH (SDOH). THE SOCIOECONOMIC INDEX IS A COMBINED HEALTHY COMMUNITIES INSTITUTE INDICATOR THAT IS A MEASURE OF SOCIOECONOMIC NEED, CORRELATED WITH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SIX INDICATORS, ONE FROM EACH OF THE FOLLOWING TOPICS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION AND LANGUAGE. THE INDICATORS ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. ALL ZIP CODES, COUNTIES, AND COUNTY EQUIVALENTS IN THE UNITED STATES ARE GIVEN AN INDEX VALUE FROM 0 (LOW NEED) TO 100 (HIGH NEED). TO HELP IDENTIFY THE AREAS OF HIGHEST NEED WITHIN A DEFINED GEOGRAPHIC AREA, THE SELECTED ZIP CODES ARE RANKED FROM ONE (LOW NEED) TO FIVE (HIGH NEED) BASED ON THEIR INDEX VALUE. THESE VALUES ARE SORTED FROM LOW TO HIGH AND DIVIDED INTO FIVE RANKS. THESE RANKS ARE THEN USED TO COLOR THE ZIP CODES WITH THE HIGHEST SOCIOECONOMIC INDICES WITH THE DARKER COLOR S. THE HOSPITAL HAS SEVERAL COMMUNITIES WITHIN THE PRIMARY SERVICE AREA THAT HAVE GREATER SOCIOECONOMIC NEEDS COMPARED TO OTHER COMMUNITIES IN THE PRIMARY SERVICE AREA (PSA). ADDISON, GLENDALE HEIGHTS AND BENSENVILLE ARE DUPAGE COUNTY'S HIGHEST NEED COMMUNITIES.DEMOGRAPHICSAGE. TWENTY-THREE PERCENT OF THE DUPAGE COUNTY POPULATION IS UNDER THE AGE OF 18, WHILE 9.3 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 18 AND 24. THE LARGEST AGE GROUP IN THE COUNTY IS THE 25-64 YEAR OLD AGE GROUP, WITH A POPULATION OF 53.01 PERCENT. THE THIRD LARGEST AGE GROUP IS THE SENIOR POPULATION (65 YEARS AND OLDER) AT 17 PERCENT. THE LIFE EXPECTANCY FOR THE COUNTY IS 82.5 YEARS, WHICH IS HIGHER THAN THE STATE OF ILLINOIS AT 79.2 YEARS AND THE U.S. AT 79.1 YEARS OF AGE.RACE/ETHNICITY. DEMOGRAPHIC DATA SHOWS THAT THE RACE/ETHNICITY OF DUPAGE COUNTY IS 74.7 PERCENT WHITE, WHICH IS THE LARGEST RACIAL GROUP FOLLOWED BY THE ASIAN POPULATION AT 11.68 PERCENT, THE "OTHER" POPULATION AT 5.45 PERCENT, THE BLACK/AFRICAN AMERICAN POPULATION AT 5.22 PERCENT, TWO OR MORE RACES AT 2.6 PERCENT, AMERICAN INDIAN/ALASKAN NATIVE AT 0.3 PERCENT AND THE NATIVE HAWAIIAN/PACIFIC ISLANDER POPULATION AT 0.04 PERCENT. THE ETHNIC MAKE-UP OF THE COUNTY'S HISPANIC/LATINO POPULATION IS 15 PERCENT HISPANIC/LATINO AND 85 PERCENT NON-HISPANIC/LATINO.INCOME. DUPAGE COUNTY HAS 345, 205 HOUSEHOLDS AND 242,654 FAMILIES. THE AVERAGE HOUSEHOLD SIZE IS 2.66 PERSONS AND 35.42 PERCENT OF HOUSEHOLDS HAVE CHILDREN. IN ADDITION, 25 PERCENT OF THOSE AGED 65 AND OLDER IN DUPAGE COUNTY LIVE ALONE. THE MEDIAN HOUSEHOLD INCOME IN DUPAGE COUNTY IS \$88,988, WHICH IS SIGNIFICANTLY HIGHER THAN THE STATE'S MEDIAN HOUSEHOLD INCOME AT \$64,872. THE NUMBER OF FAMILIES LIVING BELOW THE POVERTY LEVEL IS 11,982, WHICH ACCOUNTS FOR FIVE PERCENT OF FAMILIES IN DUPAGE COUNTY. IN ADDITION, THERE ARE 9,162 FAMILIES WITH CHILDREN THAT LIVE BELOW THE POVERTY LEVEL, WHICH ACCOUNTS FOR 3.9 PERCENT OF FAMILIES WITH CHILDREN. THERE IS A LARGE RACIAL DISPARITY IN THE MEDIAN HOUSEHOLD INCOME WITH THE WHITE AND ASIAN POPULATIONS HAVING THE HIGHEST HOUSEHOLD INCOMES AND THE AFRICAN AMERICAN, "OTHER AND AMERICAN INDIAN /ALASKAN NATIVE POPULATIONS HAVING THE LOWEST MEDI</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE GOOD SAMARITAN HOSPITAL</p>	<p>AN HOUSEHOLD INCOMES. THE LARGE ETHNIC DISPARITY IN HOUSEHOLD INCOME CONTINUES TO GROW IN DUPAGE COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR THE NON-HISPANIC/LATINO POPULATION IS \$92,5 80 WHILE THE HISPANIC/LATINO POPULATION HAS A MEDIAN HOUSEHOLD INCOME OF \$64,599. HEALTH I NSURANCE. DUPAGE COUNTY ADULTS WITH HEALTH INSURANCE ACCOUNT FOR 92.6 PERCENT OF THE ADULT POPULATION, WHICH IS HIGHER THAN THE STATE OF ILLINOIS AT 90.2 PERCENT AND THE U.S. AT 87 .7 PERCENT. THERE IS A RACIAL/ETHNIC DISPARITY IN THE RATES OF HEALTH INSURANCE AMONG ADUL TS WITH THE WHITE POPULATION HAVING THE HIGHEST COVERAGE RATES AT 95.1 PERCENT COMPARED TO THE HISPANIC/LATINO POPULATION AT 80.3 PERCENT. DUPAGE COUNTY CHILDREN WITH HEALTH INSURA NCE ACCOUNT FOR 96.3 PERCENT OF THE POPULATION AMONG THOSE AGED 18 YEARS AND YOUNGER, WHIC H IS SLIGHTLY LOWER THAN THE STATE OF ILLINOIS AT 97.1 PERCENT AND SLIGHTLY MORE THAN THE U.S. AT 95 PERCENT. THERE IS A RACIAL DISPARITY IN INSURANCE RATES AMONG CHILDREN IN DUPAG E COUNTY WITH 98 PERCENT OF WHITE NON-HISPANIC CHILDREN HAVING HEALTH INSURANCE AND ONLY 8 8.4 PERCENT OF AFRICAN AMERICAN CHILDREN HAVING HEALTH INSURANCE. PERSONS WITH PRIVATE HEA LTH INSURANCE ACCOUNT FOR 70.1 PERCENT OF THE POPULATION, WHICH IS HIGH COMPARED TO THE ST ATE OF ILLINOIS AT 59 PERCENT AND THE U.S. AT 55.8 PERCENT. PUBLIC HEALTH INSURANCE COVERS 14.1 PERCENT OF THE POPULATION IN DUPAGE COUNTY, WHICH IS LESS THAN THE STATE OF ILLINOIS AT 23.3 PERCENT AND THE U.S. AT 23.6.EMPLOYMENT. THE UNEMPLOYMENT RATE AMONG DUPAGE COUNT Y RESIDENTS 16 YEARS AND OLDER IS FIVE PERCENT, WHICH IS LOWER COMPARED TO THE STATE OF IL LINOIS AT 7.55 PERCENT. THE TOP FIELDS OF EMPLOYMENT IN THE COUNTY INCLUDE HEALTHCARE, MAN UFACTURING, RETAIL TRADE AND EDUCATIONAL SERVICES. DUPAGE COUNTY EDUCATIONAL ATTAINMENT DA TA WAS ALSO REVIEWED AND ANALYZED TO GAIN AN IN-DEPTH UNDERSTANDING OF EDUCATIONAL LEVELS ACROSS THE COUNTY. THE PERCENT OF INDIVIDUALS IN DUPAGE COUNTY WITH A BACHELORS, GRADUATE AND/OR A PROFESSIONAL DEGREE IS LARGER COMPARED TO THE STATE OF ILLINOIS.HOSPITALS AND HEA LTH RESOURCES. THERE ARE FIVE HOSPITALS IN ADDITION TO ADVOCATE GOOD SAMARITAN LOCATED IN THE PSA, INCLUDING EDWARD HOSPITAL IN NAPERVILLE, AMITA HEALTH ADVENTIST MEDICAL CENTER HI NSDALE IN HINSDALE, AMITA HEALTH ADVENTIST MEDICAL CENTER BOLINGBROOK IN BOLINGBROOK, AND ELMHURST MEMORIAL HOSPITAL IN ELMHURST. THE DUPAGE COUNTY HEALTH DEPARTMENT, AS WELL AS TH E ACCESS COMMUNITY HEALTH NETWORK, WHICH IS A FQHC, PROVIDE HEALTH CARE PRIMARILY FOR LOW- INCOME AND UNINSURED PATIENTS. IN ADDITION, THE DUPAGE HEALTH COALITION/ACCESS DUPAGE, A C OLLABORATIVE EFFORT BY HUNDREDS OF INDIVIDUALS AND ORGANIZATIONS IN DUPAGE COUNTY, ALSO PR OVIDES A MOSAIC APPROACH TO PROVIDING ACCESS TO MEDICAL SERVICES FOR THE COUNTY'S LOW-INCO ME AND MEDICALLY UNINSURED RESIDENTS. IT REPRESENTS A UNIQUE PARTNERSHIP OF COUNTY HOSPITA LS (INCLUDING ADVOCATE GOOD SAMARITAN), PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICE AGENCI ES, AND COMMUNITY GROUPS WORKING TOGETHER TO ADDRESS THIS FORMIDABLE ISSUE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - ADVOCATE GOOD SAMARITAN HOSPITAL</p>	<p>THE ADVOCATE GOOD SAMARITAN GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SIXTY-THREE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE GOOD SAMARITAN IS ONE OF FOUR RESOURCE HOSPITALS WITHIN EMERGENCY MEDICAL SERVICES (EMS) REGION 8. THE HOSPITAL PROVIDES KEY LEADERSHIP TO THE REGION EMS PROGRAM THROUGH EXECUTING TABLETOP, FUNCTIONAL AND FULL-SCALE EXERCISES TO ADDRESS THE RISKS IN THE AGENCY SPECIFIC TO HAZARD VULNERABILITY ANALYSIS (HVA). THESE EXERCISES, COMPLETED IN CONJUNCTION WITH STATE, COUNTY AND COMMUNITY PARTNERS, IMPROVE THE THOROUGHNESS AND EFFICIENCY OF THE REGION 8 EMERGENCY PREPAREDNESS PLAN. ADVOCATE GOOD SAMARITAN IS PARTNERING WITH GATEWAY FOUNDATION TO OFFER RECOVERY SUPPORT SERVICES TO THE SUBSTANCE USE DISORDER POPULATION IN THE EMERGENCY DEPARTMENT (ED). THROUGH THE OPIOID STATE TARGETED RESPONSE (STR) GRANT, GATEWAY HAS BEEN ABLE TO PROVIDE THE ED WITH BOTH AN ENGAGEMENT AND A RECOVERY SUPPORT SPECIALIST WITH CLINICAL EXPERTISE IN ADDICTION. THE SPECIALISTS KNOW THE APPROPRIATE ROUTE TO TAKE IN ORDER TO FACILITATE TREATMENT AND TO NAVIGATE THE TREATMENT OPTIONS AVAILABLE. THE OPIOID STR GRANT FOCUSES ON AREAS OF HIGH RISK/NEED AND, ONCE ESTABLISHED, THE PROGRAM PROVIDES ORGANIZATIONS, SUCH AS GATEWAY, WITH THE TOOLS TO BE ABLE TO INCREASE ACCESS TO TREATMENT, REDUCE UNMET NEEDS, AID IN THE OVERALL REDUCTION OF OPIOID OVERDOSE RATES AND PROVIDE BETTER OUTCOMES. ADVOCATE GOOD SAMARITAN ALSO PARTNERS WITH NAMI DUPAGE (NATIONAL ASSOCIATION ON MENTAL ILLNESS) TO PROVIDE PEER SUPPORT TO PATIENTS ADMITTED TO THE ED DUE TO MENTAL HEALTH ISSUES AND EMERGENCIES. NAMI PLACES A PEER SUPPORT RECOVERY SPECIALIST IN THE HOSPITAL'S ED TO ASSESS PATIENTS AND PROVIDE SUPPORT AROUND CONNECTING PATIENTS TO BEHAVIORAL HEALTH PROGRAMS AND SERVICES IN THE COMMUNITY. THE GOAL OF THIS PROGRAM IS TO IMPROVE MANAGEMENT OF MENTAL HEALTH ISSUES AND TO PREVENT ED VISITS DUE TO MENTAL HEALTH EMERGENCIES. ADVOCATE GOOD SAMARITAN ALSO SUPPORTED DUPAGE PADS THROUGH PROVIDING LAUNDRY SERVICES FOR CONGREGATE SHELTERS IN DUPAGE COUNTY. IN 2019, ADVOCATE GOOD SAMARITAN WASHED OVER 15,000 POUNDS OF DUPAGE PADS LINENS FOR DUPAGE COUNTY'S HOMELESS INDIVIDUALS AND FAMILIES. PROVIDING QUALITY CARE UTILIZING THE MOST UP-TO-DATE MEDICAL EQUIPMENT IS OF THE UPMOST IMPORTANCE TO THE HOSPITAL. IN 2019, ADVOCATE GOOD SAMARITAN PURCHASED A STATE-OF-THE-ART 256 CT SCANNER FOR \$94,800 WHICH ENABLES THE HOSPITAL TO CONTINUE BEING A SAFE CLINICAL ENTERPRISE WHILE PROVIDING EXCELLENT CARE. THE HOSPITAL ALSO DEDICATED \$2,613,555 TO CAPITAL IMPROVEMENTS FOR THE BEHAVIORAL HEALTH UNIT, WHICH PROVIDES CRITICAL CARE TO PATIENTS WITH MENTAL HEALTH ISSUES AND SUBSTANCE USE DISORDER. TO ENSURE SAFE QUALITY CARE, THE HOSPITAL WILL CONTINUE TO INVEST IN CAPITAL IMPROVEMENTS FOR ITS BEHAVIORAL HEALTH UNIT</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE GOOD SHEPHERD HOSPITAL</p>	<p>DESCRIPTION OF THE COMMUNITY. FOR THE PURPOSE OF THIS 2017-2019 CHNA, ADVOCATE GOOD SHEPHERD DEFINES COMMUNITY AS THE HOSPITAL'S PSA. THE PSA INCLUDES COMMUNITIES IN MCHENRY COUNTY AND LAKE COUNTY AND A SMALL PORTION OF BARRINGTON WHICH LIES IN COOK COUNTY. THE PSA INCLUDES THE FOLLOWING VILLAGES AND CITIES: BARRINGTON (ZIP CODE 60010), CRYSTAL LAKE (60014), LAKE ZURICH (60047), CARY (60013), FOX RIVER GROVE (60021), ISLAND LAKE (60042), WAUCONDA (60084), MCHENRY (60050, 60051), ALGONQUIN (60102), AND LAKE IN THE HILLS (60156). SOCIAL DETERMINANTS OF HEALTH (SDOH). SOCIAL DETERMINANTS OF HEALTH ARE CONDITIONS IN THE PLACES WHERE PEOPLE LIVE, LEARN, WORK AND PLAY. THESE CONDITIONS AFFECT A WIDE RANGE OF HEALTH RISKS AND OUTCOMES (CENTERS FOR DISEASE CONTROL AND PREVENTION, 2018). THE SOCIOECONOMICS INDEX IS A CONDUENT HEALTHY COMMUNITIES INSTITUTE (CONDUENT HCI) INDICATOR THAT IS A MEASURE OF SOCIOECONOMIC NEED, CORRELATED WITH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SIX INDICATORS, ONE EACH FROM THE FOLLOWING TOPICS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION AND LANGUAGE. ALL SOCIAL DETERMINANTS OF HEALTH. THE HOSPITAL HAS SEVERAL COMMUNITIES WITHIN THE PSA THAT HAVE GREATER SOCIOECONOMIC NEEDS, WITH A HIGHER SOCIOECONOMICS INDEX RANKING COMPARED TO OTHER COMMUNITIES IN THE PSA. THE COMMUNITIES OF MCHENRY (ZIP CODE 60050) AND ISLAND LAKE (ZIP CODE 60042) ARE THE HIGHEST NEED COMMUNITIES IN THE PSA. THIS MEANS GENERALLY THAT THE RESIDENTS OF THESE COMMUNITIES HAVE HIGHER RATES OF POVERTY AND UNEMPLOYMENT, LOWER EDUCATION LEVELS AND A HIGHER PERCENTAGE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. DEMOGRAPHICS. POPULATION. ADVOCATE GOOD SHEPHERD'S PSA POPULATION IS 309,765. THE PSA EXPERIENCED SLOW POPULATION GROWTH OF 0.59 PERCENT FROM 2010 TO 2019. SIX COMMUNITIES EXPERIENCED AN INCREASE IN POPULATION FROM 2010 TO 2019 (MCHENRY BOTH ZIP CODES, LAKE IN THE HILLS, BARRINGTON, LAKE ZURICH AND WAUCONDA) WHILE THE OTHER FIVE HAD A DECREASE IN POPULATION (FOX RIVER GROVE, CRYSTAL LAKE, ALGONQUIN, ISLAND LAKE AND CARY). GENDER/AGE. A TOTAL OF 49.6 PERCENT OF THE PSA RESIDENTS ARE MALE AND 50.4 PERCENT ARE FEMALE. THE MEDIAN AGE OF ALL RESIDENTS IN THE PSA IS 41.68 YEARS; THE MEDIAN AGE FOR FEMALES IS 42.83 YEARS AND 40.45 YEARS FOR MALES. THE PSA MEDIAN AGE HAS INCREASED BY 0.7 YEARS SINCE THE 2016 CHNA. RACE/ETHNICITY. THE POPULATION OF THE HOSPITAL'S PSA IS 86.6 PERCENT WHITE, 5.8 PERCENT ASIAN AND 1.5 PERCENT AFRICAN AMERICAN. NINETY PERCENT OF RESIDENTS ARE NON-HISPANIC, AND 10.4 PERCENT ARE OF HISPANIC ETHNICITY. THE ZIP CODES IN THE HOSPITAL'S PSA WITH THE HIGHEST PERCENT OF HISPANIC RESIDENTS ARE WAUCONDA (19.8 PERCENT), ISLAND LAKE (17.9 PERCENT), MCHENRY (14.6 PERCENT), LAKE IN THE HILLS (13.8 PERCENT) AND CRYSTAL LAKE (13.5 PERCENT). LANGUAGE. A TOTAL OF 83.4 PERCENT OF PSA RESIDENTS AGES 5 AND OLDER SPEAK ONLY ENGLISH AT HOME, WHICH IS HIGHER THAN THE PERCENTAGE FOR ILLINOIS OF 77.2 PERCENT WHO SPEAK ONLY ENGLISH AT HOME. A TOTAL OF 16.6 PERCENT OF PSA RESIDENTS SPEAK OTHER LANGUAGES AT HOME. THE MOST COMMON OTHER LANGUAGE SPOKEN AT HOME IS SPANISH (7.43 PERCENT) WHICH IS MUCH LOWER THAN THE RATE FOR THE STATE (13.37 PERCENT). THE PERCENTAGE OF PSA RESIDENTS WHO SPEAK INDO-EUROPEAN LANGUAGES OF 6.01 PERCENT IS VERY SIMILAR TO THE STATE RATE OF 5.49 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). ECONOMICS. THE MEDIAN HOUSEHOLD INCOME FOR THE PSA POPULATION IS \$104,718. THE GROUP WITH THE HIGHEST MEDIAN HOUSEHOLD INCOME IS ASIAN AT \$151,905 AND THE LOWEST IS AMERICAN INDIAN/ PACIFIC ISLANDER AT \$42,405. NON-HISPANICS HAVE A HIGHER MEDIAN HOUSEHOLD INCOME AT \$107,714 THAN HISPANICS AT \$68,679. THE COMMUNITIES WITHIN THE HOSPITAL'S PSA WITH THE LOWEST MEDIAN HOUSEHOLD INCOME ARE MCHENRY (\$72,495), ISLAND LAKE (\$80,515), CRYSTAL LAKE (\$91,895) AND WAUCONDA (\$94,353). EMPLOYMENT. THE UNEMPLOYMENT RATE FOR THE HOSPITAL'S PSA IS 4.1 PERCENT, SLIGHTLY LOWER THAN THE ILLINOIS RATE AT 6.7 PERCENT. THE HIGHEST UNEMPLOYMENT RATES IN THE PSA ARE IN THE COMMUNITIES OF MCHENRY (60050) (4.4 PERCENT), ISLAND LAKE (60042) (4.7 PERCENT), WAUCONDA (60084) (5.2 PERCENT) AND MCHENRY (60051) (4.5 PERCENT). THE TOP THREE INDUSTRIES FOR EMPLOYED CITIZIANS (AGE 16 AND OLDER) FOR THE PSA ARE TOTAL MANUFACTURING (14.5 PERCENT), RETAIL TRADE (13.12 PERCENT) AND HEALTHCARE/SOCIAL ASSISTANCE (10.4 PERCENT) (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). POVERTY. IN ADVOCATE GOOD SHEPHERD'S PSA, 5.4 PERCENT OF PEOPLE ARE LIVING BELOW 100 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL). SIXTY-SEVEN PERCENT OF CHILDREN AND 4.8 PERCENT OF ADULTS AGE 65 AND OLDER ARE LIVING BELOW THE FPL. IN LAKE COUNTY, 13.8 PERCENT OF PERSONS WITH A DISABILITY ARE LIVING IN POVERTY AND THE RATE IS 13.3 PERCENT FOR PERSONS WITH A DISABILITY IN MCHENRY COUNTY. THERE ARE 3,469 FAMILIES (4.1 PERCENT OF TOTAL FAMILIES) IN THE HOSPITAL'S PSA THAT ARE LIVING BELOW THE FPL. ADDITIONALLY, 2,575 FAMILIES WITH CHILDREN (THREE PERCENT OF</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE GOOD SHEPHERD HOSPITAL</p>	<p>F ALL FAMILIES WITH CHILDREN) IN THE PSA ARE LIVING BELOW THE FPL. THE ZIP CODES WITH THE HIGHEST PERCENT OF FAMILIES LIVING BELOW THE POVERTY LEVEL ARE CARY (60013) (6.4 PERCENT), ISLAND LAKE (60042) (5.5 PERCENT), MCHENRY (60051) (5.4 PERCENT) AND MCHENRY (60050) (5.3 PERCENT). THE ZIP CODES WITH THE HIGHEST PERCENT OF FAMILIES WITH CHILDREN LIVING BELOW THE POVERTY LEVEL ARE: CARY (60013) (4.7 PERCENT), MCHENRY (60050) (4.4 PERCENT), MCHENRY (60051) (3.9 PERCENT) AND ISLAND LAKE (60042) (3.8 PERCENT).MEDICAID/UNINSURED. IN THE ADVOCATE GOOD SHEPHERD PSA, 4.7 PERCENT OF HOUSEHOLDS ARE ESTIMATED TO BE COVERED BY MEDICAID AND 4.3 PERCENT OF ALL HOUSEHOLDS IN THE PSA ARE ESTIMATED TO BE UNINSURED. IN 2019, 5.97 PERCENT OF THE PATIENTS WERE COVERED BY MEDICAID/MANAGED CARE MEDICAID AND 1.35 PERCENT WERE UNINSURED AT ADVOCATE GOOD SHEPHERD. HEALTHCARE RESOURCES IN THE DEFINED COMMUNITY. THERE ARE TWO OTHER HOSPITALS IN THE ADVOCATE GOOD SHEPHERD PSA , INCLUDING NORTHWESTERN MEDICINE HOSPITAL IN HUNTLEY AND NORTHWESTERN MEDICINE HOSPITAL IN MCHENRY. IN LAKE COUNTY, THERE ARE FOUR DESIGNATED MEDICALLY UNDERSERVED AREAS (MUAS)ONE FOR THE NORTH CHICAGO SERVICE AREA, ONE FOR THE WAUKEGAN SERVICE AREA, ONE FOR THE ZION SERVICE AREA AND ONE FOR THE HIGHLAND PARK/HIGHWOOD SERVICE AREA. IN MCHENRY COUNTY, THERE IS ONE MEDICALLY UNDERSERVED POPULATION (MUP) FOR THE POVERTY POPULATION OF WOODSTOCK. THERE ARE NO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN THE ADVOCATE GOOD SHEPHERD PSA, BUT THERE IS ONE FREE CLINICFAMILY HEALTH PARTNERSHIP CLINIC IN CRYSTAL LAKE.</p>

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SCHEDULE H, PART VI, LINE 5 - ADVOCATE GOOD SHEPHERD HOSPITAL	<p>AS INDICATED EARLIER, THE ADVOCATE GOOD SHEPHERD GOVERNING COUNCIL IS COMPRISED OF 18 MEMBERS, REPRESENTING A BROAD ARRAY OF COMMUNITY SECTORS. MEMBERS COME FROM THE FIELDS OF EDUCATION, MANUFACTURING, PHILANTHROPY, FAITH COMMUNITIES, MARKETING, FINANCIAL INDUSTRY, PRIMARY CARE AND SUBSPECIALTY HEALTH CARE. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. FIFTY PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE GOOD SHEPHERD DONATES STAFF TIME AND EXPERTISE TO SEVERAL LOCAL COUNCILS, BOARDS, COALITIONS AND COMMITTEES. THE ADVOCATE GOOD SHEPHERD PRESIDENT SERVES ON THE BOARD OF THE BARRINGTON AREA COMMUNITY FOUNDATION AND THE SENIOR SERVICES COORDINATOR SERVES ON THE BOARD OF THE FAMILY HEALTH PARTNERSHIP CLINIC, A FREE CLINIC SERVING UNINSURED RESIDENTS OF THE SERVICE AREA. THE DIRECTOR OF COMMUNITY HEALTH REPRESENTS THE HOSPITAL ON THE MCHENRY COUNTY SUBSTANCE ABUSE COALITION AND THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, WHICH FOCUS ON ISSUES OF SUBSTANCE ABUSE PREVENTION AND TREATMENT IN THE SERVICE AREA. THE COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, WHICH PROVIDES OVERSIGHT TO THE IMPLEMENTATION OF THE LAKE COUNTY HEALTH DEPARTMENT STRATEGIC PLAN. BOTH THE COMMUNITY HEALTH DIRECTOR AND COMMUNITY HEALTH COORDINATOR SIT ON THE MCHENRY COUNTY HEALTH COALITION, ALONG WITH REPRESENTATIVES FROM NORTHWESTERN MEDICINE AND THE MCHENRY COUNTY MENTAL HEALTH BOARD, TO PROVIDE OVERSIGHT OF THE MCHENRY COUNTY HEALTH DEPARTMENT'S STRATEGIC PLAN. THE ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH DIRECTOR, COMMUNITY HEALTH COORDINATOR AND THE DIRECTOR OF COMMUNITY RELATIONS SIT ON THE HEALTHIER BARRINGTON COALITION, A COMMITTEE OF ELECTED OFFICIALS, BUSINESS LEADERS, SOCIAL SERVICE, MENTAL HEALTH AND MEDICAL PROVIDERS FOCUSED ON IMPROVING THE HEALTH OF THE BARRINGTON AREA. THE COMMUNITY HEALTH COORDINATOR SITS ON THE WAUCONDA UNITED HEALTH PARTNERSHIP, A COALITION ADDRESSING THE HEALTH AND COMMUNITY DEVELOPMENT NEEDS OF THE WAUCONDA AREA. IN ADDITION, THE HOSPITAL ROUTINELY MAKES CASH AND IN-KIND DONATIONS TO PARTNERS, SUCH AS THE PIONEER CENTER AND FAMILY HEALTH PARTNERSHIP CLINIC, TO FURTHER THE HEALTH OF THE COMMUNITY, INCLUDING THE DONATION OF MEDICAL SUPPLIES, THROUGH COMMUNITY ORGANIZATIONS.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - ADVOCATE SOUTH SUBURBAN HOSPITAL</p>	<p>TIMELINE. THE CHNA WAS CONDUCTED USING A MIXED METHODS APPROACH WHICH INCLUDED THE COLLECT ION AND REVIEW OF SECONDARY DATA FROM EXISTING SOURCES AND PRIMARY DATA FROM BOTH QUALITAT IVE (SURVEY) AND QUANTITATIVE METHODS (FOCUS GROUPS). THE METHODOLOGY INVOLVED THREE COMPO NENTS: 1) USE OF PRIMARY DATA COLLECTED THROUGH THE ALLIANCE (FEBRUARY 2018-MARCH 2019); 2) USE OF THE CONDUENT HEALTHY COMMUNITIES INSTITUTE'S PLATFORM TO REVIEW PSA, COUNTY, STAT E AND ZIP CODE DATA (MARCH 2016-AUGUST 2019); AND 3) USE OF OTHER NATIONAL AND LOCAL DATA (JANUARY 2019AUGUST 2019).COLLABORATIVE ASSESSMENT MODEL AND PROCESS. THE ALLIANCE COMPLET ED A COLLABORATIVE CHNA BETWEEN MARCH 2018 AND MARCH 2019. PRIMARY AND SECONDARY DATA FROM A DIVERSE RANGE OF SOURCES WERE UTILIZED FOR DATA ANALYSIS AND TO IDENTIFY COMMUNITY HEAL TH NEEDS IN CHICAGO AND SUBURBAN COOK COUNTY. IPHI WORKED WITH THE CHNA COMMITTEE AND STEE RING COMMITTEE OF THE ALLIANCE TO DESIGN AND FACILITATE A COLLABORATIVE, COMMUNITY-ENGAGED ASSESSMENT. PRIMARY DATA COLLECTION. MULTIPLE DATA COLLECTION STRATEGIES WERE EMPLOYED TO COLLECT DATA FOR THE ALLIANCE'S 20172019 CHNA. PRIMARY DATA COLLECTION FOR THE CHNA WAS C ONDUCTED BY THE ALLIANCE AND COLLABORATIVE PARTNERS UTILIZING FOUR METHODS, INCLUDING COMM UNITY INPUT SURVEYS, COMMUNITY RESIDENT FOCUS GROUPS AND LEARNING MAP SESSIONS, HEALTH CAR E AND SOCIAL SERVICE PROVIDER FOCUS GROUPS, AND TWO STAKEHOLDER ASSESSMENTS LED BY PARTNER HEALTH DEPARTMENTSFORCES OF CHANGE ASSESSMENT AND HEALTH EQUITY CAPACITY ASSESSMENT. COMM UNITY INPUT SURVEYS. ADVOCATE SOUTH SUBURBAN PARTNERED WITH THE ALLIANCE TO CONDUCT COMMUN ITY INPUT SURVEYS IN THE PSA. BETWEEN OCTOBER 2018 AND FEBRUARY 2019, THE ALLIANCE DISTRIB UTED AND COLLECTED 5,934 COMMUNITY-WIDE INPUT SURVEYS FROM INDIVIDUALS AGED 18 YEARS OR OL DER LIVING IN CHICAGO AND SUBURBAN COOK COUNTY. THERE WERE 574 SURVEY RESPONSES COLLECTED FROM ADVOCATE SOUTH SUBURBAN'S PSA (EXHIBIT 22). THE SURVEYS WERE AVAILABLE ON PAPER AND E LECTRONICALLY, AND WERE DISSEMINATED IN ENGLISH, SPANISH, CHINESE, AND POLISH. THE SURVEYS INCLUDED QUESTIONS REGARDING THE HEALTH STATUS OF COMMUNITIES, COMMUNITY STRENGTHS, OPPOR TUNITIES FOR IMPROVEMENT, AND PRIORITY HEALTH NEEDS. HOSPITALS (INCLUDING ADVOCATE SOUTH S UBURBAN), COMMUNITY-BASED ORGANIZATIONS, AND HEALTH DEPARTMENTS DISTRIBUTED THE SURVEYS WI TH THE INTENTION OF GAINING INSIGHT FROM POPULATIONS THAT ARE TYPICALLY UNDERREPRESENTED I N ASSESSMENT PROCESSES. SOME OF THE UNDERREPRESENTED POPULATIONS INCLUDED COMMUNITIES OF C OLOR, IMMIGRANTS, LGBTQ+ COMMUNITY MEMBERS, INDIVIDUALS WITH DISABILITIES, AND LOW-INCOME COMMUNITIES. THE INTENTION OF THE COMMUNITY INPUT SURVEY WAS TO COMPLEMENT EXISTING COMMUN ITY HEALTH SURVEYS DISTRIBUTED THROUGHOUT CHICAGO AND SUBURBAN COOK COUNTY BY LOCAL HEALTH DEPARTMENTS. IPHI AND THE ALLIANCE'S CHNA COMMITTEE TOOK THE FOLLOWING STEPS TO DEVELOP T HE SURVEY TOOL: 1) IPHI DRAFTED A SURVEY BASED ON REVIEW OF 13 EXAMPLE COMMUNITY INPUT SUR VEYS; 2) CHNA COMMITTEE MEMBERS FROM HOSPITALS AND HEALTH DEPARTMENTS PROVIDED INPUT; 3) I PHI INCORPORATED REVISIONS FROM CHNA COMMITTEE MEMBERS AND THE UNIVERSITY OF ILLINOIS AT C HICAGO SURVEY RESEARCH LABORATORY; 4) IPHI MADE EDITS BASED ON A HEALTH LITERACY REVIEW; 5) IPHI AND TWO MEMBER HOSPITALS PILOTED THE SURVEY AT THREE COMMUNITY-BASED EVENTS; AND 6) IPHI MADE FINAL EDITS TO ADDRESS MINOR CHALLENGES IDENTIFIED AT THE PILOT EVENTS. THE FIN AL SURVEY TOOL INCLUDED 16 QUESTIONSTHREE QUESTIONS RELATED TO ZIP CODE/COMMUNITY OF RESID ENCE, NINE DEMOGRAPHIC QUESTIONS, TWO MULTI-SELECT QUESTIONS ABOUT HEALTH PROBLEMS AND WHA T'S NEEDED FOR A HEALTHY COMMUNITY, AND TWO OPEN-ENDED QUESTIONS ABOUT COMMUNITY STRENGTHS AND IMPROVEMENTS NEEDED. PAPER SURVEYS WERE ENTERED INTO THE SURVEYGIZMO ONLINE PLATFORM SO THAT ELECTRONIC AND PAPER SURVEYS COULD BE ANALYZED TOGETHER. SURVEY DATA ANALYSIS WAS CONDUCTED USING SAS 9.4 STATISTICAL ANALYSIS SOFTWARE AND MICROSOFT EXCEL 2016.FOCUS GROUP S AND LEARNING MAP HOST ORGANIZATIONS. BETWEEN AUGUST 2018 AND FEBRUARY 2019, IPHI WORKED WITH THE ALLIANCE PARTNERS, INCLUDING ADVOCATE SOUTH SUBURBAN TO HOLD A TOTAL OF 52 COMMUN ITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) WITH PRIORITY POPULATIONS, SUC H AS VETERANS, INDIVIDUALS LIVING WITH MENTAL ILLNESS, COMMUNITIES OF COLOR, OLDER ADULTS, CAREGIVERS, TEENS AND YOUNG ADULTS, LGBTQ+ COMMUNITY MEMBERS, ADULTS AND TEENS EXPERIENCI NG HOMELESSNESS, FAMILIES WITH CHILDREN, FAITH COMMUNITIES, ADULTS WITH DISABILITIES, AND CHILDREN AND ADULTS LIVING WITH CHRONIC CONDITIONS SUCH AS DIABETES AND ASTHMA. THE COMMUN ITY INPUT SESSIONS INCLUDED 31 FOCUS GROUPS CONDUCTED BY IPHI AND 21 LEARNING MAP SESSIONS LED BY WEST SIDE UNITED WITH NOTETAKING BY IPHI.FOCUS GROUP FACILITATORS ASKED PARTICIPAN TS ABOUT THE UNDERLYING ROOT CAUSES OF HEALTH ISSUES SEEN IN THEIR COMMUNITIES AND SPECIFI C STRATEGIES FOR ADDRESSING THOSE HEALTH NEEDS. IPHI DEVELOPED THE FOCUS GROUP QUESTIONS U SING RESOURCES FROM EXISTING CHNA TOOLKITS AND PEE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 - ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>R-REVIEWED STUDIES, IN CONSULTATION WITH THE ALLIANCE'S CHNA COMMITTEE AND COLLEAGUES AT PARTNER HEALTH DEPARTMENTS. EACH FOCUS GROUP WAS HOSTED BY A COMMUNITY-BASED ORGANIZATION OR HOSPITAL, AND PARTICIPATION RANGED FROM THREE TO FORTY PEOPLE. MOST FOCUS GROUPS WERE 90 MINUTES LONG WITH AN AVERAGE OF 10 PARTICIPANTS. COMMUNITY INPUT FROM ALL 52 COMMUNITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) WAS COMBINED AND INCLUDED IN THE ALLIANCE'S ASSESSMENT, ALONG WITH INPUT FROM FIVE PROVIDER FOCUS GROUPS. SECONDARY DATA COLLECTION WAS CONDUCTED THROUGH THE USE OF SEVERAL PLATFORMS INCLUDING THE CONDUENT HEALTHY COMMUNITIES INSTITUTE. DETAILS REGARDING ADVOCATE SOUTH SUBURBAN'S 2017-2019 CHNA SECONDARY DATA SOURCES ARE LISTED BELOW.</p> <p>CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI). IN EARLY 2017, ADVOCATE HEALTH CARE SIGNED A SECOND THREE-YEAR CONTRACT WITH CONDUENT HCI TO CONTINUE TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DURING THE 2017-2019 CHNA CYCLE. THIS ROBUST PLATFORM OFFERED THE HOSPITALS 198 HEALTH AND DEMOGRAPHIC INDICATORS, INCLUDING 38 HOSPITALIZATION AND ED VISIT INDICATORS AT THE SERVICE AREA AND ZIP CODE LEVELS. UTILIZING THE ILLINOIS HOSPITAL ASSOCIATION COMPDATA, CONDUENT HCI WAS ABLE TO SUMMARIZE THE HOSPITALIZATION AND ED DATA FOR FIVE-TIME PERIODS FROM 2009-2017. THE CONDUENT HCI CONTRACT ALSO PROVIDED A WEALTH OF COUNTY AND ZIP CODE DATA COMPARISONS, A SOCIOECONOMIC INDEX VISUALIZING VULNERABLE POPULATIONS WITHIN SERVICE AREAS AND COUNTIES, A HEALTHY PEOPLE 2020 TRACKER AND A DATABASE OF PROMISING AND EVIDENCE-BASED INTERVENTIONS. CONDUENT HCI WAS A KEY SOURCE OF DATA FOR THE 2017-2019 CHNA. THIS SECONDARY DATA WAS CRUCIAL IN ANALYZING THE HOSPITAL'S PSA HEALTH NEEDS AS THE DATABASE WAS THE ONLY SOURCE THAT PROVIDED SUCH AN EXTENSIVE AMOUNT OF DATA SPECIFIC TO THE 2017-2019 CHNA DEFINED COMMUNITY. ALL DATA COLLECTED THROUGH CONDUENT HCI WAS QUANTITATIVE AND INCLUDED DATA COMPARISONS BETWEEN PSA COMMUNITIES AND COUNTIES IN ILLINOIS. THESE COMPARISONS WERE EXEMPLIFIED IN THE FORM OF COMMUNITY DASHBOARDS, WHICH PROVIDED GREAT INSIGHT ON THE HEALTH STATUS OF THE HOSPITAL'S PSA IN COMPARISON TO OTHER COUNTIES AND COMMUNITIES IN ILLINOIS. ADDITIONAL NATIONAL AND LOCAL DATA. BETWEEN JUNE 2018 AND JUNE 2019, ADVOCATE SOUTH SUBURBAN STAFF COLLECTED PERTINENT COMMUNITY HEALTH DATA FOR THE HOSPITAL'S PSA. OTHER DATA SOURCES REVIEWED INCLUDED THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, ILLINOIS DEPARTMENT OF PUBLIC HEALTH, ADVOCATE SOUTH SUBURBAN PATIENT UTILIZATION DATA, HEALTHY PEOPLE 2020, AND THE CDC (STATE AND COUNTY HEALTH DATA).</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>DESCRIPTION OF THE COMMUNITY/POPULATION. FOR THE 2017-2019 CHNA, ADVOCATE SOUTH SUBURBAN DEFINED THE COMMUNITY AS THE HOSPITAL'S PSA. THIS AREA INCLUDES THE FOLLOWING CITIES AND TOWNS: CALUMET CITY, CHICAGO HEIGHTS, COUNTRY CLUB HILLS, DOLTON, FLOSSMOOR, GLENWOOD, HARVEY, MARKHAM, HAZEL CREST, HOMEWOOD, LANSING, MATTESON, MIDLOTHIAN, OAK FOREST, OLYMPIA FIELDS, PARK FOREST, RICHTON PARK, SOUTH HOLLAND, THORNTON, TINLEY PARK, AND FRANKFORT. IN 2019, THE TOTAL POPULATION FOR ADVOCATE SOUTH SUBURBAN'S PSA CONSISTED OF 479,400 PERSONS, A DECREASE OF 0.82 PERCENT FROM 2010 TO 2019. DEMOGRAPHICSAGE AND GENDER. THE MEDIAN AGE IN THE HOSPITAL'S PSA IS 39 YEARS, WHICH IS EQUAL TO THE STATE OF ILLINOIS' MEDIAN AGE AT 39. THERE ARE 52.46 PERCENT FEMALES IN THE HOSPITAL'S PSA WHILE 47.54 PERCENT ARE MALES. INDIVIDUALS AGED 25-64 YEARS MAKE UP THE MAJORITY OF THE PSA'S POPULATION (52.08 PERCENT), WHICH IS SIMILAR TO THE STATE OF ILLINOIS (52.34 PERCENT). RACE/ETHNICITY. IN TERMS OF RACE/ETHNICITY, ADVOCATE SOUTH SUBURBAN'S PSA POPULATION IS 47.40 PERCENT BLACK/AFRICAN AMERICAN; 41.70 PERCENT WHITE; 5.99 PERCENT "OTHER RACE; 2.77 PERCENT 2+ RACES; 1.84 PERCENT ASIAN; 0.27 PERCENT AMERICAN INDIAN/ALASKAN NATIVE AND 0.03 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER. THE ETHNIC MAKEUP OF THE PSA IS 87.06 PERCENT NON-HISPANIC AND 12.94 PERCENT HISPANIC/LATINO. AVERAGE HOUSEHOLD SIZE. THE AVERAGE HOUSEHOLD SIZE IN THE HOSPITAL'S PSA IS 2.75 WITH 123,634 FAMILIES RESIDING IN THE PSA. THERE ARE MORE TWO-PERSON HOUSEHOLDS IN THE HOSPITAL'S PSA AT 28.64 PERCENT COMPARED TO ALL OTHER HOUSEHOLD SIZES. ADVOCATE SOUTH SUBURBAN'S PSA POVERTY LEVEL OF 15.4 PERCENT OF THE POPULATION IS COMPARABLE TO THE COOK COUNTY LEVEL AT 15.9 PERCENT OF THE POPULATION. INCOME. AS OF 2019, 16.62 PERCENT OF HOUSEHOLDS IN THE PSA HAVE A HOUSEHOLD INCOME BETWEEN 50,000-\$74,499. COMPARATIVELY, THE STATE OF ILLINOIS HAS 16.36 PERCENT OF HOUSEHOLDS WITH AN INCOME BETWEEN 50,000-\$74,499. THE MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY FOR THE PSA IS \$66,110 COMPARED TO A VALUE OF \$66,487 FOR THE STATE OF ILLINOIS. THE HOUSEHOLD INCOME FOR ASIANS AND WHITES ARE SIGNIFICANTLY HIGHER COMPARED TO OTHER RACES AND ETHNICITIES. ASIANS HAVE A MEDIAN HOUSEHOLD INCOME VALUE OF \$84,759 FOR THE PSA AND WHITES HAVE A MEDIAN INCOME OF \$76,684. IN CONTRAST, BLACK/AFRICAN AMERICANS' HOUSEHOLD INCOME FOR THE PSA IS \$56,883.EMPLOYMENT. THE PERCENTAGE OF THE CIVILIAN LABOR FORCE AGE 16 AND OVER THAT IS UNEMPLOYED IN THE HOSPITAL PSA IS 10.52 PERCENT, HIGHER THAN THE STATE RATE OF 6.70 PERCENT. THE THREE HIGHEST INDUSTRIES FOR EMPLOYMENT IN THE HOSPITAL PSA ARE HEALTHCARE AT 17.30 PERCENT, RETAIL TRADE AT 11.28 PERCENT, AND TRANSPORTATION/WAREHOUSING INDUSTRIES AT 9.63 PERCENT. COMMUNITIES WITH THE HIGHEST UNEMPLOYMENT IN THE HOSPITAL PSA ARE DOLTON (19.47 PERCENT), HARVEY (19.19 PERCENT), CALUMET CITY (14.74 PERCENT) AND CHICAGO HEIGHTS (14.19 PERCENT).HEALTH INSURANCE. IN COOK COUNTY, 87.4 PERCENT OF ADULTS AGE 19 AND OVER WERE IDENTIFIED AS HAVING HEALTH INSURANCE; 97 PERCENT OF CHILDREN HAD HEALTH INSURANCE IN COOK COUNTY. IN COOK COUNTY 55.7 PERCENT OF PEOPLE WERE IDENTIFIED AS HAVING PRIVATE HEALTH INSURANCE; THE MAJORITY BEING INDIVIDUALS IN THE 19-64 YEARS OF AGE RANGE. IN CONTRAST, 27 PERCENT OF THE COUNTY POPULATION HAD PUBLIC HEALTH INSURANCE COMPARED TO THE STATE OF ILLINOIS AT 23.3.EDUCATION. IN TERMS OF EDUCATION, 26.9 PERCENT OF THE POPULATION AGES 25 AND OVER IN THE HOSPITAL PSA HAVE A BACHELOR'S DEGREE OR HIGHER. THE STATE PERCENTAGE FOR A BACHELOR'S DEGREE OR HIGHER IS 33.4 PERCENT.HEALTH SERVICES. THERE ARE SEVERAL HOSPITALS THAT PROVIDE SERVICES IN THE HOSPITAL PSA, INCLUDING: ADVOCATE SOUTH SUBURBAN, UNIVERSITY OF CHICAGO-INGALLS, HARVEY, IL; FRANCISCAN ALLIANCE, OLYMPIA FIELDS, IL; AND METRO SOUTH MEDICAL CENTER, BLUE ISLAND, IL. THERE ARE THREE FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs): ACCESS COMMUNITY HEALTH NETWORK, BLUE ISLAND AND CHICAGO HEIGHTS, IL; AUNT MARTHA'S COMMUNITY HEALTH NETWORK, CHICAGO HEIGHTS, HARVEY, AND HAZEL CREST, IL; AND FAMILY CHRISTIAN HEALTH CENTER, HARVEY, IL; AND THE COOK COUNTY HEALTH DEPARTMENT'S OAK FOREST HEALTH CENTER, OAK FOREST, IL.</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - ADVOCATE SOUTH SUBURBAN HOSPITAL</p>	<p>THE GOVERNING COUNCIL AT ADVOCATE SOUTH SUBURBAN IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SEVENTY-NINE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE SOUTH SUBURBAN IS AN ACUTE-CARE FACILITY PROVIDING A WIDE RANGE OF COMPREHENSIVE INPATIENT, OUTPATIENT, DIAGNOSTIC AND AMBULATORY MEDICAL SERVICES. IN ADDITION TO OFFERING AN ARRAY OF HOSPITAL SERVICES, THIS NOT-FOR-PROFIT FACILITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THROUGHOUT THE COMMUNITY, INCLUDING: SENIOR SERVICES. ADVOCATE SOUTH SUBURBAN SERVES A LARGE SENIOR POPULATION AND HOSTS A VARIETY OF PROGRAMS AND SCREENINGS IN THE COMMUNITY FOR SENIORS, INCLUDING: THE ANNUAL ACTIVE SENIOR EXPO, A PREMIER EVENT DESIGNED ESPECIALLY FOR SENIORS; AND PARTICIPATION IN A VARIETY OF COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR. SUPPORT GROUPS. THE HOSPITAL ALSO HOSTS SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A SPECIFIC ILLNESS. COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR: ALZHEIMER'S, DIABETES, PARKINSON'S, EASY BREATHERS, LUPUS, NAMI, CONGESTIVE HEART FAILURE, OSTOMY, PLATELET, AND STROKE AT THE HOSPITAL ALL FREE OF CHARGE TO THE COMMUNITY. LIFESTYLE CLASSES. TO AID THE COMMUNITY WITH LIFESTYLE ADJUSTMENTS, ADVOCATE SOUTH SUBURBAN AND ITS TEAM OF HEALTH CARE PROFESSIONALS OFFER CLASSES ON CONGESTIVE HEART FAILURE, LIFE AFTER A STROKE, AND DIABETES. THE HOSPITAL ALSO HAS STRONG PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY AND THE CANCER SUPPORT CENTER TO OFFER WELLNESS CLASSES FOR CANCER PATIENTS. SANE PROGRAM. SEXUAL ASSAULT NURSE EXAMINERS (SANES) ARE SPECIALISTS IN FORENSIC NURSING. SANES NOT ONLY ASSIST PATIENTS WHO HAVE BEEN SEXUALLY ASSAULTED, BUT THEY ALSO USE THEIR EDUCATION AND EXPERIENCE TO EXPAND THEIR CLINICAL PRACTICE TO ACCOMMODATE VICTIMS OF OTHER FORMS OF VIOLENCE. EXPERIENCED SANES EXTEND THEIR PRACTICE INTO THE CARE OF VICTIMS OF DOMESTIC VIOLENCE AS WELL. THESE SPECIALLY EDUCATED NURSES CAN BE A VALUABLE RESOURCE TO PROSECUTORS, PARTICULARLY IN CASES WHERE THE VICTIM MAY BE UNWILLING OR UNABLE TO TESTIFY AND ASSIST LAW ENFORCEMENT AND THE COURTS IN SENDING THOSE PERPETRATORS OF SEXUAL ASSAULT AND/OR DOMESTIC VIOLENCE TO JAIL. WOMEN AND INFANTS CENTER. IN OCTOBER 2018, ADVOCATE SOUTH SUBURBAN OPENED THE WOMEN AND INFANTS CENTER. THE CENTER UNDERTOOK MEASURES TO ENHANCE WOMEN'S HEALTH AND OB SERVICES BY INVESTING IN THE UNIT'S REDESIGN. THE REDESIGN INCLUDED CONSTRUCTION THAT INCREASES PATIENT PRIVACY AND PROMOTES THE BEST ENVIRONMENT IN WHICH TO HEAL. THE UNIT INCLUDES 16 PRIVATE AND STATE-OF-THE-ART SUITES, 4 SEMI-PRIVATE TRIAGE ROOMS FOR OUTPATIENT TESTING, 2 SURGICAL SUITES, 2 RECOVERY SUITES AND COMPREHENSIVE CLASSES AND SUPPORT. SURGICAL SERVICES EXPANSION. IN OCTOBER 2018, ADVOCATE SOUTH SUBURBAN UNDERTOOK MEASURES TO EXPAND AND MODERNIZE THE SURGICAL AND PROCEDURE SUITES. THE PROJECT INCLUDES ENLARGING AND UPDATING SURGICAL SUITES, ADDING NINE OPERATING ROOMS, THREE CARDIAC CATHETERIZATION LABS AND NEW SURGERY/PROCEDURE PREPARATION AND RECOVERY SPACES. THESE ENHANCEMENTS PROVIDE THE HOSPITAL THE OPPORTUNITY TO TAKE ADVANTAGE OF EFFICIENCIES AND NEW TECHNOLOGY, AND DELIVER HIGH-QUALITY CARE FOR THE PATIENTS IT SERVES.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 - ADVOCATE BROMENN MEDICAL CENTER	N/A

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE BROMENN MEDICAL CENTER</p>	<p>COMMUNITY DESCRIPTION. THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS MCLEAN COUNTY, THE PRIMARY SERVICE AREA FOR ADVOCATE BROMENN, THE MCLEAN COUNTY HEALTH DEPARTMENT, OSF ST. JOSEPH MEDICAL CENTER AND CHESTNUT FAMILY HEALTH CENTER. THIS AREA INCLUDES THE FOLLOWING CITIES AND TOWNS: ANCHOR, ARROWSMITH, BELLFLOWER, BLOOMINGTON, CARLOCK, CHENOA, COLFAX, COOKSVILLE, DANVERS, DOWNS, ELLSWORTH, GRIDLEY, HEYWORTH, HUDSON, LE ROY, LEXINGTON, MCLEAN, MERNAL, NORMAL, SAYBROOK, STANFORD AND TOWANDA. POPULATION. MCLEAN COUNTY CONSISTS OF A TOTAL POPULATION OF 172,052 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). BLOOMINGTON HAS THE LARGEST POPULATION IN THE COUNTY WITH 78,368 AND NORMAL HAS THE SECOND LARGEST POPULATION WITH 54,534 (BLOOMINGTON-NORMAL ECONOMIC DEVELOPMENT COUNCIL, 2018). THE POPULATION IN MCLEAN COUNTY INCREASED BY 1.46 PERCENT FROM 2010 TO 2019 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). SOCIAL DETERMINANTS OF HEALTH: SOCIOECONOMICS INDEX: THE SOCIOECONOMICS INDEX IS A CONDUENT HEALTHY COMMUNITIES INSTITUTE TOOL THAT IS A MEASURE OF SOCIOECONOMIC NEED, WHICH IS CORRELATED WITH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SIX INDICATORS, ONE EACH FROM THE FOLLOWING TOPICS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION AND LANGUAGE. THE INDICATORS ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. ALL ZIP CODES, COUNTIES, AND COUNTY EQUIVALENTS IN THE U.S. ARE GIVEN AN INDEX VALUE FROM 0 (LOW NEED) TO 100 (HIGH NEED). TO HELP IDENTIFY THE AREAS OF HIGHEST NEED WITHIN A DEFINED GEOGRAPHIC AREA, THE SELECTED ZIP CODES ARE RANKED FROM 1 (LOW NEED) TO 5 (HIGH NEED) BASED ON THEIR INDEX VALUE. THESE VALUES ARE SORTED FROM LOW TO HIGH AND DIVIDED INTO FIVE RANKS USING NATURAL BREAKS. THESE RANKS ARE THEN USED TO COLOR THE ZIP CODES WITH THE HIGHEST SOCIOECONOMICS RANKINGS WITH THE DARKER COLORS. MCLEAN COUNTY HAS SEVERAL COMMUNITIES THAT HAVE GREATER SOCIOECONOMIC NEEDS COMPARED TO OTHER COMMUNITIES IN THE COUNTY. MCLEAN COUNTY HAS ONE ZIP CODE WITH A RANKING OF 5, BLOOMINGTON 61701, AND EIGHT ZIP CODES WITH A RANKING OF 4, WHICH REPRESENTS THE AREAS WITH THE HIGHEST SOCIOECONOMIC NEED IN MCLEAN COUNTY. THE EIGHT COMMUNITIES WITH A RANKING OF 4 ARE NORMAL, COLFAX, FUNKS GROVE/MCLEAN, SAYBROOK, STANFORD, BELLFLOWER AND COOKSVILLE (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). DEMOGRAPHICS AGE AND GENDER. THE MEDIAN AGE IN MCLEAN COUNTY IS 33.7 YEARS OF AGE. THIS IS LESS THAN THE MEDIAN AGE IN ILLINOIS WHICH IS 38.5. TWENTY-TWO PERCENT OF PERSONS IN MCLEAN COUNTY ARE LESS THAN 18 YEARS OF AGE AND 24 PERCENT ARE 45 TO 64 YEARS OF AGE. THIRTEEN PERCENT OF PERSONS ARE OVER THE AGE OF 65. FORTY-NINE PERCENT OF THE POPULATION IN MCLEAN COUNTY IS MALE AND 51 PERCENT IS FEMALE (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). RACE AND ETHNICITY. THE POPULATION OF MCLEAN COUNTY IS 81.7 PERCENT WHITE, 7.7 PERCENT BLACK OR AFRICAN AMERICAN, 5.8 PERCENT ASIAN, 5.1 PERCENT HISPANIC OR LATINO, 0.25 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, AND .05 PERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). HOUSEHOLD/FAMILY. THERE ARE 66,336 HOUSEHOLDS IN MCLEAN COUNTY. THE AVERAGE HOUSEHOLD SIZE IS 2.43. APPROXIMATELY 25 PERCENT OF THE HOUSEHOLDS IN MCLEAN COUNTY ARE SINGLE PARENT HOUSEHOLDS COMPARED TO 32.4 PERCENT FOR ILLINOIS (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). ECONOMICS INCOME. THE MEDIAN HOUSEHOLD INCOME FOR MCLEAN COUNTY IS \$67,065. THIS IS HIGHER THAN THE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS OF \$66,487 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). PEOPLE LIVING BELOW THE FEDERAL POVERTY LEVEL (FPL). IN MCLEAN COUNTY, THE PERCENT OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LINE IS 14.5 PERCENT. (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013- 2017). INCOME BY RACE/ETHNICITY. WITHIN MCLEAN COUNTY, THE MEDIAN HOUSEHOLD INCOME VARIES WITH NATIVE HAWAIIAN/PACIFIC ISLANDERS HAVING THE HIGHEST MEDIAN HOUSEHOLD INCOME OF \$114,583 AND BLACKS/AFRICAN AMERICANS HAVING THE LOWEST AT \$34,463 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). HOWEVER, NATIVE HAWAIIAN/PACIFIC ISLANDERS REPRESENT ONLY .05 PERCENT OF THE POPULATION IN MCLEAN COUNTY. THEREFORE, SMALL CHANGES CAN GREATLY AFFECT THE DATA. EMPLOYMENT. THE PERCENTAGE OF THE CIVILIAN LABOR FORCE AGES 16 YEARS AND OVER THAT IS UNEMPLOYED IN MCLEAN COUNTY IS 3.73 PERCENT, LOWER THAN ILLINOIS AT 6.7 PERCENT. THE THREE COMMON INDUSTRIES OF EMPLOYMENT ARE THE FINANCIAL OR INSURANCE INDUSTRY AT 18.2 PERCENT, EDUCATIONAL SERVICES AT 13.9 PERCENT AND HEALTHCARE AT 13.1 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). EDUCATION EDUCATIONAL LEVEL. NINETY-SIX PERCENT OF THE POPULATION AGES 25 AND OVER IN MCLEAN COUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER AND 44.7 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER. THE STATE PERCENTAGE FOR A BAC</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE BROMENN MEDICAL CENTER</p>	<p>HELOR'S DEGREE OR HIGHER IS 33.4 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). ILLINOIS STATE UNIVERSITY, ILLINOIS WESLEYAN UNIVERSITY, HE ARTLAND COMMUNITY COLLEGE AND LINCOLN COLLEGE ARE ALL LOCATED IN MCLEAN COUNTY.HIGH SCHOOL GRADUATION RATES. THE FOUR-YEAR HIGH SCHOOL GRADUATION RATE FOR MCLEAN COUNTY IS 88.1 PER CENT. THIS IS HIGHER THAN THE GRADUATION RATE FOR ILLINOIS OF 85.6 PERCENT (CONDUENT HEALT HY COMMUNITIES INSTITUTE, COUNTY HEALTH RANKINGS, 2014-2015). INSURANCE/MEDICALLY UNDERSER VED AREA. ONE-HUNDRED-AND-ONE PERCENT OF THE 2018 MCLEAN COUNTY COMMUNITY HEALTH SURVEY RE SPONDENTS REPORTED HAVING EITHER PRIVATE INSURANCE, MEDICARE OR MEDICAID, WHILE TEN PERCENT REPORTED NOT HAVING ANY INSURANCE. THIS PERCENTAGE IS GREATER THAN 100 PERCENT BECAUSE R ESPONDENTS COULD CHOOSE MORE THAN ONE ANSWER. THE INDEX OF MEDICAL UNDERSERVICE (IMU) SCOR E FOR THE MCLEAN COUNTY SERVICE AREA IS 49.2. THE LOWEST SCORE (HIGHEST NEED) IS 0; THE HI GHEST SCORE (LOWEST NEED) IS 100. TO QUALIFY FOR DESIGNATION, THE IMU SCORE MUST BE LESS T HAN OR EQUAL TO 62.0. THIS SCORE APPLIES TO THE MEDICALLY UNDERSERVED AREA (MUA) OR MEDICA LLY UNDERSERVED POPULATIONS (MUP) AS A WHOLE, AND NOT TO INDIVIDUAL PORTIONS OF IT.HEALTHC ARE RESOURCES IN THE DEFINED COMMUNITY. THERE ARE NUMEROUS HEALTH CARE RESOURCES IN MCLEAN COUNTY. THERE ARE TWO HOSPITALS, ADVOCATE BROMENN LOCATED IN NORMAL AND OSF ST. JOSEPH ME DICAL CENTER LOCATED IN BLOOMINGTON. THERE IS ALSO A FEDERALLY QUALIFIED HEALTH CENTER (FQ HC), THE CHESTNUT FAMILY HEALTH CENTER, LOCATED IN BLOOMINGTON. IN ADDITION, THERE ARE THR EE COMMUNITY CLINICS. THE COMMUNITY HEALTH CARE CLINIC AND THE COMMUNITY CANCER CENTER ARE BOTH LOCATED IN NORMAL, AND MCLEAN COUNTY CENTER FOR HUMAN SERVICES IS LOCATED IN BLOOMIN GTON. TWO ADDITIONAL HEALTH CARE RESOURCES IN MCLEAN COUNTY ARE THE CLINIC WITHIN THE MCLE AN COUNTY HEALTH DEPARTMENT AND A CRISIS STABILIZATION UNIT WHICH IS A PART OF CHESTNUT HE ALTH SYSTEMS. IN THE 2019 COUNTY HEALTH RANKINGS, MCLEAN COUNTY RANKED 2ND OUT OF 102 ILLI NOIS COUNTIES FOR CLINICAL CARE, WHICH COMPARES 7 INDICATORS: PERCENT UNINSURED; RATIO OF PRIMARY CARE PHYSICIANS, DENTISTS, AND MENTAL HEALTH PROVIDERS TO THE POPULATION; PREVENTA BLE HOSPITAL STAYS; PERCENT COMPLETING MAMMOGRAM SCREENINGS; AND PERCENT OF FLU VACCINATIO NS (COUNTY HEALTH RANKINGS, 2019).</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - ADVOCATE BROMENN MEDICAL CENTER</p>	<p>ADVOCATE BROMENN'S DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS. THE ADVOCATE BROMENN AND ADVOCATE EUREKA GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SEVENTY-ONE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. A VAST MAJORITY OF THE HOSPITAL'S EXECUTIVE OR LEADERSHIP TEAM ALSO SERVE ON MULTIPLE COMMUNITY BOARDS THAT HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, SUCH AS FOR EXAMPLE THE MCLEAN COUNTY GOVERNMENT BEHAVIORAL HEALTH COORDINATING COUNCIL, KIWANIS, COMMUNITY HEALTH CARE CLINIC, MCLEAN COUNTY CHAMBER OF COMMERCE, AMERICAN RED CROSS, CONNECT TRANSIT ADVISORY COMMITTEE, MCLEAN COUNTY TRANSPORTATION ADVISORY COUNCIL, MCLEAN COUNTY COMPACT, MULTICULTURAL LEADERSHIP, FAITH IN ACTION, MCLEAN COUNTY BOARD OF HEALTH, HABITAT FOR HUMANITY, HEARTLAND COMMUNITY COLLEGE, ECONOMIC DEVELOPMENT COUNCIL, RECOVERY COURT, YWCA AND PROMISE COUNCIL. THE PRESIDENT OF ADVOCATE BROMENN IS ALSO INVOLVED IN MANY BOARDS THAT IMPACT THE COMMUNITY IN A POSITIVE MANNER, SUCH AS THE BENEFIT ADVANTAGE LEADERSHIP COUNCIL, CENTRAL ILLINOIS REGIONAL AIRPORT AUTHORITY, ILLINOIS STATE UNIVERSITY FOUNDATION BOARD OF DIRECTORS, COMMERCE BANK ADVISORY BOARD, ILLINOIS WESLEYAN UNIVERSITY BOARD AND THE COMMUNITY CANCER CENTER BOARD. THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE TEAM PROVIDE LEADERSHIP TRAINING IN THE COMMUNITY TO GROUPS SUCH AS THE MULTICULTURAL LEADERSHIP PROGRAM AND LEADERSHIP MCLEAN COUNTY. IN ADDITION, A MEMBER OF ADVOCATE BROMENN'S LEADERSHIP TEAM TRAINS STUDENTS FROM THE BLOOMINGTON AREA CAREER CENTER ON THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT TO HELP PREPARE THE STUDENTS TO TAKE THE CERTIFIED NURSING ASSISTANT EXAM. ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRIBUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY AND FURTHERS ITS EXEMPT STATUS IS THE COMMUNITY HEALTH CARE CLINIC. IN 1993, ADVOCATE BROMENN PARTNERED WITH OSF ST. JOSEPH MEDICAL CENTER, ALSO LOCATED IN MCLEAN COUNTY, TO OPEN THE COMMUNITY HEALTH CARE CLINIC. THE COMMUNITY HEALTH CARE CLINIC PROVIDES SERVICES TO THE MEDICALLY UNDERSERVED POPULATION OF MCLEAN COUNTY TO ENSURE THAT ALL POPULATIONS IN THE COMMUNITY HAVE ACCESS TO HEALTHCARE. TO BE ELIGIBLE FOR CARE AT THE CLINIC, AN INDIVIDUAL MUST HAVE A TOTAL HOUSEHOLD INCOME LESS THAN 185 PERCENT OF FEDERAL POVERTY GUIDELINES, HAVE NO ACCESS TO THIRD PARTY INSURANCE (MEDICAID, MEDICARE, ALL KIDS, VETERAN'S BENEFITS, DISABILITY OR EMPLOYER-SPONSORED INSURANCE) AND RESIDE IN MCLEAN COUNTY. ALL EMERGENCY ROOM VISITS, DIAGNOSTIC TESTING AND MEDICAL CENTER SERVICES ARE PROVIDED FREE OF CHARGE BY ADVOCATE BROMENN AND OSF ST. JOSEPH MEDICAL CENTER. THE COMMUNITY HEALTH CARE CLINIC SAW 1,195 PATIENTS IN 2019, PROVIDED 3,569 PATIENT VISITS AND PRESCRIBED OVER 25,071 PRESCRIPTION MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS. THE CLINIC IS IN A BUILDING OWNED BY ADVOCATE BROMENN, FOR WHICH THE HOSPITAL PAID \$316,338 FOR THE MAINTENANCE AND UPKEEP OF THE FACILITY IN 2019. IN ADDITION TO THE ABOVE, THERE ARE NUMEROUS OTHER WAYS ADVOCATE BROMENN PROMOTES THE HEALTH OF THE COMMUNITY. SOME EXAMPLES OF THESE EFFORTS ARE HIGHLIGHTED BELOW. THE MEDICAL CENTER VALUES DIVERSITY AND SCORED 95 OUT OF 100 ON THE 2019 HEALTHCARE EQUALITY INDEX. THE INDEX IS A TOOL OF THE HUMAN RIGHTS CAMPAIGN THAT RATES HEALTH CARE FACILITIES ON THEIR COMMITMENT TO LGBTQ EQUALITY AND INCLUSION. ADVOCATE BROMENN SERVES AS AN EMERGENCY MEDICAL SERVICES (EMS) RESOURCE FOR EDUCATION AND TRAINING FOR MCLEAN COUNTY, PROVIDING A \$192,560 BENEFIT TO THE COMMUNITY. THE MEDICAL CENTER OFFERS COMMUNITY MEMBERS, NURSING STUDENTS, RESIDENTS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS' ACCESS TO THE A.E. LIVINGSTON HEALTH SERVICES LIBRARY. THIS ACCESS IS PROVIDED FREE OF CHARGE TO THESE INDIVIDUALS. THE COST OF \$69,762 FOR THIS SERVICE, IN 2019, WAS ABSORBED BY THE HOSPITAL. ADVOCATE BROMENN IS ALSO AN AMERICAN HEART ASSOCIATION TRAINING CENTER FOR THE COMMUNITY. THE COST OF PROVIDING THIS SERVICE WAS \$78,588 IN 2019. THE MEDICAL CENTER COORDINATES YOUNG HEARTS FOR LIFE. THROUGH THIS PROGRAM, 2,408 HIGH SCHOOL STUDENTS WERE SCREENED IN 2019. YOUNG HEARTS FOR LIFE SCREENS LOCAL HIGH SCHOOL STUDENTS, AT NO COST, FOR UNIDENTIFIED GENETIC DISORDERS THAT PLACE THEM AT HIGH RISK FOR SUDDEN CARDIAC DEATH. IN ADDITION, ADVOCATE BROMENN PROMOTES THE HEALTH OF THE COMMUNITY THROUGH A VARIETY OF OTHER SERVICES FROM PROVIDING PET THERAPY AND CLINICAL POSTAL EDUCATION PROGRAMS, TO OFFERING MEETING SPACE TO COMMUNITY NOT-FOR-PROFIT GROUPS AND BEING A TEACHING HOSPITAL FOR BOTH FAMILY PRACTICE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - ADVOCATE BROMENN MEDICAL CENTER</p>	<p>E, NEUROLOGY AND NEUROSURGERY RESIDENTS.THE MEDICAL CENTER ALSO PROMOTES THE HEALTH OF THE COMMUNITY BY SUPPORTING WORKFORCE DEVELOPMENT IN MCLEAN COUNTY. ADVOCATE BROMENN IS A BUS INESS PARTNER FOR THE WORKFORCE DEVELOPMENT PROGRAM FOR AT-RISK YOUTH AT PROJECT OZ AND TH E UNITED WAY'S WORKFORCE 180 INITIATIVE. THE GOAL OF THESE PROGRAMS IS TO PROVIDE ELIGIBLE AT-RISK YOUTH WITH AGE APPROPRIATE JOB TRAINING, SUPPORTIVE SERVICES, LIFE SKILLS, COUNSE LING, WORK READINESS SKILLS AND SUPERVISED MEANINGFUL LONG-TERM WORK EXPERIENCE AND/OR ENH ANCED EDUCATIONAL EXPERIENCES. THE MEDICAL CENTER SIGNED A MEMORANDUM OF UNDERSTANDING WIT H MARCFIRST TO SERVE AS A POTENTIAL EMPLOYMENT SITE FOR MARCFIRST CLIENTS TO RECEIVE EMPLO YMENT COACHING, TRAINING, AND TRANSITION INTO EMPLOYMENT. THE INTENT OF THIS PROGRAM IS TO HELP FACILITATE EMPLOYMENT OPPORTUNITY FOR MCLEAN COUNTY RESIDENTS WITH DISABILITIES. ADV OCATE BROMENN IS A KEY PARTICIPANT IN THE BLOOMINGTON AREA CAREER CENTER'S ANNUAL 8TH GRAD E CAREER EXPO WHICH OFFERS OVER 1,000 STUDENTS FROM MCLEAN COUNTY THE OPPORTUNITY TO LEARN MORE ABOUT VARIOUS HEALTHCARE CAREERS THROUGH HANDS ON EXPERIENCES AND INTERACTION WITH P ROFESSIONALS IN THE FIELD. THE MEDICAL CENTER HELD AN EVENT CALLED THE LOOP FOR LOCAL TEAC HERS DISCUSSING HEALTHCARE CAREERS AND APPLICATION OF STEM LEARNING. TEACHERS FROM MCLEAN COUNTY ATTENDED THIS INTERACTIVE LEARNING EVENT ON CAMPUS WHICH INTRODUCED THEM TO CAREERS IN NURSING, IMAGING, PHARMACY, THERAPY SERVICES AND LABORATORY SERVICES. ADVOCATE BROMENN LEADERSHIP AND STAFF PROVIDE MANY PRESENTATIONS TO COMMUNITY MEMBERS, STUDENTS AND TEACHE RS TO EXPOSE ATTENDEES TO THE MANY REWARDING HEALTHCARE CAREERS, AN EXAMPLE OF WHICH WAS A CAREER PANEL DISCUSSION AT THE BLOOMINGTON-NORMAL HINDU TEMPLE IN APRIL 2019. THROUGH THE SIMULATION LAB ON CAMPUS, THE MEDICAL CENTER HOSTED A NUMBER OF LOCAL STUDENT GROUPS (E.G ., UNIVERSITY HIGH GIRLS IN STEM CLUB) TO TOUR THE FACILITY AND EXPERIENCE HEALTHCARE SIMU LATION TO SEE TECHNOLOGY AND SCIENCE IN ACTION AS IT APPLIES TO HEALTHCARE CAREERS. THE VI CE PRESIDENT OF HUMAN RESOURCES FOR ADVOCATE BROMENN CHAIRS THE MCLEAN COUNTY COMPACT, A S UBSIDIARY OF THE MCLEAN COUNTY CHAMBER OF COMMERCE, WHICH FOCUSES ON BRINGING EMPLOYERS, E DUCATORS AND CIVIC ORGANIZATIONS TOGETHER TO IMPROVE COLLEGE AND CAREER PREPAREDNESS LOCAL LY. THROUGH THESE EFFORTS, THE HOSPITAL HAS SERVED AS A CHIEF SPONSOR AND SUPPORTER OF EFF ORTS SUCH AS: IN PARTNERSHIP WITH HEARTLAND COMMUNITY COLLEGE, THE ESSENTIAL WORKPLACE SKI LLS PROGRAM WAS DEVELOPED, WHICH SERVES TO PREPARE LOCAL TALENT WITH THE SKILLS NECESSARY TO FUNCTION IN ANY WORK ENVIRONMENT. ADVOCATE BROMENN WILL BE SENDING TALENT FROM SUPPORT OPERATIONS THROUGH THIS PROGRAM IN 2020. BECOMING BN, AN INTERN SUPPORT PROGRAM, WHICH TAK ES PLACE DURING THE SUMMER, AND GIVES STUDENTS INTERNING IN MCLEAN COUNTY THE OPPORTUNITY TO NETWORK AND EXPERIENCE MCLEAN COUNTY AT ITS FULLEST. THE GOAL OF THE PROGRAM IS TO INCR EASE RETENTION AND DEVELOPMENT OF THE LOCAL STUDENT POPULATION. EDUCATION TO EMPLOYER SUMM ITTHESE SEMI-ANNUAL PROGRAMS BRING TOGETHER EMPLOYERS, EDUCATORS, AND CIVIC LEADERS TO LEA RN ABOUT THE CURRENT STATE OF WORKFORCE DEVELOPMENT AND WORK COLLABORATIVELY TO CREATE PRO GRAMS AND SOLUTIONS TO ENSURE RETENTION AND DEVELOPMENT OF OUR LOCAL TALENT.</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - ADVOCATE BROMENN MEDICAL CENTER</p>	<p>ADVOCATE BROMENN HAD SEVERAL SIGNIFICANT CAPITAL PROJECTS OR EXPENSES IN 2019 THAT IMPROVED PATIENT CARE OR CONTRIBUTED TO A HEALTHIER COMMUNITY ENVIRONMENT. THE MOTHER-BABY UNIT PURCHASED THE VOLUSON ULTRASOUND MACHINE FOR USE BY PHYSICIANS ON THE UNIT. THE VOLUSON IMPROVES PATIENT CARE BY ALLOWING PHYSICIANS TO IMMEDIATELY EVALUATE FETAL WELL-BEING, POSITION OF THE BABY AND AMNIOTIC FLUID LEVEL. ADDITIONALLY, THE ULTRASOUND MACHINE IS VALUABLE FOR OBSTETRICAL EMERGENCIES. RADIOLOGY PURCHASED THE PRONE BIOPSY SYSTEM WHICH IS A STEREOTACTIC BIOPSY TABLE. STEREOTACTIC BIOPSIES ARE DONE WITH BREAST MASSES ONLY SEEN ON MAMMOGRAPHY. THIS TABLE ALLOWS CLINICIANS TO USE 3D IMAGES FOR THE BIOPSY, RATHER THAN JUST 2D. WHEN MASSES SHOW UP ON 3D IMAGES ONLY, PATIENTS WERE BEING REFERRED OUT OF THE COMMUNITY FOR THE BIOPSY. NOW THEY CAN STAY LOCAL FOR THEIR CARE. IN 2019, SEVERAL PIECES OF EQUIPMENT WERE PURCHASED FOR THE OPERATING ROOM TO IMPROVE PATIENT CARE. THEY ARE AS FOLLOWS: 1) SAVI SCOUT TECHNOLOGY PLACES A RFID MARKER IN RADIOLOGY TO ASSIST SURGEONS IN LOCATING AND EXCISING BREAST TUMORS. 2) ANESTHESIA FLUID VOLUME MONITOR ALLOWS ANESTHESIA PROVIDERS TO PRECISELY MONITOR THE AMOUNT OF IV FLUIDS GIVEN PATIENTS TO ENSURE THEY DO NOT EXPERIENCE COMPLICATIONS FROM TOO MUCH, OR TOO LITTLE FLUIDS DURING SURGERY. 3) STEALTHSTATION NAVIGATION SYSTEM IMAGING SYSTEM THAT ALLOWS FOR PRECISE AND ACCURATE PLACEMENT OF SURGICAL HARDWARE PLACED DURING SPINE AND NEUROSURGERY. 4) CUB CRIB PEDIATRIC SURGICAL PATIENT CART/BED. 5) CUSA ABLATION SYSTEM ALLOWS NEUROSURGEONS TO EXCISE AND REMOVE SPINAL AND BRAIN TUMORS. 6) S5 HEART LUNG PERFUSION SYSTEM COMMONLY USED IN HEART SURGERY, THIS SYSTEM ALLOWS PATIENT'S BLOOD TO BYPASS THEIR OWN HEART AND BE CIRCULATED BACK THROUGHOUT THE PATIENT'S BODY. IN 2019, THE LAB PURCHASED TWO PIECES OF EQUIPMENT THAT IMPROVE PATIENT CARE. THE FIRST ARE THE CS2500 COAGULATION ANALYZERS THAT WERE BROUGHT INTO ADVOCATE BROMENN'S HEMATOLOGY DEPARTMENT. THIS HAS ENABLED THE LABORATORY TO REDUCE REAGENT ERROR RATES AND MOVE TO A PLATFORM THAT IS SUPPORTED BY THE MANUFACTURER. PREVIOUSLY, ALL REAGENTS WERE MANUALLY ENTERED INTO THE ANALYZER, AND PLACED IN SPECIFIC LOCATIONS. IF THE REAGENT WAS PLACED IN AN INCORRECT LOCATION, OR THERE WAS A MIX UP BETWEEN TWO REAGENTS; THE ANALYZER WOULD NOT KNOW. THE CS2500 HAS BARCODE SCANNING FOR ALL REAGENTS AND QUALITY CONTROL MATERIAL THAT IS PLACED ON THE INSTRUMENT. THIS ENSURES THAT THE CORRECT REAGENT IS BEING USED FOR ALL PATIENT TESTING. FURTHERMORE, IT TRACKS VOLUME OF REAGENT MORE PRECISELY WHICH REDUCES OVERALL WASTE. ENSURING THAT PROPER REAGENTS ARE USED FOR TESTING MAKES A DIFFERENCE IN THE REPORTED VALUE FOR SUCH CRITICAL COAGULATION TESTING. WITHOUT THIS, PATIENTS COULD BE SUBJECTED TO UNNECESSARY TRANSFUSIONS OR THEIR ANTICOAGULANT DOSE COULD BE MISS-MONITORED. THE ADDITION OF THE CS2500S HAVE REDUCED THE HUMAN ERROR RATE, SUBSEQUENTLY OFFERING SAFER RESULTS TO CLINICIANS. THE SECOND PIECE OF EQUIPMENT PURCHASED BY THE LAB IS THE MICROBIAL ID SYS-VITEK 2. IN 2019, IT WAS DETERMINED THAT THE CURRENT VITEK2 ANALYZER WAS WELL BEYOND ITS LIFE EXPECTANCY OF 10 YEARS AND THE PC SUPPORTING THE ANALYZER WAS OUTDATED AND NO LONGER ABLE TO ACCEPT UPDATES. IN MICROBIOLOGY, THERE ARE CONSTANT UPDATES IN REGARD TO MICROORGANISM NAMES, LIKE GENUS AND SPECIES AS WELL AS UPDATES FROM THE CDC, FDA AND CLSI IN REGARD TO SUSCEPTIBILITY BREAK POINTS. SUSCEPTIBILITY BREAKPOINTS ARE THE INFORMATION A PHARMACIST OR PHYSICIAN NEEDS TO KNOW TO DETERMINE IF A PARTICULAR ANTIMICROBIAL WILL BE EFFECTIVE AGAINST THE CAUSE OF DISEASE. THE NEW VERSION OF MIDDLEWARE SOFTWARE THAT ACCOMPANIED THE ANALYZER IS ALSO ABLE TO SUPPORT THE CURRENT BLOOD CULTURE ANALYZER WHICH STREAMLINES STAFF WORKLOAD.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - ADVOCATE TRINITY HOSPITAL</p>	<p>METHODOLOGYTIMELINE. ADVOCATE TRINITY'S CHNA PROCESS UTILIZED A MIXED METHODS APPROACH, WHICH INCLUDED THE COLLECTION AND REVIEW OF SECONDARY DATA FROM EXISTING SOURCES AND PRIMARY DATA FROM BOTH QUALITATIVE (SURVEY) AND QUANTITATIVE METHODS (FOCUS GROUPS). THE METHODOLOGY FOR THE CHNA HAD THREE COMPONENTS: 1) USE OF DATA COLLECTED THROUGH THE ALLIANCE (FEBRUARY 2018-MARCH 2019); 2) USE OF THE CONDUENT HEALTHY COMMUNITY INSTITUTE'S PLATFORM TO REVIEW PSA, COUNTY, STATE AND ZIP CODE LEVEL DATA (MARCH 2016- AUGUST 2019); AND 3) USE OF INTERNAL HOSPITAL DATA (2017).COLLABORATIVE ASSESSMENT MODEL AND PROCESS. THE ALLIANCE COMPLETED A 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. THE IPHI WORKED WITH THE CHNA COMMITTEE AND STEERING COMMITTEE OF THE ALLIANCE TO DESIGN AND FACILITATE A COLLABORATIVE, COMMUNITY ENGAGED ASSESSMENT. AS WITH THE 2015-2016 COLLABORATIVE CHNA, THE 2017-2019 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 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. THE ALLIANCE 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 COLLECTION. MULTIPLE DATA COLLECTION STRATEGIES WERE EMPLOYED FOR THE 2017-2019 CHNA. PRIMARY DATA COLLECTION FOR THE CHNA WAS CONDUCTED BY THE ALLIANCE AND COLLABORATIVE PARTNERS UTILIZING FOUR METHODS, INCLUDING COMMUNITY INPUT SURVEYS, COMMUNITY RESIDENT FOCUS GROUPS AND LEARNING MAP SESSIONS, HEALTH CARE AND SOCIAL SERVICE PROVIDER FOCUS GROUPS, AND FORCES OF CHANGE ASSESSMENT (FOCA) AND HEALTH EQUITY CAPACITY ASSESSMENT LED BY PARTNER HEALTH DEPARTMENTS.COMMUNITY INPUT SURVEYS. BETWEEN OCTOBER 2018 AND FEBRUARY 2019, THE ALLIANCE PARTNERS COLLECTED 5,934 COMMUNITY-WIDE INPUT SURVEYS FROM INDIVIDUALS 18 OR OLDER LIVING IN CHICAGO AND SUBURBAN COOK COUNTY. THERE WERE 574 SURVEY RESPONSES COLLECTED FROM ADVOCATE TRINITY'S SERVICE AREA. THE SURVEYS WERE AVAILABLE ON PAPER AND ONLINE, AND WERE DISSEMINATED IN ENGLISH, SPANISH, CHINESE AND POLISH. THE SURVEYS INCLUDED QUESTIONS ASKING RESPONDENTS ABOUT THE HEALTH STATUS OF THEIR COMMUNITIES, COMMUNITY STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT AND PRIORITY HEALTH NEEDS. HOSPITALS, COMMUNITY-BASED ORGANIZATIONS AND HEALTH DEPARTMENTS DISTRIBUTED THE SURVEYS WITH THE INTENTION OF GAINING INSIGHT FROM PRIORITY POPULATIONS THAT ARE TYPICALLY UNDERREPRESENTED IN ASSESSMENT PROCESSES. PRIORITY POPULATIONS INCLUDED COMMUNITIES OF COLOR, IMMIGRANTS, LGBTQ+ COMMUNITY MEMBERS, INDIVIDUALS WITH DISABILITIES AND LOW-INCOME COMMUNITIES. THE INTENTION OF THE COMMUNITY INPUT SURVEY WAS TO COMPLEMENT EXISTING COMMUNITY HEALTH SURVEYS DISTRIBUTED THROUGHOUT CHICAGO AND SUBURBAN COOK COUNTY BY LOCAL HEALTH DEPARTMENTS. IPHI AND THE CHNA COMMITTEE TOOK THE FOLLOWING STEPS TO DEVELOP THE SURVEY TOOL: (1) IPHI DRAFTED A SURVEY BASED ON REVIEW OF 13 EXAMPLE COMMUNITY INPUT SURVEYS; (2) CHNA COMMITTEE MEMBERS FROM HOSPITALS AND HEALTH DEPARTMENTS PROVIDED INPUT; (3) IPHI INCORPORATED REVISIONS FROM CHNA COMMITTEE MEMBERS AND THE UNIVERSITY OF ILLINOIS AT CHICAGO SURVEY RESEARCH LABORATORY; (4) IPHI MADE EDITS BASED ON A HEALTH LITERACY REVIEW; (5) IPHI AND TWO MEMBER HOSPITALS PILOTTED THE SURVEY AT THREE COMMUNITY-BASED EVENTS; AND (6) IPHI MADE FINAL EDITS TO ADDRESS MINOR CHALLENGES IDENTIFIED AT THE PILOT EVENTS. THE FINAL SURVEY TOOL INCLUDED 16 QUESTIONS,THREE QUESTIONS RELATED TO ZIP CODE/COMMUNITY OF RESIDENCE, NINE DEMOGRAPHIC QUESTIONS, TWO MULTI-SELECT QUESTIONS ABOUT HEALTH PROBLEMS AND WHAT'S NEEDED FOR A HEALTHY COMMUNITY, AND TWO OPEN-ENDED QUESTIONS ABOUT COMMUNITY STRENGTHS AND IMPROVEMENTS NEEDED. PAPER SURVEYS WERE ENTERED INTO THE SURVEYGIZMO ONLINE PLATFORM SO THAT ELECTRONIC AND PAPER SURVEYS COULD BE ANALYZED TOGETHER. SURVEY DATA ANALYSIS WAS CONDUCTED USING SAS 9.4 STATISTICAL ANALYSIS SOFTWARE AND MICROSOFT EXCEL 2016. FOCUS GROUP AND LEARNING MAP HOST ORGANIZATIONS. BETWEEN AUGUST 2018 AND FEBRUARY 2019, IPHI WORKED WITH THE ALLIANCE PARTNERS TO HOLD A TOTAL OF 52 COMMUNITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) WITH PRIORITY POPULATIONS SUCH AS VETERANS, INDIVIDUALS LIVING WITH MENTAL ILLNESS, COMMUNITIES OF COLOR, OLDER ADULTS, CAREGIVERS</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - ADVOCATE TRINITY HOSPITAL</p>	<p>, 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. THE COMMUNITY INPUT SESSIONS INCLUDED 31 FOCUS GROUPS CONDUCTED BY IPHI AND 21 LEARNING MAP SESSIONS LED BY WESTSIDE UNITED. IN ADDITION TO THE 52 COMMUNITY INPUT SESSIONS, THERE WERE ALSO FIVE FOCUS GROUPS WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS HOSTED BY SWEDISH COVENANT HOSPITAL, MACNEAL HOSPITAL, AND SOUTH SHORE HOSPITAL. EXHIBITS 23 AND 23.1 LIST ALL THE FOCUS GROUP AND LEARNING MAP SESSION HOST ORGANIZATIONS. FOCUS GROUP FACILITATORS ASKED PARTICIPANTS ABOUT THE UNDERLYING ROOT CAUSES OF HEALTH ISSUES SEEN IN THEIR COMMUNITIES AND SPECIFIC STRATEGIES FOR ADDRESSING THOSE HEALTH NEEDS. IPHI DEVELOPED THE FOCUS GROUP QUESTIONS USING RESOURCES FROM EXISTING CHNA TOOLKITS AND PEER-REVIEWED STUDIES, IN CONSULTATION WITH THE CHNA COMMITTEE AND COLLEAGUES AT PARTNER HEALTH DEPARTMENTS. EACH FOCUS GROUP WAS HOSTED BY A COMMUNITY-BASED ORGANIZATION OR HOSPITAL, AND PARTICIPATION RANGED FROM THREE TO FORTY PEOPLE. MOST FOCUS GROUPS WERE 90 MINUTES LONG WITH AN AVERAGE OF 10 PARTICIPANTS. FEEDBACK FROM ALL 52 COMMUNITY INPUT SESSIONS (FOCUS GROUPS AND LEARNING MAP SESSIONS) WAS COMBINED AND INCLUDED IN THE ASSESSMENT, ALONG WITH INPUT FROM FIVE PROVIDER FOCUS GROUPS. SECONDARY DATA COLLECTION. AS INDICATED ABOVE, ADVOCATE TRINITY COLLABORATED WITH MANY PARTNERS TO COLLECT PSA, COUNTY AND STATE DATA. SECONDARY DATA COLLECTION WAS CONDUCTED USING SEVERAL PLATFORMS, INCLUDING CONDUENT HEALTHY COMMUNITIES INSTITUTE (CONDUENT HCI). DETAIL ON THE HOSPITAL'S 2017-2019 CHNA SECONDARY DATA SOURCES ARE LISTED BELOW. CONDUENT HEALTHY COMMUNITIES INSTITUTE. IN EARLY 2017, ADVOCATE HEALTH CARE SIGNED A SECOND THREE-YEAR CONTRACT WITH CONDUENT HCI TO CONTINUE TO PROVIDE AN INTERNET-BASED DATA RESOURCE PLATFORM FOR ADVOCATE'S 11 HOSPITALS DURING THE 2017-2019 CHNA CYCLE. THIS ROBUST PLATFORM OFFERED THE HOSPITALS 198 HEALTH AND DEMOGRAPHIC INDICATORS, INCLUDING 38 HOSPITALIZATION AND ED VISIT INDICATORS AT THE SERVICE AREA AND ZIP CODE LEVELS. UTILIZING THE ILLINOIS HOSPITAL ASSOCIATION'S COMPDATA, CONDUENT HCI WAS ABLE TO SUMMARIZE, AGE ADJUST AND AVERAGE THE HOSPITALIZATION AND ED DATA FOR FIVE-TIME PERIODS FROM 2009-2017. THE CONDUENT HCI CONTRACT ALSO PROVIDED A WEALTH OF COUNTY AND ZIP CODE DATA COMPARISONS, A SOCIOINDEX VISUALIZING VULNERABLE POPULATIONS WITHIN SERVICE AREAS AND COUNTIES, A HEALTHY PEOPLE 2020 TRACKER, AND A DATABASE OF PROMISING AND EVIDENCE-BASED INTERVENTIONS. THIS SECONDARY DATA WAS CRUCIAL IN ANALYZING THE HOSPITAL'S PSA HEALTH NEEDS AS THE DATABASE WAS THE ONLY SOURCE THAT PROVIDED SUCH AN EXTENSIVE AMOUNT OF DATA SPECIFIC TO THE 2017-2019 CHNA DEFINED COMMUNITY. ALL DATA COLLECTED THROUGH HCI WAS QUANTITATIVE AND INCLUDED DATA COMPARISONS BETWEEN PSA COMMUNITIES AND COUNTIES IN ILLINOIS. THESE COMPARISONS WERE EXEMPLIFIED IN THE FORM OF COMMUNITY DASHBOARDS, WHICH PROVIDED GREAT INSIGHT REGARDING THE HEALTH STATUS OF THE HOSPITAL'S PSA IN COMPARISON TO OTHER ILLINOIS COUNTIES AND COMMUNITIES. CONDUENT HCI PROVIDES A GAUGE THAT ILLUSTRATES COMPARISON OF INDICATORS ACROSS COUNTIES, SERVICE AREAS AND ZIP CODES.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 - ADVOCATE TRINITY HOSPITAL	OTHER AVAILABLE NATIONAL AND LOCAL DATA. BETWEEN JUNE 2018 AND JUNE 2019, ADVOCATE TRINITY STAFF COLLECTED PERTINENT COMMUNITY HEALTH DATA FOR THE HOSPITAL'S PSA. OTHER DATA SOURCES REVIEWED INCLUDED THE CHICAGO HEALTH ATLAS, ILLINOIS DEPARTMENT OF PUBLIC HEALTH, CHICAGO DEPARTMENT OF PUBLIC HEALTH, ADVOCATE TRINITY PATIENT UTILIZATION DATA, CITY OF CHICAGO-HEALTHY CHICAGO 2.0, HEALTHY PEOPLE 2020, AND THE CDC (STATE AND COUNTY HEALTH DATA). A COMPREHENSIVE LIST OF DATA RESOURCES IS PROVIDED IN APPENDIX 1 OF ADVOCATE TRINITY'S 2017-2019 CHNA REPORT AT: HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/TRINITY-CHNA-REPORT-2019

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - ADVOCATE TRINITY HOSPITAL	<p>2017-2019 CHNADescription of the community/population. Within Advocate Aurora, the PSA is composed of the communities where 75 percent of the hospital's patients reside. The PSA consists of 6 ZIP codes, all within the city of Chicago, Illinois. The community areas include: South Chicago, Greater Grand Crossing, Auburn Gresham, Roseland, Morgan Park and South Shore. Demographics In 2019, the total population in Advocate Trinity's PSA was estimated at 374,433 persons. The PSA population decreased by 3.8 percent from 2010 to 2019. Comparatively, the state of Illinois population decreased by 0.46 percent (Conduent Healthy Communities Institute, 2019). Age. The median age in the hospital's PSA is 39 years, which is equal to the state of Illinois median age of 39 years. In the Advocate Trinity PSA, the median age for males is 36 years while the median age for females is 41 years. This is comparable to the state of Illinois median age range for males (37 years) and females (40 years). Individuals aged 25-64 years make up the majority of the PSA's population (50.83 percent), which is slightly lower than the state of Illinois (52.34 percent). Overall, individuals aged 25-34 make up 13.89 percent of Advocate Trinity's PSA, while individuals aged 55-64 make up 13.24 percent of the PSA. Gender. The hospital's PSA population is 54.57 percent female compared to 50.82 percent for the state of Illinois. There are 45.43 percent males in the hospital's PSA compared to 49.18 percent in the state of Illinois. Overall, there are slight differences in gender between the PSA and the state of Illinois among the male and female population. Race. Advocate Trinity's PSA population is 83.64 percent Black/African American; 9.15 percent White; 4.39 percent Other Race; 2.21 percent 2+ Races; 0.27 percent Asian; 0.33 percent American Indian/Alaskan Native and 0.02 percent Native Hawaiian/Pacific Islander. The PSA has a substantially larger Black/African American population when compared to the state of Illinois. The ethnic makeup of the hospital's PSA is 89.85 percent Non-Hispanic and 10.15 percent Hispanic/Latino. The Hispanic/Latino population in the hospital's PSA is smaller at 10.15 percent as compared to the state of Illinois at 17.62 percent. Income. Poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Twenty-three point six percent of the population in the hospital's PSA live in poverty, which is higher than Cook County at 15.9 percent. As of 2019, 21 percent of households have a household income level under \$15,000 while 14 percent have a household income level between \$15,000 to \$25,000. Comparatively, the state of Illinois has 10 percent of households with income levels under \$15,000 and eight percent of households have income levels between \$15,000 to \$25,000. The hospital's PSA has 45 percent of household income levels below \$34,000 compared to the state of Illinois with 26 percent of household income levels below \$34,000 (Conduent Healthy Communities Institute, Claritas, 2019). Poverty. As of 2019, the number of families in the PSA living below 100 percent of the federal poverty level (FPL) is 19,146 or 20.82 percent of the population, which is double compared to the state of Illinois at 313,034 or 9.80 percent. The number of families with children living below 100 percent of the FPL in the PSA is 14,082 or 15.31 percent. This is more than triple the state of Illinois number of families with children living below 100 percent of the FPL at 235,695 or 7.38 percent. There are 38.8 percent of children residing in the hospital's PSA that live below the FPL, which is substantially higher than the state of Illinois at 18.8 percent. Between the years 2013-2017 there were 26.3 percent of people living below the FPL compared to 13.5 percent in the state of Illinois and 14.6 percent in the U.S. Adults with health insurance. In Cook County, 87.4 percent of adults age 19 and over are identified as having health insurance. This value is slightly lower than the state and U.S. values of 90.2 percent and 87.7 percent respectively. More females (89.0 percent) have health insurance when compared to males (85.7 percent) in the county. This value is the lowest when compared to the six counties surrounding Cook County (Conduent Healthy Communities Institute, American Community Survey, 2018). Children with health insurance. In Cook County, 97.0 percent of children have health insurance. This value is comparable to the state of Illinois value of 97.1 percent and higher than the U.S. value of 95.0 percent. Data indicates that in all race and ethnicity categories, more than 95 percent of children under age 19 had health insurance. Interestingly, 100 percent of children surveyed in the American Indian/Alaska Native population had health insurance (Conduent Healthy Communities Institute, American Community Survey, 2019). Persons with public health insurance only. This indicator identifies</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - ADVOCATE TRINITY HOSPITAL	S THE PERCENTAGE OF PERSONS WHO HAVE PUBLIC HEALTH INSURANCE ONLY. PUBLIC HEALTH COVERAGE INCLUDES THE FEDERAL PROGRAMS MEDICARE, MEDICAID AND VA HEALTH CARE (PROVIDED THROUGH THE DEPARTMENT OF VETERANS AFFAIRS); THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP); AND INDIVIDUAL STATE HEALTH PLANS. IN COOK COUNTY, 27.0 PERCENT OF THE POPULATION HAD PUBLIC HEALTH INSURANCE; HIGHER THAN THE STATE RATE OF 23.3 PERCENT AND THE U.S. RATE OF 23.6. THE AGE GROUPS OF 65 AND OVER (46.1 PERCENT) AND 0-18 YEARS (42.7 PERCENT) HAD THE GREATEST LEVEL OF PUBLIC HEALTH INSURANCE. HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS. THERE ARE SIX HOSPITALS, FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), THE CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) AND THE COOK COUNTY HEALTH SYSTEM (CCHS) CLINICS WHICH SERVE ADVOCATE TRINITY'S PSA.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - ADVOCATE TRINITY HOSPITAL	<p>AS INDICATED EARLIER IN THIS DOCUMENT, THE ADVOCATE TRINITY GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SIXTY ONE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. IN ADDITION TO THE PROGRAMS DESCRIBED ELSEWHERE IN THIS DOCUMENT, FOLLOWING ARE SEVERAL ADDITIONAL ADVOCATE TRINITY PROGRAMS/ACTIVITIES THAT CONTRIBUTED TO A HEALTHIER COMMUNITY IN 2019.</p> <p>MEN'S HEALTH EVENTS: THE PURPOSE OF THE MEN'S HEALTH EVENT IS TO RAISE AWARENESS ABOUT SEVERAL HEALTH ISSUES AFFECTING MEN'S HEALTH, SOME OF WHICH INCLUDE DIABETES, HYPERTENSION, HIGH CHOLESTEROL, KIDNEY DISEASE, PROSTATE CANCER AND HIV/AIDS. MANY MEN AND THEIR FAMILIES WERE ENCOURAGED TO PARTICIPATE IN SCREENINGS TO DETECT HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DIABETES, HIV/AIDS, PROSTATE CANCER AND EARLY SIGNS OF KIDNEY DISEASE. LADIES NIGHT EVENTS: THE PURPOSE OF THE LADIES NIGHT HEALTH SEMINARS IS TO INCREASE AWARENESS REGARDING WOMEN'S HEALTH ISSUES SUCH AS DIABETES, HEART DISEASE, STROKE, BREAST CANCER AND GENERAL WOMEN'S HEALTH. THE PROGRAM PROVIDES LECTURES FROM PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS WHO PROVIDE INFORMATION AND ANSWER PERTINENT QUESTIONS ABOUT WOMEN'S HEALTH CONDITIONS. SUPPORT GROUPS: THE HOSPITAL ALSO HOSTS SEVERAL SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A SPECIFIC ILLNESS. COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR BREAST CANCER, DIABETES AND STROKE AT THE HOSPITAL ALL FREE OF CHARGE TO THE COMMUNITY. ADVANCEMENTS CONTRIBUTING TO ADVOCATE TRINITY'S STANDING WITHIN ADVOCATE AURORA HEALTH AND IN THE COMMUNITY ARE PROVIDED BELOW. THE AMBULATORY SURGERY DEPARTMENT EARNED TOP PATIENT SATISFACTION SCORES IN 2019. IN MARCH 2019, THE HOSPITAL'S ROLLING 6-MONTH RELIABILITY SCORE RANKED THIRD AMONG ADVOCATE AURORA HEALTH'S 24 SITES. ADVOCATE TRINITY MADE GREAT STRIDES IN IMPROVING PATIENT SATISFACTION, EARNING A PATIENT EXPERIENCE SCORE OF 86 IN SEPTEMBER (ROLLING 6 MONTHS) - WHICH MARKS A 58-POINT INCREASE IN PATIENT SATISFACTION OVER THE PAST 10 MONTHS (FROM JANUARY TO SEPTEMBER 2019.) THE CHICAGO HEALTH EXECUTIVES FORUM/ACHE RECOGNIZED ADVOCATE TRINITY WITH THE 2019 CHEF SERVICE EXCELLENCE AWARD FOR MAINTAINING GREAT PATIENT EXPERIENCE SCORES. ADVOCATE TRINITY WAS AWARDED THE PATIENT SAFETY EXCELLENCE AWARD WHICH RECOGNIZES HOSPITALS THAT HAVE THE LOWEST OCCURRENCES OF 14 PREVENTABLE PATIENT SAFETY EVENTS. THE HOSPITAL IS IN THE TOP 10% IN THE NATION FOR PATIENT SAFETY. THE HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES GOLD PLUS ELITE AWARDS FOR QUALITY STROKE CARE. THE HOSPITAL OBTAINED DESIGNATION FOR BLUE DISTINCTION CARE PLUS FOR ORTHO'S KNEE AND HIP REPLACEMENT PROGRAM. ADVOCATE TRINITY EXTENDED OUTREACH INTO THE COMMUNITY THROUGH THE FOLLOWING ADDITIONAL ACTIVITIES. WITH FUNDING FROM A \$58,000 GRANT FROM THE CHICAGO CARES TO PREVENT DIABETES COLLABORATIVE, ADVOCATE TRINITY EXPANDED ITS SUCCESSFUL T2 DIABETES PREVENTION PROGRAM TO HISPANIC ADULTS WHO SHARE THE SAME 60617 ZIP CODE WITH THE HOSPITAL OR LIVE NEARBY. THE HOSPITAL SPONSORED A SPIRIT OF THE HEART COMMUNITY FORUM, HEALTH FAIR AND MINISTERIAL OUTREACH, IN PARTNERSHIP WITH THE ASSOCIATION OF BLACK CARDIOLOGISTS. THIS EFFORT TOUCHED THOUSANDS OF PEOPLE IN THE GENERAL PUBLIC AND BROUGHT TOGETHER OVER 100 COMMUNITY LEADERS, PARTNERS IN FAITH, CLINICIANS AND STATE AND LOCAL ELECTED OFFICIALS TO DISCUSS CARDIOVASCULAR HEALTH RISKS AND HEALTH DISPARITIES. THE HOSPITAL MOVED TO A SINGLE MEDICARE PROVIDER MODEL TO DRIVE OPERATIONAL EFFICIENCIES AND SAVINGS THAT WILL BE REINVESTED TO IMPROVE HEALTH OUTCOMES AND REDUCE THE COST OF CARE IN THE COMMUNITIES WE SERVE. STATE LEGISLATORS EARMARKED OVER \$400,000 IN CAPITAL GRANT FUNDING FOR RENOVATIONS TO ADVOCATE TRINITY'S EMERGENCY DEPARTMENT. IN ADDITION, ADVOCATE AURORA SYSTEM LEADERSHIP APPROVED A \$4.8 MILLION CAPITAL RENOVATION PROJECT FOR THE HOSPITAL'S ED.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 - ADVOCATE EUREKA HOSPITAL	N/A

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE EUREKA HOSPITAL</p>	<p>COMMUNITY DESCRIPTION. FOR THE PURPOSE OF THE 2017-2019 CHNA, "COMMUNITY" IS DEFINED AS WO ODFORD COUNTY ILLINOIS. ADVOCATE EUREKA IS THE ONLY HOSPITAL IN WOODFORD COUNTY, WHICH IS LOCATED IN RURAL CENTRAL ILLINOIS. ALTHOUGH THE HOSPITAL PARTICIPATED IN THE 2019 TRI-COUN TY COLLABORATIVE, LED BY THE PARTNERSHIP FOR A HEALTHY COMMUNITY FOR THE THREE COUNTIES, F OR THE PURPOSE OF THE 2017-2019 ADVOCATE EUREKA CHNA THE COMMUNITY IS DEFINED AS WOODFORD COUNTY. THE FOLLOWING TOWNS ARE IN WOODFORD COUNTY: BAY VIEW GARDENS, BENSON, CONGERVILLE, EL PASO, EUREKA, GERMANTOWN HILLS, GOODFIELD, KAPPA, LOWPOINT, METAMORA, MINONK, PANOLA, ROANOKE, SECOR, SPRING BAY AND WASHBURN. POPULATION. WOODFORD COUNTY CONSISTS OF A TOTAL P OPULATION OF 38,606 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). THE TOWN OF EUREKA HAS THE LARGEST POPULATION IN THE COUNTY WITH 6,735. THE POPULATION IN WOODFORD COU NTY DECREASED BY 0.15 PERCENT FROM 2010 TO 2019 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, C LARITAS, 2019).SOCIAL DETERMINANTS OF HEALTH: SOCIONEEDS INDEX. THE SOCIONEEDS INDEX IS A CONDUENT HEALTHY COMMUNITIES INSTITUTE INDICATOR THAT IS A MEASURE OF SOCIOECONOMIC NEED, CORRELATED WITH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SIX INDICATORS, ONE EAC H FROM THE FOLLOWING TOPICS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION AND LANG UAGE. THE INDICATORS ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. ALL ZIP CODES, COUNTIES AND COUNTY EQUI VALENTS IN THE U.S. ARE GIVEN AN INDEX VALUE FROM 0 (LOW NEED) TO 100 (HIGH NEED). TO HELP IDENTIFY THE AREAS OF HIGHEST NEED WITHIN A DEFINED GEOGRAPHIC AREA, THE SELECTED ZIP COD ES ARE RANKED FROM 1 (LOW NEED) TO 5 (HIGH NEED) BASED ON THEIR INDEX VALUE. THESE VALUES ARE SORTED FROM LOW TO HIGH AND DIVIDED INTO FIVE RANKS USING NATURAL BREAKS. THESE RANKS ARE THEN USED TO COLOR THE ZIP CODES WITH THE HIGHEST SOCIONEEDS INDICES WITH THE DARKER C OLORS. WOODFORD COUNTY HAS FOUR COMMUNITIES THAT HAVE GREATER SOCIOECONOMIC NEEDS (RANKING OF A 4 OR 5) COMPARED TO OTHER COMMUNITIES IN THE COUNTY (CONDUENT HEALTHY COMMUNITIES INSTITUTE, 2018). THE COMMUNITIES WITH A RANKING OF 4 OR 5 ARE WASHBURN61570 (5), SECOR61771 (5), LOWPOINT61545 (4) AND EL PASO61738 (4). EL PASO IS LOCATED IN BOTH MCLEAN AND WOODFO RD COUNTIES.IN ADDITION TO THE ABOVE ZIP CODES WITH A HIGH SOCIONEEDS RANKING, WOODFORD CO UNTY HAS THREE ZIP CODES, WITH A LOW SOCIONEEDS RANKING. GOODFIELD61742, GERMANTOWN HILLS6 1548 AND ROANOKE61561 ALL HAVE A SOCIONEEDS RANKING OF 1. DEMOGRAPHICSAGE AND GENDER. THE MEDIAN AGE IN WOODFORD COUNTY IS 40.4 YEARS WHICH IS HIGHER THAN THE MEDIAN AGE FOR ILLINO IS OF 38.5 YEARS. WOODFORD COUNTY IS EVENLY SPLIT IN POPULATION IN TERMS OF GENDER, WITH 4 9.7 PERCENT OF THE POPULATION BEING MALE AND 50.3 PERCENT BEING FEMALE.RACE AND ETHNICITY. THE POPULATION BY RACE FOR WOODFORD COUNTY IS 96.3 PERCENT WHITE, 0.69 PERCENT BLACK OR A FRICAN AMERICAN, 0.73 PERCENT ASIAN, 0.26 PERCENT AMERICAN INDIAN AND ALASKA NATIVE AND 0. 03 PERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CL ARITAS, 2019). THE POPULATION BY ETHNICITY FOR WOODFORD COUNTY IS 2.13 PERCENT HISPANIC/LA TINO AND 97.87 PERCENT NON-HISPANIC/LATINO (CONDUENT HEALTHY COMMUNITIES, CLARITAS, 2019). HOUSEHOLD/FAMILY. THE AVERAGE HOUSEHOLD SIZE IN WOODFORD COUNTY IS 2.6 PERSONS WITH 14,41 2 RESIDENTS LIVING AS A PART OF A HOUSEHOLD (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARI TAS, 2019). TWENTY PERCENT OF THE HOUSEHOLDS IN WOODFORD COUNTY ARE SINGLE PARENT HOUSEHOL DS. IN COMPARISON TO OTHER COUNTIES IN ILLINOIS, THE WOODFORD COUNTY SINGLE PARENT HOUSEHO LD VALUE IS IN THE BEST 0-50TH PERCENTILE RANGE (GREEN INDICATOR). THE PERCENT OF SENIORS (AGE 65 YEARS AND OLDER) WHO ARE LIVING ALONE IN WOODFORD COUNTY IS 23.6 PERCENT. THIS IS ALSO IN THE BEST 050TH PERCENTILE (GREEN INDICATOR) COMPARED TO OTHER COUNTIES IN ILLINOIS (CONDUENT HEALTHY COMMUNITIES INSTITUTE, 2019).ECONOMICSMEDIAN HOUSEHOLD INCOME. THE MEDI AN HOUSEHOLD INCOME IN WOODFORD COUNTY IS \$72,597, WHICH IS HIGHER THAN THE ILLINOIS MEDIA N HOUSEHOLD INCOME OF \$66,487 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). PE OPLE LIVING BELOW THE POVERTY LEVEL. THE PERCENT OF PEOPLE LIVING BELOW THE POVERTY LEVEL IN WOODFORD COUNTY IS 7.4 (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURV EY, 2013-2017). THIS IS IN THE BEST 050TH PERCENTILE (GREEN INDICATOR) COMPARED TO OTHER C OUNTIES IN ILLINOIS AND LOWER THAN THE ILLINOIS VALUE (13.5 PERCENT). IT IS TRENDING UNFAV ORABLY, ALTHOUGH NOT IN A STATISTICALLY SIGNIFICANT DIRECTION.CHILDREN LIVING BELOW THE PO VERTY LEVEL, THE PERCENT OF CHILDREN LIVING BELOW THE POVERTY LEVEL IN WOODFORD COUNTY IS 11.8 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). THIS IS IN THE BEST 050TH PERCENTILE (GREEN INDICATOR) COMPARED TO OTHER COUNTIES IN IL LINOIS AND LOWER THAN THE ILLINOIS VALUE (18.8 PER</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - ADVOCATE EUREKA HOSPITAL</p>	<p>CENT). IT IS TRENDING UNFAVORABLY, ALTHOUGH NOT IN A STATISTICALLY SIGNIFICANT DIRECTION. PERSONS WITH DISABILITIES LIVING BELOW THE POVERTY LEVEL. THE PERCENT OF INDIVIDUALS WITH DISABILITIES LIVING IN POVERTY IN WOODFORD COUNTY IS 24.6 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). THIS IS IN THE BEST 050TH PERCENTILE (GREEN INDICATOR) COMPARED TO OTHER COUNTIES IN ILLINOIS AND LOWER THAN THE ILLINOIS VALUE (26.2 PERCENT). PEOPLE 65 YEARS AND OLDER LIVING BELOW THE POVERTY LEVEL. THE PERCENT OF PEOPLE 65 YEARS AND OLDER LIVING BELOW THE POVERTY LEVEL IS 2.9 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). THIS IS IN THE BEST 050TH PERCENTILE (GREEN INDICATOR) COMPARED TO OTHER COUNTIES IN ILLINOIS AND LOWER THAN THE ILLINOIS VALUE (8.8 PERCENT). IT IS TRENDING FAVORABLY IN A STATISTICALLY SIGNIFICANT DIRECTION. EMPLOYMENT. THE PERCENT OF THE CIVILIAN LABOR FORCE OVER THE AGE OF 16 THAT IS UNEMPLOYED IN WOODFORD COUNTY IS 5.2 PERCENT, LOWER THAN ILLINOIS AT 6.7 PERCENT. THE THREE COMMON INDUSTRIES OF EMPLOYMENT ARE MANUFACTURING AT 16.6 PERCENT, HEALTHCARE AT 12.9 PERCENT AND RETAIL TRADE AT 11.5 PERCENT (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). EDUCATION. EDUCATIONAL LEVEL. NINETY-FOUR PERCENT OF THE POPULATION OVER THE AGE OF 25 IN WOODFORD COUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER AND 21.7 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). EUREKA COLLEGE, A SMALL LIBERAL ARTS COLLEGE, IS LOCATED IN WOODFORD COUNTY. HIGH SCHOOL GRADUATION RATES. NINETY-TWO PERCENT OF STUDENTS IN WOODFORD COUNTY GRADUATE HIGH SCHOOL WITHIN FOUR YEARS OF THEIR FIRST ENROLLMENT IN NINTH GRADE (CONDUENT HEALTHY COMMUNITIES INSTITUTE, COUNTY HEALTH RANKINGS, 2011-2015). THIS IS IN THE BEST 0-50TH PERCENTILE RANGE (GREEN INDICATOR) WHEN COMPARED TO OTHER COUNTIES IN ILLINOIS, IS HIGHER THAN THE ILLINOIS VALUE (85.6 PERCENT), IS TRENDING FAVORABLY IN A STATISTICALLY SIGNIFICANT DIRECTION AND MEETS THE HEALTHY PEOPLE 2020 TARGET OF 87 PERCENT. STUDENT-TO-TEACHER RATIO. THIS INDICATOR SHOWS THE AVERAGE NUMBER OF PUBLIC-SCHOOL STUDENTS PER TEACHER IN THE REGION. IT DOES NOT MEASURE CLASS SIZE. ACCORDING TO THE NATIONAL CENTER FOR EDUCATION STATISTICS, LARGER SCHOOLS TEND TO HAVE HIGHER STUDENT-TEACHER RATIOS. THERE ARE 14.7 STUDENTS PER TEACHER IN WOODFORD COUNTY (CONDUENT HEALTHY COMMUNITIES INSTITUTE, NATIONAL CENTER FOR EDUCATION STATISTICS, 2016-2017). THIS IS IN THE WORST 50-75TH PERCENTILE RANGE (YELLOW INDICATOR) COMPARED TO OTHER COUNTIES IN ILLINOIS BUT IS TRENDING FAVORABLY, ALTHOUGH NOT IN A STATISTICALLY SIGNIFICANT DIRECTION. HEALTHCARE COVERAGE. ACCORDING TO THE TRI-COUNTY COMMUNITY HEALTH SURVEY, 2018, 81 PERCENT OF WOODFORD COUNTY SURVEY RESPONDENTS REPORTED HAVING PRIVATE INSURANCE, FOLLOWED BY 16 PERCENT HAVING MEDICAID AND 11 PERCENT HAVING MEDICARE. THREE PERCENT OF SURVEY RESPONDENTS REPORTED NOT HAVING ANY INSURANCE. HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY. RESOURCES IN THE COMMUNITY INCLUDE: ADVOCATE EUREKA, A CRITICAL ACCESS HOSPITAL; WOODFORD COUNTY PUBLIC HEALTH DEPARTMENT, A HEALTH CLINIC; AND HEART HOUSE/SHELTER, A COMMUNITY ORGANIZATION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - ADVOCATE EUREKA HOSPITAL	<p>ADVOCATE EUREKA'S DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS. THE ADVOCATE BROMENN AND ADVOCATE EUREKA GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SEVENTY-ONE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE EUREKA IS A 25-BED FACILITY THAT HAS SERVED AND CARED FOR THE PEOPLE OF WOODFORD COUNTY AND THE SURROUNDING AREA SINCE 1901. ADVOCATE EUREKA IS THE ONLY HOSPITAL IN WOODFORD COUNTY AND IS A CRITICAL ACCESS HOSPITAL AS CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. BY FUNCTIONING IN THIS CAPACITY, ADVOCATE EUREKA PLAYS A VITAL ROLE IN SERVING THE HEALTH NEEDS OF A PRIMARILY RURAL AREA. COMMUNITY RESIDENTS BENEFIT FROM HAVING ACCESS TO CARE CLOSE TO HOME AS PROVIDED BY A DEDICATED GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS. IF THE PATIENT'S CONDITION REQUIRES ADVANCED CARE, ADVOCATE EUREKA IS AVAILABLE TO STABILIZE THE CONDITION AND SEAMLESSLY TRANSITION THE PATIENT TO ANOTHER FACILITY.A CHERISHED COMMUNITY INSTITUTION, ADVOCATE EUREKA HAS SET NEW STANDARDS FOR WHAT A RURAL HOSPITAL CAN ACCOMPLISH. WHILE PATIENTS APPRECIATE THE SMALL-TOWN TOUCH OF ONE-ON-ONE CARE, THEY ALSO KNOW THAT IT'S BACKED BY SERVICES AND TECHNOLOGY TYPICALLY UNAVAILABLE AT A SMALL HOSPITAL. EMERGENCY CARE, INPATIENT AND OUTPATIENT SURGERIES, REHABILITATION AND ADVANCED RADIOLOGY ARE ONLY A FEW OF THE SERVICES OFFERED. THESE SERVICES ARE PROVIDED BY A SKILLED AND CARING STAFF THAT HAS WON NUMEROUS AWARDS FOR PATIENT SATISFACTION.IN ADDITION TO FILLING A VOID IN THE COUNTY BY SERVING AS A CRITICAL ACCESS HOSPITAL, ADVOCATE EUREKA PROMOTES THE HEALTH OF THE COMMUNITY THROUGH ITS RECYCLING EFFORTS. USED PRINTER CARTRIDGES ARE COLLECTED AND DONATED DIRECTLY TO SPECIAL OLYMPICS. IN ADDITION, THE HOSPITAL DONATES USED MEDICAL EQUIPMENT AND FURNITURE, AND HAS MADE IMPROVEMENTS TO REDUCE ENERGY, SOLID AND MEDICAL WASTE USAGE. THE HOSPITAL ALSO SPONSORS COMMUNITY RACES TO PROMOTE HEALTH AWARENESS AND ENGAGES IN FUNDRAISING EFFORTS TO IMPROVE THE HEALTH OF THE COMMUNITY. ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRIBUTES TO THE HEALTH OF THE COMMUNITY IS THROUGH ITS COMMUNITY EDUCATION AND OUTREACH EFFORTS. IN 2019, THE HOSPITAL OFFERED CLASSES IN GLUCOSE MONITORING AND EDUCATION, AND A CAREGIVER'S CLASS TO TEACH INDIVIDUALS HOW TO TAKE CARE OF THE DEVELOPMENTALLY DISABLED. ADDITIONALLY, THE HOSPITAL STAFF COLLECT FOOD AND SCHOOL SUPPLIES FOR LOW-INCOME FAMILIES. MEMBERS OF THE HOSPITAL'S EXECUTIVE OR LEADERSHIP TEAM ALSO SERVE ON MULTIPLE COMMUNITY BOARDS THAT WILL HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, SUCH AS KIWANIS, WOODFORD COUNTY FOOD PANTRY, EUREKA BUSINESS ASSOCIATION, EMERGENCY MANAGEMENT SERVICES AND THE ROTARY CLUB. IN ADDITION TO ALL OF THE ABOVE EFFORTS TO PROMOTE THE HEALTH OF THE COMMUNITY, ADVOCATE EUREKA HAD TWO SIGNIFICANT CAPITAL PROJECTS OR EXPENSES IN 2019 THAT IMPROVED PATIENT CARE. THE SELENIA MAMMOGRAPHY SYSTEM WAS PURCHASED BY RADIOLOGY TO IMPROVE PATIENT CARE. THE SELENIA MAMMOGRAPHY SYSTEM WAS AN UPGRADE FROM 2D MAMMOGRAPHY TO 3D MAMMOGRAPHY. 3D MAMMOGRAPHY FINDS LESIONS EARLIER IN THE DISEASE PROCESS AND HELPS CLINICIANS TO MORE CONFIDENTLY DIAGNOSE WOMEN WITH DENSE BREAST TISSUE. THE SECOND PIECE OF EQUIPMENT THAT IMPROVES PATIENT CARE IS THE MAC VUE360. THIS EQUIPMENT WAS PURCHASED BY RADIOLOGY. THE MAC VUE360 GIVES ADVOCATE EUREKA THE ABILITY TO OBTAIN HIGH QUALITY EKG REPORTS MUCH FASTER THAN THE OLD TECHNOLOGY. THE MAC VUE360 HAS A SMART ACQUISITION PLATFORM THAT INCLUDES SMART LEADS, HOOKUP ADVISOR AND SMART AUTO-EKG TECHNOLOGY THAT MINIMIZE VARIABILITY, DATA MIX-UPS AND THE NEED FOR REPEAT TESTS. THE MAC VUE360 ALLOWS FOR EKG REPORTS TO BE OBTAINED QUICKLY SO THE UNDERLYING CARDIAC PROBLEM CAN BE IDENTIFIED, AND TREATMENT CAN BEGIN AS SOON AS POSSIBLE TO RESTORE ADEQUATE BLOOD FLOW TO THE HEART AND OTHER VITAL ORGANS.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>PRIMARY CARE CONNECTION-COMMUNITY HEALTH WORKERS (CHWS) IS A QUALITY IMPROVEMENT PROJECT TO ENGAGE AND EDUCATE MEDICAID BENEFICIARIES SEEN IN THE ED ON APPROPRIATE LEVEL OF CARE OPTIONS AVAILABLE TO THEM USING COMMUNITY HEALTH WORKERS. THE MAIN OBJECTIVES OF THE PRIMARY CARE CONNECTIONS INTERVENTION ARE TO: EDUCATE AND SCHEDULE LOW ACUITY PATIENTS WHO VISIT THE ED REGARDING ALTERNATIVE CARE OPTIONS AVAILABLE TO THEM; HELP THEM ESTABLISH A PRIMARY CARE MEDICAL HOME; IMPROVE CARE COORDINATION TO PREVENT INAPPROPRIATE ED UTILIZATION; AND HELP THEM NAVIGATE SPECIFIC SOCIAL DETERMINANTS OF HEALTH TO IMPROVE HEALTH OUTCOMES. THE PROGRAM EXISTS IN FOUR AAH ILLINOIS HOSPITALS INCLUDING ADVOCATE CHRIST, ADVOCATE TRINITY, ADVOCATE CONDELL AND ADVOCATE SHERMAN. DURING 2019, MORE THAN 8,500 PATIENTS WERE ENGAGED, OF WHICH 56% (OVER 4,788 PATIENTS) WERE SCHEDULED FOR A FOLLOW-UP APPOINTMENT WITH AN ADVOCATE PCP OR FQHC. AS A RESULT, 96% OF THESE PATIENTS WHO WERE ENGAGED WITH THE PRIMARY CARE CONNECTION INTERVENTION DID NOT RETURN TO THE ER WITHIN SIX MONTHS FOR A LOW-ACUITY VISIT. ADVOCATE CONTINUES TO PURSUE QUALITY AND UTILIZATION IMPROVEMENT ACTIVITIES LIKE THE PRIMARY CARE CONNECTIONS INTERVENTION TO ACTIVELY MANAGE AND ENGAGE THE ADVOCATE/MERIDIAN FHP MEMBERS IN ORDER TO ACHIEVE THE QUADRUPLE AIM OF IMPROVED PHYSICIAN AND PATIENT EXPERIENCE, BETTER PATIENT OUTCOMES, AND REDUCTIONS IN THE TOTAL COSTS OF CARE. ADVOCATE ALSO PROVIDES LANGUAGE AND OTHER CULTURALLY APPROPRIATE SERVICES TO IMPROVE ACCESS TO A BROAD RANGE OF HEALTH-RELATED SERVICES. LANGUAGE SERVICES. IN APRIL 2019, AN ADVOCATE AURORA SYSTEM DIRECTOR OF CULTURAL AND LINGUISTIC SERVICES WAS HIRED. THE FOCUS FOR 2019 WAS TO BEGIN TO BRING THE IL AND WI LANGUAGE SERVICES DEPARTMENTS TOGETHER WHILE IDENTIFYING BEST PRACTICES TO PROVIDE INTERPRETING SERVICES AND OTHER LANGUAGE ASSISTANCE. A NEW REPORTING STRUCTURE WAS IMPLEMENTED AND THE LANGUAGE SERVICES DEPARTMENT NOW REPORTS TO THE DIVERSITY AND INCLUSION FUNCTION. THE FOCUS OF THE LANGUAGE SERVICES DEPARTMENT IS TO ENSURE THAT LANGUAGE SERVICES ARE PROVIDED EQUALLY ACROSS THE SYSTEM AND THAT ALL CONSUMERS NEEDING THIS SERVICE ARE PROVIDED WITH THE MOST EFFECTIVE COMMUNICATION POSSIBLE. VIDEO REMOTE INTERPRETING (VRI) AND TELEPHONIC VENDORS WERE EVALUATED IN 2019, AND THE DECISION WAS MADE TO CHANGE VRI VENDORS IN ILLINOIS MOVING FORWARD. VIDEO REMOTE AND TELEPHONIC INTERPRETING CONTINUE TO BE THE MOST USED METHODS FOR PROVIDING INTERPRETING SERVICES. IN 2019, THE ILLINOIS HOSPITALS PROVIDED MORE THAN 250,000 INTERPRETING ENCOUNTERS. IT IS ANTICIPATED THAT IN 2020, THE ILLINOIS EMPLOYED ONSITE INTERPRETERS WILL BE TRAINED TO PROVIDE VRI SERVICES IN ADDITION TO ONSITE INTERPRETING SERVICES. TELEPHONIC INTERPRETING IS ALSO BEING EVALUATED WITH THE INTENT OF HAVING EMPLOYED INTERPRETERS HANDLE TELEPHONIC CALLS IN THE FUTURE. ADVOCATE'S LONG-TERM SUPPORT OF PROGRAMS AND SERVICES THAT PROMOTE HEALTH EQUITY HAVE RESULTED IN VARIOUS PROGRAMS/INITIATIVES THAT WORK TO IMPROVE THE HEALTH OF DIVERSE UNDERSERVED POPULATIONS IN THE COMMUNITIES IT SERVES. EXAMPLES OF THESE EFFORTS FOLLOW. LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER) HEALTH EQUITY INDEX. ADVOCATE ILLINOIS MASONIC IS THE FIRST AAH ILLINOIS HOSPITAL TO ACHIEVE, SINCE ITS INCEPTION, THE "LEADER" WITH THE HUMAN RIGHTS CAMPAIGN FOUNDATION'S (HTTPS://WWW.HRC.ORG/) HEALTH EQUITY INDEX. THE MEDICAL CENTER IS ONE OF 303 HEALTHCARE ENTITIES TO RECEIVE THIS DESIGNATION IN THE U.S. LEADERS ARE RECOGNIZED FOR POLICIES AND SERVICES SUPPORTIVE OF LGBTQ RIGHTS, INCLUDING PATIENT, VISITATION AND EMPLOYMENT NON-DISCRIMINATION; STAFF TRAINING IN LGBTQ PATIENT-CENTERED CARE; LGBTQ PATIENT SERVICES AND SUPPORT; TRANSGENDER PATIENT SERVICES AND SUPPORT; PATIENT SELF-IDENTIFICATION; MEDICAL DECISION MAKING; EMPLOYEE BENEFITS; AND PATIENT AND COMMUNITY ENGAGEMENT. IN 2016, ADVOCATE ILLINOIS MASONIC CREATED AN INTERNAL LGBTQ TASK FORCE AND EXTERNAL LGBTQ COMMUNITY ADVISORY COUNCIL. AS PART OF THE ACCREDITATION, THE MEDICAL CENTER BEGAN A PROCESS FOR IMPLEMENTING GENDER CONFORMING IDENTIFICATION AND SIGNAGE. OF NOTE IS A WAY TO PLACE A SIGN ON SPECIFIC ROOMS AS AN ALERT TO NURSING AND PHYSICIAN TEAM MEMBERS THAT THE INDIVIDUAL IN THE ROOM IS A TRANSGENDER/GENDER NONCONFORMING (TGNC) PATIENT AND TO BE SENSITIVE OF THE PATIENT'S GENDER IDENTITY/PRONOUNS. ADVOCATE ILLINOIS MASONIC ALSO LED THE WAY AND COORDINATED FOR THE OTHER 11 HOSPITALS IN ILLINOIS TO PARTICIPATE IN THE HEI SURVEY IN 2018, AFFECTING POSITIVE INCLUSIVE CHANGE FOR MILLIONS OF PATIENTS ACROSS ILLINOIS. ADVOCATE BROMMENN AND ADVOCATE EUREKA ALSO HAVE FORMED LGBTQ+ ADVISORY COUNCILS TO INCREASE ACCESS AND TO FOSTER MORE RESPECTFUL CARE TO THE LGBTQ+ COMMUNITY. THE LOCAL COUNCIL IS PART OF ADVOCATE AURORA'S SYSTEMWIDE EFFORTS AS MEASURED BY THE HEALTH EQUALITY INDEX AND FOCUSES ON EDUCATION INITIATIVES, REVIEW OF POLICIES AND PROCEDURES, AND CONSULTATION ABOUT CONCERNS RAISED BY THE LGBTQ+ COMMUNITY. CULTURAL HEAL</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>TH INITIATIVES. TO BE RESPONSIVE TO THE UNIQUE CULTURAL, SPIRITUAL AND HEALTH NEEDS OF THE DIVERSE COMMUNITIES WITHIN ITS SERVICE AREA, ADVOCATE LUTHERAN GENERAL HAS IMPLEMENTED MULTIPLE CULTURAL HEALTH INITIATIVES. THE HOSPITAL HAS A DESIGNATED PATIENT NAVIGATOR (POLIS H) WHOSE MAIN RESPONSIBILITIES INCLUDE CREATING A COMPETENT CULTURE WITHIN THE HOSPITAL FOR POLISH PATIENTS, ROUNDING ON PATIENTS, CONDUCTING CULTURALLY-SPECIFIC NEEDS ASSESSMENTS, DEVELOPING PROGRAMS TO ADDRESS SIGNIFICANT HEALTH NEEDS AND TO PROVIDE HEALTH EDUCATION. THROUGH ROUNDING, THE POLISH NAVIGATOR SEES APPROXIMATELY 25 TO 50 INPATIENTS PER WEEK. THE NAVIGATOR ALSO WORKS DIRECTLY WITH THE BREAST CENTER, NAVIGATING APPROXIMATELY 5 POLISH WOMEN PER WEEK THROUGH THEIR BREAST HEALTH ENCOUNTERS, INCLUDING DIAGNOSIS AND TREATMENT. THE POLISH LECTURES, WHICH BEGAN IN 2014, HAVE HAD OVER 2,500 ATTENDEES. IN 2019, A TOTAL OF SIX LECTURES WERE OFFERED AND DELIVERED IN POLISH, PROVIDING EDUCATION ON TOPICS SUCH AS HEALTHY BONES AND HEALTHY LIFESTYLES TO MORE THAN 409 PARTICIPANTS FROM THE POLISH COMMUNITY. ALONG WITH INCREASING HEALTH LITERACY AND EDUCATION IN THE COMMUNITY, THE POLISH NAVIGATOR INCREASES ACCESS TO HEALTH CARE, WHICH ALIGNS WITH ADVOCATE AURORA HEALTH'S ACCESS TO PRIMARY CARE COMMUNITY STRATEGY. 2. ACCESS/BEHAVIORAL HEALTH SERVICES A SECOND ADVOCATE COMMUNITY STRATEGY FOCUS AREA IS ACCESS TO BEHAVIORAL HEALTH SERVICES. ADVOCATE HAS IMPLEMENTED MANY PROGRAMS/SERVICES FOCUSED ON IMPROVING THE CONTINUUM OF CARE FOR THE BENEFIT OF MENTAL HEALTH AND BEHAVIORAL HEALTH PATIENTS. SEVERAL EXAMPLES OF BEHAVIORAL HEALTH PROGRAMS THAT ADVOCATE HOSPITALS HAVE IMPLEMENTED AND IMPROVE ACCESS ARE PROVIDED BELOW. MENTAL HEALTH FIRST AID TRAININGS. ADVOCATE'S BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATEGIES HAVE INCLUDED COMMUNITY HEALTH DEPARTMENTS OFFERING MENTAL HEALTH FIRST AID TRAINING TO TARGETED COMMUNITY MEMBERS FOR THE PURPOSE OF REDUCING STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH ISSUES AND UNDERSTAND APPROPRIATE INTERVENTIONS. IN 2019 FOR EXAMPLE, OVER 299 COMMUNITY MEMBERS WERE TRAINED IN MCLEAN COUNTY ALONE VIA THE EIGHT-HOUR EVIDENCE-BASED PROGRAM. IN ADDITION TO THE 8-HOUR TRAINING, ADVOCATE PAID FOR A BEHAVIORAL HEALTH STAFF LEADER AND A LOCAL POLICE OFFICER TO BE TRAINED AS MENTAL HEALTH FIRST AID TRAINERS IN 40 HOUR PROGRAMS. THESE TWO TRAINERS WILL INCREASE THE NUMBER OF CLASSES THAT CAN BE OFFERED TO THE COMMUNITY. IN ADDITION TO THE EIGHT-HOUR TRAINING, ADVOCATE CONDELL SPONSORED TWO INDIVIDUALS, WHO ARE BOTH BILINGUAL IN ENGLISH AND SPANISH, TO COMPLETE THE 40-HOUR INSTRUCTOR TRAINING FOR MENTAL HEALTH FIRST AID. THE STRATEGY WAS TO INCREASE CAPACITY FOR SPANISH SPEAKING TRAINERS IN LAKE AND MCHENRY COUNTIES. IN 2019, TWO YOUTH MENTAL HEALTH FIRST AID TRAINING SESSIONS WERE HELD WITH SCHOOL DISTRICTS RESULTING IN THE TRAINING OF 54 SCHOOL DISTRICT STAFF MEMBERS. TWENTY-FIVE ADULTS FROM THE BLOOMINGTON/NORMAL AND CHICAGO AREAS WERE TRAINED AS MASTER TRAINERS FOR ADVERSE CHILDHOOD EXPERIENCES (ACE) CURRICULUM DURING A TWO-DAY TRAINING PROGRAM IN 2017. THESE TRAINERS ARE NOW ABLE TO OFFER TRAININGS THROUGHOUT ADVOCATE'S SERVICE AREAS. AS A RESULT OF THIS TRAINING, THE NUMBER OF INDIVIDUALS THAT RECEIVED TRAINING IN MCLEAN COUNTY HAS INCREASED FROM 580 TO 954 COMMUNITY MEMBERS. IN 2019, 583 COMMUNITY MEMBERS WERE TRAINED. OTHER EXAMPLES OF BEHAVIORAL HEALTH-RELATED PROGRAMMING INCLUDE PROGRAMS AT LOCAL SCHOOLS WHERE OVER 3,205 STUDENTS IN MCLEAN COUNTY RECEIVED EVIDENCE-BASED "ENDING THE SILENCE" TRAINING AND 2,408 STUDENTS RECEIVED EVIDENCE BASED "TOO GOOD FOR DRUGS" TRAINING. ADDITIONALLY, ALL ADVOCATE HOSPITALS ARE PARTICIPATING IN LOCAL COMMUNITY BEHAVIORAL HEALTH AND SUBSTANCE ABUSE COLLABORATIVES.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)	<p>FIRST ACCESS PROGRAM. GIVEN THE HIGH NUMBER OF ADMISSIONS AND ED VISITS FOR BEHAVIORAL HEALTH CONDITIONS AT ADVOCATE ILLINOIS MASONIC AND THE HIGH NUMBER OF DISCHARGED PATIENTS THAT WERE NOT KEEPING THEIR OUTPATIENT FOLLOW-UP APPOINTMENTS, THE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES DEPARTMENT CREATED THE FIRST ACCESS PROGRAM IN 2013. THE PROGRAM'S GOAL IS TO PROVIDE IMMEDIATE ACCESS TO FOLLOW-UP BEHAVIORAL HEALTH SERVICES TO SUPPORT RECOVERY AND PREVENT RELAPSES. THROUGH FIRST ACCESS, BEHAVIORAL HEALTH ED PATIENTS AS WELL AS PATIENTS REFERRED BY THE MEDICAL CENTER'S INPATIENT PSYCHIATRIC UNIT, MEDICAL FLOORS AND PHYSICIANS ARE WALKED OVER TO OUTPATIENT CARE BY A STAFF MEMBER TO ENSURE SAME DAY FOLLOW-UP FOR OUTPATIENT APPOINTMENTS. SINCE ITS IMPLEMENTATION, FIRST ACCESS HAS CONSISTENTLY INCREASED BEHAVIORAL HEALTH PATIENTS' APPOINTMENT FOLLOW-THROUGH RATES FROM 40 PERCENT IN 2013 TO 100% IN 2019; ALL DISCHARGED PATIENTS RECEIVED WARM HAND-OFFS TO BEHAVIORAL HEALTH SERVICES AND LEFT WITH AN OUTPATIENT PLAN OF CARE. HAVING ACHIEVED THAT, FIRST ACCESS STARTED TO FOCUS ON PROVIDING ACCESS TO CARE TO ALL ADVOCATE AURORA PATIENTS AND ITS VOLUMES GREW STEADILY IN 2019, FROM 738 INTAKES IN 2018 TO 910 IN 2019, A 23% GROWTH IN IMMEDIATE ACCESS TO CARE. MEDICALLY INTEGRATED CRISIS COMMUNITY SUPPORT (MICCS). THE MICCS TEAM AT ADVOCATE ILLINOIS MASONIC IS COMPRISED OF SIX CLINICIANS, A CHAPLAIN AND A PEER SUPPORT SPECIALIST WHO PROVIDE ONE TO TWO THERAPEUTIC, COMMUNITY-BASED CONTACTS PER PATIENT PER DAY TO ACCELERATE BEHAVIORAL HEALTH PATIENTS ON THE NORTHSIDE OF CHICAGO. THIS IS PARTICULARLY IMPORTANT GIVEN THE STATE'S CLOSURE OF NUMEROUS MENTAL HEALTH HOSPITALS IN ILLINOIS. THE TEAM GOES INTO THE COMMUNITY TO HELP HOMELESS AND INDIGENT PATIENTS WITH SITUATIONS IMPACTING THEIR BEHAVIORAL HEALTH, SUCH AS HOUSING AND MEDICATION STABILIZATION, THUS HELPING CLIENTS IMPROVE THEIR OVERALL HEALTH. IN 2019, 166 INDIVIDUALS WERE SERVED THROUGH THE MICCS PROGRAM. DEAF AND HARD OF HEARING PROGRAM. ADVOCATE ILLINOIS MASONIC'S DEAF AND HARD OF HEARING PROGRAM PROVIDES COMPREHENSIVE MENTAL HEALTH CARE IN AMERICAN SIGN LANGUAGE (ASL) TO DEAF, HARD OF HEARING AND DEAF-BLIND CHILDREN, ADOLESCENTS AND ADULTS IN THE SIX-COUNTY CHICAGO REGION. THE PROGRAM OFFERS A CONTINUUM OF CARE THAT INCLUDES CLINICAL ASSESSMENTS; PRE-SCREENINGS AND LINKAGE; INDIVIDUAL, FAMILY AND GROUP THERAPY; PSYCHIATRIC EVALUATIONS AND MEDICATION MONITORING; AND INTERVENTION WITH A 24-HOUR PHONE LINE CONNECTED TO A TEXT TELEPHONE (TTY) SYSTEM. A TELE-PSYCHIATRY NETWORK ENABLES THE PROVISION OF OTHERWISE SCARCE DEAF-FRIENDLY PSYCHIATRIC SERVICES IN THE HOMES OF DEAF PATIENTS WHO HAVE RECEIVED THE FREE VIDEOPHONE EQUIPMENT AND SERVICES SUPPORTED BY THE FEDERAL COMMUNICATIONS COMMISSION (FCC). A HEALTH EDUCATION WEBSITE ALLOWS USERS TO WATCH VIDEOS, LINK TO OTHER ASL VIDEOS AND/OR TO ORDER FREE ASL HEALTH EDUCATION DVDS. OVER THE YEARS, THE HOSPITAL HAS DISTRIBUTED SEVERAL THOUSAND FREE ASL DVDS ON HIV/AIDS, STDs, BREAST HEALTH, DIABETES, DEPRESSION AND SMOKING CESSATION. IN 2019, 74 UNIQUE PATIENTS WERE SERVED THROUGH THE DEAF AND HARD OF HEARING PROGRAM.</p> <p>3. COMMUNITY SAFETY: ADVOCATE ALSO WORKS WITH COMMUNITY PARTNERS TO ADDRESS COMMUNITY SAFETY/VIOLENCE ANOTHER COMMUNITY STRATEGY FOCUS AREA. SOME EXAMPLES ARE PROVIDED BELOW. CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION. THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION WORKS TO ADVANCE HEALTH EQUITY BY PARTNERING WITH FAITH-BASED AND COMMUNITY ORGANIZATIONS TO BUILD COMMUNITY, NURTURE LEADERS AND CONNECT THE UNIQUE SPIRITUAL POWER OF FAITH COMMUNITIES TO PROMOTE SOCIAL JUSTICE AND ABUNDANT LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES. THE CENTER IS A PARTNERSHIP BETWEEN ADVOCATE AND THE OFFICE FOR COMMUNITY ENGAGEMENT AND NEIGHBORHOOD HEALTH PARTNERSHIPS AT THE UNIVERSITY OF ILLINOIS AT CHICAGO. CURRENTLY, THE CENTER IS CONVENING A TRAUMA INFORMED CONGREGATIONS NETWORK TO SUPPORT THE CAPACITY OF FAITH COMMUNITIES TO PREVENT TRAUMA AND TO BE PLACES OF HEALING FOR THOSE WHO HAVE EXPERIENCED ADVERSITY IN CHILDHOOD OR THROUGHOUT THEIR LIVES. SEXUAL ASSAULT NURSE EXAMINERS (SANE). ADVOCATE CONDELL, ADVOCATE CHILDREN'S HOSPITAL AND ADVOCATE'S SOUTH REGION (ADVOCATE CHRIST, SOUTH SUBURBAN AND TRINITY HOSPITALS) SANE PROGRAMS CONSIST OF SEXUAL ASSAULT NURSE EXAMINERS WHO ARE STATE CERTIFIED BY THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL. SANES ARE AVAILABLE EITHER IN THE ED OR ON AN ON-CALL BASIS TO PROVIDE COMPASSIONATE, TRAUMA-INFORMED CARE TO SEXUAL ASSAULT VICTIMS SEEKING CARE IN THE ED. THESE HIGHLY TRAINED PRACTITIONERS PERFORM HEAD-TO-TOE EXAMS PERTAINING TO THE SEXUAL ASSAULT/ABUSE, ADDRESS STI (SEXUALLY TRANSMITTED INFECTION) CONCERNS, COLLECT FORENSIC EVIDENCE, TESTIFY IN COURT AS EXPERT WITNESSES, AND OFFER ACCESS TO AFTER-CARE RESOURCES SUPPORTING THE VICTIM THROUGH THE ENTIRE PROCESS. THE TWO SANE PROGRAM COORDINATORS WORK CLOSELY WITH A MULTI-DISCIPLINARY TEAM THAT INCLUDES: LOCAL RAPE ADVOCATE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>TES, LAW ENFORCEMENT AND PROSECUTORS TO ASSURE VICTIMS OF SEXUAL ASSAULT RECEIVE THE BEST CARE POSSIBLE AT ALL CONTACT POINTS. ADVOCATE CONDELL CARED FOR 95 PATIENTS IN 2019, 24 OF WHICH WERE PEDIATRIC SEXUAL ASSAULT PATIENTS (<13 YEARS). ADVOCATE CONDELL ALSO PROVIDED TRAINING REGARDING SEXUAL ASSAULT TREATMENT AND RESPONSE TO COMMUNITY PARTNERS INCLUDING, BUT NOT LIMITED TO, RAPE ADVOCACY CENTERS, LAW ENFORCEMENT AND MEDICAL STUDENTS. ADVOCATE' S SOUTH REGION SANE PROGRAM (ADVOCATE CHRIST, SOUTH SUBURBAN AND ADVOCATE TRINITY HOSPITAL S) SERVED 210 PATIENTS IN THE ED WHO WERE SEXUALLY ASSAULTED OR ABUSED IN 2019. IN ADDITIO N, ADVOCATE CHILDREN'S CHILD PROTECTION TEAM AND SANE PROGRAM PARTNERS, WITH AREA CHILDREN ADVOCACY CENTERS, DCFS AND LAW ENFORCEMENT, PROVIDE CARE TO CHILDREN WHO ARE SEXUALLY ASS AULTED/ABUSED. IN GENERAL, VERY FEW PROGRAMS IN ILLINOIS ARE ABLE TO MEET THE NEEDS OF THI S PATIENT POPULATION. SEXUALLY ASSAULTED CHILDREN WHO REQUIRE EVIDENCE COLLECTION ARE REFERR ED TO THE PEDIATRIC EMERGENCY DEPARTMENT AT ONE OF THE ADVOCATE CHILDREN'S CAMPUSES, EIT HER IN OAK LAWN OR PARK RIDGE. IN 2019, 158 SEXUALLY ASSAULTED CHILDREN WERE CARED FOR IN THE PEDIATRIC ED. SEXUALLY ASSAULTED CHILDREN NOT REQUIRING EVIDENCE COLLECTION ARE REFERR ED TO ONE OF THE ADVOCATE CHILDREN'S CERTIFIED PEDIATRIC SANE CHILD PROTECTION NURSE PRACT ITIONERS AND ARE SEEN IN THE OUTPATIENT SEXUAL ABUSE CLINICS. IN 2019, 155 CHILDREN (INCLU DING THOSE MENTIONED EARLIER SERVED BY ADVOCATE CONDELL) WERE SEEN IN ADVOCATE'S OUTPATIEN T CHILD PROTECTION SEXUAL ABUSE CLINICS. SANE COORDINATORS FOR BOTH PROGRAMS COLLABORATE T O PROVIDE BEST PRACTICE STANDARDIZED SEXUAL ASSAULT CARE THROUGHOUT ADVOCATE. ACCLIVUS PAR Tnership. GIVEN NEARLY 1/3 OF THE VIOLENTLY INJURED (GUNSHOTS, STABBINGS AND/OR BATTERY) P ATIENTS TRANSPORTED TO ADVOCATE CHRIST, A LEVEL I TRAUMA CENTER SERVING THE SOUTH AND SOUT HWEST PORTIONS OF CHICAGO AND THE SUBURBS, EACH YEAR ARE VICTIMS OF INTENTIONAL VIOLENCE, THE MEDICAL CENTER HAS PARTNERED WITH ACCLIVUS TO PROVIDE OUTREACH INTERVENTION SERVICES A ND COMMUNITY RESOURCES FOR VICTIMS OF VIOLENCE. ACCLIVUS IS A COMMUNITY OUTREACH ORGANIZAT ION SEEKING TO REDUCE THE INCIDENCE OF DEADLY STREET VIOLENCE IN CHICAGO NEIGHBORHOODS. VI OLENCE, LIKE OTHER EPIDEMICS, IS PREDICTABLE AND OFTEN ENGAGED IN AS AN ACT OF RETALIATION , SO IMMEDIATE INTERVENTION IS NECESSARY. WHEN VIOLENTLY INJURED PATIENTS FROM THE CHICAGO AREA ARE TRANSPORTED TO ADVOCATE CHRIST'S TRAUMA CENTER, CHAPLAINS NOTIFY ACCLIVUS. ACCLI VUS HAS TWO HOSPITAL RESPONDERS AND ONE CASE MANAGER ASSIGNED TO ADVOCATE CHRIST. THEY PRO VIDE COUNSELING TO THESE PATIENTS AND THEIR LOVED ONES AIMING TO REDUCE ONGOING CONFLICT I N THE COMMUNITY AND RISK OF RETALIATION. ACCLIVUS' CASE MANAGER SEES THE PATIENTS IN THE T RAUMA CLINIC AFTER DISCHARGE ENSURING COMPREHENSIVE FOLLOW-UP CARE. THE HOSPITAL RESPONDER S SERVED 697 PATIENTS AND MADE 1,543 REFERRALS TO EXISTING COMMUNITY RESOURCES IN 2019. A SECOND HOSPITAL, ADVOCATE ILLINOIS MASONIC, HAS ALSO PARTNERED WITH ACCLIVUS TO ADDRESS VI OLENCE IN CHICAGO'S NORTH SIDE COMMUNITIES.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>4. WORKFORCE DEVELOPMENT. ADVOCATE WORKS WITH NON-TRADITIONAL COMMUNITY PARTNERS, SUCH AS SCHOOL DISTRICTS, EMPLOYMENT AGENCIES, COLLEGES AND UNIVERSITIES, AND OTHER PUBLIC AND PRIVATE BUSINESS LEADERS TO ADDRESS BOTH THE HIGH UNEMPLOYMENT RATES AND ECONOMIC DISPARITIES IN SOME CHICAGO NEIGHBORHOODS AS WELL AS TO CONTRIBUTE TO SOLVING THE CITY'S HEALTHCARE SECTOR TALENT SHORTAGE. ADVOCATE WORKFORCE INITIATIVE (AWI). IN 2015, JPMORGAN CHASE MADE A GENEROUS DONATION TO THE ADVOCATE CHARITABLE FOUNDATION, THE CHARITABLE ARM OF ADVOCATE, TO DEVELOP THE HEALTHCARE WORKFORCE COLLABORATIVE, A CREATIVE AND MODERN SOLUTION TO THE CITY'S TALENT SHORTAGE AND ECONOMIC DISPARITIES. LED BY ADVOCATE, THIS HEALTH CARE SECTOR SKILLS-BASED TRAINING INITIATIVE CONNECTS CHICAGOLAND'S UNDEREMPLOYED AND UNEMPLOYED RESIDENTS WITH HIGH-QUALITY, IN-DEMAND JOBS IN THE RAPIDLY GROWING HEALTH CARE INDUSTRY. UNEMPLOYMENT RATES ARE AS HIGH AS 31.9% IN SOME NEIGHBORHOODS IN THE METROPOLITAN AREA AS COMPARED TO CHICAGO'S OVERALL UNEMPLOYMENT RATE OF 8.2%. ILLINOIS HAS THE NATION'S HIGHEST UNEMPLOYMENT RATE AMONG AFRICAN-AMERICANS. THE UNEMPLOYMENT RATE OF AFRICAN-AMERICANS AND HISPANICS IN CHICAGO IS THREE TIMES THAT OF THEIR WHITE COUNTERPARTS. THE HEALTH CARE SECTOR IS EXPECTED TO GENERATE 14,000 NEW WELL-PAYING MIDDLE-SKILL JOBS ANNUALLY IN THE CHICAGO REGION THROUGH 2019, BUT LACKS THE SKILLED TALENT NEEDED TO FILL THESE ROLES. ADVOCATE ALSO HELPED LAUNCH THE CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE (CHWC). THE CHWC IS A CONSORTIUM OF LEADING HEALTHCARE EMPLOYERS AND INDUSTRY PARTNERS THAT BELIEVE IN THE NECESSITY OF A STRONG AND DIVERSE LOCAL HEALTHCARE WORKFORCE. BY LEVERAGING RESOURCES AND BEST PRACTICES, THE COLLABORATIVE AIMS TO SUPPORT AN INCLUSIVE HEALTHCARE WORKFORCE, PROVIDE ACCESSIBILITY FOR THE UNEMPLOYED AND UNDEREMPLOYED POPULATIONS, AND DEVELOP INNOVATIVE RESPONSES TO THE EVOLVING NEEDS OF THE HEALTHCARE INDUSTRY. THIS IS ACHIEVED BY IDENTIFYING AND IMPLEMENTING IMPACTFUL, DATA-DRIVEN AND ACTION-ORIENTED SOLUTIONS, WITH A SPECIFIC FOCUS ON POPULATIONS THAT ARE UNDERREPRESENTED IN THE HEALTH CARE WORKFORCE. THIS WORKFORCE DEVELOPMENT PROGRAM ALIGNS TRAINING CURRICULUM TO CURRENT AND EMERGING JOB NEEDS; CONNECTS JOB SEEKERS TO EMPLOYMENT OPPORTUNITIES WITHIN ADVOCATE; INCREASES DIVERSITY WITHIN THE HEALTHCARE SECTOR; PROVIDES CAREER PATHWAYS TO ADVANCED TRAINING OR CAREER OPPORTUNITIES IN HEALTHCARE; SUPPORTS ECONOMIC DEVELOPMENT IN VULNERABLE COMMUNITIES; ESTABLISHES BEST PRACTICES, CREATING A REGIONAL/NATIONAL MODEL; AND PROVIDES SUPPORTIVE SERVICES TO REMOVE BARRIERS TO EMPLOYMENT. TO ENSURE THE INITIATIVE IS BROAD-REACHING AND COMPREHENSIVE, ADVOCATE HAS ESTABLISHED STRATEGIC ALLIANCES WITH THE CITY COLLEGES OF CHICAGO, PRAIRIE STATE COLLEGE, CHICAGO STATE UNIVERSITY, UNIVERSITY OF CHICAGO (URBAN LABS) AND OTHER COMMUNITY-BASED ORGANIZATIONS, SUCH AS PHALANX FAMILY SERVICES, JEWISH VOCATION SERVICES, INSTITUTO DEL PROGRESO LATINO, POLISH AMERICAN ASSOCIATION, NATIONAL LATINO EDUCATION INSTITUTE, KINZIE INDUSTRIAL DEVELOPMENT CORPORATION AND CHICAGO CENTER FOR ARTS AND TECHNOLOGY, TO RECRUIT, TRAIN AND SUPPORT POTENTIAL CANDIDATES. AFTER SUCCESSFUL COMPLETION OF THE TRAINING AND LICENSING EXAM, ALL PARTICIPANTS ARE GUARANTEED AN INTERVIEW WITH ADVOCATE AND RECEIVE JOB PLACEMENT ASSISTANCE. SINCE INCEPTION, THE INITIATIVE HAS TRAINED MORE THAN 800 PARTICIPANTS AND HAS OVER AN 80% GRADUATION RATE. NEARLY 300 GRADUATES FROM THE INITIATIVE ARE NOW EMPLOYED IN THE HEALTH CARE INDUSTRY WITH ABOUT 162 STILL ENROLLED PENDING NEW EMPLOYMENT OPPORTUNITIES. OF THOSE EMPLOYED, 98% HAVE MAINTAINED EMPLOYMENT FOR AT LEAST 90 DAYS. ADVOCATE HAS ALSO LAUNCHED AN INCUMBENT WORKER STRATEGY FOR FRONTLINE TEAM MEMBERS, THE NAVIGATE PROGRAM. NAVIGATE AIMS TO CREATE A MORE INCLUSIVE WORKFORCE, ONE THAT PROVIDES TEAM MEMBERS WITH OPPORTUNITIES TO DEVELOP NEW SKILLS, DETERMINE A CAREER PATHWAY AND CONNECT WITH TOOLS AND RESOURCES. ADVOCATE IS INVESTED IN TEAM MEMBERS' SUCCESS THROUGH LEVERAGING THESE TYPES OF PROGRAMS TO ENSURE ADVOCATE IS A GREAT PLACE FOR TEAM MEMBERS TO WORK, PATIENTS TO HEAL AND PHYSICIANS TO PRACTICE. THE PROGRAM WAS INITIATED AT ADVOCATE TRINITY IN 2016 AND AS OF YEAR-END 2018, HAS EXPANDED TO ADVOCATE ILLINOIS MASONIC, ADVOCATE CHRIST, ADVOCATE SOUTH SUBURBAN AND ADVOCATE MEDICAL GROUP. THE PROGRAM HAS ENROLLED AND SUPPORTED 182 INCUMBENT WORKERS, GUIDED MORE THAN 100 TO IDENTIFY A CAREER PATHWAY AND HAS NEARLY AN 80% GRADUATION RATE. OF THOSE THAT HAVE MOVED INTO AN ADVANCED CAREER PATHWAY, THE AVERAGE WAGE INCREASE IS 24%. TRAINING FUTURE HEALTH PROFESSIONALS. TO FURTHER THE TRADITION OF PROVIDING MEDICAL EDUCATION TO UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS, STUDENTS IN NURSING AND OTHER ALLIED HEALTH PROFESSIONS, ADVOCATE HAS DEVELOPED LONG-TERM ACADEMIC AFFILIATIONS WITH ALL MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA FOR THE EDUCATION AND TRAINING OF THESE UNDERGRADUATE, GRADUATE AND POST-GRADUATE STUDENTS.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)	<p>TUDENTS. MEDICAL EDUCATION (UNDERGRADUATE MEDICAL EDUCATION [UME])/GRADUATE MEDICAL EDUCATION [GME]/POST-GRADUATE [CME] MEDICAL EDUCATION. THE ADVOCATE MEDICAL EDUCATION DEPARTMENT'S MISSION IS TO TRAIN THE NEXT GENERATION OF PHYSICIANS THROUGH UNDERGRADUATE (UME) AND GRADUATE MEDICAL EDUCATION (GME), AND TO CONTINUE THE DEVELOPMENT OF ADVOCATE PHYSICIANS THROUGH CONTINUING MEDICAL EDUCATION (CME). AS ONE OF THE LARGEST PROVIDERS OF PRIMARY MEDICAL EDUCATION IN ILLINOIS, THERE WERE 2,270 MEDICAL STUDENT ROTATIONS COMPLETED AND 580 RESIDENTS AND FELLOWS WHO RECEIVED HANDS-ON TRAINING IN 2019 AT ADVOCATE'S FOUR ACADEMIC MEDICAL CENTERS: ADVOCATE BROMENN, ADVOCATE CHRIST, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL. ADVOCATE IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCMCE) TO PROVIDE CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS. ADVOCATE'S CME PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT THROUGH YEAR-ROUND SCHEDULING AND PLANNING OF ACCREDITED COURSES, SEMINARS AND MEETINGS FOR ADVOCATE AND NON-ADVOCATE PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THE REGION. ADVOCATE'S MEDICAL STAFF SHARE THEIR EXPERTISE THROUGH GRAND ROUNDS, MORTALITY AND MORBIDITY CONFERENCES, AND JOURNAL CLUBS AS WELL AS SINGLE ACTIVITIES ADDRESSING A VARIETY OF CLINICAL AND RESEARCH TOPICS. IN 2019, 13 ADVOCATE SITES HOSTED 2,887 CME EVENTS TO 39,456 PARTICIPANTS, OF WHICH 28,116 WERE PHYSICIANS, FOR A TOTAL OF 3,863 CME CREDIT HOURS.</p> <p>NURSING EDUCATION. UNDERGRADUATE AND GRADUATE (APN/NP/MANAGEMENT) NURSING EDUCATION OCCURS AT TEN ADVOCATE HOSPITALS AND AT MANY ADVOCATE MEDICAL GROUP SITES. NOTABLY, EIGHT ADVOCATE HOSPITALS HAVE EARNED MAGNET RECOGNITION FROM THE AMERICAN NURSE CREDENTIALING CENTER (ANCC), INCLUDING ADVOCATE BROMENN, ADVOCATE CONDELL, ADVOCATE CHRIST, ADVOCATE GOOD SAMARITAN, ADVOCATE GOOD SHEPHERD, ADVOCATE ILLINOIS MASONIC, ADVOCATE LUTHERAN GENERAL AND ADVOCATE SHERMAN. MAGNET STATUS REPRESENTS HOSPITAL-WIDE TEAMWORK AND DEDICATION TO CREATING A POSITIVE ENVIRONMENT, WHICH HELPS ATTRACT THE BEST PHYSICIANS AND NURSES, RESULTING IN BETTER OVERALL PATIENT CARE. ALLIED HEALTH EDUCATION. ADVOCATE IS COMMITTED TO TEACHING STUDENTS IN A BROAD RANGE OF SPECIALTIES. THESE STUDENTS COME FROM LOCAL UNIVERSITIES AND COLLEGES WITH WHOM ADVOCATE HAS CONTRACTED TO PROVIDE EDUCATION. STUDENTS ARE PROVIDED A CLINICAL ENVIRONMENT IN WHICH TO LEARN IN OVER TWENTY HEALTH CARE DISCIPLINES/FIELDS, INCLUDING, BUT NOT LIMITED TO: PHARMACEUTICAL; RADIOLOGY; CARDIO DIAGNOSTICS; CARDIAC REHABILITATION; RADIOLOGY, NUCLEAR MEDICINE, MRI AND X-RAY; RADIATION THERAPY; EXERCISE PHYSIOLOGY; PHYSICAL, OCCUPATIONAL, SPEECH AND RECREATIONAL THERAPY; PSYCHIATRY; BEHAVIORAL HEALTH; RESPIRATORY; AUDIOLOGY; PATHOLOGY; PODIATRY; PHLEBOTOMY; NUTRITION/DIETARY; AND DENTISTRY (DENTISTRY IS ONLY AVAILABLE THROUGH ADVOCATE ILLINOIS MASONIC). A UNIQUE PROGRAM AT ADVOCATE LUTHERAN GENERAL PROVIDES HYPERBARIC CHAMBER TRAINING FOR CERTIFIED SCUBA DIVERS THAT RESPOND TO SUBMERGED VEHICLE ACCIDENTS/DROWNINGS AND OTHER EMERGENCY SITUATIONS. IN ADDITION, THE HOSPITAL IS ONE OF EIGHT ADVOCATE HOSPITALS THAT PROVIDE EMERGENCY MEDICAL TECHNICIAN (EMT) EDUCATION FROM BASIC THROUGH PARAMEDIC LEVEL. IN FACT, SEVERAL ADVOCATE HOSPITALS SERVE AS THE LEAD HOSPITAL IN THEIR COUNTIES/SERVICE AREAS, PROVIDING EDUCATION, STANDARDIZATION OF PROTOCOLS OF CARE AMONG ALL HOSPITALS (NON-ADVOCATE INCLUDED) AND EMS RESPONDERS, AND ARE RESPONSIBLE FOR DIRECTING COUNTY-WIDE EMERGENCY MEDICAL SERVICES IN RESPONSE TO COMMUNITY-BASED, MASS INJURY/CASUALTY DISASTERS. MULTIPLE ADVOCATE SYSTEM AND HOSPITAL DEPARTMENTS ALSO PROVIDE LEARNING ENVIRONMENTS FOR UNDERGRADUATE AND GRADUATE STUDENTS IN PUBLIC HEALTH AND HEALTH INFORMATION MANAGEMENT.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>CLINICAL PASTORAL EDUCATION (CPE). AS INDICATED EARLIER, ADVOCATE'S SPIRITUAL LEADERS OVER SEE A NATIONALLY ACCREDITED CPE PROGRAM. SUPERVISING OVER 200 STUDENT UNITS EACH YEAR, THE PROGRAM IS THE LARGEST IN THE COUNTRY IN AN INTEGRATED HEALTH CARE SYSTEM, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS, CHAPLAINS AND LOCAL FAITH LEADERS TO GROW AND DEVELOP SELF-AWARENESS AND SPIRITUAL CARE MINISTRY SKILLS. VOCATIONAL EDUCATION TO HIGH SCHOOL STUDENTS. SEVERAL ADVOCATE HOSPITALS PROVIDE EXPERIENTIAL LEARNING TO AREA HIGH SCHOOL STUDENTS THAT ARE ON AN EDUCATIONAL TRACK TO A HEALTH CARE CAREER. THESE STUDENTS RECEIVE CREDIT TOWARDS GRADUATION IN ADDITION TO HELPING THEM DISCERN IN WHICH HEALTH CARE AREA THEY WISH TO SPECIALIZE. AS AN EXAMPLE, IN ORDER TO GIVE CHICAGO SOUTHSIDE STUDENTS BETTER JOB OPPORTUNITIES, ADVOCATE TRINITY WORKS WITH STUDENTS FROM CHICAGO VOCATIONAL CAREER ACADEMY, AND SOUTH SHORE AND JULIAN HIGH SCHOOLS. THESE STUDENTS ARE ROTATED IN HOSPITAL UNITS TO LEARN MARKETABLE JOB SKILLS. 5. AFFORDABLE HOUSING: ACCORDING TO HEALTHY PEOPLE 2020, DATA INDICATES THAT POOR-QUALITY HOUSING IS ASSOCIATED WITH VARIOUS NEGATIVE HEALTH OUTCOMES, INCLUDING CHRONIC DISEASE AND INJURY, AND POOR MENTAL HEALTH. IT IS FOR THIS REASON THAT ADVOCATE HAS VOWED AS A FIFTH COMMUNITY STRATEGY FOCUS AREA TO DECREASE THE NUMBER OF PATIENTS WHO ARE SCREENED POSITIVE FOR HOMELESSNESS BY 5% BY 2025. WHILE WORK TOWARDS THIS GOAL IS STILL EMERGING, SEVERAL ADVOCATE HOSPITALS ARE TAKING STEPS TO PROVIDE PATIENTS WITH A HEALTHY AND SAFE ENVIRONMENT IN WHICH TO HEAL. FLEXIBLE HOUSING POOL. IN 2019, THE FLEXIBLE HOUSING POOL AT ADVOCATE ILLINOIS MASONIC PLACED TWO BEHAVIORAL HEALTH PATIENTS IN PERMANENT HOUSING. THE MEDICAL CENTER ALSO PROVIDES INDIVIDUALS PLACED IN PERMANENT HOUSING WITH BEHAVIORAL HEALTH AND CASE MANAGEMENT SERVICES. ANOTHER EXAMPLE IS ADVOCATE LUTHERAN GENERAL CARE MANAGEMENT DEPARTMENT'S PLANNING OF SAFE DISCHARGES FOR PATIENTS RECOVERING FROM HOSPITALIZATION, WHO HAVE NO HOUSING RESOURCES. THE DEPARTMENT MANAGES THE ADVOCATE LUTHERAN CAROL STREET APARTMENTS. LOCATED ON THE HOSPITAL'S CAMPUS, THESE APARTMENTS ARE AVAILABLE FOR RENT ON A DAILY/WEEKLY/MONTHLY BASIS. THE APARTMENTS ARE USED BY PATIENTS THAT ARE ACTIVELY GETTING SERVICES ON CAMPUS, I.E. CHEMOTHERAPY, RADIATION, ETC., AND ARE ALSO AVAILABLE FOR FAMILY MEMBERS OF INPATIENTS THAT DO NOT LIVE NEAR THE HOSPITAL. FINANCIAL ASSISTANCE IS GRANTED TO PATIENTS AND FAMILIES THAT DEMONSTRATE FINANCIAL HARDSHIP. IN 2019, EXPENSES FOR ELECTRICITY, CLEANING AND RENT TOTALLED \$32,553. WITH TOTAL REVENUE FROM PATIENTS OR FAMILIES OF JUST \$5,005, THE BALANCE OF \$27,548 WAS AN EXPENSE SUBSIDIZED BY ADVOCATE LUTHERAN GENERAL. OTHER EFFORTS TO SUPPORT HOUSING FOR THE HOMELESS INCLUDE THE ADVOCATE ILLINOIS MASONIC WARMING CENTER THAT PROVIDES A SAFE WARM PLACE FOR HOMELESS INDIVIDUALS TO STAY OVERNIGHT, OUT OF CHICAGO'S BITTERLY COLD, WINTERY WEATHER. IN 2019, THE WARMING CENTER WAS OPEN FOR A TOTAL OF 644 HOURS OVER A PERIOD OF 80 DAYS AT A COST OF OVER \$17K TO THE MEDICAL CENTER. WHILE DATA WAS NOT AVAILABLE FOR THE FIRST FOUR MONTHS OF THE YEAR DUE TO A POSITION TRANSITION, THERE WERE 35 INDIVIDUALS THAT STAYED AT THE WARMING CENTER FOR TWO MONTHS OF THE FOUR MONTHS, NOVEMBER AND DECEMBER, ALONE. IN ADDITION, TWO ADVOCATE SITES PROVIDE LAUNDRY SERVICES TO DUPAGEPADS. DUPAGEPADS IS THE LARGEST PROVIDER OF INTERIM AND PERMANENT HOUSING IN DUPAGE COUNTY. PADS NOT ONLY PROVIDES A TEMPORARY HOME COUPLED WITH SUPPORT SERVICES TO HELP PEOPLE BECOME SELF-SUFFICIENT, BUT THEY ENABLE INDIVIDUALS TO RECEIVE CASE MANAGEMENT AND LIFE COACHING EMPLOYMENT SUPPORT, SUCH AS JOB COACHING, AS WELL AS ENGAGEMENT WITH EMPLOYERS. EFFECTIVELY STOPPING THE CYCLE OF HOMELESSNESS. IN ADDITION TO PROVIDING LAUNDRY SERVICES TO DUPAGEPADS, ADVOCATE GOOD SAMARITAN ALSO DONATED \$2K IN 2019 TO SUPPORT THE COMMUNITY ORGANIZATION'S EFFORTS TO ADDRESS HOMELESSNESS IN DUPAGE COUNTY. 6. FOOD SECURITY. ANOTHER KEY ADVOCATE COMMUNITY STRATEGY FOCUS AREA IS FOOD SECURITY. ACCESS TO FRESH, AFFORDABLE FOOD IS A KEY INGREDIENT IN THE RECIPE TO ADDRESS FOOD INSECURITY AND IN KEEPING THE COMMUNITY HEALTHY. ADVOCATE IS INVOLVED WITH MULTIPLE NON-TRADITIONAL COMMUNITY PARTNERS IN LOCAL AND SUSTAINABLE FOOD INITIATIVES TO ADDRESS FOOD INSECURITY. ONE SUCH EXAMPLE IS ADVOCATE GOOD SAMARITAN'S PARTNERSHIP WITH LOCAL FOOD PANTRIES AND THE UNIVERSITY OF ILLINOIS EXTENSION TO DEVELOP A PROGRAM THAT OFFERS HEALTHY FRESH FOOD, NUTRITION AND COOKING CLASSES TO CLIENTS OF THE FOOD PANTRIES. ANOTHER EXAMPLE IS ADVOCATE GOOD SHEPHERD'S WORK WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS AND LOCAL MUNICIPAL ENTITIES THAT SERVE SENIORS TO IMPLEMENT FOOD SECURITY SCREENING FOR SENIORS. A SCREENING TOOL AND COMPREHENSIVE RESOURCE GUIDE HAVE BEEN DEVELOPED FOR SENIORS THAT SCREEN AS FOOD INSECURE. ADVOCATE GOOD SHEPHERD AND SEVERAL OTHER ADVOCATE HOSPITALS ARE GROWING VEGETABLES ON THEIR CAMPUSES OR IN THE COMMUNITY. ADVOCATE GOOD SHE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>PHRD HAS PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMARTFARM, WHOSE MISSION IS TO B E AN EDUCATIONAL RESOURCE ON SUSTAINABLE GARDENING AND HEALTHY EATING. SMART FARM MANAGES THE ON-SITE GARDEN ON OVER 10 ACRES OF LAND OWNED BY ADVOCATE AND THE HARVESTED FRESH VEGE TABLES ARE DONATED TO LOCAL FOOD PANTRIES. SIMILAR PARTNERSHIPS EXIST AT ADVOCATE SHERMAN AND ADVOCATE BROMENN. IN 2018, ADVOCATE ILLINOIS MASONIC ESTABLISHED A HOSPITAL-BASED FOOD PANTRY TO ADDRESS THE NEEDS OF FOOD INSECURE ONCOLOGY PATIENTS AND IN JANUARY 2019, THE P ANTRY WAS EXPANDED TO INCLUDE FOOD INSECURE PATIENTS FROM FOUR NEW SERVICE LINES AND PROGR AMS. IN PARTNERSHIP WITH THE LAKEVIEW FOOD PANTRY, THE MEDICAL CENTER PROVIDES DRY GOOD FO OD BAGS, RE-USABLE WHEELIE GROCERY BAGS AND GIFT CARDS TO LOW-INCOME AND FOOD INSECURE PAT IENTS. THE HEALTHY LIVING FOOD FARMACY PROGRAM, SUPPORTED BY A PARTNERSHIP BETWEEN THE GRE ATER CHICAGO FOOD DEPOSITORY AND ADVOCATE TRINITY'S LEADERSHIP, VOLUNTEERS AND COMMUNITY H EALTH DEPARTMENT, INVITES PATIENTS TO ATTEND BI-WEEKLY EVENTS TO TEACH THEM TO MAKE BETTER FOOD SELECTIONS FROM TABLES OF ASSORTED FRESH PRODUCE AND LOW-SODIUM, SHELF-STABLE PROTEI NS.OVERALL, ADVOCATE FUNDS MANY SYSTEM LEVEL PROGRAMS AND ACTIVITIES FOCUSED ON POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNI TIES SERVED BY ADVOCATE. IN ADDITION TO THE MANY PROGRAM EXAMPLES PROVIDED PREVIOUSLY, TWO OTHER SYSTEM-LEVEL FUNDED EXAMPLES ARE PROVIDED BELOW. PARISH NURSE MINISTRY. ADVOCATE FU LLY FUNDS THREE FAITH COMMUNITY NURSE POSITIONS SERVING THREE CONGREGATIONS IN LOW-INCOME, HIGH NEED COMMUNITIES. THESE FAITH COMMUNITY NURSES PROVIDE HEALTH EDUCATION, WELLNESS PR OMOTION, NAVIGATION AND CARE MANAGEMENT, HEALTH SCREENINGS, ADVOCACY AND SPIRITUAL SUPPORT TO THE MEMBERS OF THEIR CONGREGATIONS AND TO THE WIDER COMMUNITIES IN WHICH THEY SERVE. M ANY OF THE PEOPLE THESE NURSES SERVE ARE HOMELESS, MARGINALIZED OR CHRONICALLY ILL INDIVID UALS. ADVOCATE ALSO SUPPORTS A FAITH COMMUNITY NURSE NETWORK OF 37 NURSES THAT SERVE CONGR EGATIONS ACROSS THE CHICAGOLAND REGION. ADVOCATE BETHANY COMMUNITY HEALTH FUND. THE ADVOCA TE BETHANY COMMUNITY HEALTH FUND PROVIDES GRANTS TO COMMUNITY ORGANIZATIONS IN FOUR CHICAG O WEST SIDE NEIGHBORHOODS. THREE OF THE FUNDING PRIORITY AREAS ARE IN THE DOMAIN OF SOCIAL AND ECONOMIC DETERMINANTSSCHOOL DROPOUT PREVENTION, WORKFORCE DEVELOPMENT, AND VIOLENCE P REVENTION. SINCE THE BETHANY FUND WAS ESTABLISHED IN 2007, IT HAS AWARDED 425 GRANTS TOTAL ING \$10,350,000 TO SUPPORT ORGANIZATIONS IN ITS FUND COMMUNITIES. IN ADDITION TO ITS GRANT -MAKING ROLE, THE BETHANY FUND INVESTS SUBSTANTIAL STAFF TIME AND FINANCIAL RESOURCES IN O RGANIZATIONAL CAPACITY-BUILDING. SINCE ITS INCEPTION, THE BETHANY FUND HAS OFFERED CAPACIT Y-BUILDING WORKSHOPS AND TRAININGS DETERMINED FROM RECOMMENDATIONS OF ITS GRANTEE ORGANIZA TIONS AND MEMBERS OF ITS BOARD, COMPRISED OF COMMUNITY LEADERS FROM CHICAGO'S WEST SIDE AN D REPRESENTATIVES OF ADVOCATE AURORA HEALTH. TO DATE, THE BETHANY FUND HAS INVESTED \$316,5 50 TO PROVIDE 80 FORMAL CAPACITY BUILDING/PROFESSIONAL DEVELOPMENT SESSIONS THAT HAVE ENGA GED MORE THAN 1,150 STAFF FROM GRANTEE AND COMMUNITY-BASED ORGANIZATIONS.AT BOTH THE SYSTE M AND SITE LEVELS, ADVOCATE IS WORKING TO EXAMINE AND ADDRESS THE ROOT CAUSES OF HEALTH IN EQUITIES IN OUR COMMUNITIES.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>SOCIONEEDS INDEX. IN PREPARATION FOR THE 2014-2016 CHNA, ADVOCATE PURCHASED ACCESS TO A TOOL THAT COULD BE USED BY ALL OF ITS HOSPITALS TO IDENTIFY PRIORITY OPPORTUNITIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED BY ADVOCATE. INCLUDED IN THIS TOOL, DEVELOPED BY CONDUENT HEALTHY COMMUNITIES INSTITUTE, IS THE SOCIONEEDS INDEX. THE SOCIONEEDS INDEX IS A MEASURE OF SOCIOECONOMIC NEED THAT IS CORRELATED WITH POOR HEALTH OUTCOMES. INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. THIS INDEX COMBINES MULTIPLE SOCIOECONOMIC INDICATORS INTO A SINGLE COMPOSITE VALUE. AS A SINGLE INDICATOR, THE INDEX CAN SERVE AS A CONCISE WAY TO EXPLAIN WHICH AREAS ARE OF HIGHEST NEED. A MAP WAS THEN PREPARED FOR EACH HOSPITAL SERVICE AREA ENABLING THE COMMUNITY HEALTH COUNCILS TO FOCUS PRIORITY SETTING AND PROGRAM PLANNING ON COMMUNITIES AT HIGHER LEVELS OF SOCIOECONOMIC NEED. THE INDEX WAS AGAIN USED FOR ADVOCATE'S 2017-2019 CHNA PROCESS. ADVOCATE CONTINUES TO WORK LOCALLY AND NATIONALLY WITH MANY PROMINENT COMMUNITY PARTNERS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. EXAMPLES OF THESE EFFORTS INCLUDE THE FOLLOWING. HEALTH CARE ANCHOR NETWORK (HAN). IN DECEMBER 2016, ADVOCATE JOINED LEADERS FROM HEALTH SYSTEMS IN WASHINGTON, DC, TO EXPLORE WHAT IT WOULD MEAN TO HARNESS THEIR SHARED ECONOMIC AND INTELLECTUAL POWER TO TRULY BENEFIT THEIR COMMUNITIES. "THE DISCUSSION CENTERED ON IDENTIFYING HOW ALL OF THESE ECONOMIC ASSETS (THE COMBINED PURCHASES OF \$65 BILLION IN PURCHASED GOODS AND SERVICES, 1.4 MILLION EMPLOYEES AND \$200 BILLION IN INVESTMENT AND ENDOWMENT PORTFOLIOS), COMBINED WITH CIVIC LEADERSHIP COULD BE DEPLOYED TO CREATE INCLUSIVE, EQUITABLE, HEALTHY AND ENVIRONMENTALLY SUSTAINABLE COMMUNITIES" (ADVANCING THE ANCHOR MISSION OF HEALTHCARE, DEMOCRACY COLLABORATIVE, 2017). IN 2019 HAN, WITH OVER 45 HEALTH SYSTEMS REPRESENTED IN THE NETWORK, BRINGS TOGETHER ANCHOR INSTITUTIONS FROM ACROSS THE COUNTRY THAT TOGETHER EMPLOY MORE THAN 1.5 MILLION PEOPLE, PURCHASE OVER \$50 BILLION ANNUALLY, AND HAVE OVER \$100 BILLION IN INVESTMENT ASSETS. ADVOCATE OFFICIALLY JOINED THE HEALTH CARE ANCHOR NETWORK IN 2016 AS A FOUNDING PARTNER AND SINCE THEN HAS CONTINUED TO PROVIDE MONETARY SUPPORT, LEADERSHIP AND ACTIVE ENGAGEMENT TO THE NETWORK. IN 2019, ADVOCATE STAFF ATTENDED TWO IN PERSON MEETINGS HELD IN CLEVELAND, OHIO, AND SALT LAKE CITY, UTAH. ADDITIONALLY, ADVOCATE AURORA'S CEO AND INCOMING BOARD CHAIR ATTENDED A CEO GATHERING OF HAN IN CHICAGO, MEETING WITH OTHER HAN CEOS AND BOARD LEADERS. ON NOVEMBER 5, 2019, ADVOCATE AURORA JOINED A LEADING GROUP OF FIFTEEN U.S. HOSPITALS/HEALTH SYSTEMS TO ANNOUNCE A COMMITMENT OF OVER \$800 MILLION FOR PLACE-BASED INVESTING TO CREATE STRONG AND HEALTHY COMMUNITIES. THIS ELITE GROUP OF LEADERS BELIEVE THAT HEALTH SYSTEMS ARE UNIQUELY POSITIONED AS LEADING EMPLOYERS AND ECONOMIC ENGINES IN THEIR COMMUNITIES. IN ADDITION TO PROVIDING QUALITY HEALTHCARE, THESE SYSTEMS LEVERAGE INSTITUTIONAL RESOURCES TO HELP ADDRESS THE ECONOMIC, RACIAL AND ENVIRONMENTAL RESOURCE DISPARITIES THAT IMPACT COMMUNITY HEALTH OUTCOMES. THESE HEALTH SYSTEMS UNDERSTAND THE IMPORTANCE OF ADDRESSING THE ROOT CAUSES OF POOR HEALTH AND WANT TO DEEPEN INSTITUTIONAL LEADERSHIP IN THE HEALTHCARE ANCHOR NETWORK, AND THE HEALTHCARE SECTOR MORE BROADLY, BY MAKING BOLD, MEASURABLE COMMITMENTS IN THIS CORE ANCHOR MISSION STRATEGY AREA. ADVOCATE AURORA STAFF ALSO PARTICIPATED AS ACTIVE MEMBERS OF WORKGROUPS ADDRESSING NETWORK PROJECTS. BY THE END OF 2018, THE NETWORK HAD A MEMBERSHIP OF NEARLY 40 NATIONAL HEALTH SYSTEMS. THE WORK OF THE NETWORK IS SUPPORTED BY HEALTH SYSTEM DOLLARS AND FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION. FACILITATION AND BACKBONE SUPPORT ARE PROVIDED BY THE DEMOCRACY COLLABORATIVE, WASHINGTON, DC. THE HEALTH CARE ANCHOR NETWORK AIMS TO ADDRESS UPSTREAM SOCIAL DETERMINANTS OF HEALTH IN COMMUNITIES THROUGH LOCAL HIRING, LOCAL PURCHASING AND LOCAL INVESTMENT. \$50M COMMUNITY INVESTMENT. IN 2019, ADVOCATE AURORA ANNOUNCED A COMMITMENT TO INVEST \$50 MILLION TO HELP ADDRESS ECONOMIC, RACIAL AND ENVIRONMENTAL DISPARITIES THAT IMPACT COMMUNITY HEALTH OUTCOMES. POSITIONING THE ORGANIZATION AMONG THE FIRST HEALTH SYSTEMS IN THE COUNTRY TO MAKE SUCH A SIGNIFICANT PLEDGE TO INVESTING IN TARGETED COMMUNITY DEVELOPMENT. THE COMMITMENT COMPLEMENTS LOCAL PURCHASING EFFORTS, HIRING INITIATIVES AND OTHER COMMUNITY BENEFIT ACTIVITY THROUGH A RENEWABLE INVESTMENT POOL, SOMETIMES CALLED PLACE-BASED OR IMPACT INVESTING. THE HEALTH SYSTEM WILL PARTNER WITH COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS TO DEPLOY CAPITAL THAT DRIVES MEANINGFUL ECONOMIC IMPROVEMENT INITIATIVES, SUCH AS SMALL AND DIVERSE BUSINESS DEVELOPMENT, AFFORDABLE HOUSING EXPANSION, AND INVESTMENTS IN FQHCs AND FOOD CENTERS, THAT ULTIMATELY ADDRESS SOCIAL DETERMINANTS OF HEALTH AND ACHIEVE GREATER HEALTH EQUITY. ALLOCATED OVER A 5-YEAR PERIOD, THE INVESTMENTS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)	WILL BE TARGETED TO LOW-INCOME COMMUNITIES WITH LOWER LIFE EXPECTANCY TO ADDRESS PATIENTS ' HIGHEST SOCIAL NEEDS, AS FACTORS OUTSIDE HOSPITAL WALLS ACCOUNT FOR UP TO 80% OF HEALTH OUTCOMES. THE FIRST INVESTMENTS IN ILLINOIS AND WISCONSIN AREA ORGANIZATIONS AND BUSINESSES WILL BE DEPLOYED IN FISCAL YEAR 2020.ADVOCATE IS ALSO STRENGTHENING CORPORATE OPTIONS THROUGH HUMAN RESOURCE, SUPPLY CHAIN, ENVIRONMENTAL STEWARDSHIP AND INVESTMENT POLICIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>ENVIRONMENTAL LEADERSHIP. REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW. ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREENHOUSE GASES AND PRESERVATION OF NATURAL RESOURCES. AS ADVOCATE CONTINUES WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACTS OF HEALTH CARE, THE SYSTEM'S ENVIRONMENTAL STEWARDSHIP PRACTICES EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN), AND HELP SAVE PRECIOUS RESOURCES FOR FUTURE GENERATIONS. IN ADDITION TO CONTINUING TO REDUCE OUR OWN ENVIRONMENTAL IMPACTS AS A HEALTH CARE ORGANIZATION, ADVOCATE ALSO PROVIDES NATIONAL LEADERSHIP AND MENTORING IN SUSTAINABLE HEALTH CARE THROUGH THE MEMBERSHIP AND PARTICIPATION IN SEVERAL SUSTAINABILITY LEADERSHIP COUNCILS AND GROUPS. THESE COLLABORATIVE PARTNERSHIPS ADDRESS MULTIPLE SUSTAINABILITY ISSUES, INCLUDING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHINGS AND MEDICAL PRODUCTS, CLIMATE CHANGE, CLINICAL PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE AND LOCAL PURCHASING, THUS SPURRING MOVEMENT TOWARD HEALTHIER AND MORE SUSTAINABLE PRACTICES THROUGHOUT THE HEALTH CARE SECTOR AND WIDER MARKETPLACE. THESE COLLABORATIVE PARTNERSHIPS INCLUDE THE: HEALTHCARE ANCHOR NETWORK; HEALTH CARE CLIMATE COUNCIL; HEALTHCARE PLASTICS RECYCLING COALITION HEALTHCARE FACILITY ADVISORY BOARD; PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP LESS MEAT, BETTER MEAT; PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP SAFER CHEMICALS; AND PREMIER'S ENVIRONMENTAL ADVISORY COUNCIL. ENVIRONMENTALLY-RESPONSIBLE INVESTING. ADVOCATE INSTITUTES AN ENVIRONMENTALLY-BASED SOCIAL SCREEN FOR ITS MARKETABLE INVESTMENT PROGRAM. ALL COMPANIES IN SEPARATELY MANAGED ACCOUNTS ARE SCORED ON ENVIRONMENTAL PRACTICES, BEHAVIOR AND CONTROVERSIES. POOR-SCORING COMPANIES ARE SCREENED OUT OF THE INVESTMENT PROGRAM. PROJECT C.U.R.E. (COMMISSION ON URGENT RELIEF AND EQUIPMENT). ADVOCATE IS AN OFFICIAL MEDICAL EQUIPMENT AND SUPPLY DONATION PARTNER OF PROJECT C.U.R.E., THE WORLD'S LEADING MEDICAL SUPPLY DISTRIBUTION ORGANIZATION BENEFITING RESOURCE-LIMITED AREAS ACROSS THE GLOBE. SURPLUS MEDICAL SUPPLIES AND DECOMMISSIONED EQUIPMENT ARE DONATED TO PROJECT C.U.R.E. AND MANY ADVOCATE ASSOCIATES VOLUNTEER TIME AT ITS WAREHOUSES SORTING AND PACKAGING SUPPLIES FOR DISTRIBUTION OVERSEAS. IN 2019, ADVOCATE DONATED A TOTAL OF 154 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 65 PIECES OF MEDICAL EQUIPMENT TO PROJECT C.U.R.E. SUSTAINABLE BUILDINGS AND OPERATIONS. SUSTAINABILITY, SAFETY AND EFFICIENCY ARE CORE ELEMENTS OF ADVOCATE'S BUILDING AND OPERATIONS PROGRAMS. IN 2008, ADVOCATE EMBARKED ON A JOURNEY TO REDUCE ITS CARBON FOOTPRINT AND TO BECOME THE MOST ENERGY EFFICIENT HEALTH SYSTEM IN THE COUNTRY. BY 2015, ADVOCATE HAD REDUCED ENERGY CONSUMPTION BY 23% FROM THE 2008 BASELINE. WHILE AGGRESSIVELY CONTINUING ENERGY EFFICIENCY PROJECTS, IT NOW AIMS TO TRANSITION TO 100% RENEWABLE ELECTRICITY BY 2030. IN 2019, 86% OR 3,165 TONS OF ADVOCATE CONSTRUCTION WASTE WAS RECYCLED. ADVOCATE PURSUES LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION FOR ALL NEW MAJOR BUILDINGS AND UTILIZES A RIGOROUS, INTERNAL TOOL CALLED THE HEALTHY SPACES ROADMAP TO ENSURE SUSTAINABILITY IN ALL RENOVATIONS AND PROJECTS THROUGHOUT ADVOCATE. TO DATE, ADVOCATE HAS COMPLETED SIX MAJOR PROJECTS THAT HAVE RECEIVED LEED SILVER OR GOLD CERTIFICATION. ADVOCATE COMBINES SUSTAINABLE FACILITIES WITH ENVIRONMENTALLY-FRIENDLY OPERATIONS AND PURCHASES. THIS INCLUDES WASTE MINIMIZATION AND RECYCLING, REDUCING CHEMICALS IN FURNITURE AND CLEANING PRODUCTS, PURCHASING MEAT RAISED WITHOUT ANTIBIOTICS, AND OTHER ECO-FRIENDLY PRODUCTS, ALL OF WHICH HAVE COMMUNITY HEALTH IMPACTS IN THEIR LIFE CYCLE. THESE ACCOMPLISHMENTS INCLUDE THE FOLLOWING. AVOIDED 1,124 MT CO₂E OF GREENHOUSE GASES (EQUIVALENT TO 2.7 MILLION MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. 89% OF ADVOCATE'S 2019 FURNITURE PURCHASES AVOIDED FIVE KEY CHEMICALS OF CONCERN. ADVOCATE SPENT OVER \$48,000 ON THIRD PARTY CERTIFIED GREEN CLEANERS IN 2019. IN 2019, OVER \$1 MILLION OF ADVOCATE'S MEAT PURCHASES SUPPORTED PRODUCERS WHO RAISE THEIR ANIMALS WITHOUT THE USE OF ANTIBIOTICS. RETAIL OPERATIONS WITHIN ADVOCATE'S FACILITIES SWITCHED TO PAPER STRAWS IN 2019. COPY PAPER CONTAINS 30% POST-CONSUMER RECYCLED CONTENT AND IS FOREST STEWARDSHIP COUNCIL CERTIFIED. STAKEHOLDER HEALTH. ADVOCATE IS A FOUNDING MEMBER AND INVESTING PARTNER OF STAKEHOLDER HEALTH, FORMERLY KNOWN AS THE HEALTH SYSTEMS LEARNING GROUP. MEMBERS OF ADVOCATE STAFF SERVE ON THE ADVISORY COUNCIL AND HAVE BEEN ACTIVELY INVOLVED IN OFFERING THOUGHT LEADERSHIP AS WELL AS CONTRIBUTING TO THE WRITING OF TWO SEMINAL DOCUMENTS: A 2013 HEALTH SYSTEMS LEARNING GROUP MONOGRAPH HTTP S://STAKEHOLDERHEALTH.ORG/PDF/ AND A 2016 BOOK, ST</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>AKEHOLDER HEALTH: INSIGHTS FROM NEW SYSTEMS OF HEALTH HTTPS://STAKEHOLDERHEALTH.ORG/STAKEH OLDER-HEALTH-CHAPTER-1/. THE LATTER PUBLICATION, DEVELOPED AND PUBLISHED WITH THE SUPPORT OF THE ROBERT WOOD JOHNSON FOUNDATION, IS A RICH AND DETAILED REVIEW OF SOME OF THE BEST P RACTICES IN THE AREAS OF COMMUNITY HEALTH IMPROVEMENT, AND CLINICAL AND COMMUNITY PARTNERS HIPS. THE FIRST RELEASE OF THE BOOK OCCURRED AT AN EVENT AT CHICAGO THEOLOGICAL SEMINARY A ND WAS PLANNED AND EXECUTED BY ADVOCATE STAFF AND STAFF OF THE CENTER FOR FAITH AND COMMUN ITY HEALTH TRANSFORMATION. STAKEHOLDER HEALTH ASPIRES TO IDENTIFY AND ACTIVATE A MENU OF P ROVEN COMMUNITY HEALTH PRACTICES AND PARTNERSHIPS THAT WORK. ADVOCATE AURORA CONTINUES TO BE AN ACTIVE MEMBER AND LEADER OF STAKEHOLDER HEALTH.ADVOCATE BETHANY COMMUNITY HEALTH FUN D (BETHANY FUND). AS BRIEFLY MENTIONED EARLIER, THE ADVOCATE BETHANY COMMUNITY HEALTH FUND WAS ESTABLISHED IN 2006 BY ADVOCATE AS PART OF AN ONGOING COMMITMENT TO HELP BUILD, PROMO TE AND SUSTAIN HEALTHY COMMUNITIES ON CHICAGO'S WEST SIDE. THE BETHANY FUND SUPPORTS NONPR OFIT ORGANIZATIONS THAT ARE IN THE COMMUNITIES HISTORICALLY SERVED BY ADVOCATE BETHANY HOS PITAL (NOW RML CHICAGO)AUSTIN, GARFIELD PARK, HUMBOLDT PARK AND NORTH LAWNDALE. THE BETHAN Y FUND DOES THIS THROUGH PROGRAM GRANTS, ORGANIZATIONAL CAPACITY-BUILDING EVENTS AND PARTN ERSHIPS TO BUILD ON THE ASSETS OF THESE COMMUNITIES. IN 2019, THE BETHANY FUND AWARDED \$56 7,500 IN PROGRAM GRANTS ADDRESSING ITS PRIORITY AREAS OF DIABETES, SCHOOL DROPOUT PREVENTI ON, VIOLENCE PREVENTION AND WORKFORCE DEVELOPMENT. IN ADDITION, THE BETHANY FUND GRANTED \$ 60,000 TO BROAD-BASED COMMUNITY INITIATIVES ADDRESSING ORGANIZATION CAPACITY BUILDING AND VIOLENCE PREVENTION ON CHICAGO'S WEST SIDE. THE BETHANY FUND HAS SUPPORTED A WIDE VARIETY OF PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING THE FOLLOWING EXAMPL ES OF PROGRAMS FUNDED DURING 2019: BUILD (AUSTIN) TO SUPPORT JUSTICE INVOLVED YOUTH WITH E DUCATION PERSISTENCE AND SOCIAL EMOTIONAL LEARNING; LAWNDALE AMACHI MENTORING PROGRAM (NOR TH LAWNDALE) TO PROVIDE MENTORSHIP TO YOUTH WHO HAVE BEEN IMPACTED BY INCARCERATION OF A F AMILY MEMBER; MARILLAC ST. VINCENT FAMILY SERVICES (GARFIELD PARK) TO SUPPORT PROJECT HOPE , A PROGRAM FOR PREGNANT AND PARENTING TEENS AND YOUNG ADULTS; AND WEST TOWN BIKES (HUMBOL DT PARK) TO ASSIST YOUTH WITH DEVELOPING ENTRY LEVEL WORKFORCE SKILLS THROUGH BICYCLING AN D BICYCLE MECHANICS. ADVOCATE WORKS TO LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY ENGAGEMEN T BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER D IVERSE COMMUNITY ORGANIZATIONS. A PRIMARY VALUE OF ADVOCATE'S COMMUNITY HEALTH DEPARTMENT IS COLLABORATION WITH PARTNERS, PREFERABLY THROUGH A COLLECTIVE IMPACT MODEL. IN ORDER TO ALIGN INITIATIVES WITH LOCAL HEALTH DEPARTMENTS AND THEIR COMMUNITY HEALTH PRIORITIES, ALL ADVOCATE HOSPITALS COLLABORATE WITH THEIR RESPECTIVE HEALTH DEPARTMENTS DURING THE CHNA A ND HEALTH IMPROVEMENT (IMPLEMENTATION PLAN) CYCLES. ONE SUCH NOTABLE COLLABORATION IN WHIC H ADVOCATE SYSTEM LEADERSHIP PLAYED A VITAL ROLE IS AS FOLLOWS.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>THE ALLIANCE FOR HEALTH EQUITY (FORMERLY KNOWN AS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY [HICCC]). ADVOCATE HEALTH CARE (NOW KNOWN AS ADVOCATE AURORA HEALTH), PRESENCE HEALTH (NOW KNOWN AS AMITA HEALTH) AND THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) WERE THE THREE FOUNDING ORGANIZATIONS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY. THESE ORGANIZATIONS INVITED HEALTH DEPARTMENTS AND ALL COOK COUNTY NONPROFIT HOSPITALS TO JOIN THEM IN CREATING WHAT IS NOW ONE OF THE LARGEST CHNA AND COMMUNITY HEALTH IMPROVEMENT COLLABORATIVES IN THE COUNTRY. THE INITIAL PARTICIPATING HOSPITALS AND HEALTH DEPARTMENTS WORKED TOGETHER TO DESIGN A SHARED LEADERSHIP MODEL AND COLLABORATIVE INFRASTRUCTURE TO SUPPORT COMMUNITY-ENGAGED PLANNING PARTNERSHIPS AND STRATEGIC ALIGNMENT OF IMPLEMENTATION PLANS TO FACILITATE MORE EFFECTIVE AND SUSTAINABLE COMMUNITY HEALTH IMPROVEMENT. IN LATE 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITALS COLLABORATIVE TO CREATE THE ALLIANCE FOR HEALTH EQUITY (THE ALLIANCE). IPHI SERVES AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE AND THE HOSPITALS PROVIDE FUNDING FOR THE SHARED ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING WORK. IN 2019, THE ALLIANCE GREW TO INCLUDE 37 NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS AND MORE THAN 100 COMMUNITY ORGANIZATIONS. THE ALLIANCE FOR HEALTH EQUITY COMPLETED A COLLABORATIVE CHNA BETWEEN MARCH 2018 AND MARCH 2019. THIS COLLABORATIVE CHNA CAN BE VIEWED AT HTTPS://ALLTHEEQUITY.ORG/WP-CONTENT/UPLOADS/2019/06/FINAL_2019_CHNA-REPORT_ALLIANCE-FOR-HEALTH-EQUITY.PDF. 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. FOR THE 2019 CHNA, THE ALLIANCE FOR HEALTH EQUITY BUILT ON THE PREVIOUS COLLABORATIVE CHNA WORK (2016), PREVIOUS CHNA REPORTS FROM MEMBER HOSPITALS, HEALTHY CHICAGO 2.0 (2016), AND WEPLAN 2020 (2016). ADVOCATE CONTINUES TO BE ACTIVELY INVOLVED IN LEADERSHIP OF THE ALLIANCE PARTNERSHIP, SERVING ON THE STEERING COMMITTEE. ADVOCATE HOSPITALS, AS WELL AS THE OTHER MEMBER HOSPITALS, PROVIDE THE MONETARY SUPPORT FOR THE COLLABORATIVE'S WORK AND SUPPORT THE COST OF STAFF AND OVERSIGHT PROVIDED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE. ADDITIONALLY, ADVOCATE HAS BEEN INVOLVED IN LEADING THIS ASSESSMENT WORK AS AN ACTIVE MEMBER OF THE STEERING COMMITTEE, PROVIDING FINANCIAL SUPPORT TO THE ALLIANCE AGAIN IN 2019. THE PRIORITY AREAS SELECTED BY THE ALLIANCE INCLUDE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE USE DISORDERS, CHRONIC HEALTH CONDITIONS, INJURY INCLUDING VIOLENCE, AND MATERNAL/FETAL HEALTH. ALL PARTICIPATING HOSPITALS SELECTED SOME OF THE PRIORITIES TO ADDRESS IN THE AREAS SERVED. THERE ARE MULTIPLE WORK GROUPS ADDRESSING THE PRIORITY AREAS AND ADVOCATE STAFF SERVE ON MOST OF THE WORK GROUPS. ADVOCATE PROMOTES ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT BY INCREASING PROGRAM COORDINATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS. KEY TO DEVELOPING STRONG GOVERNANCE RELATIONSHIPS WAS ESTABLISHING SYSTEM BOARD ENGAGEMENT IN SUPPORT OF ADVOCATE'S COMMUNITY HEALTH VISION. AS THE FUNCTION ACCOUNTABLE FOR ADVOCATE'S SYSTEM-WIDE CHNA PROCESS AND BOTH CHNA AND STATE COMMUNITY BENEFITS REGULATORY REPORTING IN ILLINOIS, THE COMMUNITY HEALTH DEPARTMENT PROVIDES PROGRESS UPDATES AT LEAST ANNUALLY TO HOSPITAL AND SYSTEM LEADERSHIP. WHEREAS PRIOR TO THE APRIL 2018 MERGER OF ADVOCATE AND AURORA, THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE BOARD OF DIRECTORS WAS RESPONSIBLE FOR THE ADOPTION OF COMMUNITY HEALTH STRATEGY, POST-MERGER THE ADVOCATE HEALTH CARE NETWORK BOARD IS NOW CHARGED WITH THIS RESPONSIBILITY FOR THE ILLINOIS HOSPITALS. AS INDICATED EARLIER, ADVOCATE HEALTH CARE ESTABLISHED A COMMUNITY HEALTH DEPARTMENT IN LATE 2015 AND THE DEPARTMENT WAS FULLY STAFFED AND OPERATING BY JANUARY 2016. DURING 2016 AND TO SUPPORT ADVOCATE HOSPITALS' PLANS TO IMPLEMENT PROGRAM STRATEGIES FOR 2017 AS OUTLINED IN THEIR CHNA REPORTS, SITE-SPECIFIC COMMUNITY HEALTH DEPARTMENT BUDGETS WERE PUT IN PLACE AT ALL ADVOCATE HOSPITALS BY THE ADVOCATE VICE PRESIDENT OF COMMUNITY HEALTH AND FAITH OUTREACH. HOSPITAL COMMUNITY HEALTH BUDGETS, INCLUDING ONGOING PROGRAM IMPLEMENTATION COSTS, STAFF SALARIES, ANNUAL CONTRACTED DATA ACCESS COSTS TO THE CONDUENT-HEALTHY COMMUNITIES INSTITUTE'S CHNA TOOL, THE FEE TO PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (AHFE) AND FOR ANNUAL SUPPORT AND USE OF THE LYON SOFTWARE CBISA (COMMUNITY BENEFITS INVENTORY OF SOCIAL RESPONSIBILITY) REPORTING TOOL WERE INCLUDED IN THE 2017 AND 2018 BUDGET CYCLE IN PREPARATION FOR YEAR 2019. ONGOING SYSTEM LEVEL MONITORING OF BUDGETS SUPPORTS APPROPRIATE FUNDING TO SUSTAIN EXISTING AND IMPLEMENT NEW PROGRAMS THAT TARGET SELECTED COMMUNITY HEALTH PRIORITIES. HOSPITAL GOVERNING COUNCILS. THE KEY TO PROMOTING ACCOUNTABILITY FOR COMMUNITY HEALTH THROUGHOUT ADVOCATE HAS BEEN SYSTEM IMPLEMENTATION OF A STANDARD</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)</p>	<p>DIZED PROCESS FOR COMMUNITY HEALTH ASSESSMENTS, REVIEW OF KEY FINDINGS, SELECTION OF KEY P RIORITIES TO ADDRESS AND DEVELOPMENT OF SITE-SPECIFIC IMPLEMENTATION PLANS. TO OVERSEE THI S PROCESS, THE SYSTEM EXPANDED THE ROLE OF THE HOSPITAL GOVERNING COUNCILS TO INCLUDE OVER SIGHT OF THE CHNA PROCESS AND APPROVAL OF THE HOSPITAL CHNA REPORTS AND IMPLEMENTATION STR ATEGIES. THIS HAS RESULTED IN COMMUNITY HEALTH BEING STRONGLY INTEGRATED INTO ADVOCATE GOV ERNANCE STRUCTURES. COMMUNITY HEALTH COUNCILS COMPRISED OF COMMUNITY EXPERTS AND HOSPITAL LEADERS HAVE BEEN DEVELOPED AT EACH HOSPITAL. THESE COUNCILS ARE CO-LED BY THE HOSPITAL CO MMUNITY HEALTH LEADER AND A HOSPITAL GOVERNING COUNCIL MEMBER. A MINIMUM OF 50% OF THE COU NCIL MEMBERS FOR THE 2016 CHNA REPORT CYCLE WERE COMMUNITY REPRESENTATIVES WITH A FOCUS ON PEOPLE WHO REPRESENTED UNDERSERVED AND VULNERABLE POPULATIONS. THE COUNCILS MET AT LEAST FOUR TIMES DURING THE YEAR. HOSPITAL COMMUNITY HEALTH STAFF ANALYZED AND PRESENTED PRIMARY AND SECONDARY COMMUNITY HEALTH DATA TO THE HOSPITALS' COMMUNITY HEALTH COUNCILS. THE COUNCIL MEMBERS IDENTIFIED THE HOSPITAL SERVICE AREAS' SIGNIFICANT HEALTH NEEDS, SUBSEQUENTLY EMPLOYING A CONSENSUS BASED, PRIORITY-SETTING PROCESS TO DETERMINE THE NEEDS UPON WHICH TO FOCUS. AS PART OF THE PRIORITIZATION PROCESS, THE COUNCILS SCANNED HOSPITAL AND COMMUNITY CHALLENGES AND ASSETS, AS WELL AS POTENTIAL PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT MI GHT RESULT IN A LARGER HEALTH IMPROVEMENT IMPACT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH SYSTEM (ALL HOSPITALS)	<p>CHNA DATA ASSESSMENT RESULTS, RECOMMENDATIONS FOR HEALTH IMPROVEMENT PRIORITIES AND HIGH-LEVEL IMPLEMENTATION STRATEGIES WERE PRESENTED TO THE FULL HOSPITAL GOVERNING COUNCILS FOR ENDORSEMENT. ONCE THE HEALTH IMPROVEMENT PRIORITIES AND STRATEGIES WERE APPROVED BY THE HOSPITAL GOVERNING COUNCILS FOR THE MOST RECENT 2017-2019 CHNA CYCLE, THE RESULTS WERE PRESENTED TO THE ADVOCATE HEALTH CARE NETWORK BOARD FOR APPROVAL. AS INDICATED EARLIER, RESPONSIBILITY FOR SYSTEM OVERSIGHT OF COMMUNITY HEALTH PLANNING AND IMPLEMENTATION STRATEGIES TRANSFERRED TO THE ADVOCATE HEALTH CARE NETWORK BOARD FROM THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE BOARD FOLLOWING THE MERGER IN 2018. SERVICE LINE AND POPULATION HEALTH ENGAGEMENT. TO SUPPORT FURTHER ALIGNMENT WITHIN ADVOCATE, THE SYSTEM COMMUNITY HEALTH DEPARTMENT HAS ALSO WORKED TO ENGAGE SYSTEM DEFINED CLINICAL SERVICE LINES IN EXPANDING THEIR FOCUS ON COMMUNITY HEALTH. ADVOCATE IS VIEWED AS A LEADER IN THE POPULATION HEALTH MANAGEMENT ARENA. AN EARLY ADOPTER OF MANAGING CARE ACROSS POPULATIONS, ADVOCATE HAS SIGNIFICANT SUCCESS IMPROVING HEALTH OUTCOMES WHILE DECREASING OR MAINTAINING COST OF CARE DELIVERY. ADVOCATE'S COMMUNITY HEALTH DEPARTMENT HAS INTENTIONALLY ALIGNED WITH ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE SERVICE LINES. THIS ALIGNMENT ASSURES THAT MEMBERS OF THE COMMUNITIES ADVOCATE SERVES AND OUR PATIENTS RECEIVE COMMUNITY-BASED INTERVENTIONS, AS WELL AS EDUCATION AND PROGRAMMING, THAT ALIGNS WITH THEIR HEALTH NEEDS. FOLLOWING ARE TWO EXAMPLES OF EDUCATION AND PROGRAMMING ALIGNED WITH POPULATION HEALTH AND SERVICE LINE DEVELOPMENT THAT REFLECT THIS INTEGRATED APPROACH. BEHAVIORAL HEALTH. AS MENTIONED EARLIER, BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATEGIES HAVE INCLUDED COMMUNITY HEALTH STAFF OFFERING THE EVIDENCE-BASED MENTAL HEALTH FIRST AID CLASSES TO TARGETED COMMUNITY MEMBERS FOR THE PURPOSE OF REDUCING STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH ISSUES AND UNDERSTAND APPROPRIATE INTERVENTIONS.ADVOCATE PHYSICIAN PARTNERS (APP). ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE COMMUNITY HEALTH LEADERS ARE ALSO PARTNERING TO DEVELOP NEW APPROACHES TO PATIENT SCREENING AND RESOURCING FOR SOCIAL DETERMINANTS OF HEALTH. ADVOCATE ALSO PROVIDES AN INFRASTRUCTURE TO ALLOW COMMUNITY MEMBERS WITH AN OPPORTUNITY TO VOLUNTEER AT VARIOUS ADVOCATE SITES OF CARE, AS WELL AS PROVIDING OPPORTUNITIES FOR ADVOCATE TEAM MEMBERS TO VOLUNTEER IN THE COMMUNITIES SERVED BY ADVOCATE.VOLUNTEERS FROM THE COMMUNITY. EACH YEAR, VOLUNTEERS FROM THE COMMUNITY SHARE THEIR TIME AND TALENTS THROUGH SERVICE AT ADVOCATE'S HOSPITALS, ADVOCATE MEDICAL GROUP AND ADVOCATE AT HOME, AND IN THEIR OWN WAY, FURTHER ADVOCATE'S COMMITMENT TO PROVIDING EXCELLENT HEALTH CARE. IN 2019, ADVOCATE STAFF MANAGED 4,617 ACTIVE COMMUNITY VOLUNTEERS THAT ENGAGED PATIENTS, FAMILIES AND STAFF IN A VARIETY OF ACTIVITIES, SOME OF WHICH WERE: PROVIDING INFORMATION DESK SERVICES TO VISITORS; CLERICAL SUPPORT TO STAFF; SERVING CUSTOMERS IN HOSPITAL GIFT AND RESALE SHOPS; OFFERING COMPASSIONATE CONCERN TO PATIENTS AND THEIR LOVED ONES IN MULTIPLE HOSPITAL AREAS SUCH AS THE ED, ICU, SURGERY WAITING ROOM, POST-ANESTHESIA CARE AND NICUS; ASSISTING WITH COMMUNITY HEALTH SCREENINGS AND BLOOD DRIVE EVENTS; PROVIDING CHEERFUL SERVICE TO PATIENTS BY DELIVERING FLOWERS, MAIL AND NEWSPAPERS; AND PROVIDING SUPPORT SERVICES IN THE HOSPITAL THAT HAVE LIBRARIES AND/OR WELLNESS CENTERS. ADVOCATE TEAM MEMBERS VOLUNTEERING IN THE COMMUNITY. IN ADDITION TO SERVING ON MULTIPLE COMMUNITY-BASED NOT-FOR PROFIT BOARDS, COUNCILS, COMMITTEES AND COALITIONS, ADVOCATE'S SYSTEM LEADERSHIP ALSO ENCOURAGES AND PROVIDES OPPORTUNITIES FOR TEAM MEMBERS AND PHYSICIANS TO DONATE TO, VOLUNTEER AT AND HELP RAISE FUNDS FOR COMMUNITY INITIATIVES. ADVOCATE PROMOTES AND SUPPORTS TEAM MEMBER, PHYSICIAN AND HOSPITAL PARTICIPATION IN WALKS, RUNS AND RACES FOR MULTIPLE NOT-FOR-PROFIT ORGANIZATIONS, INCLUDING THE AMERICAN HEART ASSOCIATION (AHA WALK), AMERICAN CANCER SOCIETY (MAKING STRIDES AGAINST BREAST CANCER), ALZHEIMER'S ASSOCIATION (WALK TO END ALZHEIMER'S) AND THE MARCH OF DIMES (MARCH FOR BABIES). IN 2019, 2,683 ADVOCATE TEAM MEMBERS (STAFF) REGISTERED/WALKED IN THESE FUNDRAISERS AND \$552,218 IN CHARITABLE CONTRIBUTIONS WAS RAISED TO SUPPORT THESE PARTNER ORGANIZATIONS THROUGH SUCH EFFORTS. ADVOCATE ALSO HAD THE HONOR OF BEING DESIGNATED THE #1 HEART WALK FUNDRAISING HEALTH CARE COMPANY IN THE NATION BY THE AMERICAN HEART ASSOCIATION IN 2019A POSITION HELD FOR MANY YEARS. IN ADDITION, ADVOCATE'S ASSOCIATES AND PHYSICIANS GENEROUSLY SUPPORT MULTIPLE LOCAL COMMUNITY ORGANIZATIONS, PROGRAMS AND INITIATIVES, INCLUDING SOME OF ADVOCATE'S OWN SYSTEM-WIDE AND HOSPITAL-BASED COMMUNITY HEALTH PROGRAMS. IN 2019, ADVOCATE ASSOCIATES, NURSES AND PHYSICIANS CONTRIBUTED NEARLY \$2.7M THROUGH THE ANNUAL ADVOCATE AURORA GIVE WELL CAMPAIGN.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI ENVIRONMENTAL IMPROVEMENTS (ALL HOSPITALS) CONT.</p>	<p>ADVOCATE HEALTH CARE COMMUNITY BUILDING ACTIVITIES REPORT ENVIRONMENTAL IMPROVEMENTS FORM 99 0, SCHEDULE H 2019 ADVOCATE EUREKA HOSPITAL MAINTAINS AN ENERGY STAR SCORE OF 77. DIVERTED OVER 19,500 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. CREATED LESS THAN 5 POUNDS OF SOLID AND MEDICAL WASTE PER ADJUSTED PATIENT DAY. PURCHASED 100 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO A 15% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 100% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. PURCHASED 31% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA. ADVOCATE GOOD SAMARITAN HOSPITAL REDUCED ENERGY INTENSITY UTILIZATION BY 4 PERCENT, AVOIDING THE RELEASE OF 907 MTCO₂E OF GREENHOUSE GAS EMISSIONS. AVOIDED 356 MTCO₂E OF GREENHOUSE GASES (EQUivalent TO 870,283 MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. DIVERTED OVER 620,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. AVOIDED OVER 14,400 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 2,371 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 6% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 94% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED. DONATED 8 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 3 BEDS TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE GOOD SHEPHERD HOSPITAL REDUCED ENERGY INTENSITY UTILIZATION BY 4.8 PERCENT, AVOIDING THE RELEASE OF 595 MTCO₂E OF GREENHOUSE GAS EMISSIONS. AVOIDED 105 MTCO₂E OF GREENHOUSE GASES (EQUivalent TO 255,864 MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. DIVERTED OVER 441,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. AVOIDED 9,600 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 928 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO A 3.7% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 91% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED. 87% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. DONATED 6 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. DONATED LAND TO AND PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMART FARM, TO GROW VEGETABLES AND TEACH THE COMMUNITY HOW TO GROW ORGANIC FOOD AND EAT HEALTHY. THE SMART FARM DONATED OVER 10,500 POUNDS OF FRESH PRODUCE TO LOCAL FOOD PANTRIES IN 2019. STARTED A COMMUNITY GARDEN ON CAMPUS IN 2019, OFFERING HOSPITAL EMPLOYEES AND COMMUNITY MEMBERS LAND TO GROW AND HARVEST FRESH, SUSTAINABLY-GROWN PRODUCE. ADVOCATE ILLINOIS MASONIC MEDICAL CENTER REDUCED ENERGY INTENSITY UTILIZATION BY 3 PERCENT, AVOIDING THE RELEASE OF 427 MTCO₂E OF GREENHOUSE GAS EMISSIONS. ACHIEVED AN ENERGY STAR SCORE OF 100! DIVERTED OVER 650,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. RECYCLED 95 PERCENT, OR 2,293 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS. AVOIDED 8,670 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 986 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 10% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 73% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. DONATED 20 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE LUTHERAN GENERAL HOSPITAL REDUCED ENERGY INTENSITY UTILIZATION BY 3.1 PERCENT, AVOIDING THE RELEASE OF 1,259 MTCO₂E OF GREENHOUSE GAS EMISSIONS. AVOIDED 93 MTCO₂E OF GREENHOUSE GASES (EQUivalent TO 228,288 MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES. LUTHERAN GENERAL HOSPITAL DIVERTED OVER 1.5 MILLION POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. RECYCLED 83 PERCENT, OR 98 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS. AVOIDED 14,400 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 2,403 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 5.5% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 84% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. PURCHASED 32% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA. DONATED 10 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 39 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI ENVIRONMENTAL IMPROVEMENTS (ALL HOSPITALS) CONT.</p>	<p>SHERMAN HOSPITAL REDUCED ENERGY INTENSITY UTILIZATION BY 3.1 PERCENT, AVOIDING THE RELEASE OF 657 MT CO₂E OF GREENHOUSE GAS EMISSIONS. DIVERTED OVER 557,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. AVOIDED 7,750 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 1,586 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 5.6% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 96% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. DONATED 4 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. HOSTED THE SHERMAN NATURAL PRAIRIE AND COMMUNITY GARDEN, OFFERING LAND AND RESOURCES FOR HOSPITAL EMPLOYEES AND COMMUNITY MEMBERS TO GROW AND HARVEST FRESH, SUSTAINABLE PRODUCE, WITH AN OPPORTUNITY TO DONATE EXCESS PRODUCE TO FOOD FOR GREATER ELGIN. SHERMAN HOSPITAL HAS A GEOTHERMAL LAKE THAT HELPS HEAT AND COOL THE HOSPITAL, REDUCING ENERGY AND WATER NEEDS AS WELL AS RELATED GREENHOUSE GAS EMISSIONS. ADVOCATE SOUTH SUBURBAN HOSPITAL REDUCED ENERGY INTENSITY UTILIZATION BY 1.5 PERCENT, AVOIDING THE RELEASE OF 502 MT CO₂E OF GREENHOUSE GAS EMISSIONS. DIVERTED OVER 460,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. AVOIDED 7,420 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 672 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 9.8% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 81% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED. 94% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN. DONATED 6 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE TRINITY HOSPITAL DIVERTED OVER 252,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS. RECYCLED 87 PERCENT, OR 48 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS. AVOIDED 3,165 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS. PURCHASED 684 FEWER REAMS OF PAPER IN 2019 VERSUS 2018, TRANSLATING INTO AN 10% YEAR OVER YEAR REDUCTION IN PAPER USAGE. 98% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED. DONATED 9 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD. ADVOCATE SUPPORT CENTERS HELD A SHREDDING EVENT FOR ASSOCIATES. HELD A SHOES DONATION RECYCLING EVENT, COLLECTING OVER 180 PAIRS FOR REUSE OR RECYCLING. PURCHASED 175 FEWER REAMS OF PAPER IN 2019 VERSUS 2018. 88% OF THE ADVOCATE SUPPORT CENTER'S FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN.</p>

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHRIST HOSP INCL HOPE CHILDREN'S HOSP 440 W 95TH ST OAK OAK LAWN, IL 60453 HTTP://WWW.ADVOCATEHEALTH.COM/CMC/	X	X	X	X			X			
2	LUTHERAN GEN HOSP INCL LUTH GEN CHILD 1775 DEMPSTER ST PARK RIDGE, IL 60068 HTTP://WWW.ADVOCATEHEALTH.COM/LUTH/ 0004796	X	X	X	X			X			
3	GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVE DOWNERS GROVE, IL 60515 HTTP://WWW.ADVOCATEHEALTH.COM/GSAM/ 0003384	X	X					X			
4	GOOD SHEPHERD HOSPITAL 450 W HWY 22 BARRINGTON, IL 60010 HTTP://WWW.ADVOCATEHEALTH.COM/GSHP/ 0003475	X	X					X			
5	SOUTH SUBURBAN HOSPITAL & ICU 17800 S KEDZIE HAZEL CREST, IL 60429 HTTP://WWW.ADVOCATEHEALTH.COM/SSUB/ 0004697	X	X					X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	BROMENN MEDICAL CENTER 1304 FRANKLIN AVE NORMAL, IL 61761 HTTP://WWW.ADVOCATEHEALTH.COM/BROMENN/0005645	X	X					X			
7	TRINITY HOSPITAL 2320 E 93RD ST CHICAGO, IL 60617 HTTP://WWW.ADVOCATEHEALTH.COM/TRIN/0004176	X	X					X			
8	EUREKA HOSPITAL 101-109 R101 S MAJOR EUREKA, IL 61530 HTTP://WWW.ADVOCATEHEALTH.COM/EUREKA/0005652	X	X			X		X			

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 5: FOR THE 2017-2019 CHNA, ADVOCATE CHRIST MEDICAL CENTER (ADVOCAT E CHRIST) AND ADVOCATE CHILDREN'S HOSPITAL-OAK LAWN (ADVOCATE CHILDREN'S) COLLABORATED WIT H NUMEROUS STAKEHOLDERS IN 2016 BY PARTNERING WITH THE ALLIANCE FOR HEALTH EQUITY, WHICH R EPRESENTS A BROAD CROSS-SECTOR OF ORGANIZATIONS INCLUDING HEALTHCARE, COUNTY AND CITY GOVE RNMENT, PUBLIC HEALTH, SOCIAL SERVICES, HOUSING, EDUCATION, FAITH AND OTHERS. ADDITIONALLY , COMMUNITY MEMBERS REPRESENTING THE INTERESTS OF MEMBERS OF MEDICALLY UNDERSERVED, LOW-IN COME AND MINORITY POPULATIONS IN THE COMMUNITY SERVED BY THE HOSPITAL WERE ENGAGED THROUGH THE HOSPITAL'S COMMUNITY HEALTH COUNCIL (CHC) AND GOVERNING COUNCIL. THE KEY STAKEHOLDERS AND PARTNERS INCLUDED THE FOLLOWING COMMITTEES AND ORGANIZATIONS.COMMUNITY HEALTH COUNCIL . ADVOCATE CHRIST AND ADVOCATE CHILDREN'S CONVENED A CHC IN MARCH 2019. THE CHC MET FIVE T IMES FROM MARCH THROUGH OCTOBER 2019. THE CHC'S RESPONSIBILITIES ARE TO OVERSEE THE CHNA P ROCESS, PRIORITIZE HEALTH NEEDS AND OVERSEE COMMUNITY HEALTH STRATEGY FOR THE MEDICAL CENT ER. THE CHC ALSO CONTRIBUTES TO THE DEVELOPMENT OF AN IMPLEMENTATION PLAN TO ADDRESS PRIOR ITIZED COMMUNITY HEALTH NEEDS. CHAIRED BY A MEMBER OF THE ADVOCATE CHRIST GOVERNING COUNCI L AND MANAGED BY THE MEDICAL CENTER'S REGIONAL DIRECTOR OF COMMUNITY HEALTH AND REGIONAL M ANAGER FOR COMMUNITY HEALTH, THE CHC IS COMPRISED OF A VARIETY OF REPRESENTATIVES FROM THE COMMUNITY. THE CHC FUNCTIONS AS A SUBSET OF THE MEDICAL CENTER'S GOVERNING COUNCIL AND AL L ACTIVITIES AND DECISIONS MADE BY THE CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL B Y THE FULL ADVOCATE CHRIST GOVERNING COUNCIL. NUMEROUS CHC MEMBERS REPRESENT MEDICALLY UND ERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS. THE AFFILIATIONS AND TITLES OF THE ADVOC AT E CHRIST CHC MEMBERS ARE PROVIDED BELOW. THE CHC MEMBERS REPRESENTING THE MEDICALLY UNDE RSRVED, LOW-INCOME AND/OR MINORITY POPULATIONS HAVE THE POPULATIONS THEY REPRESENT IN PAR ENTHESES FOLLOWING THEIR TITLES.MEMBERS FROM THE COMMUNITY- AUBURN GRESHAM COMMUNITY DEVEL OPMENT CORPORATION, EXECUTIVE DIRECTOR (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MI NORITY POPULATIONS)- AUBURN GRESHAM COMMUNITY DEVELOPMENT CORPORATION/SOUTHWEST SMART COMM UNITIES, PROGRAM MANAGER AND TECHNOLOGIST (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS)- CHICAGO PUBLIC SCHOOLS, COMMUNITY ENGAGEMENT MANAGER- CHILDREN'S H OME AND AID, DIRECTOR, YOUTH SERVICES (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MIN ORITY POPULATIONS)- CHRISTIAN COMMUNITY HEALTH CENTER, DIRECTOR, QUALITY ASSURANCE (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS)- BETHLEHEM EVANGELICAL LUT HERAN CHURCH, FAITH LEADER; ADVOCATE CHRIST GOVERNING COUNCIL MEMBER AND COMMUNITY HEALTH COUNCIL CHAIRPERSON - GREATER ST. JOHN AME CHURCH, FAITH LEADER- HISPANIC LEADERSHIP COUNCIL, PRESIDENT (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS)- METR OPOLITAN FAMILY SERVICES, PROG

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>RAM SUPERVISOR (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS)- METROPOLITAN TENANTS ORGANIZATION, COORDINATOR, OUTREACH SERVICES (SERVES MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS)- OAK LAWN PUBLIC LIBRARY, YOUTH SERVICES OUTREACH LIBRARIAN- OAK LAWN PUBLIC LIBRARY, INTERLIBRARY LOAN COORDINATOR- OAK LAWN-HOMETOWN SCHOOL DISTRICT 123, SUPERINTENDENT- OAK LAWN-HOMETOWN SCHOOL DISTRICT 123, DIRECTOR, FAMILY AND COMMUNITY RESOURCE NETWORK- YMCA METRO CHICAGO, OPERATIONS DIRECTOR, FAMILY AND COMMUNITY ENGAGEMENT- YMCA METRO CHICAGO, OPERATIONS DIRECTOR, HEALTH AND NUTRITION ADVOCATE AURORA, ADVOCATE CHRIST/ADVOCATE CHILDREN'S STAFF MEMBERS- ADVOCATE AURORA, VICE PRESIDENT PISA, MISSION AND SPIRITUAL CARE - ADVOCATE AURORA, MANAGER, COMMUNITY HEALTH, SOUTH CHICAGO LAND REGION- ADVOCATE AURORA, DIRECTOR, COMMUNITY HEALTH, SOUTH CHICAGO LAND REGION - ADVOCATE CHILDREN'S, DIRECTOR, COMMUNITY & HEALTH RELATIONS- ADVOCATE CHILDREN'S, MANAGER COMMUNITY OUTREACH AND POPULATION HEALTH- ADVOCATE CHRIST, CARE MANAGER AND OAK LAWN HEALTH CARE ROTARY- ADVOCATE CHRIST, COORDINATOR, COMMUNITY HEALTH- ADVOCATE CHRIST, MANAGER, INPATIENT CARE - ADVOCATE CHRIST, MANAGER, PATIENT AND GUEST RELATIONS- ADVOCATE CHRIST, NURSE PRACTITIONER, RONALD MCDONALD CARE MOBILE GOVERNING COUNCIL. AS MENTIONED EARLIER, THE CHNA PROCESS REQUIRES THE CHC TO FORWARD THE CHNA AND SELECTED PRIORITIES TO THE MEDICAL CENTER'S GOVERNING COUNCIL FOR APPROVAL. THE MEDICAL CENTER'S GOVERNING COUNCIL IS COMPRISED OF COMMUNITY LEADERS AND EXECUTIVE LEVEL MEDICAL CENTER STAFF. THE PRINCIPAL ROLES OF EACH GOVERNING COUNCIL MEMBER ARE TO SUPPORT MEDICAL CENTER LEADERSHIP IN ACHIEVEMENT OF THE MEDICAL CENTER'S GOALS, REPRESENT THE COMMUNITY'S INTERESTS TO THE MEDICAL CENTER AND TO SERVE AS A MEDICAL CENTER AMBASSADOR IN THE COMMUNITY. THE GOVERNING COUNCIL CONSISTS OF 26 MEMBERS REPRESENTING A BROAD SPECTRUM OF COMMUNITY SECTORS. MEMBERS REPRESENT THE FAITH COMMUNITY, MEDICAL, BUSINESS AND INDUSTRY FIELDS. A TOTAL OF 57 PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING REPRESENTATIVES FROM THE FAITH COMMUNITY, WHILE 43 PERCENT OF MEMBERS ARE MEDICAL CENTER AFFILIATED PHYSICIANS OR ADVOCATE CHRIST LEADERS. ONE GOVERNING COUNCIL MEMBER ALSO SERVES AS THE CHAIR OF THE CHC TO ENSURE THE SHARING OF INFORMATION BETWEEN THE TWO COUNCILS. LEADERS OF THE CHC PRESENTED THE 2019 CHNA AND PRIORITIZED HEALTH NEEDS TO THE GOVERNING COUNCIL, AND THE GOVERNING COUNCIL VOTED FULL APPROVAL AND ADOPTION OF THE 2017-2019 CHNA REPORT AND PRIORITIZED HEALTH NEEDS ON OCTOBER 17, 2019. COLLABORATION WITH HEALTH DEPARTMENTS AND/OR HOSPITALS THE ALLIANCE FOR HEALTH EQUITY. ADVOCATE CHRIST AND ADVOCATE CHILDREN'S ARE MEMBERS OF THE ALLIANCE, A COLLABORATION OF 37 NON-PROFIT AND PUBLIC HOSPITALS/MEDICAL CENTERS WORKING WITH HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE HEALTH EQUITY, WELLNESS, AND QUALITY OF LIFE ACROSS CHICAGO</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	O AND SUBURBAN COOK COUNTY. LED BY A STEERING COMMITTEE OF WHICH ADVOCATE AURORA IS A MEMBER AND LEADER, AND SUPPORTED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), THE COLLABORATIVE SHARES RESOURCES AND WORKS TOGETHER ON DATA COLLECTION, PRIORITY SETTING AND IMPLEMENTATION PLANNING FOR THE REGION. COLLABORATIONS WITH OTHER KEY STAKEHOLDERS. ADDITIONAL STAKEHOLDERS IN THE ALLIANCE INCLUDE THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, THE NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI), AND COMMUNITY-BASED ORGANIZATIONS. DETAILED INFORMATION RELATED TO OTHER COLLABORATIONS MAY BE FOUND IN THE ACCOMPANYING REPORT COMMUNITY HEALTH NEEDS ASSESSMENT FOR CHICAGO AND SUBURBAN COOK COUNTY, 2019 WHICH IS POSTED BESIDE ADVOCATE CHRIST'S 2017-2019 CHNA REPORT ON THE ADVOCATE CHNA WEBPAGE AT: HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/CHRIST-CHNA-REPORT-2019 ADVOCATE CHRIST/ADVOCATE CHILDREN'S 2017-2019 CHNA AND PRIORITIZED NEEDS RECEIVED FINAL APPROVAL BY THE ADVOCATE HEALTH CARE NETWORK BOARD OF DIRECTORS ON DECEMBER 16, 2019. THE FULL 2019 CHNA REPORT WAS POSTED ON THE ADVOCATE WEBPAGE IN DECEMBER 2019 AND INCLUDED A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE FOR INQUIRIES AND IN PROVIDING FEEDBACK. AS OF DECEMBER 31, 2019, NO QUESTIONS OR FEEDBACK WERE RECEIVED FROM THE COMMUNITY REGARDING THE 2017-2019 CHNA REPORT, OR THE PREVIOUS 2014-2016 CHNA REPORT AND/OR ITS ACCOMPANYING 2017-2019 IMPLEMENTATION PLAN.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 5: COMMUNITY HEALTH COUNCIL. ADVOCATE SOUTH SUBURBAN HOSPITAL (ADV OCATE SOUTH SUBURBAN) CONVENED A COMMUNITY HEALTH COUNCIL FOR THE 2017-2019 CHNA PROCESS. THE COUNCIL MET FIVE TIMES FROM MARCH 7, 2019 THROUGH OCTOBER 31, 2019. THE CHC'S RESPONSI BILITIES ARE TO OVERSEE THE CHNA PROCESS, PRIORITIZE HEALTH NEEDS AND OVERSEE COMMUNITY HE ALTH STRATEGIES FOR THE HOSPITAL. THE CHC ALSO CONTRIBUTES TO THE DEVELOPMENT OF THE HOSPI TAL'S IMPLEMENTATION PLAN TO ADDRESS PRIORITIZED COMMUNITY HEALTH NEEDS. CHAIRED BY A MEMB ER OF ADVOCATE SOUTH SUBURBAN'S GOVERNING COUNCIL AND MANAGED BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH AND REGIONAL MANAGER FOR COMMUNITY HEALTH, THE COUNCIL IS COMPRISED OF A VARIETY OF REPRESENTATIVES FROM THE COMMUNITY AND HOSPITAL LEADERSHIP. THE CHC FUNCTIONS A S A SUBSET OF THE HOSPITAL'S GOVERNING COUNCIL AND ALL ACTIVITIES AND DECISIONS MADE BY TH E CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL TO THE FULL HOSPITAL GOVERNING COUNCIL . THE AFFILIATIONS AND TITLES OF ADVOCATE SOUTH SUBURBAN'S COMMUNITY HEALTH COUNCIL MEMBER S ARE INDICATED BELOW. MEMBERS REPRESENTING THE COMMUNITY'S UNDERSERVED, LOW-INCOME AND MI NORITY POPULATIONS ARE ALSO INDICATED BELOW.MEMBERS FROM THE COMMUNITY- VICTORY APOSTOLIC CHURCH, NURSE 1 (PRIMARILY SERVES AFRICAN AMERICAN)- VICTORY APOSTOLIC CHURCH, NURSE 2 (PR IMARILY SERVES AFRICAN AMERICAN)- ADVOCATE SOUTH SUBURBAN GOVERNING COUNCIL MEMBER AND COM MUNITY HEALTH COUNCIL CHAIR- GOVERNORS STATE UNIVERSITY, ASSISTANT PROFESSOR 1 (PRIMARILY SERVES AFRICAN AMERICAN AND ASIAN STUDENTS/MINORITIES)- HAZEL CREST COMMUNITY, RESIDENT 1- HAZEL CREST COMMUNITY, RESIDENT 2- AUNT MARTHA'S HEALTH AND WELLNESS, PROGRAM COORDINATOR (PRIMARILY SERVES UNDERSERVED AND LOW-INCOME POPULATIONS)- VILLAGE OF HAZEL CREST, DIRECT OR, COMMUNITY RELATIONS DVOCATE AURORA/ADVOCATE SOUTH SUBURBAN STAFF MEMBERS- ADVOCATE AUR ORA, SOUTH REGION MANAGER, COMMUNITY HEALTH- ADVOCATE AURORA, SOUTH REGION DIRECTOR, COMMU NITY HEALTH- ADVOCATE SOUTH SUBURBAN, COORDINATOR, COMMUNITY HEATH- ADVOCATE SOUTH SUBURBA N, CLINICAL NURSE EDUCATOR- ADVOCATE SOUTH SUBURBAN, VICE PRESIDENT, OPERATIONS, EXECUTIVE SPONSORGOVERNING COUNCIL. THE ADVOCATE SOUTH SUBURBAN GOVERNING COUNCIL IS COMPRISED OF C OMMUNITY LEADERS AND EXECUTIVE LEVEL HOSPITAL STAFF. THE PRINCIPAL ROLES OF EACH GOVERNING COUNCIL MEMBER IS TO SUPPORT HOSPITAL LEADERSHIP IN ACHIEVEMENT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTERESTS TO THE HOSPITAL AND TO SERVE AS A HOSPITAL AMBASSADOR IN THE COMMUNITY. ADVOCATE SOUTH SUBURBAN'S GOVERNING COUNCIL IS COMPRISED OF 14 MEMBERS, REPRESENTING A BROAD SPECTRUM ACROSS COMMUNITY SECTORS. MEMBERS REPRESENT THE FAITH COMMUN ITY, MEDICAL, BUSINESS AND INDUSTRY FIELDS. ONE MEMBER OF THE GOVERNING COUNCIL ALSO SERVE S AS THE CHAIR OF THE CHC TO ENSURE ALIGNMENT BETWEEN THE TWO COUNCILS. THE HOSPITAL'S GOV ERNING COUNCIL ALSO REVIEWS AND APPROVES THE CHNA REPORT AS FORWARDED BY THE HOSPITAL'S CH C, INCLUDING REVIEW AND APPROV

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	AL OF THE PRIORITIZED HEALTH NEEDS. IN NOVEMBER 2019, LEADERS OF THE CHC PRESENTED THE 2017-2019 CHNA REPORT AND PRIORITIZED HEALTH NEEDS THEREIN TO THE HOSPITAL'S GOVERNING COUNCIL. THE ADVOCATE SOUTH SUBURBAN GOVERNING COUNCIL APPROVED AND ADOPTED THE HOSPITAL'S 2017-2019 CHNA REPORT ON NOVEMBER 26, 2019. THE ALLIANCE FOR HEALTH EQUITY/COLLABORATIONS WITH KEY STAKEHOLDERS. ADVOCATE SOUTH SUBURBAN IS A MEMBER OF THE ALLIANCE FOR HEALTH EQUITY (THE ALLIANCE), A COALITION OF 37 NOT-FOR-PROFIT AND PUBLIC HOSPITALS, HEALTH DEPARTMENTS AND REGIONAL COMMUNITY-BASED ORGANIZATIONS WORKING TO IMPROVE HEALTH EQUITY, WELLNESS AND QUALITY OF LIFE ACROSS CHICAGO AND SUBURBAN COOK COUNTY. LED BY A STEERING COMMITTEE OF WHICH ADVOCATE AURORA IS A MEMBER AND LEADER, AND SUPPORTED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), THE COLLABORATIVE SHARES RESOURCES AND WORKS TOGETHER ON DATA COLLECTION, PRIORITY SETTING AND IMPLEMENTATION PLANNING FOR THE REGION. THE ALLIANCES' ADDITIONAL STAKEHOLDERS INCLUDE THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH), THE NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI), AND COMMUNITY-BASED ORGANIZATIONS. DETAILED INFORMATION RELATED TO OTHER COLLABORATIONS MAY BE FOUND IN THE ACCOMPANYING REPORTCOMMUNITY HEALTH NEEDS ASSESSMENT FOR CHICAGO AND SUBURBAN COOK COUNTY, 2019WHICH IS POSTED BESIDE ADVOCATE SOUTH SUBURBAN'S 2017-2019 CHNA REPORT ON THE ADVOCATE CHNA WEBPAGE AT: HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/ THE ADVOCATE HEALTH CARE NETWORK BOARD OF DIRECTORS APPROVED ADVOCATE SOUTH SUBURBAN'S 2019 CHNA REPORT AT THE SYSTEM LEVEL ON DECEMBER 16, 2019, AND THE HOSPITAL'S CHNA WAS POSTED ON THE ADVOCATE WEBPAGE THE FOLLOWING DAY. AS OF DECEMBER 31, 2019, THERE WAS NO FEEDBACK FROM THE COMMUNITY RELATED TO EITHER THE 2017-2019 CHNA, OR THE PREVIOUS 2014-2016 CHNA OR THE ACCOMPANYING 2017-2019 IMPLEMENTATION PLAN.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>PART V, SECTION B, LINE 5: FOR THE 2017-2019 CHNA, ADVOCATE TRINITY HOSPITAL (ADVOCATE TRI NITY) COLLABORATED WITH NUMEROUS STAKEHOLDERS BY PARTNERING WITH THE ALLIANCE FOR HEALTH E QUIT Y WHICH REPRESENTS A BROAD CROSS-SECTOR OF ORGANIZATIONS INCLUDING HEALTHCARE, COUNTY AND CITY GOVERNMENT, PUBLIC HEALTH, SOCIAL SERVICES, HOUSING, EDUCATION, FAITH AND OTHERS. ADDITIONALLY, COMMUNITY MEMBERS REPRESENTING THE INTERESTS OF MEMBERS OF MEDICALLY UNDERS ERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY SERVED BY THE HOSPITAL WERE E NGAGED THROUGH THE HOSPITAL'S COMMUNITY HEALTH AND GOVERNING COUNCILS. THE KEY STAKEHOLDER S AND PARTNERS INCLUDED THE COUNCILS AND ORGANIZATIONS LISTED BELOW.COMMUNITY HEALTH COUNC IL. ADVOCATE TRINITY CONVENED FIVE CHC MEETINGS FROM MARCH THROUGH OCTOBER 2019. THE CHC'S RESPONSIBILITIES ARE TO OVERSEE COMMUNITY HEALTH STRATEGY FOR THE HOSPITAL, REVIEW DATA A ND PRIORITIZE HEALTH NEEDS IDENTIFIED FOR THE 2017-2019 CHNA, AND TO OVERSEE THE DEVELOPE M NT AND IMPLEMENTATION OF THE HOSPITAL'S COMMUNITY HEALTH STRATEGIES. CHAIRED BY A MEMBER O F ADVOCATE TRINITY'S GOVERNING COUNCIL AND MANAGED BY THE REGIONAL DIRECTOR AND MANAGER OF COMMUNITY HEALTH, THE CHC IS COMPRISED OF A VARIETY OF REPRESENTATIVES FROM THE COMMUNITY . THE CHC FUNCTIONS AS A SUBSET OF THE HOSPITAL'S GOVERNING COUNCIL AND ALL ACTIVITIES AND DECISIONS MADE BY THE CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL BY THE FULL GOVER NING COUNCIL. THE AFFILIATIONS AND TITLES OF ADVOCATE TRINITY'S CHC MEMBERS ARE PROVIDED B ELOW. MEMBERS REPRESENTING UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS ARE ALSO IN DICATED BELOW.MEMBERS FROM THE COMMUNITY- ADVOCATE TRINITY GOVERNING COUNCIL MEMBER AND CO -CHAIR ADVOCATE TRINITY COMMUNITY HEALTH COUNCIL (UNDERSERVED AND/OR LOW-INCOME AND/OR AFR ICAN AMERICAN AND HISPANIC POPULATION)- ADVOCATE TRINITY GOVERNING COUNCIL MEMBER AND ADVO CATE TRINITY COMMUNITY HEALTH COUNCIL MEMBER (UNDERSERVED AND/OR LOW-INCOME AND/OR AFRICAN AMERICAN AND HISPANIC POPULATION)- CHICAGO FAMILY HEALTH CENTER, COORDINATOR, MATERNAL PR OGRAMS (MEDICALLY UNDERSERVED AND/OR LOW-INCOME AND/OR AFRICAN AMERICAN AND HISPANIC POPUL ATION)- CHICAGO FAMILY HEALTH CENTER, COORDINATOR, OUTREACH (MEDICALLY UNDERSERVED AND/OR LOW-INCOME AND/OR AFRICAN AMERICAN AND HISPANIC POPULATION)- CLARETIAN ASSOCIATES, EXECUTI VE DIRECTOR (UNDERSERVED AND/OR LOW-INCOME AND/OR AFRICAN AMERICAN AND HISPANIC POPULATION)- CALUMET HEIGHTS, COMMUNITY MEMBER- METROPOLITAN FAMILY SERVICES, EXECUTIVE DIRECTOR (ME DICALLY UNDERSERVED AND/OR LOW INCOME AND/OR AFRICAN AMERICAN AND HISPANIC POPULATION)- SO UTH CHICAGO COMMUNITY MEMBER 1- SOUTH CHICAGO COMMUNITY MEMBER 2- SUPERIOR AMBULANCE COMPA NY, VP, OPERATIONS - SOUTHEAST CALUMET HEIGHTS HOMEOWNERS ASSOCIATION, PRESIDENT (UNDERSER VED AND/OR LOW-INCOME AND/OR MINORITY)- SOUTHEAST CALUMET HEIGHTS HOMEOWNERS ASSOCIATION, VP, GOVERNMENTAL AFFAIRS AND CO-CHAIR, ADVOCATE TRINITY COMMUNITY HEALTH COUNCIL (UNDERSER VED AND/OR LOW-INCOME AND/OR M</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>INORITY) ADVOCATE AURORA/ADVOCATE TRINITY STAFF MEMBERS- ADVOCATE TRINITY, COORDINATOR, CO MMUNITY HEALTH- ADVOCATE AURORA, REGIONAL MANAGER, COMMUNITY HEALTH- ADVOCATE AURORA, REGI ONAL DIRECTOR, COMMUNITY HEALTH- ADVOCATE AURORA, REGIONAL VICE PRESIDENT, MISSION AND SPI RITUAL CAREGOVERNING COUNCIL. THE HOSPITAL'S GOVERNING COUNCIL IS COMPRISED OF COMMUNITY L EADERS AND EXECUTIVE LEVEL HOSPITAL STAFF. THE PRINCIPAL ROLES OF EACH GOVERNING COUNCIL M EMBER ARE TO SUPPORT HOSPITAL LEADERSHIP IN ACHIEVEMENT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTERESTS TO THE HOSPITAL AND TO SERVE AS A HOSPITAL AMBASSADOR IN THE CO MMUNITY. ADVOCATE TRINITY'S GOVERNING COUNCIL IS COMPRISED OF 16 MEMBERS, REPRESENTING A B ROAD SPECTRUM ACROSS COMMUNITY SECTORS. MEMBERS REPRESENT THE FAITH COMMUNITY, MEDICAL, BU SINESS AND INDUSTRY FIELDS. ONE MEMBER OF THE GOVERNING COUNCIL ALSO SERVES AS THE CHAIR O F THE COMMUNITY HEALTH COUNCIL TO ENSURE THE SHARING OF INFORMATION BETWEEN THE TWO COUNCI LS. THE HOSPITAL'S GOVERNING COUNCIL ALSO REVIEWS AND APPROVES THE CHNA REPORT, INCLUDING THE PRIORITIZED HEALTH NEEDS. IN NOVEMBER 2019, LEADERS OF THE CHC PRESENTED THE CHNA PROC ESS AND PRIORITIZED HEALTH NEEDS TO THE HOSPITAL'S GOVERNING COUNCIL. THE GOVERNING COUNCI L APPROVED ADVOCATE TRINITY'S CHNA REPORT ON NOVEMBER 26, 2019. THE ALLIANCE FOR HEALTH EQ UITY. ADVOCATE TRINITY IS A MEMBER OF THE ALLIANCE FOR HEALTH EQUITY (THE ALLIANCE), A COL LABORATIVE OF 37 NON-PROFIT AND PUBLIC HOSPITALS, HEALTH DEPARTMENTS AND REGIONAL AND COMM UNITY-BASED ORGANIZATIONS WORKING TO IMPROVE HEALTH EQUITY, WELLNESS AND QUALITY OF LIFE A CROSS CHICAGO AND SUBURBAN COOK COUNTY. FACILITATED BY THE ILLINOIS PUBLIC HEALTH INSTITUT E, THE COLLABORATIVE SHARES RESOURCES AND WORKS TOGETHER ON A CHNA PROCESS INCLUDING DATA COLLECTION, PRIORITY SETTING AND HEALTH IMPROVEMENT IMPLEMENTATION PLANNING FOR THE REGION . GIVEN THE SIZE OF COOK COUNTY, THREE REGIONAL CHNAS ARE CONDUCTED. ADVOCATE TRINITY WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED IN THE SOUTH REGION ASSESSMENT. THE HOSPITAL'S COMMUNITY HEALTH TEAM MEMBERS PARTICIPATED IN NINE COLLABORATIVE GROUPS OF SOC IAL DETERMINATES AND MENTAL HEALTH. THE ALLIANCE'S MEMBER HOSPITALS AND HEALTH SYSTEMS ARE VERY ACTIVE IN DESIGNING AND IMPLEMENTING INTERVENTIONS THAT WILL COLLECTIVELY IMPACT HEA LTH EQUITY. DETAILED INFORMATION RELATED TO THE SOUTH REGION REPORT MAY BE FOUND IN THE CO MMUNITY HEALTH NEEDS ASSESSMENT FOR CHICAGO AND SUBURBAN COOK COUNTY, 2019WHICH IS POSTED BESIDE ADVOCATE TRINITY'S 2017-2019 CHNA REPORT ON THE ADVOCATE CHNA WEBPAGE AT: HTTPS://WW.ADVOCATEHEALTH.COM/ASSETS/DOCUMENTS/CHNA/FINAL_2019_CHNA-REPORT_ALLIANCE-FOR-HEALTH-EQUITY.PDFTHE ADVOCATE HEALTH CARE NETWORK BOARD OF DIRECTORS APPROVED THE ADVOCATE TRINITY 2 019 CHNA REPORT AT THE SYSTEM LEVEL ON DECEMBER 16, 2019, AND THE CHNA REPORT WAS POSTED O N ADVOCATE'S WEBPAGE THE FOLLOWING DAY WITH A LINK TO A FEEDBACK FORM AND AN EMAIL FOR THE COMMUNITY TO PROVIDE FEEDBACK</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	. AS OF DECEMBER 31, 2019, THERE WAS NO ADDITIONAL FEEDBACK FROM THE COMMUNITY RELATED TO EITHER THE 2017-2019 CHNA REPORT, OR THE PREVIOUS 2014-2016 CHNA REPORT AND/OR THE ACCOMPA NYING 2017-2019 IMPLEMENTATION STRATEGY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 6A: ADVOCATE CHRIST AND ADVOCATE CHILDREN'S PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY, LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS. THIS COLLABORATIVE COMPLETED A CHNA FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY. ADVOCATE CHRIST WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY. THE OTHER PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED: RELATED? - ADVOCATE CHILDREN'S (OAK LAWN, IL)- ADVOCATE SOUTH SUBURBAN HOSPITAL (HAZEL CREST, IL) - ADVOCATE TRINITY HOSPITAL (CHICAGO, IL)UNRELATED? - JACKSON PARK HOSPITAL (CHICAGO, IL)- MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL)- ROSELAND COMMUNITY HOSPITAL (CHICAGO, IL)- SOUTH SHORE HOSPITAL (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE INGALLS MEMORIAL HOSPITAL (HARVEY, IL)FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE. HTTP://ALLHEALTHEQUITY.ORG/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 6A: ADVOCATE SOUTH SUBURBAN PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY, LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS. THIS COLLABORATIVE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY. ADVOCATE SOUTH SUBURBAN WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY. THE OTHER PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED:RELATED?- ADVOCATE CHRIST (OAK LAWN, IL)- ADVOCATE CHILDREN'S (OAK LAWN, IL)- ADVOCATE TRINITY (CHICAGO, IL)UNRELATED?- JACKSON PARK HOSPITAL (CHICAGO, IL)- MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL)- ROSELAND COMMUNITY HOSPITAL (CHICAGO, IL)- SOUTH SHORE HOSPITAL (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE INGALLS HOSPITAL (HARVEY, IL)FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE: HTTPS://ALLHEALTHEQUITY.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>PART V, SECTION B, LINE 6A: FOR THE 2017-2019 CHNA, ADVOCATE TRINITY PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY, LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS AS WELL AS 7 HEALTH DEPARTMENTS AND OVER 100 COMMUNITY ORGANIZATIONS. THIS COLLABORATIVE COMPLETED A CHNA FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY. ADVOCATE TRINITY WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY. THE OTHER PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED: RELATED:- ADVOCATE CHRIST MEDICAL CENTER (OAK LAWN, IL)- ADVOCATE CHILDREN'S HOSPITAL (OAK LAWN, IL)- ADVOCATE SOUTH SUBURBAN HOSPITAL (HAZEL CREST, IL) UNRELATED:- JACKSON PARK HOSPITAL (CHICAGO, IL)- MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL)- ROSELAND COMMUNITY HOSPITAL (CHICAGO, IL)- SOUTH SHORE HOSPITAL (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE (CHICAGO, IL)- UNIVERSITY OF CHICAGO MEDICINE INGALLS MEMORIAL HOSPITAL (HARVEY, IL)FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE. HTTP://ALLHEALTHEQUITY.ORG/</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 6B: - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY HEALTH DEPARTMENT, CHICAGO, IL- NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI), CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS. FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION, PLEASE ACCESS THE FOLLOWING LINK: HTTP://ALLHEALTHEQUITY.ORG/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 6B: - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI), CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS. FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION, PLEASE ACCESS THE FOLLOWING LINK: HTTP://ALLHEALTHEQUITY.ORG/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 6B: - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY HEALTH DEPARTMENT, CHICAGO, IL- NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI), CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS. FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION, PLEASE ACCESS THE FOLLOWING LINK: HTTP://ALLHEALTHEQUITY.ORG/

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>PART V, SECTION B, LINE 11: 2014-2016 CHNA (NOTE: THE FOLLOWING NARRATIVE REVIEWS THE PREVIOUS ADVOCATE CHRIST/ADVOCATE CHILDREN'S 2014-2016 CHNA'S SELECTED PRIORITIES AND THE 2017 -2019 IMPLEMENTED STRATEGIES AND OUTCOMES GIVEN 2019 WAS THE THIRD AND FINAL YEAR OF THE 2017-2019 IMPLEMENTATION PLAN. FOR PURPOSES OF THE CHNA AND GIVEN THE FACT THAT ADVOCATE CHRIST AND ADVOCATE CHILDREN'S-OAK LAWN SHARE THE SAME FEIN NUMBER, ADVOCATE CHILDREN'S ASSESSMENT AND IMPLEMENTATION STRATEGIES ARE INCORPORATED INTO THE ADVOCATE CHRIST CHNA AND IMPLEMENTATION PLAN.) HEALTH NEEDS SELECTED THE ADVOCATE CHRIST COMMUNITY HEALTH DEPARTMENT COLLECTED AND ANALYZED DATA FOR THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA). THROUGH A VOTING AND PRIORITIZATION PROCESS FROM LOW TO HIGH USING A FLIPCHART, THE CHC IDENTIFIED ASTHMA, DIABETES AND VIOLENCE PREVENTION AS PRIORITIES TO BE ADDRESSED FOR THE 2017-2019 IMPLEMENTATION PLAN CYCLE. VIOLENCE PREVENTION. ADVOCATE CHRIST'S GOAL WAS TO REDUCE VIOLENCE AND INCREASE AWARENESS OF VIOLENCE PREVENTION IN THE PSA. THE STRATEGIES INCLUDED EXPANDING THE PARTNERSHIP WITH CEASEFIRE TO IMPLEMENT AN EVIDENCE-BASED MODEL THAT ADDRESSES VIOLENCE PREVENTION. IN 2019, THE CEASEFIRE ORGANIZATION DIVESTED ITS HOSPITAL RESPONSE PROGRAM. A NEW HOSPITAL RESPONDER PROGRAM WAS FORMED NAMED ACCLIVUS, WHICH CONTINUED ACTIVITIES FROM SEPTEMBER THROUGH DECEMBER 2019. PROGRAM RESULTS FOR JANUARY 2019 TO DECEMBER 2019 WERE AS FOLLOWS:- A TOTAL OF 227 PATIENTS RECEIVED ACCLIVUS INTERVENTION SERVICES; 10.5 PERCENT OF PATIENTS WERE FEMALE WHILE 89.5 PERCENT WERE MALE.- A TOTAL OF 228 VISITORS OF VIOLENTLY INJURED PATIENTS FROM THE HOSPITAL'S PSA AND SSA RECEIVED ACCLIVUS INTERVENTION SERVICES.- EIGHTY-FIVE PERCENT OF PATIENTS RECEIVING SERVICES FOR THE ACCLIVUS PROGRAM WERE AFRICAN AMERICAN AND 10 PERCENT WERE LATINO.ASTHMA. ADVOCATE CHRIST'S GOAL WAS TO REDUCE THE INCIDENCE OF UNCONTROLLED ASTHMA AMONG ADULTS AND CHILDREN WITHIN THE PSA.STRATEGIES INCLUDED PARTNERING WITH THE METROPOLITAN TENANT ORGANIZATION ON THE HEALTHY HOMES INITIATIVE FOR CHILDREN WITH ASTHMA. COMMUNITY HEALTH STAFF COLLABORATED WITH CLINICAL STAFF IN INPATIENT MEDICAL CENTER UNITS, AS WELL AS THE EMERGENCY DEPARTMENT (ED) TO IMPROVE DISEASE SELF-MANAGEMENT SKILLS FOR PATIENTS AND FAMILIES WITH ASTHMA. ADVOCATE CHRIST COLLABORATED WITH ADVOCATE CHILDREN'SOAK LAWN TO PROVIDE "KICKIN' ASTHMA," AN EVIDENCE-BASED EDUCATION/DISEASE SELF-MANAGEMENT PROGRAM IN HIGH RISK SCHOOLS IN THE PSA. DUE TO A REDUCTION IN STAFFING, THE PROGRAM WAS NOT IMPLEMENTED IN 2019.DIABETES. THE OVERALL GOAL FOR THE DIABETES PREVENTION PROGRAM WAS TO REDUCE THE INCIDENCE OF TYPE 2 DIABETES IN THE PSA. ADVOCATE CHRIST IMPLEMENTED A CDC EVIDENCE-BASED INTERVENTION NAMED THE NATIONAL DIABETES PREVENTION PROGRAM (DPP). THE PROGRAM IS DESIGNED TO EDUCATE INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH PRE-DIABETES REGARDING HOW TO PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES THROUGH EDUCATION, DIET AND EXERCISE. IN 201</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>9, THE MEDICAL CENTER PARTNERED WITH CLINICS, LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS T O HOST THE PROGRAM. ADVOCATE CHRIST IMPLEMENTATION STRATEGIES INCLUDED:- IMPLEMENTATION OF THE CENTERS OF DISEASE CONTROL'S (CDC) NATIONAL DIABETES PREVENTION PROGRAM (DPP) IN TARG ETED COMMUNITY AREAS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND FAITH COMMUNITI ES; - ESTABLISHMENT OF ADVOCATE CHRIST AS A RECOGNIZED DIABETES PREVENTION PROGRAM SITE BY ACHIEVING FULL RECOGNITION STATUS BY THE CDC; AND - INCREASING COMMUNITY EDUCATIONAL OPPO RTUNITIES TO SUPPORT DIABETES SELF-MANAGEMENT SKILLS.PROGRAM RESULTS FOR JANUARY 2019 TO D ECEMBER 2019 WERE AS FOLLOWS:- THREE SITES WERE IMPLEMENTED IN 2019. - THERE WAS A TOTAL O F 20 PARTICIPANTS ENROLLED IN THE DPP PROGRAM IN 2019. - TWENTY-FIVE PERCENT OF PARTICIPAN TS MET THE WEIGHT LOSS GOAL.HEALTH NEEDS NOT SELECTED THE NEEDS ADVOCATE CHRIST DID NOT SE LECT AS PRIORITIES TO ADDRESS INCLUDE CANCER, HEART DISEASE AND HYPERTENSION. WHILE THESE WERE IMPORTANT HEALTH NEEDS, THE COUNCIL FELT ADVOCATE CHRIST'S CARDIOVASCULAR, NEUROSCIEN CE AND ONCOLOGY INSTITUTES WERE ADDRESSING CANCER, HEART DISEASE, AND STROKE, RESPECTIVELY . CANCER. ADVOCATE CHRIST'S CANCER PROGRAM HAS BEEN CERTIFIED BY THE AMERICAN COLLEGE OF S URGEONS, COMMISSION ON CANCER AND INCLUDES BOTH INPATIENT AND OUTPATIENT UNITS, ARADIATION ONCOLOGY UNIT, CYBERKNIFE TREATMENT, INTRAOPERATIVE ELECTRON RADIATION THERAPY (IOERT), A HOME HEALTH/HOSPICE PROGRAM, A BREAST HEALTH PROGRAM AND A COMMUNITY EDUCATION PROGRAM. N UTRITIONAL SERVICES, SOCIAL SERVICES, SPIRITUAL CARE AND AN ONCOLOGY CERTIFIED PHARMACIST ARE AVAILABLE ON SITE TO WORK WITH PATIENTS AND THEIR FAMILIES. CLINICAL RESEARCH TRIALS A RE ALSO AVAILABLE THROUGH THE CHILDREN'S ONCOLOGY GROUP (COG).ADVOCATE CHRIST OFFERS CANCE R-FOCUSED HOSPICE CARE AND FREE SEMINARS OPEN TO THE PUBLIC. A SPECIALLY TRAINED ONCOLOGY NUTRITIONIST SEES PATIENTS IN THE MEDICAL CENTER AND THOSE UNDERGOING OUTPATIENT TREATMENT . THE PALLIATIVE CARE TEAM WORKS CLOSELY WITH PHYSICIANS AND PATIENTS TO PROVIDE COMFORT, COMMUNICATION ASSISTANCE AND TO ASSESS PATIENTS' PHYSICAL NEEDS TO ENHANCE THEIR QUALITY O F LIFE AT ALL STAGES OF ILLNESS. IN ADDITION, THERE IS AN ON-SITE AMERICAN CANCER SOCIETY PATIENT REPRESENTATIVE AND A GILDA'S CLUB SATELLITE LOCATION.HEART DISEASE. ADVOCATE HEART INSTITUTE AT ADVOCATE CHRIST IS ILLINOIS' MOST COMPREHENSIVE CENTER FOR HEART CARE. THE H EART INSTITUTE OFFERS A FULL RANGE OF TREATMENTS AND PROGRAMS INCLUDING PREVENTATIVE, DIAG NOSTICS, CLINICAL TRIALS, HEART TRANSPLANTS AND REHABILITATION SERVICES. REHABILITATION PL AYS A KEY ROLE IN RECOVERY FROM A HEART ATTACK OR HEART SURGERY. THE GOAL OF THE COMPREHEN SIVE CARDIAC REHABILITATION PROGRAM IS TO HELP PATIENTS REGAIN STRENGTH AND IMPROVE THEIR HEALTH AND QUALITY OF LIFE AFTER A HEART ATTACK OR HEART SURGERY. THE HEART INSTITUTE HAS BEEN CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIAC AND PULMONARY REHABILITATION.ADVOCAT E CHRIST OFFERS A SERIES OF CO</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>MMUNITY HEALTH CLASSES THAT INCREASE AWARENESS OF HEART DISEASE AND SUPPORT INDIVIDUALS IN THEIR JOURNEY TO BETTER HEART HEALTH. A VARIETY OF SUPPORT GROUPS ARE ALSO PROVIDED THAT ENCOURAGE HEALTHY HEART CARE IN THE COMMUNITY. THE "LIVE FROM THE HEART" PROGRAM, A PARTNE RSHIP BETWEEN CHICAGO'S MUSEUM OF SCIENCE AND INDUSTRY AND ADVOCATE CHRIST, EDUCATES HIGH SCHOOL STUDENTS ABOUT HEART HEALTH THROUGH LIVE INTERACTIVE HEART SURGERIES THAT ARE PROVI DED IN A CLASSROOM VIA VIDEO MONITORING. THE INTERACTIVE PROGRAM ALSO HELPS TO FOSTER INTE REST IN THE HEALTH SCIENCES.HYPERTENSION AND CEREBROVASCULAR DISEASE. HYPERTENSION IS A KN OWN RISK FACTOR FOR CEREBROVASCULAR DISEASE (STROKE). THE ADVOCATE CHRIST NEUROSCIENCES IN STITUTE IS A COMPREHENSIVE STROKE CENTER ACCREDITED BY DET NORSKE VERITAS (DNV) HEALTHCARE , INC. AS ONE OF THE BUSIEST STROKE CENTERS IN THE CHICAGOLAND AREA, THE MEDICAL CENTER TR EATS MORE THAN 900 NEW STROKE PATIENTS EACH YEAR. BECAUSE THE STROKE TEAM SEES SUCH A LARG E VOLUME AND VARIETY OF STROKE CASES, THE PHYSICIANS HAVE THE SKILLS AND EXPERIENCE TO TRE AT ALL LEVELS OF STROKE CASES, ESPECIALLY IN MANAGING POST-STROKE RECOVERY AND REHABILITAT ION. THE NEUROSCIENCES INSTITUTE'S COMMUNITY EDUCATION PROGRAMS INCLUDE HEALTH FAIRS, COMM UNITY LECTURES AND EDUCATIONAL PARTNERSHIPS WITH LOCAL SCHOOLS. THE INSTITUTE ALSO HOSTS M ONTHLY COMMUNITY STROKE SUPPORT GROUPS.HEALTH NEEDS SELECTED TO ADDRESS BY ADVOCATE CHILDR EN'SIN THE 2014-2016 CHNA, ADVOCATE CHILDREN'S IDENTIFIED THREE PRIORITY COMMUNITY HEALTH NEEDS FOR ACTION: 1. BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL; 2. PROVIDE SCHOOL-BASED HEALTH CARE SERVICES TO HIGH RISK, LOW-INCOME CHILDREN IN THE SOUTH REGION MEDICAID MANAG ED CARE PROGRAM; AND 3. REDUCE THE INCIDENCE OF UNCONTROLLED ASTHMA IN CHILDREN.BECOME A T RAUMA-INFORMED CHILDREN'S HOSPITAL. PLANS INCLUDED BECOMING THE FIRST TRAUMA-INFORMED CHIL DREN'S HOSPITAL IN THE METROPOLITAN CHICAGO AREA, AS WELL AS FURTHERING THE PARTNERSHIP WI TH THE ADVERSE CHILDHOOD EXPERIENCES (ACE) PROGRAM OF THE HEALTH AND MEDICINE POLICY RESEA RCH GROUP TO DETERMINE BEST PRACTICES FOR TRAINING THE HOSPITAL'S CLINICAL TEAM ON ACES AN D THEIR IMPACT ON IMPROVING CHILDREN'S HEALTH OUTCOMES. ADVOCATE CHILDREN'S WORKED CLOSELY WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH TO ASSIST IN REACHING ITS HEALTHY CHICAGO 2. 0 GOAL OF BECOMING A TRAUMA-INFORMED CITY AND WITH ILLINOIS SENATOR DICK DURBIN TO SUPPORT LEGISLATION TO FURTHER TRAUMA-INFORMED CARE FOR CHILDREN.PROGRAM RESULTS IN 2019 WERE AS FOLLOWS.- SPONSORED AN ACADEMIC CONFERENCE TITLED "VIOLENCE IN COMMUNITIES: PROVIDING TRAU MA INFORMED CARE TO PEDIATRIC PATIENTS." A TOTAL OF 224 PHYSICIANS AND CLINICIANS WERE IN ATTENDANCE.- PROVIDED INTENSE TRAINING TO RONALD MCDONALD CARE MOBILE (RMCM) TEAMS IN TRAU MA INFORMED CARE.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>PART V, SECTION B, LINE 11: 2014-2016 CHNA (NOTE: THE FOLLOWING NARRATIVE REVIEWS THE PREVIOUS ADVOCATE SOUTH SUBURBAN 2014-2016 CHNA'S SELECTED PRIORITIES AND RELATED 2017-2019 IMPLEMENTED STRATEGIES AND OUTCOMES GIVEN 2019 WAS THE THIRD AND FINAL YEAR OF THE 2017-2019 IMPLEMENTATION PLAN.)ADVOCATE SOUTH SUBURBAN'S COMMUNITY HEALTH DEPARTMENT COLLECTED AND ANALYZED DATA FOR THE HOSPITAL'S PRIMARY SERVICE AREAS. IN ADDITION, HOSPITAL UTILIZATION DATA AND PROGRAM DATA FROM CLINICAL AND COMMUNITY-BASED PROGRAMS WERE COLLECTED. THIS PROCESS RESULTED IN THE IDENTIFICATION OF THE FOLLOWING COMMUNITY HEALTH NEEDS THAT WERE BROUGHT TO THE COMMUNITY HEALTH COUNCIL (CHC) FOR DISCUSSION AND PRIORITIZATION: ASTHMA, CANCER , DIABETES, HEART DISEASE AND HYPERTENSION/ STROKE.THE CHC RANKED THE MOST SIGNIFICANT COMMUNITY HEALTH NEEDS USING THE FOLLOWING CRITERIA: - MOST PREVALENT HEALTH NEEDS IDENTIFIED BASED ON HIGHEST MORTALITY RATES: - HIGHEST INCIDENCE OF DISEASE IN THE COMMUNITY - THE HIGHEST HOSPITAL ADMISSIONS - AVAILABILITY OF COMMUNITY PARTNERSHIPS - AVAILABILITY OF CURRENT RESOURCES NEEDED TO PLAN AND IMPLEMENT PROGRAMS HEALTH NEEDS SELECTED THE CHC MEMBERS VOTED AND PRIORITIZED THE GREATEST HEALTH NEEDS BASED ON THE ABOVE ESTABLISHED CRITERIA AND THE HEALTH ISSUES WITH THE HIGHEST NUMBER OF VOTES WERE SELECTED AS THE PRIORITY HEALTH NEEDS. THE CHC MEMBERS IDENTIFIED ASTHMA AND DIABETES AS THE PRIORITY HEALTH NEEDS FOR THE HOSPITAL TO ADDRESS. THE INTEGRATION OF SOCIAL DETERMINANTS OF HEALTH INTO THE CHNA AND IMPLEMENTATION PLAN WAS ALSO AN ESSENTIAL COMPONENT OF IDENTIFYING AND ADDRESSING ROOT CAUSES OF CHRONIC HEALTH ISSUES. IN EFFORTS TO ALIGN WITH THE HICCC SOCIAL DETERMINANTS OF HEALTH (SDOH) PRIORITIES, CHC MEMBERS SELECTED HOUSING AS THE HOSPITAL'S SDOH PRIORITY. THE HEALTH PRIORITIES SELECTED AND CORRESPONDING OUTCOMES ON ACTIONS TAKEN ARE REVIEWED BELOW.ASTHMA. TO ADDRESS THE INCIDENCE OF UNCONTROLLED ASTHMA IN THE HOSPITAL'S PSA, ADVOCATE SOUTH SUBURBAN PLANNED FOR IMPLEMENTATION OF THE KICKIN' ASTHMA PROGRAM INTO THE FOLLOWING ZIP CODES: 60411, 60626, 60428, 60429 AND 60478. KICKIN' ASTHMA IS AN ASTHMA MANAGEMENT PROGRAM FOR KIDS AGES 11-16 (GRADES 6-10) THAT EDUCATES AND EMPOWERS STUDENTS THROUGH A FUN AND INTERACTIVE APPROACH TO ASTHMA SELF-MANAGEMENT. DURING THE 2014-2016 CHNA CYCLE, MULTIPLE CONTACTS WITH THE LEAD DISTRICT NURSE RESPONSIBLE FOR THE FIVE UNDERSERVED SCHOOLS IN THE PRIMARY ZIP CODE OF 60426 RESULTED IN NO NEW SCHOOL PARTNERSHIPS. ALTHOUGH THERE WAS AN EXPRESSED NEED FOR ASTHMA EDUCATION, THE DISTRICT LACKED THE COMMITMENT TO IDENTIFY DATES AND ELIGIBLE STUDENTS FOR THE PROGRAM. THIS WAS DESPITE NUMEROUS ATTEMPTS BY THE HOSPITAL'S COMMUNITY HEALTH DEPARTMENT AND BY A CHC MEMBER WHO WAS A FORMER SCHOOL NURSE TO GARNER THE SCHOOLS PARTNERSHIP IN THE PROGRAM. AS A RESULT:- NO NEW SCHOOL PARTNERSHIPS WERE ESTABLISHED IN 2019- NO ASTHMA EDUCATION CLASSES WERE HELD IN 2019ADVOCATE SOUTH SUBURBAN WILL CONTINUE TO ADDRESS ASTHMA WITH</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>THIN SCHOOLS WHEN APPROACHED BY SCHOOL NURSES FOR SUPPORT AS A PART OF THE HOSPITAL'S SPEA KER'S BUREAU PROGRAM. IF AND WHEN A KICKIN' ASTHMA PROGRAM IS REQUESTED, THE HOSPITAL WILL PARTNER WITH INDIVIDUAL SCHOOLS AS NEEDED.HOUSING. ADVOCATE SOUTH SUBURBAN SELECTED HOUSI NG AS A PRIORITY WITH A FOCUS ON IMPROVING THE HEALTH OUTCOMES FOR INDIVIDUALS WITH ASTHMA IN THE HOSPITAL'S PSA. ADVOCATE SOUTH SUBURBAN ALIGNED EFFORTS WITH COMMUNITY-BASED ORGAN IZATIONS TO ADDRESS HOUSING AS A SOCIAL DETERMINANT OF HEALTH. THE HOUSING INITIATIVE SPEC IFICALLY ADDRESSED THE IDENTIFICATION OF ENVIRONMENTAL TRIGGERS IN THE HOME THAT COULD CAU SE ASTHMA EXACERBATION. ACTIONS PLANNED AND RESULTS ACHIEVED BY THE HOSPITAL ARE PROVIDED BELOW. INCORPORATE THE METROPOLITAN TENANTS ORGANIZATION'S (MTO) HEALTHY HOMES INITIATIVE INTO THE KICKIN' ASTHMA PROGRAM; AND PROVIDE HEALTHY HOMES EDUCATION TO DECREASE ASTHMA TR IGGERS WITHIN THE FOLLOWING ZIP CODES: 60411, 60426, 20428, 60429, AND 60478.- AN IMPROVED PARTNERSHIP WITH THE METROPOLITAN TENANTS ORGANIZATION WAS NEEDED TO ASSIST IN THE HOSPIT AL'S ABILITY TO BETTER SERVE THE ADVOCATE SOUTH SUBURBAN PSA IN ORDER TO ADDRESS HOUSING D ISPARITIES AS RELATED TO ASTHMA EDUCATION.COLLABORATE WITH OTHER HOSPITALS AND COMMUNITY O RGANIZATIONS WITHIN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY TO DEVELOP INTERVENTION S THAT WILL IMPACT THE SOCIAL DETERMINANTS OF HEALTH (SDOH).- COMMUNITY HEALTH STAFF ATTEN DED SCHEDULED QUARTERLY ALLIANCE FOR HEALTH EQUITY WORK GROUP MEETINGS.- COMMUNITY HEALTH STAFF ATTENDED SCHEDULED SDOH MEETING IN 2019.DIABETES. ADVOCATE SOUTH SUBURBAN IMPLEMENTE D A CDC EVIDENCE-BASED DIABETES PREVENTION PROGRAM (DPP) AND HIRED A LIFESTYLE COACH TO IM PLEMENT THE DPP PROGRAM, PREVENT T2, IN MARKHAM (ZIP CODE 60428) AND CHICAGO HEIGHTS (6041 1), IN COLLABORATION WITH COMMUNITY ORGANIZATIONS. THE GOAL WAS TO PROVIDE CLASSES TO PRE- DIABETIC COMMUNITY MEMBERS TO ADDRESS THE INCIDENCE OF DIABETES IN BOTH ZIP CODES. THROUGH THE PROGRAM, COMMUNITY MEMBERS WERE ENGAGED IN EXERCISE, HEALTHY EATING TIPS, FOOD DEMONS TRATIONS AND RECORDED THEIR FOOD LOGS DURING EACH CLASS. PROGRESS FOR FISCAL YEAR 2019 IS PROVIDED BELOW.- ADVOCATE SOUTH SUBURBAN ADDED TWO ADDITIONAL LIFESTYLE COACHES IN 2019 TO ITS DIABETES PREVENTION PROGRAM, TOTALING 3 TO SERVE THE PROGRAM.- ENROLLED 66 NEW PARTIC IPANTS IN THE DPP PROGRAM FROM APRIL THROUGH SEPTEMBER 2019.- PARTNERED WITH VICTORY APOST OLIC CHURCH IN MATTESON TO IMPLEMENT THREE COHORTS AT THE CHURCH, TWO EVENING CLASSES AND ONE DAYTIME CLASS TO ACCOMMODATE THE GREAT NEED.- IMPLEMENTED A TOTAL OF FIVE NEW COHORTS IN 2019: (3-VICTORY APOSTOLIC CHURCH; 2-SSH)- GRADUATED 3 COHORTS IN 2019.ADVOCATE SOUTH S UBURBAN ALSO WORKED TO ESTABLISH ITSELF AS A CDC-DESIGNATED DIABETES PREVENTION PROGRAM AP PROVED SITE. - DATA WAS SUBMITTED TO THE CDC FOR CONSIDERATION; AND- NOTIFICATION OF THE H OSPITALS HAVING BEEN APPROVED BY THE CDC AS A DESIGNATED DPP PROGRAM SITE WAS RECEIVED ON JANUARY 2, 2019.ANOTHER FOCUS</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>OF THE HOSPITAL WAS TO RAISE AWARENESS OF PREDIABETES THROUGH EDUCATION PROGRAMS IN FAITH- BASED ORGANIZATIONS IN MARKHAM (60428) AND CHICAGO HEIGHTS (60411).THE HOSPITAL ACHIEVED T HE FOLLOWING IN 2019.- CONDUCTED A PRESENTATION TO MEMBERS OF VICTORY APOSTOLIC CHURCH IN MATTESON IN FEBRUARY 2019 AND BEGAN INAUGURAL PROGRAM IN APRIL 2019. THIS MEGA CONGREGATIO N SERVES MEMBERS FROM THE SOUTH CHICAGOLAND COMMUNITIES, INCLUDING MARKHAM AND CHICAGO HEI GHTS, COMMUNITIES TARGETED BY THE HOSPITAL.- THE COMMUNITY HEALTH DEPARTMENT PRESENTED THE DPP PROGRAM THE DEPARTMENT OF OB/GYNE TO GARNER ADDITIONAL PARTICIPANTS INTO THE PROGRAM IN MAY 2019. PHYSICIANS ASKED QUESTIONS FOR CLARITY AND BEGAN REFERRING THEIR PATIENTS TO THE PROGRAM.OTHER NOTEWORTHY DPP ACCOMPLISHMENTS INCLUDE THE FOLLOWING.- IN 2019, THERE WE RE 107 TOTAL PARTICIPANTS ENROLLED IN THE DPP PROGRAM, 86 OF WHICH WERE ELIGIBLE BASED ON CDC REQUIREMENTS.- THIRTY ONE PERCENT OF THE PARTICIPANTS MET THEIR WEIGHT LOSS GOAL.HEALT H NEEDS NOT SELECTED ALTHOUGH CANCER, HEART DISEASE, AND HYPERTENSION AND STROKE WERE NOT SELECTED TO ADDRESS DURING THE CHNA PROCESS, ADVOCATE SOUTH SUBURBAN REMAINS COMMITTED TO SERVING THE HEALTH NEEDS OF INDIVIDUALS IN THE COMMUNITY WITH THESE HEALTH CONDITIONS. CAN CER. ADVOCATE SOUTH SUBURBAN'S CANCER CENTER OFFERS AN ARRAY OF SERVICES, INCLUDING RADIAT ION THERAPY, BRACHYTHERAPY, IMAGE GUIDED RADIATION THERAPY, INTENSITY MODULATED RADIATION THERAPY, AND MINIMALLY INVASIVE APPROACHES TO CANCER TREATMENT. THE BREAST HEALTH CENTER O FFERS EARLY DETECTION SERVICES AS WELL AS ADVANCED PROCEDURES, INCLUDING SENTINEL LYMPH NO DE BIOPSY FOR BREAST CANCER TREATMENT, FOR CANCER DIAGNOSIS AND STAGING. ADDITIONALLY, ADV OCATE SOUTH SUBURBAN HAS AN INTEGRATED CANCER COMMITTEE AND CANCER CARE TEAM THAT ARE DEDI CATED TO DEVELOPING A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH THROUGHOUT THE YEAR. VARIO US EDUCATION AND SCREENING PROGRAMS ARE ALSO HELD IN THE COMMUNITY AND AT THE HOSPITAL THA T FOCUS ON BREAST, LUNG AND PROSTATE CANCERS. SOME SERVICES INCLUDE GENETIC COUNSELING, PA TIENT NAVIGATION, CLINICAL TRIALS AND RESEARCHALL DESIGNED TO IMPROVE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES. ADVOCATE SOUTH SUBURBAN ALSO HAS A STRONG PARTNERSHIP WITH TH E CANCER SUPPORT CENTER AND THE AMERICAN CANCER SOCIETY THAT PROMOTES HEALTH AND WELL-BEIN G FOR INDIVIDUALS LIVING WITH CANCER.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>PART V, SECTION B, LINE 11: 2014-2016 CHNA HEALTH NEEDS SELECTED ADVOCATE TRINITY'S COMMUNITY HEALTH DEPARTMENT COLLECTED AND ANALYZED DATA FOR THE HOSPITAL'S TOTAL SERVICE AREA (TSA). IN ADDITION, HOSPITAL UTILIZATION DATA AND PROGRAM DATA FROM CLINICAL AND COMMUNITY-BASED PROGRAMS WERE COLLECTED. THIS PROCESS RESULTED IN THE IDENTIFICATION OF SEVEN COMMUNITY HEALTH NEEDS THAT WERE BROUGHT TO THE HOSPITAL'S CHC FOR DISCUSSION AND PRIORITIZATION, INCLUDING: ASTHMA, CANCER, DIABETES, HEART DISEASE, HYPERTENSION/STROKE, MENTAL HEALTH, AND VIOLENCE/HOMICIDE. THE CHC MEMBERS SELECTED AND THE HOSPITAL GOVERNING COUNCIL APPROVED TWO CHRONIC DISEASE RELATED PRIORITIES: ASTHMA AND DIABETES. IN ADDITION TO THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW THE ALLIANCE FOR HEALTH EQUITY) PRIORITY, THE "SOCIAL, ECONOMIC AND STRUCTURAL DETERMINANTS OF HEALTH" ON WHICH TO FOCUS FOR THE 2017-2019 CHNA IMPLEMENTATION PLAN. WHEN POSSIBLE AND IN ALIGNMENT WITH ADVOCATE'S COMMUNITY STRATEGY, INTERVENTIONS WERE SELECTED THAT PURPOSELY ENGAGED COMMUNITY PARTNERS IN COLLABORATIVELY ADDRESSING HEALTH NEEDS OF DISPARATE POPULATIONS. ASTHMA: THE GOAL OF PROJECT HEALTH (HEALING EFFECTIVELY AFTER LEAVING THE HOSPITAL) PROGRAM WAS TO REDUCE THE INCIDENCE OF UNCONTROLLED ASTHMA AMONG ADULTS AGE 18 AND OLDER IN THE PSA. THE PROGRAM INVOLVED THE ENGAGEMENT OF COMMUNITY HEALTH WORKERS (CHW) WHO WERE RESPONSIBLE FOR EDUCATING PATIENTS REGARDING AS THMA SELF-MANAGEMENT. PATIENTS HOSPITALIZED OR ADMITTED TO THE ED DUE TO ASTHMA WERE ASSESSED AND OFFERED HOME VISITS TO IDENTIFY ENVIRONMENTAL TRIGGERS AND BARRIERS TO ASTHMA. THE FOLLOWING OUTCOMES OCCURRED IN 2019. THERE WERE 141 PATIENTS SEEN FOR ASTHMA IN THE EMERGENCY DEPARTMENT WITH A RE-ADMISSION RATE OF 16.7 PERCENT DURING THE YEAR EIGHTY PROGRAM PARTICIPANTS (57 PERCENT) COMPLETED AN ASTHMA ACTION PLAN SEVENTY-NINE PROGRAM PARTICIPANTS (56 PERCENT) COMPLETED AN ASTHMA CONTROL TEST THERE WERE 19 HOME VISITS CONDUCTED WHERE 10.0% OF PROGRAM PARTICIPANTS WERE ABLE TO SELF-IDENTIFY ASTHMA TRIGGERS IN THEIR HOME FOLLOWING A HOME VISIT. DIABETES: THE GOAL OF THE DIABETES PREVENTION PROGRAM IS TO REDUCE THE INCIDENCE OF TYPE 2 DIABETES AMONG ADULTS 18 AND OLDER IN THE PSA. ADVOCATE TRINITY'S COMMUNITY HEALTH DEPARTMENT SUCCESSFULLY IMPLEMENTED THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) NATIONAL DIABETES PREVENTION PROGRAM (DPP). THE PROGRAM IS DESIGNED TO EDUCATE INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH PREDIABETES ABOUT HOW TO PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES. THE DPP PROGRAM IS A YEARLONG PROGRAM THAT ACCOMPLISHES ITS GOAL THROUGH EDUCATION, DIET AND EXERCISE. THE HOSPITAL PARTNERED WITH CLINICS, LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS TO HOST THE PROGRAM. OUTCOMES OF THE PROGRAM FOR 2019 INCLUDE THE FOLLOWING. ADVOCATE TRINITY ADDED AN ADDITIONAL LIFESTYLE COACH TO ITS DIABETES PREVENTION PROGRAM, TOTALING 2 TO SERVE THE PROGRAM FOR 2019. THE HOSPITAL RECEIVED CDC PRELIMINARY RECOGNITION STATUS MARCH 2019.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>COHORT GRADUATED IN FEBRUARY 2019 WITH 7 PARTICIPANTS TOTAL POUNDS LOST FOR ALL PARTICIPANTS WAS 77 POUNDS IN MAY 2019, \$58,000 IN GRANT FUNDING WAS RECEIVED FROM IPHI CHICAGO CARE S PROJECT TO EXPAND THE DPP PROGRAM IN ADVOCATE TRINITY'S PSA TO THE LATINX AND AFRICAN AMERICAN COMMUNITIES IN JULY 2019, THERE WAS A NEW COHORT ESTABLISHED WITH 8 PARTICIPANTS IN THE VILLA GUADALUPE SOUTH CHICAGO SENIOR HOUSING CENTERADVOCATE WORKFORCE INITIATIVE</p> <p>THE GOAL OF THE ADVOCATE WORKFORCE INITIATIVE WAS TO REDUCE THE UNEMPLOYMENT IN THE ADVOCATE TRINITY TSA. ADVOCATE TRINITY SERVES AS A SITE FOR THE ADVOCATE WORKFORCE INITIATIVE (AWI)A PROGRAM DESIGNED TO PREPARE LOW-INCOME RESIDENTS TO FIND CLINICAL AND NON-CLINICAL MID-LEVEL JOBS UPON COMPLETION OF REQUIRED EDUCATION. SUPPORTED BY A GRANT FROM JP MORGAN CHASE, THE INITIATIVE TRAINS AND EDUCATES ADULTS FOR ENTRY TO MID-LEVEL EMPLOYMENT OPPORTUNITIES (I.E., PHLEBOTOMIST, CNA, PHARMACY TECHNICIAN, ETC.). THE MICHAEL HEALTH REESE TRUST FUND SUPPORTED THE PATHWAYS TO HEALTH CAREERS PROGRAM, WHICH AFFORDS HIGH SCHOOL STUDENTS THE OPPORTUNITY TO JOB SHADOW IN VARIOUS DEPARTMENTS WITHIN THE HOSPITAL TO ENCOURAGE THEM TO PREPARE FOR A CAREER IN THE HEALTHCARE FIELD. THE FOLLOWING OUTCOMES OCCURRED IN 2019. TWENTY-THREE PARTICIPANTS ENROLLED IN CLINICAL AND NON-CLINICAL TRAINING FROM ADVOCATE TRINITY SERVICE AREAS THERE WERE 1,320 INTERNSHIP HOURS COMPLETED TWENTY-SIX CAREER DEVELOPMENT CLASSES WERE PROVIDED THROUGH PARTNERSHIPS WITH EDUCATIONAL INSTITUTIONS FOUR PERCENT OF INTERNS WERE HIRED BY ADVOCATE TRINITY WITHIN ONE YEAR OF PROGRAM COMPLETION THREE PERCENT OF INTERNS WERE HIRED BY OTHER HEALTHCARE ORGANIZATIONS WITHIN ONE YEAR OF PROGRAM COMPLETION</p> <p>FOOD FARMACY PROGRAM THE GOAL OF THE HEALTHY LIVING FARMACY IS TO MAKE A POSITIVE HEALTH IMPACT ON THE METABOLIC DISORDERS OF PATIENTS WITHIN THE COMMUNITY, TRULY PROVIDING THEM WITH A PLACE TO HEAL. FOOD IS USED AS MEDICINE TO HELP IMPROVE CHRONIC CONDITIONS AND ENCOURAGE A HEALTHY LIFESTYLE AMONG ALL ADVOCATE PATIENTS. TO MAKE THIS MODEL A SUCCESS, ADVOCATE PHYSICIANS AND OTHER TRINITY PROVIDERS IDENTIFIED PATIENTS DIAGNOSED WITH CHRONIC FOOD -RELATED DISORDERS, SUCH AS PRE-DIABETES, HYPERTENSION, HIGH CHOLESTEROL, HEART DISEASE, AND OBESITYAS WELL AS THOSE WHO MAY BE FACING SOCIO-ECONOMIC BARRIERS, LIKE FRESH PRODUCE/FOOD DESERTS. PATIENTS WHO FACE CHALLENGES IN REACHING THEIR HEALTH GOALS ARE REFERRED TO ATTEND THE BI-WEEKLY FOOD FARMACY AND THEIR BIOMETRIC IMPROVEMENTS ARE MONITORED THROUGH REGULAR PHYSICIAN AND HOSPITAL CHECK-UPS. PROGRESS IN 2019 INCLUDED THE FOLLOWING. COMMUNITY HEALTH TEAM ACQUIRED THE PROGRAM IN MARCH 2019 OVER 441 PARTICIPANTS WITH CHRONIC HEALTH CONDITIONS WERE SERVED RESULTED IN IMPROVED SHOPPING HABITS AND CONSUMPTION OF HEALTHIER FOODS HEALTH NEEDS NOT SELECTED HEART DISEASEONE OF THE KEY HEALTH ISSUES IDENTIFIED BUT NOT SPECIFICALLY TARGETED IN ADVOCATE TRINITY'S COMMUNITY HEALTH IMPLEMENTATION PLAN WAS HEART DISEASE. ADVOCATE TRINITY I</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>S ADDRESSING THE HEART DISEASE NEEDS OF THE COMMUNITY THROUGH THE NEWLY INTEGRATED ADVOCAT E HEART INSTITUTE. THE HEART INSTITUTE'S SERVICES ARE COMPREHENSIVE AND RANGE FROM CARDIOV ASCULAR DIAGNOSTICS AND DETECTION TO TREATMENT AND SURGERY, USING THE MOST ADVANCED DIAGNO STIC AND THERAPEUTIC TOOLS AVAILABLE. THE INSTITUTE ALSO OFFERS CPR TRAINING, A FREE HEART RISK ASSESSMENT AND AN AFFORDABLE HEART CT SCAN. IN 2015, ADVOCATE TRINITY OPENED A NEW C ARDIAC CATHETERIZATION LAB WHICH OFFERS PROCEDURES USED TO DIAGNOSE CARDIOVASCULAR CONDI TIONS. IN ADDITION TO THE NEW CATHETERIZATION LAB, THE HOSPITAL DEVELOPED A NEW STATE-OF-THE -ART CARDIAC REHABILITATION FACILITY OFFERING PHASE I AND II CARDIAC REHABILITATION EXERCI SE AND LIFESTYLE EDUCATION PROGRAMS TO THE COMMUNITY. THE HOSPITAL OFFERS SEVERAL COMMUNIT Y HEART HEALTH EDUCATION PROGRAMSBOTH AT THE HOSPITAL AND THROUGHOUT THE COMMUNITY. THESE EDUCATIONAL PROGRAMS INCLUDE LECTURES, SEMINARS AND SUPPORT GROUP MEETINGS FOR CONGESTIVE HEART FAILURE, DIABETES EDUCATION, HEART RISK ASSESSMENTS, AND SENIOR BREAKFAST CLUB LECTU RES COVERING A RANGE OF TOPICS PERTINENT TO SENIOR HEART HEALTH. IN ADDITION TO THESE SERV ICES, ADVOCATE TRINITY'S COMMUNITIES HAVE ACCESS TO HEALTH EDUCATION AND CHOLESTEROL, GLUC OSE AND BLOOD PRESSURE SCREENINGS.</p> <p>HYPERTENSION/STROKE HYPERTENSION/STROKE WAS NOT SELECTE D GIVEN ADVOCATE TRINITY IS A CERTIFIED STROKE READY FACILITY OFFERING IMMEDIATE CARE TO P ATIENTS EXPERIENCING ACUTE STROKES. THE HOSPITAL OFFERS ADVANCED DIAGNOSTIC TECHNOLOGIES T HAT FEATURE MORE THAN TEN BOARD CERTIFIED RADIOLOGISTS TO HELP DIAGNOSE NEUROLOGICAL CONDI TIONS. IN ADDITION, THE HOSPITAL OFFERS COMPREHENSIVE REHABILITATION SERVICES TO PATIENTS RECOVERING FROM STROKE. ADVOCATE TRINITY'S STROKE TEAM, A GROUP OF STROKE CHAMPIONS, ENGAG E THE COMMUNITY BY PROVIDING STROKE AWARENESS AND PREVENTION EDUCATION AT HEALTH FAIRS, PA RADES, SCHOOLS AND CHURCHES IN THE COMMUNITY. THE HOSPITAL COLLABORATES WITH OTHER COMMUNI TY-BASED HOSPITALS AND MEDICAL HOMES TO ENGAGE THE COMMUNITY IN RESPONDING TO STROKE CARE. THE INITIATIVE TITLED "COMMUNITY ENGAGEMENT FOR EARLY RECOGNITION AND IMMEDIATE ACTION IN STROKE (CEERIAS)" IS A RESEARCH INITIATIVE THAT AIMS TO EXAMINE PERSONAL, COMMUNITY AND C ULTURAL BARRIERS TO CALLING 911 AFTER ONSET OF A STROKE. IN COLLABORATION WITH LOCAL ACADE MIC MEDICAL CENTERS, ADVOCATE TRINITY HAS CONDUCTED TRAINING FOR COMMUNITY LEADERS IN THE HOSPITAL SERVICE AREA SO THEY CAN TEACH OTHERS HOW TO IDENTIFY STROKE AND REMOVE BARRIERS TO TIMELY STROKE CARE.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 13B: PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13BALL HOSPITAL FACILITIESN/A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 13H: OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDE: DECEASED PATIENTS WITH NO ESTATE; HOMELESS PATIENTS, OR PATIENTS WHO RECEIVE CARE IN A HOMELESS CLINIC; PATIENTS WITH RELIGIOUS AFFILIATION WITH A VOW OF POVERTY, PATIENTS WHO QUALIFY FOR A STATE DEPARTMENT OF HUMAN SERVICES (DHS) ASSISTANCE PROGRAM, BUT HAVE NO MEDICAL COVERAGE (E.G., ILLINOIS AMI/GA, FOOD STAMP, PRESCRIPTION, WOMEN, FREE LUNCH AND BREAKFAST PROGRAM, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), INFANTS AND CHILDREN (WIC), MEDICAID ELIGIBLE PATIENTS BUT NOT ON THE DATE OF SERVICE, WHY WAIT AND WISE WOMEN PROGRAMS; COUNTY HEALTH CLINIC PATIENTS; LEGAL ASSSISTANCE FOUNDATION OF ILLINOIS REFERRALS; INDIVIDUALS WITH A VALID ADDRESS AT LOW-INCOME/SUSIDIZED HOUSING; QUALIFIED INDIVIDUALS OF LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, INCARCERATED INDIVIIDUALS; INCOMPETENT INDIVIDUALS WITH COMPROMISED DIAGNOSES (E.G., PSYCHIATRIC); INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERNAL REPORTING) RESULT THRESHOLDS; PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS; PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 13H: OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDE: DECEASED PATIENTS WITH NO ESTATE; HOMELESS PATIENTS, OR PATIENTS WHO RECEIVE CARE IN A HOMELESS CLINIC; PATIENTS WITH RELIGIOUS AFFILIATION WITH A VOW OF POVERTY, PATIENTS WHO QUALIFY FOR A STATE DEPARTMENT OF HUMAN SERVICES (DHS) ASSISTANCE PROGRAM, BUT HAVE NO MEDICAL COVERAGE (E.G., ILLINOIS AMI/GA, FOOD STAMP, PRESCRIPTION, WOMEN, FREE LUNCH AND BREAKFAST PROGRAM, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), INFANTS AND CHILDREN (WIC), MEDICAID ELIGIBLE PATIENTS BUT NOT ON THE DATE OF SERVICE, WHY WAIT AND WISE WOMEN PROGRAMS; COUNTY HEALTH CLINIC PATIENTS; LEGAL ASSSISTANCE FOUNDATION OF ILLINOIS REFERRALS; INDIVIDUALS WITH A VALID ADDRESS AT LOW-INCOME/SUSIDIZED HOUSING; QUALIFIED INDIVIDUALS OF LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, INCARCERATED INDIVIIDUALS; INCOMPETENT INDIVIDUALS WITH COMPROMISED DIAGNOSES (E.G., PSYCHIATRIC); INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERNAL REPORTING) RESULT THRESHOLDS; PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS; PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 13H: OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDE: DECEASED PATIENTS WITH NO ESTATE; HOMELESS PATIENTS, OR PATIENTS WHO RECEIVE CARE IN A HOMELESS CLINIC; PATIENTS WITH RELIGIOUS AFFILIATION WITH A VOW OF POVERTY, PATIENTS WHO QUALIFY FOR A STATE DEPARTMENT OF HUMAN SERVICES (DHS) ASSISTANCE PROGRAM, BUT HAVE NO MEDICAL COVERAGE (E.G., ILLINOIS AMI/GA, FOOD STAMP, PRESCRIPTION, WOMEN, FREE LUNCH AND BREAKFAST PROGRAM, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), INFANTS AND CHILDREN (WIC), MEDICAID ELIGIBLE PATIENTS BUT NOT ON THE DATE OF SERVICE, WHY WAIT AND WISE WOMEN PROGRAMS; COUNTY HEALTH CLINIC PATIENTS; LEGAL ASSSISTANCE FOUNDATION OF ILLINOIS REFERRALS; INDIVIDUALS WITH A VALID ADDRESS AT LOW-INCOME/SUSIDIZED HOUSING; QUALIFIED INDIVIDUALS OF LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, INCARCERATED INDIVIIDUALS; INCOMPETENT INDIVIDUALS WITH COMPROMISED DIAGNOSES (E.G., PSYCHIATRIC); INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERNAL REPORTING) RESULT THRESHOLDS; PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS; PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 16J: ADVOCATE HEALTH AND HOSPITALS CORPORATION COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY. MEANS OF COMMUNICATION INCLUDE:1. THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST.2. SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT).3. BROCHURES ARE PLACED IN HOSPITAL REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED. 4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE.5. ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 16J: ADVOCATE HEALTH AND HOSPITALS CORPORATION COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY. MEANS OF COMMUNICATION INCLUDE:1. THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST.2. SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL RESGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT).3. BROCHURES ARE PLACED IN HOSPITAL RESGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED. 4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE.5. ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 16J: ADVOCATE HEALTH AND HOSPITALS CORPORATION COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY. MEANS OF COMMUNICATION INCLUDE:1. THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST.2. SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT).3. BROCHURES ARE PLACED IN HOSPITAL REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED. 4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE.5. ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 19E: ADVOCATE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 19E: ADVOCATE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 19E: ADVOCATE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 20E: ADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS. ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL". ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION. THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT: "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL". ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE: "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY." VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 20E: ADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS. ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL". ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION. THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT: "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL". ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE: "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY." VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 20E: ADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS. ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL". ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION. THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT: "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL". ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE: "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY." VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 23: PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 23ALL HOSPITAL FACILITIESN/A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 24: PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 24ALL HOSPITAL FACILITIESN/A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 5 - LUTHERAN GEN HOSP INCL LUTH GEN CHILD	GOVERNING COUNCIL. ADVOCATE LUTHERAN GENERAL'S GOVERNING COUNCIL CONSISTS OF SEVERAL COMMUNITY MEMBERS, EACH REPRESENTING INDIVIDUAL COMMUNITY ORGANIZATIONS. THE PRIMARY ROLE OF EACH GOVERNING COUNCIL MEMBER IS TO SUPPORT HOSPITAL LEADERSHIP IN ACHIEVEMENT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND TO SERVE AS THE HOSPITAL AMBASSADOR IN THE COMMUNITY. THE GOVERNING COUNCIL MONITORS CLINICAL OUTCOMES, PATIENT SATISFACTION, ASSOCIATE SATISFACTION, PHYSICIAN CREDENTIALING AND RELATIONS, FINANCIAL PERFORMANCE, STRATEGIC DIRECTION AND OVERALL COMMUNITY HEALTH. COMMUNITY REPRESENTATION INCLUDES NON-PROFIT AND FAITH-BASED ORGANIZATIONS, STATE LEGISLATURE OR GOVERNMENT, LOCAL SCHOOL DISTRICTS, BANKING AND LEGAL SECTORS OF THE COMMUNITY. THERE IS GOVERNING COUNCIL REPRESENTATION ON THE HOSPITAL'S CHC TO ENSURE ALIGNMENT OF COMMUNITY HEALTH NEEDS WITH THE HOSPITAL'S RESOURCES, CAPACITY AND AREAS OF EXPERTISE. GOVERNING COUNCIL REPRESENTATION IN THE CHNA PROCESS IS CRITICAL IN UNDERSTANDING THE OVERALL 24 STRATEGIC PLAN OF THE HOSPITAL. THE ROLE OF THE GOVERNING COUNCIL MEMBERS ON THE CHC IS ALSO CRITICAL WHEN DEVELOPING THE HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT STRATEGIES. THE GOVERNING COUNCIL IS THE HOSPITAL BODY RESPONSIBLE FOR FINAL APPROVAL AND ENDORSEMENT OF THE CHNA AT THE SITE LEVEL. THE DIRECTOR OF COMMUNITY HEALTH PRESENTED THE PROCESS AND FINDINGS OF THE 2017-2019 CHNA TO THE HOSPITAL'S GOVERNING COUNCIL. THE PRESENTATION INCLUDED DETAILS OF THE DATA ANALYSIS AND PRIORITY SETTING PROCESS. COUNCIL MEMBERS WERE ABLE TO ASK QUESTIONS AND GAIN A THOROUGH UNDERSTANDING OF THE CHNA PROCESS AND COMMUNITY HEALTH NEEDS. ON OCTOBER 2, 2019, THE HOSPITAL'S GOVERNING COUNCIL APPROVED THE ADVOCATE LUTHERAN GENERAL 2017-2019 CHNA AND PRIORITY HEALTH NEEDS. THE ADVOCATE HEALTH CARE NETWORK BOARD APPROVED THE ADVOCATE LUTHERAN GENERAL 2017-2019 CHNA REPORT AND HEALTH PRIORITIES AT THE SYSTEM LEVEL ON DECEMBER 16, 2019. THE HOSPITAL'S 2017-2019 CHNA REPORT WAS POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE THE FOLLOWING DAY AND INCLUDED A FORM AND AN EMAIL AS MECHANISMS FOR THE COMMUNITY TO PROVIDE FEEDBACK ON THE CHNA. AS OF DECEMBER 31, 2019, THE HOSPITAL HAD RECEIVED NO COMMENTS/FEEDBACK ON EITHER THE 2017-2019 CHNA REPORT, OR THE PREVIOUS 2014-2016 CHNA REPORT OR THE ACCOMPANYING 2017-2019 IMPLEMENTATION PLAN.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 7 - ADVOCATE BROMENN MEDICAL CENTER	7A: HOSPITAL FACILITY'S WEBSITE? (LIST URL): HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/BROMENN-CHNA-REPORT-2019 7B: OTHER THAN HOSPITAL FACILITY'S OR HOSPITAL ORGANIZATION'S WEBSITE?(LIST URL): MCLEAN COUNTY HEALTH DEPARTMENT: HTTP://HEALTH.MCLEANCOUNTYIL.GOV OSF ST JOSEPH MEDICAL CENTER: HTTP://WWW.OSFHEALTHCARE.ORG/ST-JOSEPH/ CHESTNUT HEALTH SYSTEMS HTTPS://WWW.CHESTNUTFAMILYHEALTH.ORG/ABOUT-US/DATA-REPORTS/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 5 - ADVOCATE EUREKA HOSPITAL	<p>SOUTH AND EFFECTIVELY UTILIZE RESOURCES AND ESTABLISH PARTNERSHIPS FROM THE THREE COUNTIES TO IMPROVE THE HEALTH OF THE COMMUNITIES. THE COMMUNITY HEALTH DIRECTOR FOR ADVOCATE BROMENN AND ADVOCATE EUREKA SERVES ON THE PFHC BOARD AND THE PFHC AD HOC CHNA COLLABORATIVE TEAM. SIMILAR TO OTHER MEMBERS OF THE PFHC, ADVOCATE EUREKA USED THE TRI-COUNTY CHNA TO PREPARE ITS 2019 CHNA REPORT, WITH A FOCUS ON WOODFORD COUNTY. FOR THE 2017-2019 CHNA, THE HOSPITAL PARTICIPATED IN THE PRIORITY-SETTING PROCESS WITH THE PFHC AD HOC CHNA COLLABORATIVE. FOUR SIGNIFICANT HEALTH NEEDS WERE SELECTED DURING THE TRI-COUNTY CHNA COLLABORATIVE PROCESS BY KEY COMMUNITY STAKEHOLDERS AT THE MARCH 12, 2019, PRIORITIZATION MEETING. REPRESENTATIVES FROM ALL THREE COUNTIES WERE IN ATTENDANCE. THE SIGNIFICANT HEALTH NEEDS SELECTED FOR THE TRI-COUNTY REGION WERE: 1) MENTAL HEALTH; 2) SUBSTANCE USE; 3) CANCER; AND 4) HEALTHY BEHAVIORS OR HEALTHY EATING/ACTIVE LIVING. HEALTH NEEDS SELECTED TO BE ADDRESSED FROM THE FOUR PRIORITIES ABOVE, THE CHNA TEAM FROM ADVOCATE EUREKA ANALYZED ADDITIONAL DATA FOR WOODFORD COUNTY FOR THE FOUR PRIORITIES AND SELECTED TWO SIGNIFICANT HEALTH NEEDS FOR ITS 2019 CHNAMENTAL HEALTH AND HEALTHY EATING/ACTIVE LIVING. THE HOSPITAL WANTED TO FOCUS ITS EFFORTS ON TWO SIGNIFICANT HEALTH NEEDS, SPECIFIC TO WOODFORD COUNTY, AS ITS RESOURCES ARE LIMITED AS A CRITICAL ACCESS HOSPITAL. MENTAL HEALTH HAS BEEN A HEALTH PRIORITY IN THE HOSPITAL'S 2013 AND 2016 CHNAS. HEALTH NEEDS NOT ADDRESSEDALTHOUGH THE HOSPITAL WILL FOCUS A MAJORITY OF ITS COMMUNITY HEALTH EFFORTS ON THE TWO HEALTH PRIORITIES, BY BEING ACTIVE MEMBERS OF THE PFHC MENTAL HEALTH AND HEALTHY EATING/ACTIVE LIVING PRIORITY ACTION TEAMS, STAFF MEMBERS OF ADVOCATE EUREKA WILL PARTICIPATE IN THE PFHC PRIORITY ACTION TEAMS FOR CANCER AND SUBSTANCE USE, WHEN NEEDED, TO FURTHER TRI-COUNTY EFFORTS TO ADDRESS BOTH OF THESE HEALTH PRIORITIES.ADVOCATE EUREKA'S 2017-2019 CHNA REPORT (IMPLEMENTATION PLAN POSTING WILL OCCUR IN EARLY MAY 2020) AND PREVIOUS 2014-2016 CHNA REPORT AND IMPLEMENTATION PLAN ARE POSTED ON THE ADVOCATE AURORA HEALTH WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT. AS OF DECEMBER 31, 2019, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - CHRIST HOSP INCL HOPE CHILDREN'S HOSP	LAUNCHED SCREENING OF SOCIAL DETERMINANTS OF HEALTH (SDOH) AND MAKING COMMUNITY REFERRALS THROUGH NOWPOW COMMUNITY RESOURCE REFERRAL TOOL. WORKED WITH ILLINOIS ACE (ADVERSE CHILDH OOD EXPERIENCES) RESPONSE COLLABORATION TO DEVELOP A COMPUTER-BASED TRAINING MODULE. DEVEL OPED A STAFF NEEDS FUND TO PROVIDE RESOURCES TO STAFF EXPERIENCING TRAUMATIC EVENTS. POLIC Y INTERVENTIONREVISED THE SEXUAL ABUSE POLICY TO INCLUDE TRAUMA INFORMED APPROACHES. START ED A CENTERING PREVENTION PROGRAM AT FOUR CLINICAL SITES. TRAINED ALL CARE MANAGERS IN TRA UMA INFORMED APPROACH.PROVIDE SCHOOL-BASED HEALTH CARE SERVICES TO HIGH RISK, LOW-INCOME C HILDREN IN THE SOUTH REGION MEDICAID MANAGED CARE PROGRAM. STRATEGIES INCLUDE OFFERING TAR GETED, SCHOOL-BASED HEALTH SERVICES TO HIGH-RISK, LOW-INCOME CHILDREN WHO ARE UNINSURED OR ARE RECEIVING MEDICAID. SERVICES INCLUDED PRIMARY MEDICAL CARE, IMMUNIZATIONS, ASTHMA AND WEIGHT MANAGEMENT, WELLNESS AND HEALTH EDUCATION. ADVOCATE CHILDREN'S AIMED TO IMPROVE AC CESS TO PRIMARY HEALTH SERVICES THROUGH A MOBILE HEALTH CLINICTHE RONALD MCDONALD CARE MOB ILETO IMPROVE COMPLIANCE FOR PHYSICALS AND IMMUNIZATIONS AT TARGETED SCHOOLS, ESTABLISH ME DICAL AND SOCIAL REFERRAL NETWORKS AND IMPROVE ASTHMA EDUCATION AND COMPLIANCE FOR PATIENT S SEEN ON THE CARE MOBILE.PROGRAM RESULTS FOR 2019 WERE AS FOLLOWS: ADVOCATE CHILDREN'S TR EATED 1,480 PATIENTS IN THE OAK LAWN PRIMARY AND SECONDARY SERVICE AREA (PSA/SSA). THE CAR E MOBILE TEAM PROVIDED 2,181 VACCINES AND 1,061 PHYSICALS. ADVOCATE CHILDREN'S IMPLEMENTED A FOOD INSECURITY SCREENING, WHICH RESULTED IN 21 PERCENT OF THE PATIENT POPULATION SCREE NING POSITIVE FOR FOOD INSECURITY. FROM SEPTEMBERDECEMBER 2019, NEARLY 70 ONE-TO-ONE PATIE NT EDUCATION SESSIONS WERE PROVIDED FOR NUTRITION, DENTAL HEALTH, IMMUNIZATIONS, ASTHMA AN D SEXUAL HEALTH.REDUCE INCIDENCE OF UNCONTROLLED ASTHMA IN CHILDREN. STRATEGIES INCLUDED T ARGETING ASTHMA SELF-MANAGEMENT SERVICES TO LOW-INCOME CHILDREN TREATED ON THE RONALD MCDO NALD CARE MOBILE WHICH WAS PROVIDED BY ADVOCATE CHILDREN'S RESPIRATORY CARE SPECIALISTS AN D HEALTH EDUCATORS. ONE-ON-ONE EDUCATION WAS PROVIDED FOR ASTHMATIC PATIENTS AND APPROPRIA TE REFERRALS MADE FOR ADDITIONAL COMMUNITY BASED SERVICES. HEALTH NEEDS NOT SELECTED TO AD DRESS BY ADVOCATE CHILDREN'SCHILDHOOD OBESITY. WHILE NOT AN IDENTIFIED AREA FOR ACTION, CH ILDHOOD OBESITY IS BEING ADDRESSED THROUGH THE HOSPITAL-SPONSORED PROACTIVE KIDS PROGRAM F OR WEIGHT LOSS AND WEIGHT MANAGEMENT. ALSO, THE HOSPITAL'S NEW HEALTHY ACTIVE LIVING PROGR AM, WHICH IS A WEIGHT MANAGEMENT PROGRAM FOR OVERWEIGHT AND OBESE CHILDREN, WILL BE OFFER E D TO CHILDREN LARGELY INSURED THROUGH MEDICAID. ORAL HEALTH. ADVOCATE CHILDREN'S IS COLLAB ORATING WITH MOBILE CARE CHICAGO, AN ORGANIZATION PROVIDING MOBILE DENTAL CARE TO THE AREA 'S UNDERSERVED. WHEN APPROPRIATE, PATIENTS SEEN THROUGH THE ADVOCATE CHILDREN'S'S RONALD M CDONALD CARE MOBILE PROGRAM ARE REFERRED TO MOBILE CARE CHICAGO AND AREA DENTISTS ACCEPTIN G MEDICAID.2017-2019 CHNAHEALT

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>H NEEDS SELECTED TO SUMMARIZE, AS A RESULT OF THE 2017-2019 CHNA PROCESS, ADVOCATE CHRIST SELECTED THREE PRIORITIES FOR 2020-2022 IMPLEMENTATION PLANNING, INCLUDING: MENTAL HEALTH/ SUBSTANCE ABUSE; DIABETES; AND VIOLENCE PREVENTION (SOCIAL, ECONOMIC AND STRUCTURAL DETERMINANTS OF HEALTH).MENTAL HEALTH/SUBSTANCE ABUSE. DATA TRENDS INDICATE THAT MENTAL HEALTH AND SUBSTANCE USE ARE INCREASING AND THE NEED FOR PROGRAMMING IS CONTINUING TO GROW. MENTAL HEALTH AND SUBSTANCE USE OFTEN CO-OCCUR. THE CHC HAS RECOMMENDED DEVELOPING APPROACHES AND INTERVENTIONS THAT ADDRESS BOTH HEALTH ISSUES. ADVOCATE CHRIST WILL ADDRESS THE MENTAL HEALTH AND SUBSTANCE USE ISSUES OF INDIVIDUALS IMPACTED BY TRAUMA THROUGH THE TRAUMA RECOVERY CENTER. THE HIGH RATES OF ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES ARE PREVENTABLE THROUGH EMPLOYING COPING MECHANISMS AND RESILIENCE TRAINING. EXAMPLES INCLUDE RESTORATIVE JUSTICE ACTIVITIES, MENTAL HEALTH FIRST AID TRAININGS AND TRAUMA INFORMED WORKSHOPS. THE MEDICAL CENTER WILL ADOPT STRATEGIES THAT IMPROVE THE RATES OF MENTAL HEALTH EMERGENCIES AND DECREASE ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES. IN ADDITION, ADVOCATE CHRIST WILL CONTINUE TO BUILD A PARTNERSHIP WITH STAFF FROM THE MEDICAL CENTER'S TRAUMA RECOVERY CENTER.DIABETES. HOSPITALIZATION AND EMERGENCY DEPARTMENT (ED) VISITS ARE INDICATIVE OF POORLY CONTROLLED CHRONIC DISEASES AND A LACK OF ACCESS TO ROUTINE PREVENTIVE CARE. POORLY CONTROLLED DIABETES CAN LEAD TO SEVERE OR LIFE-THREATENING COMPLICATIONS, SUCH AS HEART AND BLOOD VESSEL DISEASE, NERVE DAMAGE, KIDNEY DAMAGE, EYE DAMAGE AND BLINDNESS, FOOT DAMAGE AND LOWER EXTREMITY AMPUTATION, HEARING IMPAIRMENT, SKIN CONDITIONS AND ALZHEIMER'S DISEASE. ED VISITS FOR DIABETES ARE HEAVILY CONCENTRATED IN THE WEST AND SOUTH SIDES OF CHICAGO AND THE SOUTHERN REGION OF SUBURBAN COOK COUNTY. THE AREAS WITH HIGH RATES OF ED VISITS LARGELY OVERLAP WITH COMMUNITIES WITH HIGH RATES OF POVERTY, UNEMPLOYMENT AND COST-BURDENED HOUSEHOLDS. AS A RESULT, THE MEDICAL CENTER'S CHC DECIDED THAT DIABETES INITIATIVES IN THIS SERVICE AREA ARE STILL NEEDED AND CONTINUE TO BE A BURDEN FOR RESIDENTS (THE ALLIANCE FOR HEALTH EQUITY, 2019).VIOLENCE PREVENTION. TO A LARGE EXTENT, THE CONDITIONS OF THE ENVIRONMENTS IN WHICH WE LIVE, WORK, PLAY, GROW AND AGE DETERMINE OUR QUALITY OF LIFE AND HEALTH OUTCOMES. THESE SOCIAL DETERMINANTS OF HEALTH (SDOH) EXPLAIN WHY SOME PEOPLE FACE A MORE DIFFICULT CHALLENGE IN ACHIEVING AND MAINTAINING GOOD HEALTH.VIOLENCE HAS PROFOUND DIRECT AND INDIRECT IMPACTS ON HEALTH IN COMMUNITIES AND CAN HAVE BROADER SOCIOECONOMIC EFFECTS THAT FURTHER IMPACT THE HEALTH OF COMMUNITIES. VIOLENCE IN COMMUNITIES HAS BEEN ASSOCIATED WITH REDUCED INVESTMENT IN COMMUNITY RESOURCES, SUCH AS PARKS, RECREATIONAL FACILITIES AND PROGRAMS THAT PROMOTE HEALTHY ACTIVITY (PREVENTION INSTITUTE, 2011). FOOD RESOURCES SUCH AS SUPERMARKETS ARE MORE RELUCTANT TO ENTER COMMUNITIES OF COLOR WITH HIGHER RATES OF VIOLENCE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>RATHER REDUCING ACCESS TO HEALTHY FOODS (ODOMS-YOUNG ET AL., 2009; ZENK ET AL., 2005). GUN VIOLENCE CAN SIGNIFICANTLY DECREASE THE GROWTH OF NEW RETAIL AND SERVICE BUSINESSES, DECREASE THE NUMBER OF NEW JOBS AVAILABLE AND SLOW HOME VALUE APPRECIATION (IRVIN-ERICKSON ET AL., 2017). IN ADDITION, HIGH RATES OF GUN VIOLENCE ARE ASSOCIATED WITH LOWER HOME VALUES, CREDIT SCORES AND HOME OWNERSHIP RATES (IRVIN-ERICKSON ET AL., 2017). THE MEDICAL CENTER'S CHC IDENTIFIED VIOLENCE PREVENTION AS A SIGNIFICANT DETERMINANT OF HEALTH IN THE PSA AND WILL WORK WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO DEVELOP NEW AND STRENGTHEN EXISTING EFFORTS TO PREVENT VIOLENCE IN THE COMMUNITY.HEALTH NEEDS SELECTED BY ADVOCATE CHILDREN'SADVOCATE CHILDREN'S-OAK LAWN WILL ADDRESS THE FOLLOWING PRIORITY AREAS FOR IMPLEMENTATION PLANNING FROM 2020-2022, INCLUDING: ACCESS TO PRIMARY HEALTH CARE FOR LOW-INCOME CHILDREN SCHOOL-BASED BEHAVIORAL HEALTH ASSISTANCE INFANT MORTALITY/PRE-TERM DELIVERIES/LOW BIRTH WEIGHTACCESS TO PRIMARY CARE. ACCESS TO PRIMARY CARE IS IMPORTANT FOR THE HEALTH AND WELL-BEING OF CHILDREN AND ADOLESCENTS. IMPROVEMENT IN CHILDREN'S HEALTH OUTCOMES CAN ONLY BE ACHIEVED IF CHILDREN ARE ABLE TO ACCESS CARE (RAY AND MEHROTRA, 2016). HIGH-QUALITY PRIMARY CARE SERVICES HAVE BEEN FOUND TO SIGNIFICANTLY REDUCE CHILDREN'S NON-URGENT ER VISITS. A CONSISTENT SOURCE OF PRIMARY CARE CAN FILL THE NEED FOR SCREENING, APPROPRIATE TREATMENT AND PREVENTATIVE SERVICES FOR CHILDREN AND ADOLESCENTS (NATIONAL COMMITTEE FOR QUALITY ASSURANCE, 2019).ADVOCATE CHILDREN'S WILL OFFER SCHOOL-BASED HEALTH SERVICES AT NO CHARGE TO HIGH-RISK, LOW-INCOME CHILDREN WHO ARE UNINSURED OR RECEIVING MEDICAID. SERVICES PROVIDED BY THE RONALD MCDONALD CARE MOBILE WILL INCLUDE FREE PHYSICALS, IMMUNIZATIONS, COMPLETION OF HPV VACCINE SERIES, ASSISTANCE WITH SECURING A MEDICAL HOME, WELLNESS AND HEALTH EDUCATION, COMMUNITY-BASED SOCIAL SERVICE REFERRALS AND FOOD INSECURITY SCREENING.SCHOOL-BASED BEHAVIORAL HEALTH ASSISTANCE. ADVOCATE CHILDREN'S WILL OFFER SCHOOL-BASED SOCIAL SERVICES AND RESOURCE ASSISTANCE TO IMPROVE SOCIAL AND PSYCHOLOGICAL FUNCTIONING OF CHILDREN AND FAMILIES TO MAXIMIZE FAMILY WELL-BEING AND THE ACADEMIC FUNCTIONING OF CHILDREN. SERVICES WILL BE PROVIDED BY A LICENSED CLINICAL SOCIAL WORKER ON SITE AT SELECT PARTNER SCHOOLS. CLINICAL FUNCTIONS WILL INCLUDE SCREENING AND ASSESSMENTS FOR IDENTIFIED FAMILIES, BRIEF INTERVENTIONS AND REFERRAL TO TREATMENT, COORDINATION WITH PEDIATRICIANS, SCHOOL PERSONNEL, COMMUNITY PARTNERS AND ALLIED THERAPISTS, AND PARENT EDUCATION AND TRAINING.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- ADVOCATE SOUTH SUBURBAN HOSPITAL	HEART DISEASE. THROUGH THE ADVOCATE HEART INSTITUTE, ADVOCATE SOUTH SUBURBAN OFFERS A CONTINUUM OF SERVICES FROM SCREENING TO DIAGNOSIS AND TREATMENT. ADVANCED TREATMENT AND SERVICES INCLUDE COMPREHENSIVE DIAGNOSTIC SERVICES, INCLUDING MINIMALLY-INVASIVE ENDOVASCULAR PROCEDURES, ELECTROPHYSIOLOGICAL PROCEDURES, COMPUTED TOMOGRAPHY SCANNING, THREE-PHASE CARDIAC REHABILITATION AND A CONGESTIVE HEART FAILURE PROGRAM. THE HOSPITAL COMMITS TO COMMUNITY PREVENTION PROGRAMS BY CONDUCTING HEART HEALTH EDUCATION CLASSES, AND FREE AND REDUCED HEART RISK SCREENINGS FOR CARDIOVASCULAR HEALTH. THE CONGESTIVE HEART FAILURE PROGRAM IS A COMPREHENSIVE INPATIENT AND OUTPATIENT PROGRAM DESIGNED TO STRENGTHEN THE HEART, IMPROVE HEALTH AND MONITOR CHANGE. THE OVERALL GOAL IS TO RESTORE CARDIAC HEALTH AND REDUCE HOSPITALIZATION THROUGH THERAPY, DIET AND OTHER SERVICES. THE CARDIAC REHABILITATION PROGRAM IS FOR INDIVIDUALS REQUIRING REHABILITATION SERVICES FOLLOWING A CARDIOVASCULAR INCIDENT. THIS INDIVIDUALIZED PROGRAM IS DESIGNED TO REDUCE BLOOD PRESSURE, BODY MASS INDEX AND STRESS LEVELS THROUGH CUSTOMIZED EXERCISE PROGRAMS, YOGA AND STRENGTHENING TECHNIQUES. HYPERTENSION AND STROKE. ADVOCATE SOUTH SUBURBAN IS AN ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)-DESIGNATED PRIMARY STROKE CENTER AND HAS EARNED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD. THE IDPH DESIGNATION SIGNIFIES THAT THE HOSPITAL DELIVERS THE CRITICAL STROKE CARE ELEMENTS REQUIRED TO ACHIEVE LONG-TERM SUCCESS IN IMPROVING OUTCOMES. ACHIEVING STROKE CERTIFICATION ENSURES THAT THE HOSPITAL OFFERS THE HIGHEST LEVEL OF CARE FOR THOSE WHO ARE EXPERIENCING AND RECOVERING FROM A STROKE. THE HOSPITAL ALSO OFFERS COMMUNITY EDUCATION EVENTS AND A STROKE SUPPORT GROUP THAT IS HELD MONTHLY AT THE HOSPITAL FOR INDIVIDUALS AND THEIR CAREGIVERS.2017-2019 CHNAHEALTH NEEDS SELECTED THE COMMUNITY HEALTH COUNCIL USED A PRIORITIZATION PROCESS BY IDENTIFYING THE MOST IMPORTANT HEALTH NEEDS USING STICKY DOTS. EACH MEMBER WAS RESPONSIBLE FOR PLACING A STICKY DOT ON THE TOP THREE HEALTH NEEDS. AS A RESULT OF THE 2017-2019 CHNA PROCESS, THE CHC MEMBERS SELECTED MENTAL HEALTH AND DIABETES AS THE TOP PRIORITIES. IN ADDITION, WORKFORCE DEVELOPMENT WAS IDENTIFIED AS THE SOCIAL DETERMINANT OF HEALTH WHICH ALIGNS WITH THE ALLIANCE'S SDOH PRIORITIES FOR COLLECTIVE IMPACT. DIABETES. UNCONTROLLED DIABETES CONTINUES TO BE A SIGNIFICANT FACTOR IN BOTH THE HOSPITAL'S PSA AND IN THE COUNTY. ADVOCATE SOUTH SUBURBAN HAS IMPLEMENTED THE CDC'S NATIONAL DIABETES PREVENTION PROGRAM IN COMMUNITY AREAS AND IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND FAITH COMMUNITIES. SINCE 2017, THE PROGRAM HAS PROVEN SUCCESSFUL FOR PARTICIPANTS WHO HAVE COMPLETED THE YEAR-LONG CLASSES. TO ESTABLISH THE HOSPITAL AS A DESIGNATED DIABETES PREVENTION PROGRAM, THE PROGRAM WILL CONTINUE AND DATA WILL BE SUBMITTED IN ACCORDANCE TO THE PROGRAM GUIDELINES. DIABETES AFFECTS PEOPLE OF DIFFERENT BACKGROUNDS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11-ADVOCATE SOUTH SUBURBAN HOSPITAL	, AGES AND ETHNICITIES. CONTINUING THIS PROGRAM EMPOWERS INDIVIDUALS TO TAKE CONTROL OF THEIR HEALTH. MENTAL HEALTH. THE CHC IDENTIFIED MENTAL HEALTH AS A GROWING ISSUE IN THE HOSPITAL'S PSA, THEREFORE, IT WAS SELECTED AS THE SECOND PRIORITY HEALTH NEED. DATA TRENDS INDICATE THAT MENTAL HEALTH ISSUES ARE INCREASING AND THE NEED FOR MENTAL HEALTH SERVICES AND PROGRAMMING IS CONTINUING TO GROW. THIS IS A HEALTH NEED THAT IS ALSO RELATED TO SUBSTANCE ABUSE AS MANY SUBSTANCE USERS/ABUSERS ALSO EXPERIENCE MENTAL HEALTH ISSUES AND MANY INDIVIDUALS WITH MENTAL HEALTH DISORDERS EXPERIENCE CO-OCCURRING SUBSTANCE ABUSE ISSUES. THE HIGH RATES OF ED VISITS AND HOSPITALIZATIONS DUE TO MENTAL HEALTH ISSUES ARE PREVENTABLE THROUGH EMPLOYING COPING MECHANISMS AND RESILIENCE TRAINING. THE HOSPITAL WILL ADOPT STRATEGIES THAT IMPROVE THE RATES OF MENTAL HEALTH EMERGENCIES AND DECREASED VISITS AND HOSPITALIZATIONS DUE TO MENTAL HEALTH ISSUES. THESE STRATEGIES INCLUDE: 1) PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, FAITH INSTITUTIONS AND LEARNING INSTITUTIONS TO EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH ILLNESS; 2) CONDUCTING ASSET MAPPING FOR THE ADVOCATE SOUTH SUBURBAN PSA TO DETERMINE THE GAPS IN SERVICES; AND 3) COORDINATING WITH COMMUNITY PARTNERS TO CONDUCT TRAININGS FOCUSED ON UNDERSTANDING AND RESPONDING TO MENTAL HEALTH ILLNESS.WORKFORCE DEVELOPMENT. IN AN EFFORT TO CONTINUE ITS COMMITMENT TO THE COMMUNITY, ADVOCATE AURORA WILL ENTER INTO PHASE 3 OF THE WORKFORCE DEVELOPMENT PROJECT. AS AN ADVOCATE AURORA HOSPITAL, ADVOCATE SOUTH SUBURBAN WILL COLLABORATE WITH COMMUNITY ORGANIZATIONS TO RECRUIT AND TRAIN COMMUNITY MEMBERS FOR ENTRY AND MID-LEVEL SKILL JOBS WITHIN HEALTH CARE. THE ADVOCATE WORKFORCE INITIATIVE FOCUSES ON FOUR TO FIVE MIDDLE-SKILL HEALTHCARE OCCUPATIONS THAT INCLUDE BOTH IN-PATIENT AND OUT-PATIENT JOBS. THE PROGRAM PROVIDES GRADUATES WITH EMPLOYMENT OPPORTUNITIES AND LAYS THE FOUNDATION FOR LONGER-TERM CAREER GROWTH AND ECONOMIC STABILITY FOR THE INDIVIDUAL AND THEIR FAMILY. HEALTH NEEDS NOT SELECTED CANCER. CANCER WAS NOT SELECTED AS A PRIORITY TO ADDRESS WITHIN THE ADVOCATE SOUTH SUBURBAN PSA. THE HOSPITAL IS ALREADY VERY ENGAGED IN PROVIDING AN ARRAY OF CANCER SERVICES AND COMMUNITY PROGRAMS FOR CANCER. ADVOCATE SOUTH SUBURBAN'S ONCOLOGY SERVICES OFFER AN ARRAY OF SERVICES, INCLUDING RADIATION THERAPY, BRACHYTHERAPY, IMAGE GUIDED RADIATION THERAPY, INTENSITY MODULATED RADIATION THERAPY AND MINIMALLY INVASIVE APPROACHES TO CANCER TREATMENT. THE BREAST HEALTH CENTER OFFERS EARLY DETECTION SERVICES AS WELL AS ADVANCED PROCEDURES, INCLUDING SENTINEL LYMPH NODE BIOPSY FOR BREAST CANCER TREATMENT FOR CANCER DIAGNOSIS AND STAGING. ADDITIONALLY, ADVOCATE SOUTH SUBURBAN HAS AN ACTIVE CANCER COMMITTEE AND CANCER CARE TEAM THAT ARE DEDICATED TO DEVELOPING A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH TO TREATMENT AND PREVENTION SERVICES. A NUMBER OF COMMUNITY EDUCATION AND SCREENING PROGRAMS ARE ALSO HELD IN THE COMMUNITY AND AT THE HOSPITAL FOR

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>CUSING ON BREAST, LUNG AND PROSTATE CANCERS. SOME SERVICES INCLUDE GENETIC COUNSELING, PAT IENT NAVIGATION, CLINICAL TRIALS AND RESEARCHALL OF WHICH ARE DESIGNED TO IMPROVE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES. HEART DISEASE/STROKE. ONE OF THE KEY HEALTH ISSUE S IDENTIFIED BUT NOT SPECIFICALLY TARGETED IN ADVOCATE SOUTH SUBURBAN'S COMMUNITY HEALTH I MPROVEMENT PLAN WAS HEART DISEASE. ADVOCATE SOUTH SUBURBAN IS ADDRESSING THE HEART DISEASE NEEDS OF THE COMMUNITY THROUGH THE ADVOCATE HEART INSTITUTE. ADVOCATE HEART INSTITUTE SER VICES ARE COMPREHENSIVE AND RANGE FROM CARDIOVASCULAR DIAGNOSTICS AND DETECTION TO TREATME NT AND SURGERY, USING THE MOST ADVANCED DIAGNOSTIC AND THERAPEUTIC TOOLS AVAILABLE. THE IN STITUTE ALSO OFFERS CPR TRAINING, A FREE HEART RISK ASSESSMENT AND AN AFFORDABLE HEART CT SCAN. ADVOCATE SOUTH SUBURBAN ALSO OFFERS A CARDIAC CATHETERIZATION LAB, WHICH PROVIDES PR OCEDURES USED TO DIAGNOSE CARDIOVASCULAR CONDITIONS. THE HOSPITAL OFFERS A NUMBER OF COMMU NITY EDUCATION PROGRAMS BOTH AT THE HOSPITAL AND THROUGHOUT THE COMMUNITY. THESE EDUCATION AL PROGRAMS INCLUDE LECTURES, SEMINARS AND SUPPORT GROUP MEETINGS FOR CONGESTIVE HEART FAI LURE, DIABETES EDUCATION, HEART RISK ASSESSMENTS AND LECTURES COVERING A RANGE OF TOPICS P ERTINENT TO HEART HEALTH. IN ADDITION TO THESE SERVICES, ADVOCATE SOUTH SUBURBAN'S COMMUNI TIES HAVE ACCESS TO HEALTH EDUCATION, AND CHOLESTEROL, GLUCOSE AND BLOOD PRESSURE SCREENIN GS.ASTHMA. ASTHMA WAS ALSO NOT SELECTED AS A PRIORITY HEALTH NEED TO ADDRESS AS THE HOSPIT AL ALREADY PROVIDES MANY SERVICES AND PROGRAMS TO ADDRESS ASTHMA. ADVOCATE SOUTH SUBURBAN OFFERS COMPREHENSIVE, MULTI-DISCIPLINARY SERVICES FOR LUNG AND RESPIRATORY CARE, INCLUDING THE TREATMENT OF ASTHMA. THE LUNG AND RESPIRATORY CARE CENTER PROVIDE INPATIENT AND OUTPA TIENT RESPIRATORY CARE SERVICES TO HELP PATIENTS ACHIEVE A BETTER QUALITY OF LIFE. WITH BO ARD CERTIFIED PULMONOLOGISTS WHO COLLABORATE WITH RELATED SPECIALISTS, AIRWAY DISEASES ARE TREATED FROM PREVENTION AND DIAGNOSTICS TO ADVANCED TREATMENT AND SUPPORT SERVICES. IN AD DITION, ADVOCATE SOUTH SUBURBAN PARTNERS WITH THE AMERICAN LUNG ASSOCIATION AND LOCAL SCHO OLS TO OFFER THE KICKIN' ASTHMA PROGRAM THAT ADDRESSES THE NEEDS OF CHILDREN WHO HAVE ASTH MA. THE GOAL OF THE KICKIN' ASTHMA PROGRAM IS TO EMPOWER KIDS TO TAKE CONTROL OF THEIR AST HMA, SO THEY DEVELOP THE SKILLS NECESSARY TO MANAGE THEIR SYMPTOMS AND LIVE A FULL AND ACT IVE LIFE. ADVOCATE CHILDREN'S ALLERGY AND ASTHMA SPECIALISTS WORK WITH CHILDREN AND THEIR FAMILIES TO MANAGE ASTHMA AND PROVIDE EDUCATION REGARDING HOW TO PREVENT ASTHMA ATTACKS. R ESPIRATORY CARE SPECIALISTS PROVIDE FAMILY CONSULTATION, TREATMENT TO ELIMINATE CHRONIC PR OBLEMS FROM ALLERGY AND ASTHMA TRIGGERS, AND EDUCATION REGARDING ASTHMA MANAGEMENT. LASTLY , ADVOCATE CHILDREN'S OFFERS A VARIETY OF EDUCATIONAL RESOURCES FOR CHILDREN, TEENS AND PA RENTS THROUGH THE ASTHMA CENTER.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- ADVOCATE SOUTH SUBURBAN HOSPITAL	SUBSTANCE ABUSE. ADVOCATE SOUTH SUBURBAN IS A COMMUNITY HOSPITAL THAT DOES NOT HAVE A PSYCHIATRIC UNIT AND DOES NOT PROVIDE ONGOING TREATMENT FOR SUBSTANCE ABUSE. HOWEVER, IN ORDER TO MEET THE IMMEDIATE NEEDS OF ITS ED PATIENTS AND HOSPITAL INPATIENTS, AND PROVIDE FOR CONTINUITY OF CARE, THE HOSPITAL PROVIDES TREATMENT OPTIONS THROUGH ADVOCATE BEHAVIORAL HEALTH SERVICES AND THE FAMILY CARE NETWORK LOCATED AT ADVOCATE CHRIST MEDICAL CENTER. ADVOCATE BEHAVIORAL HEALTH SERVICES AND FAMILY CARE NETWORK PROVIDE AN ADULT INPATIENT PSYCHIATRIC PROGRAM, OLDER ADULT INPATIENT PROGRAM TO HELP OLDER ADULTS REGAIN PSYCHOLOGICAL STABILITY, ADOLESCENT PARTIAL HOSPITALIZATIONS AND SUBSTANCE ABUSE-PARTIALHOSPITALIZATION FOR SHORT-TERM INTENSIVE TREATMENT OF CHEMICAL DEPENDENCE. UPON TREATMENT AND PRIOR TO DISCHARGE, PATIENTS ARE CONNECTED TO BEHAVIORAL HEALTH PROGRAMS AND PROVIDED RESOURCES TO ORGANIZATIONS THAT ASSIST THE PATIENT BASED ON NEEDS (I.E., SUBSTANCE ABUSE FACILITY OR DETOX CENTER).

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Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11- ADVOCATE TRINITY HOSPITAL	<p>CANCER CANCER WAS NOT SELECTED AS A CHNA FOCUS AREA GIVEN ADVOCATE TRINITY’S ONCOLOGY CENTER PROGRAMS ARE ALREADY IN PLACE AND STRUCTURED TO FACILITATE A MULTIDISCIPLINARY ENVIRONMENT THAT PROVIDES MINIMALLY INVASIVE PROCEDURES AND ADVANCED SURGICAL INTERVENTION TO TREAT CANCER. THE ONCOLOGY CENTER INCLUDES ADVANCED DIAGNOSTICS, IMAGING SERVICES, INTERVENTIONAL RADIOLOGY AND AN INFUSION CENTER. THE HOSPITAL HAS A CANCER COMMITTEE TO DEVELOP, APPROVE AND IMPLEMENT THE STRATEGIC PLANS, GOALS AND OBJECTIVES OF ADVOCATE TRINITY’S CANCER PROGRAMS, AND TO PROVIDE OVERSIGHT FOR ONGOING PROGRAMS AND OUTREACH SERVICES. THE CANCER COMMITTEE ENSURES THAT COMMUNITY OUTREACH PLANS REFLECT THE CANCER EXPERIENCE AT ADVOCATE TRINITY AND THAT THE DEFINED COMMUNITY NEEDS ARE ADDRESSED. ADVOCATE TRINITY’S ONCOLOGY NURSE NAVIGATOR, IN COLLABORATION WITH THE COMMUNITY HEALTH DEPARTMENT, WORK TO IMPLEMENT OUTREACH SERVICES IN THE COMMUNITY. OUTREACH ACTIVITIES INCLUDE COMMUNITY EDUCATION FOR BREAST CANCER PREVENTION, PROSTATE CANCER PREVENTION AND OTHER COMMUNITY HEALTH EDUCATION, SUCH AS HEALTHY LIFESTYLE EDUCATION FOR CANCER PREVENTION. MENTAL HEALTHADVOCATE TRINITY IS A COMMUNITY HOSPITAL THAT DOES NOT HAVE A PSYCHIATRIC UNIT AND DOES NOT PROVIDE ONGOING TREATMENT FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE. HOWEVER, TO MEET THE IMMEDIATE NEEDS OF ITS EMERGENCY DEPARTMENT (ED) PATIENTS AND INPATIENTS AND TO PROVIDE FOR CONTINUITY OF CARE, THE HOSPITAL HAS TWO STRATEGIES IN PLACE. FIRST, THERE IS AN ON-SITE BEHAVIORAL HEALTH CLINICIAN 8 HOURS-A-DAY WHO EVALUATES PATIENTS WITH MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS, PROVIDES REFERRALS TO OUTPATIENT MENTAL HEALTH PROVIDERS, AND COMPLETES TRANSFERS TO INPATIENT PSYCHIATRIC OR DETOX FACILITIES WHEN APPROPRIATE. THIS CLINICIAN ALSO SERVES AS A CONSULTING RESOURCE ON PATIENTS WITH THESE CONDITIONS, PROVIDES EDUCATION AND TRAINING TO HOSPITAL STAFF, AND CAN OFFER GUIDANCE AND EDUCATION TO PATIENTS, FAMILIES AND COMMUNITY REPRESENTATIVES. SECOND, THE HOSPITAL COORDINATES PATIENT SERVICES THROUGH THE ADVOCATE BEHAVIORAL HEALTH TELEMEDICINE HUB AT ADVOCATE CHRIST MEDICAL CENTER. PATIENTS INTERACT THROUGH TELEMEDICINE TECHNOLOGY WITH SPECIALIZED CLINICIANSPSYCHIATRISTS, CLINICAL PSYCHOLOGISTS AND APRNSFOR MEDICATION MANAGEMENT, RISK ASSESSMENT, COMPETENCY DETERMINATION, RECOMMENDATIONS REGARDING LEVEL OF CARE, AND ONGOING TREATMENT WHILE THEY ARE PATIENTS. BOTH THE ON-SITE AND HUB CLINICIANS CONNECT WITH PATIENTS’ PRIMARY CARE PROVIDERS, WHEN AVAILABLE, TO PROMOTE CONTINUITY OF CARE. IN ADDITION, THE COMMUNITY HEALTH DEPARTMENT SPONSORS MENTAL HEALTH FIRST AID TRAININGS FOR CONGREGATIONS, COMMUNITY ORGANIZATIONS AND OTHER HEALTH CARE ORGANIZATIONS TO REDUCE STIGMA AND HELP COMMUNITY MEMBERS GAIN SKILLS IN ADDRESSING AND RESOURCING INDIVIDUALS EXPERIENCING MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. VIOLENCE AND HOMICIDE ADVOCATE TRINITY CONTINUALLY ASSESSES WHETHER ADDITIONAL PREVENTION STRATEGIES ARE NEEDED WITHIN THE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11- ADVOCATE TRINITY HOSPITAL	COMMUNITY AND WORKS IN SUPPORT OF ITS PARTNERS TO ADDRESS COMMUNITY NEEDS SUCH AS VIOLENCE AND HOMICIDE. COMMUNITY PARTNERS SPECIFICALLY ADDRESSING THESE NEEDS INCLUDE THE CLARETIAN ASSOCIATES AND THE NEIGHBORHOOD CHICAGO ALTERNATIVE POLICING STRATEGY (CAPS), CHICAGO POLICE DEPARTMENT. CLARETIAN ASSOCIATES CONDUCTED A SURVEY IN 2016 TO BETTER UNDERSTAND THE RANGE OF EXPOSURE TO VIOLENCE POTENTIALLY CAUSING TRAUMATIC REACTIONS. THE SURVEY RESULTS PROMPTED THE ORGANIZATION TO EMBARK ON THE JOURNEY TO BE A "TRAUMA INFORMED COMMUNITY." WITH ADVOCATE TRINITY IN SUCH PROXIMITY TO CLARETIAN ASSOCIATES, THE HOSPITAL ESTABLISHED A PARTNERSHIP WITH THEM TO DELIVER INFORMATION TO FAITH ORGANIZATIONS WITHIN THE HOSPITAL'S SERVICE AREA. THE POLICE DEPARTMENT WORKS WITHIN THE COMMUNITY TO ADDRESS THESE NEEDS AND ADVOCATE TRINITY PARTNERS WITH THEM TO SUPPORT THEIR ACTIVITIES, SUCH AS THE NATIONAL NIGHT OUT EVENT. THE NATIONAL NIGHT OUT EVENT IS DESIGNED TO INCREASE AWARENESS ABOUT POLICE AND COMMUNITY PARTNERSHIPS OR PROGRAMS THAT EDUCATE COMMUNITIES REGARDING VIOLENCE PREVENTION, DRUG PREVENTION, TOWN WATCH, NEIGHBORHOOD WATCH AND OTHER ANTI-CRIME EVENTS.2017-2019 CHNAHEALTH NEEDS SELECTED PRIMARY AND SECONDARY DATA WAS COLLECTED AND PRESENTED TO THE COMMUNITY HEALTH COUNCIL. AFTER REVIEW AND DISCUSSION, THE CHC USED A PRIORITIZATION APPROACH THAT INVOLVED SELECTING THEIR TOP PRIORITIES BY PLACING STICKY DOTS ON FLIPCHART PAPER. THE ADVOCATE TRINITY COMMUNITY HEALTH COUNCIL MEMBERS SELECTED THREE HEALTH PRIORITIES TO BE ADDRESSED BY THE HOSPITAL AS A RESULT OF THE 2017-2019 CHNA PROCESS. THE THIRD PRIORITY WAS IDENTIFIED AS THE SOCIAL DETERMINANT OF HEALTH ALIGNED WITH THE ALLIANCE FOR HEALTH EQUITY'S STRATEGY FOR COLLECTIVE IMPACT. THESE PRIORITIES SELECTED INCLUDE THE FOLLOWING. MENTAL HEALTH DIABETES FOOD INSECURITY (SOCIAL, ECONOMIC AND STRUCTURAL DETERMINANTS OF HEALTH)MENTAL HEALTH/SUBSTANCE ABUSETHE CHC SELECTED MENTAL HEALTH AS THE MOST PERTINENT HEALTH NEED PRIORITY DUE TO THE INCREASED ED AND HOSPITALIZATION RATES, AND THE GROWING NEED FOR COMMUNITY SERVICES AND RESOURCES. THIS IS A HEALTH NEED THAT IS ALSO RELATED TO SUBSTANCE ABUSE AS MANY SUBSTANCE USERS/ABUSERS ALSO EXPERIENCE MENTAL HEALTH ISSUES AND MANY INDIVIDUALS WITH MENTAL HEALTH DISORDERS EXPERIENCE SUBSTANCE ABUSE ISSUES. THE HIGH RATES OF ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES ARE PREVENTABLE THROUGH EMPLOYING COPING MECHANISMS AND RESILIENCE TRAINING. THE HOSPITAL WILL INVESTIGATE PROGRAMS THAT PREVENT MENTAL HEALTH EMERGENCIES AND DECREASED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES.DIABETESTHE CHC AND COMMUNITY HEALTH DEPARTMENT VOTED FOR DIABETES AS A CHRONIC CONDITION THAT NEEDS TO CONTINUE TO BE PRIORITIZED AS A RESULT OF SECONDARY DATA OUTCOMES WITHIN THE PSA. UNCONTROLLED DIABETES CONTINUES TO BE A FACTOR IN THE HOSPITAL'S PSA AS WELL AS IN COOK COUNTY. ADVOCATE TRINITY HAS IMPLEMENTED THE EVIDENCE-BASED CDC NATIONAL DIABETES PREVENTION PROGRAM

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11- ADVOCATE TRINITY HOSPITAL	AM, PREVENT T2, IN THE COMMUNITY AND IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND FAITH COMMUNITIES. SINCE 2017, THE PROGRAM HAS PROVEN SUCCESSFUL FOR PARTICIPANTS WHO HAV E COMPLETED THE YEAR-LONG SERIES OF CLASSES. TO ESTABLISH THE HOSPITAL AS A DESIGNATED DIA BETES PREVENTION PROGRAM, THE HOSPITAL WILL CONTINUE TO IMPLEMENT THIS STRATEGY, AND DATA WILL BE COLLECTED AND SUBMITTED IN ACCORDANCE WITH THE PROGRAM GUIDELINES. DIABETES AFFECT S PEOPLE OF DIFFERENT BACKGROUNDS, AGES AND ETHNICITIES. CONTINUING THIS PROGRAM EMPOWERS INDIVIDUALS TO TAKE CONTROL OF THEIR HEALTH.FOOD INSECURITY ADVOCATE TRINITY WILL ADDRESS FOOD INSECURITY (FI) FOR THE 2020-2022 CHNA COMMUNITY HEALTHIMPROVEMENT IMPLEMENTATION CYC LE IN A COMMITMENT TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITY. FI WAS ALSO SELECTED TO ALIGN WITH EFFORTS AND STRATEGIES FOR DIABETES PREVENTION. FI IS A HOUSE HOLD LEVEL FACTOR OF LIMITED OR UNCERTAIN ACCESS TO ADEQUATE FOOD, AND CONTRIBUTES TO STRE SS AND POOR NUTRITION MAKING INDIVIDUALS SUSCEPTIBLE TO CHRONIC DISEASE. THE LACK OF ACCES S TO ADEQUATE FOOD CAN WORSEN HEALTH PROBLEMS AND INCREASE FINANCIAL STRAIN THROUGH DECREA SED EMPLOYABILITY DUE TO CHRONIC DISEASE (THE ALLIANCE FOR HEALTH EQUITY, COMMUNITY HEALTH NEEDS ASSESSMENT, 2019). SEVERAL COMMUNITY AREAS IN THE ADVOCATE TRINITY PSA ARE AT RISK FOR FI. THE HOSPITAL WILL ESTABLISH SEVERAL STRATEGIES TO ENHANCE INITIATIVES THAT INCREAS E ACCESS TO HEALTHY FOOD CHOICES WITHIN ITS PSA AND PATIENTPOPULATION.HEALTH NEEDS NOT SEL ECTED CANCERADVOCATE TRINITY DID NOT SELECT CANCER AS A HEALTH PRIORITY BECAUSE THE HOSPIT AL HAS MULTIPLE PROGRAMS AND SERVICES IN PLACE TO ADDRESS THIS HEALTH ISSUE. ADVOCATE TRIN ITY'S ONCOLOGY CENTER PROGRAMS ARE STRUCTURED TO FACILITATE A MULTIDISCIPLINARY ENVIRONMEN T THAT PROVIDES MINIMALLY INVASIVE PROCEDURES AND ADVANCED SURGICAL INTERVENTION TO TREAT CANCER. THE ONCOLOGY CENTER INCLUDES ADVANCED DIAGNOSTICS, IMAGING SERVICES, INTERVENTIONA L RADIOLOGY AND AN INFUSION CENTER. THE HOSPITAL HAS A CANCER COMMITTEE TO DEVELOP, APPROV E AND IMPLEMENT THE STRATEGIC PLANS, GOALS AND OBJECTIVES OF ADVOCATE TRINITY'S CANCER PRO GRAMS AND TO PROVIDE OVERSIGHT FOR ONGOING PROGRAMS AND OUTREACH SERVICES. THE CANCER COMM ITTEE ENSURES THAT COMMUNITY OUTREACH PLANS REFLECT THE CANCER EXPERIENCE AT ADVOCATE TRIN ITY AND THAT THE DEFINED COMMUNITY NEEDS ARE ADDRESSED. ADVOCATE TRINITY'S ONCOLOGY NURSE NAVIGATOR, IN COLLABORATION WITH THE COMMUNITY HEALTH DEPARTMENT, WORKS TO IMPLEMENT OUTRE ACH SERVICES IN THE COMMUNITY. OUTREACH ACTIVITIES INCLUDE COMMUNITY EDUCATION FOR BREAST CANCER PREVENTION, PROSTATE CANCER PREVENTION AND ADDITIONAL COMMUNITY HEALTH EDUCATION, I NCLUDING HEALTHY LIFESTYLE EDUCATION FOR CANCER PREVENTION.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11- ADVOCATE TRINITY HOSPITAL	<p>SUBSTANCE ABUSEA SECOND HEALTH NEED IDENTIFIED BUT NOT SELECTED IS SUBSTANCE ABUSE. ADVOCATE TRINITY IS A COMMUNITY HOSPITAL THAT DOES NOT HAVE A PSYCHIATRIC UNIT AND DOES NOT PROVIDE ONGOING TREATMENT FOR SUBSTANCE ABUSE. HOWEVER, IN ORDER TO MEET THE IMMEDIATE NEEDS OF ITS ED PATIENTS AND INPATIENTS, AND TO PROVIDE FOR CONTINUITY OF CARE, THE HOSPITAL PROVIDES TREATMENT OPTIONS THROUGH ADVOCATE BEHAVIORAL HEALTH SERVICES AND THE FAMILY CARE NETWORK LOCATED AT ADVOCATE CHRIST. ADVOCATE BEHAVIORAL HEALTH SERVICES AND FAMILY CARE NETWORK PROVIDE AN ADULT INPATIENT PSYCHIATRIC PROGRAM, OLDER ADULT INPATIENT PROGRAM TO HELP OLDER ADULTS REGAIN PSYCHOLOGICAL STABILITY, ADOLESCENT PARTIAL HOSPITALIZATIONS ANDSUBSTANCE ABUSE-PARTIAL HOSPITALIZATION FOR SHORT-TERM INTENSIVE TREATMENT OF CHEMICAL DEPENDENCE . UPON TREATMENT AND PRIOR TO DISCHARGE, PATIENTS ARE CONNECTED TO THE BEHAVIORAL HEALTH PROGRAMS AND PROVIDED RESOURCES TO ORGANIZATIONS THAT ASSIST THE PATIENT BASED ON THE PATIENT'S UNIQUE NEEDS (I.E., SUBSTANCE ABUSE FACILITY OR DETOX CENTER).HEART DISEASEONE OF THE HEALTH ISSUES IDENTIFIED BUT NOT SELECTED AS A PRIORITIZED HEALTH NEED WAS HEART DISEASE. ADVOCATE TRINITY IS ADDRESSING THE HEART DISEASE NEEDS OF THE COMMUNITY THROUGH THE ADVOCATE HEART INSTITUTE. THE ADVOCATE HEART INSTITUTE'S SERVICES ARE COMPREHENSIVE AND RANGE FROM CARDIOVASCULAR DIAGNOSTICS AND DETECTION TO TREATMENT AND SURGERY, USING THE MOST ADVANCED DIAGNOSTIC AND THERAPEUTIC TOOLS AVAILABLE. THE INSTITUTE ALSO OFFERS CPR TRAINING, A FREE HEART RISK ASSESSMENT AND AN AFFORDABLE HEART CT SCAN. IN 2015, ADVOCATE TRINITY OPENED A NEW CARDIAC CATHETERIZATION LAB, WHICH OFFERS PROCEDURES TO DIAGNOSE CARDIOVASCULAR CONDITIONS. IN ADDITION TO THE NEW CATHETERIZATION LAB, THE HOSPITAL DEVELOPED A NEW STATE -OF-THE-ART CARDIAC REHABILITATION FACILITY OFFERING PHASE I AND II CARDIAC REHABILITATION EXERCISE AND LIFESTYLE EDUCATION PROGRAMS TO THE COMMUNITY. THE HOSPITAL OFFERS A NUMBER OF COMMUNITY EDUCATION PROGRAMS BOTH AT THE HOSPITAL AND THROUGHOUT THE COMMUNITY. THESE EDUCATIONAL PROGRAMS INCLUDE LECTURES, SEMINARS AND SUPPORT GROUP MEETINGS FOR CONGESTIVE HEART FAILURE, DIABETES EDUCATION, HEART RISK ASSESSMENTS, AND SENIOR BREAKFAST CLUB LECTURES COVERING A RANGE OF TOPICS PERTINENT TO SENIOR HEART HEALTH. IN ADDITION TO THESE SERVICES, ADVOCATE TRINITY PROVIDES ACCESS TO HEALTH EDUCATION AND CHOLESTEROL, GLUCOSE AND BLOOD PRESSURE SCREENINGS.ASTHMAASTHMA WAS ANOTHER HEALTH ISSUE IDENTIFIED BUT NOT SELECTED AS A PRIORITIZED HEALTH NEED DURING THIS CHNACycle. ADVOCATE TRINITY'S ASTHMA PROGRAM USES A UNIQUE, MULTI-DISCIPLINARY TEAM APPROACH TO ASTHMA CARE. THE PROGRAM OFFERS BOARD CERTIFIED PULMONOLOGISTS TO DEVELOP AND MONITOR TREATMENT PROTOCOLS AND STANDING ORDERS FOR CARE, AND AN ASTHMA NURSE EDUCATOR WHO OVERSEES THE PROGRAM AND PROVIDES PATIENT EDUCATION AND SERVES AS A LINK TO THE COMMUNITY TO ENSURE THE PATIENT'S ASTHMA IS MANAGED. OTHER TEAM MEMBERS INCLUDE RESPIRATORY CARE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11- ADVOCATE TRINITY HOSPITAL	RE PRACTITIONERS WHO PROVIDE BREATHING TREATMENTS AND TEACH PATIENT EDUCATION IN THE HOSPI TAL AND COMMUNITY. IN ADDITION, THE ASTHMA PROGRAM OFFERS MANY EDUCATIONAL PROGRAMS TO HEL P PEOPLE BETTER UNDERSTAND THEIR CONDITION AND MANAGE THEIR ASTHMA. EDUCATIONAL PROGRAMS I NCLUDE ONE-ON-ONE INDIVIDUALIZED EDUCATION SESSIONS FOR PEOPLE ENCOUNTERING DIFFICULTIES M ANAGING THEIR ASTHMA, AND MONTHLY ASTHMA EDUCATION CLASSES COVERING SELF-MANAGEMENT, PEAK FLOW MONITORING AND ADDRESSING ENVIRONMENTAL TRIGGERS.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>INFANT MORTALITY/PRE-TERM DELIVERIES/LOW BIRTH WEIGHT. INFANT MORTALITY IS AN IMPORTANT INDICATOR FOR THE OVERALL HEALTH STATUS OF A COMMUNITY. INFANT MORTALITY IS THE DEATH OF AN INFANT BEFORE HIS OR HER FIRST BIRTHDAY. LOW BIRTHWEIGHT AND PRE-TERM DELIVERIES ARE LEADING CAUSES OF INFANT DEATH (CENTERS FOR DISEASE CONTROL AND PREVENTION, 2019). ADVOCATE CHILDREN'S WILL PROVIDE THE CENTERING PREGNANCY PROGRAM, A GROUP PRENATAL CARE MODEL WHERE PREGNANT WOMEN RECEIVE MONTHLY EXAMS, SOCIAL SUPPORT AND EXTENSIVE EDUCATION IN A GROUP SETTING. THE PROGRAM IS DESIGNED TO ENGAGE WOMEN IN THEIR PREGNANCY WITH THE GOAL TO REDUCE PREMATURE BIRTHS, INFANT MORTALITY AND LOW BIRTH WEIGHT BABIES WHILE DEVELOPING A MUCH-NEEDED SOCIAL SUPPORT SYSTEM.HEALTH NEEDS NOT SELECTED WHILE CANCER, HEART DISEASE/STROKE AND ASTHMA ARE IMPORTANT HEALTH CONCERNS IN THE PSA, THE CHC FELT THAT THESE HEALTH CONCERNS WERE AMONG THE HIGHEST RESOURCED HEALTH NEEDS IN THE COMMUNITY. IN ADDITION, ADVOCATE CHRIST ALREADY HAS WELL ESTABLISHED CLINICAL INSTITUTES AND RESPIRATORY HEALTH RESOURCES THAT ARE FOCUSED ON CANCER, HEART DISEASE/STROKE AND ASTHMA. CANCER. ADVOCATE CHRIST'S CANCER PROGRAM HAS BEEN CERTIFIED BY THE AMERICAN COLLEGE OF SURGEONS, COMMISSION ON CANCER AND INCLUDES BOTH INPATIENT AND OUTPATIENT UNITS, A RADIATION ONCOLOGY UNIT, CYBERKNIFE TREATMENT, INTRAOPERATIVE ELECTRON RADIATION THERAPY (IOERT), A HOME HEALTH/HOSPICE PROGRAM, A BREAST HEALTH PROGRAM AND A COMMUNITY EDUCATION PROGRAM. NUTRITIONAL SERVICES, SOCIAL SERVICES, PASTORAL CARE AND AN ONCOLOGY CERTIFIED PHARMACIST ARE AVAILABLE ON SITE TO WORK WITH PATIENTS AND THEIR FAMILIES. CLINICAL RESEARCH TRIALS ARE ALSO AVAILABLE THROUGH THE CHILDREN'S ONCOLOGY GROUP (COG), THE EASTERN COOPERATIVE ONCOLOGY GROUP (ECOG) AND THE GYNECOLOGIC ONCOLOGY GROUP (GOG). ADVOCATE CHRIST OFFERS CANCER-FOCUSED HOSPICE CARE AND FREE SEMINARS OPEN TO THE PUBLIC. A SPECIALLY TRAINED ONCOLOGY NUTRITIONIST SEES PATIENTS IN THE MEDICAL CENTER AND THOSE UNDERGOING OUTPATIENT TREATMENT. THE PALLIATIVE CARE TEAM WORKS CLOSELY WITH PHYSICIANS AND PATIENTS TO PROVIDE COMFORT, COMMUNICATION ASSISTANCE AND ASSESS PATIENTS' PHYSICAL NEEDS TO ENHANCE THEIR QUALITY OF LIFE AT ANY STAGE OF ILLNESS. ALSO, THERE IS AN ON-SITE AMERICAN CANCER SOCIETY PATIENT REPRESENTATIVE AND A GILDA'S CLUB SATELLITE LOCATION.HEART DISEASE/STROKE. ADVOCATE HEART INSTITUTE AT ADVOCATE CHRIST IS ILLINOIS' MOST COMPREHENSIVE CENTER FOR HEART CARE. THE HEART INSTITUTE OFFERS A FULL RANGE OF TREATMENTS AND PROGRAMS INCLUDING PREVENTATIVE, DIAGNOSTICS, CLINICAL TRIALS, HEART TRANSPLANTS AND REHABILITATION SERVICES. REHABILITATION PLAYS A KEY ROLE IN RECOVERY FROM A HEART ATTACK OR HEART SURGERY. THE GOAL OF THE COMPREHENSIVE CARDIAC REHABILITATION PROGRAM IS TO HELP PATIENTS REGAIN STRENGTH AND IMPROVE THEIR HEALTH AND QUALITY OF LIFE AFTER A HEART ATTACK OR HEART SURGERY. THE HEART INSTITUTE HAS BEEN CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIAC AND PULMONARY REHAB</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - CHRIST HOSP INCL HOPE CHILDREN'S HOSP	ILITATION. ADVOCATE CHRIST OFFERS A SERIES OF COMMUNITY HEALTH CLASSES THAT INCREASE AWARE NESS OF HEART DISEASE AND SUPPORTS INDIVIDUALS IN THEIR JOURNEY TO BETTER HEART HEALTH. A VARIETY OF SUPPORT GROUPS ARE ALSO PROVIDED THAT ENCOURAGE HEALTHY HEART CARE IN THE COMMU NITY. THE LIVE FROM THE HEART PROGRAM, A PARTNERSHIP BETWEEN CHICAGO'S MUSEUM OF SCIENCE A ND INDUSTRY AND ADVOCATE CHRIST, EDUCATES HIGH SCHOOL STUDENTS ABOUT HEART HEALTH THROUGH LIVE INTERACTIVE HEART SURGERIES PROVIDED THROUGH VIDEO MONITORING IN A CLASSROOM. THE INT ERACTIVE PROGRAM ALSO HELPS TO FOSTER INTEREST IN THE HEALTH SCIENCES. ADVOCATE CHILDREN'S IS THE FIRST CHILDREN'S HOSPITAL IN THE COUNTRY TO RECEIVE CONGENITAL HEART DISEASE ACCRE DITATION FROM ACE (ACCREDITATION FOR CARDIOVASCULAR EXCELLENCE) FOR SETTING THE HIGHEST ST ANDARDS OF QUALITY CARE FOR CHILDREN. THE HOSPITAL IS A DESIGNATED PEDIATRIC CRITICAL CARE CENTER BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH.ASTHMA. ADVOCATE CHRIST OFFERS COMPREH ENSIVE, MULTI-DISCIPLINARY SERVICES FOR LUNG AND RESPIRATORY CARE, INCLUDING THE TREATMENT OF ASTHMA. THE LUNG AND RESPIRATORY CARE CENTER PROVIDES INPATIENT AND OUTPATIENT RESPIRA TORY CARE SERVICES TO HELP PATIENTS ACHIEVE A BETTER QUALITY OF LIFE. WITH BOARD CERTIFIED PULMONOLOGISTS WHO COLLABORATE WITH RELATED SPECIALISTS, AIRWAY DISEASES ARE TREATED FROM PREVENTION AND DIAGNOSTICS TO ADVANCED TREATMENT AND SUPPORT SERVICES. THE DEPARTMENT OFF ERS ADVANCED TREATMENT OF ASTHMA THROUGH BRONCHIAL THERMOPLASTY, A SAFE AND EFFECTIVE FDA-APPROVED TREATMENT OPTION THAT USES A PROVEN MEDICAL DEVICE PROCEDURE FOR ADULTS WITH SEVE RE OR PERSISTENT ASTHMA. IN ADDITION, ADVOCATE CHILDREN'S ALLERGY AND ASTHMA SPECIALISTS W ORK WITH CHILDREN AND THEIR FAMILIES TO MANAGE ASTHMA AND PROVIDE EDUCATION ON HOW TO PREV ENT ASTHMA ATTACKS. RESPIRATORY CARE SPECIALISTS PROVIDE FAMILY CONSULTATION, TREATMENT TO ELIMINATE CHRONIC PROBLEMS FROM ALLERGY AND ASTHMA TRIGGERS AND EDUCATION ON ASTHMA MANAG EMENT. LASTLY, ADVOCATE CHILDREN'S OFFERS A VARIETY OF EDUCATIONAL RESOURCES THROUGH THE A STHMA CENTER WHICH PROVIDES EDUCATIONAL RESOURCES FOR CHILDREN, TEENS AND PARENTS, AND ONE -TO-ONE ASTHMA EDUCATION TO PATIENTS ON THE RONALD MCDONALD CARE MOBILE.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- LUTHERAN GEN HOSP INCL LUTH GEN CHILD	<p>MENTAL HEALTH. MENTAL HEALTH WAS RECOGNIZED IN THE 2011-2013 CHNA AS AN IMPORTANT HEALTH N EED. ADVOCATE LUTHERAN GENERAL CONTINUES TO WORK WITH THE HEALTHIER PARK RIDGE, NILES AND DES PLAINES COALITIONS TO ADDRESS MENTAL HEALTH IN THESE COMMUNITIES. THE COALITIONS INCLU DE NUMEROUS MENTAL HEALTH PROFESSIONALS AND ORGANIZATIONS, SUCH AS THE NATIONAL ALLIANCE O N MENTAL ILLNESS (NAMI). DUE TO EXISTING PROGRAMMING AND PARTNERSHIPS WORKING TO ADDRESS M ENTAL HEALTH AS OUTLINED ABOVE, MENTAL HEALTH WAS NOT CHOSEN AS A HEALTH PRIORITY. AS STAT ED EARLIER, THE HOSPITAL'S COMMUNITY HEALTH DEPARTMENT WAS ABLE TO WORK WITH CHICAGO TABER NACLE, A CHURCH IN HERMOSA, TO ADDRESS MENTAL HEALTH AND HEALTHY LIFESTYLES. THE CENTRAL R EGION COMMUNITY HEALTH COORDINATOR IS WORKING WITH THE CHURCH TO PROVIDE TRAUMA-INFORMED T RAININGS AND COMMUNITY RESOURCES/WORKSHOPS.CULTURAL HEALTH DISPARITIES. CULTURAL HEALTH DI SPARITIES WAS NOT CHOSEN AS A PRIORITY FOR THE 2014-2016 CHNA DUE TO THE MULTIPLE CULTURAL INITIATIVES THE HOSPITAL IMPALEMENTS IN THE COMMUNITY. LUTHERAN GENERAL HOSPITAL HAS CONT INUED TO EXPAND AND ENHANCE ITS CULTURAL INITIATIVES TO ADDRESS HEALTH EQUITY. THESE INITI ATIVES INCLUDE THE SOUTH ASIAN CARDIOVASCULAR CENTER AND PROGRAMS FOR THE KOREAN, POLISH A ND HISPANIC COMMUNITIES. ADVOCATE CHILDREN'SCHILDHOOD OBESITY. CHILDHOOD OBESITY WAS NOT S ELECTED BY ADVOCATE CHILDREN'S AS A HEALTH NEED. THE HOSPITAL IS, HOWEVER, ADDRESSING CHIL DHOOD OBESITY THROUGH THE HEALTHY ACTIVE LIVING PROGRAMA WEIGHT MANAGEMENT PROGRAM FOR OVE RWEIGHT AND OBESE CHILDREN LARGELY INSURED THROUGH MEDICAID. COMPONENTS OF THE PROGRAM ARE OFFERED TO STUDENTS IN THE EXPANDED LEARNING PROGRAM OF EAST MAINE SCHOOL DISTRICT 63.AST HMA. ASTHMA WAS ALSO NOT SELECTED TO ADDRESS BY ADVOCATE CHILDREN'S. HOSPITAL UTILIZATION DATA SHOWS THAT DES PLAINES AND WHEELINGAREAS WITH LARGE VOLUMES OF MEDICAID MANAGED CARE PARTICIPANTSARE TWO OF THE TOP NINE COMMUNITIES ACCOUNTING FOR SIXTY-ONE PERCENT OF ALL AS THMA DISCHARGES. DATA ALSO SHOWS THAT THE EMERGENCY ROOM (ER) RATE DUE TO PEDIATRIC ASTHMA HAS STEADILY RISEN SINCE 2009. WHILE ASTHMA WAS NOT SPECIFICALLY SELECTED AS A HEALTH NEE D, ASTHMA EDUCATION AND TREATMENT ARE A FOCUS OF PRIMARY CARE SERVICES BEING PROVIDED AS P ART OF THE SCHOOL-BASED MODEL DESCRIBED EARLIER. SELECT SCHOOLS WITH LARGE CONCENTRATIONS OF CHILDREN WHO EXPERIENCE ASTHMA, AS IDENTIFIED BY STAFF OF THE RMCM, WILL RECEIVE THE AM ERICAN LUNG ASSOICATION'S KICKIN' ASTHMA PROGRAM. THIS PROGRAM OFFERS SMALL GROUP EDUCATIO N REGARDING TRIGGERS, SYMPTOMS AND PROPER MANAGEMENT OF THE DISEASE.2017-2019 CHNATHE ADVO CATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S IMPLEMENTATION PLAN WILL ALIGN WITH THE ADVO CATE AURORA COMMUNITY STRATEGY, WHICH HAS A FOCUS ON HEALTH EQUITY AND DISPARITIES. THERE ARE SIX FOCUS AREAS THAT ARE IDENTIFIED IN CURRENT INDUSTRY AS HAVING THE MOST UPSTREAM EF FECT ON HEALTH EQUITY AND ARE ALSO STRONGLY CONFIRMED BY ADVOCATE AURORA HEALTH ORGANIZATI ON-WIDE CHNA DATA. THESE SIX F</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- LUTHERAN GEN HOSP INCL LUTH GEN CHILD	<p>OCUS AREAS INCLUDE: 1) ACCESS/BEHAVIORAL HEALTH SERVICES; 2) ACCESS/PRIMARY MEDICAL HOMES; 3) COMMUNITY SAFETY; 4) FOOD SECURITY; 5) HOUSING; AND 6) WORKFORCE DEVELOPMENT. HEALTH N EEDS SELECTED ADVOCATE LUTHERAN GENERALOBESITY/HEALTHY LIFESTYLES. OBESITY/HEALTHY LIFESTYLES WAS CHOSEN AS ONE OF THE TWO HEALTH NEED PRIORITIES DUE TO THE MANY CHRONIC DISEASES A ND HEALTH ISSUES THAT ARE RELATED TO POOR NUTRITION AND PHYSICAL INACTIVITY. MOREOVER, THE COUNCIL ALSO IDENTIFIED HEALTHY LIFESTYLES AND OBESITY DUE TO THE LARGE IMPACT THIS ISSUE HAS ON QUALITY OF LIFE AND OVERALL HEALTH OUTCOMES IN THE PSA. BEHAVIORAL HEALTH. BEHAVIO RAL HEALTH WAS SELECTED AS A PRIORITY AND INCLUDES MENTAL HEALTH AND SUBSTANCE/ALCOHOL USE . AFTER INITIALLY PRIORITIZING MENTAL HEALTH, THE HOSPITAL'S CHC CONSIDERED THE STRONG COR RELATION BETWEEN SUBSTANCE USE AND MENTAL HEALTH, MAKING IT ESSENTIAL FOR THE HOSPITAL TO ADDRESS BOTH HEALTH ISSUES IN TANDEM. THE RATE OF MENTAL HEALTH ISSUES AND SUBSTANCE USE A RE CONTINUING TO INCREASE IN THE PSA. DATA AND HOSPITALIZATION RATES INDICATE THAT THERE I S A GREAT NEED FOR EXPANSION OF BEHAVIORAL HEALTH SERVICES, SUCH AS MENTAL HEALTH SERVICES , SUBSTANCE USE DISORDER TREATMENT, HOUSING AND PREVENTATIVE PROGRAMMING. SOCIAL DETERMINA NTS OF HEALTH (SDHO). SDOH AFFECT A WIDE RANGE OF HEALTH CONDITIONS AND MAY CONTRIBUTE TO ADVERSE HEALTH OUTCOMES. SOCIAL DETERMINANTS OF HEALTH ARE COMMONLY THE ROOT CAUSE OF POOR HEALTH OUTCOMES; THEREFORE, ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S SELECTED SO CIAL DETERMINANTS OF HEALTH AS A PRIORITY HEALTH NEED FOR THE PSA. ADVOCATE LUTHERAN GENER AL AND ADVOCATE CHILDREN'S WILL PARTNER WITH THE ALLIANCE FOR HEALTH EQUITY TO ADDRESS SOC IAL DETERMINANTS OF HEALTH, INCLUDING ACCESS TO CARE, AND EMPLOYMENT AND TRAINING. ADDITIO NAL INFORMATION CAN BE FOUND AT: https://www.advocatehealth.com/hospital-chna-reports-impl-ementation-plans-progress-reports/lutheran-general-chna-report-2019advocate-children'sacce ss-to-care-and-infant-mortality/preterm-deliveries/low-birth-weight. ACCESS TO CARE AND IN FANT MORTALITY/PRETERM DELIVERIES/LOW BIRTH WEIGHT WAS ALSO SELECTED BY ADVOCATE CHILDREN' S TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THE PEDIATRIC POPULATION. ADVOCATE CHILDREN'S WI LL UTILIZE THE RONALD MCDONALD CARE MOBILE TO INCREASE ACCESS TO PRIMARY HEALTH CARE, INCL UDING PHYSICALS AND IMMUNIZATIONS. THE HOSPITAL WILL ALSO IMPLEMENT A CENTERED PREGNANCY P ROGRAM, WHICH IS A GROUP PRENATAL CARE MODEL THAT INCLUDES EXTENSIVE SOCIAL SUPPORT AND ED UCATION IN A GROUP SETTING.HEALTH NEEDS NOT SELECTED ADVOCATE LUTHERAN GENERALHEART DISEAS E. HEART DISEASE WAS NOT SELECTED AS A PRIORITY BY ADVOCATE LUTHERAN GENERAL. ALTHOUGH HEA RT DISEASE WAS NOT SELECTED, THE HOSPITAL IS COMMITTED TO DECREASING THE RATE OF HEART DIS EASE THROUGH ADDRESSING AND PRIORITIZING HEALTHY LIFESTYLES AND OBESITY PREVENTION. NATION AL DATA MAPS FROM THE CDC INDICATE THAT HIGHER HEART DISEASE AND STROKE DEATH RATES OCCUR IN STATES THAT ALSO HAVE HIGHE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11- LUTHERAN GEN HOSP INCL LUTH GEN CHILD	R OBESITY RATES. THE CHC DECIDED IT WAS MORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF I TS IMPACT ON REDUCING THE RISK FOR HEART DISEASE, INCLUDING HOSPITALIZATIONS AND ER VISITS DUE TO HEART DISEASE. ADVOCATE LUTHERAN GENERAL ALSO ADDRESSES HEART DISEASE THROUGH THE HOSPITAL'S MANY ADVOCATE HEART INSTITUTE PROGRAMS. DIABETES. DIABETES WAS ALSO A PRIORITY NOT SELECTED. WHILE THE ADVOCATE LUTHERAN GENERAL CHC ACKNOWLEDGES DIABETES IS A HEALTH IS SUE, THEY DECIDED TO ADDRESS DIABETES PREVENTION AND MANAGEMENT THROUGH THE OBESITY PREVEN TION/HEALTHY LIFESTYLES PRIORITY, WHICH WILL INCLUDE INTERVENTIONS AND PARTNERSHIPS TO ADD RESS NUTRITION AND PHYSICAL ACTIVITYKEY ELEMENTS OF DIABETES PREVENTION AND MANAGEMENT. IM MUNIZATION AND INFECTIOUS DISEASES. IMMUNIZATION AND INFECTIOUS DISEASES WAS CONSIDERED, B UT ALSO NOT SELECTED BY THE CHC TO ADDRESS GIVEN CURRENT EFFORTS BEING IMPLEMENTED TO ADDR ESS THIS HEALTH NEED. THROUGHOUT THE PSA, VACCINATIONS/IMMUNIZATIONS ARE BEING ADDRESSED B Y THE RETAIL AND NON-PROFIT SECTORS. ADVOCATE AURORA HAS SEVERAL WALGREENS CLINICS IN WHIC H VACCINATIONS ARE OFFERED AT A LOW-COST TO THE COMMUNITY. IN ADDITION, THERE ARE SEVERAL COMMUNITY CLINICS THAT OFFER VACCINATIONS AT LOW OR NO COST TO PSA RESIDENTS, INCLUDING TH OSE WITH NO INSURANCE. DUE TO THE AVAILABILITY OF VACCINATIONS ACROSS THE PSA, THE CHC DID NOT SELECT IMMUNIZATIONS/INFECTIOUS DISEASE AS THE PRIORITY HEALTH NEED. ADVOCATE CHILDRE N'SASTHMA/RESPIRATORY DISEASE. ASTHMA/RESPIRATORY DISEASE WAS IDENTIFIED AS A HEALTH NEED. HOWEVER, THE CHC DID NOT RECOMMEND ASTHMA/RESPIRATORY DISEASE AS A HEALTH PRIORITY DUE TO THE LACK OF COMMUNITY PARTNERS AND THE INEFFECTIVENESS/AVAILABILITY OF ASTHMA PREVENTION PROGRAMS. ADVOCATE CHILDREN'S HAS TWO RONALD MACDONALD CARE MOBILES WHICH PROVIDE CARE TO LOW-INCOME CHILDREN WHO EXPERIENCE BARRIERS TO RECEIVING PRIMARY HEALTH CARE. THE STAFF OF THE MOBILE UNITS ALSO PROVIDE ASTHMA EDUCATION TO PEDIATRIC PATIENTS SERVED BY THE RMC M. ADVOCATE CHILDREN'S WILL ALSO EXPLORE THE IMPLEMENTATION OF KICKIN' ASTHMA, A PROGRAM CREA TED BY THE AMERICAN LUNG ASSOCIATION THAT AIMS TO IMPROVE ASTHMA SELF-MANAGEMENT. ADDITION AL INFORMATION CAN BE FOUND AT HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEM ENTATION-PLANS-PROGRESS-REPORTS/LUTHERAN-GENERAL-CHNA-REPORT-2019

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULED H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SAMARITAN HOSPITAL	DOMESTIC VIOLENCE. DOMESTIC VIOLENCE WAS ACKNOWLEDGED BY THE CHC FOR THE SERIOUSNESS OF TH E ISSUE. HOWEVER, DUE TO A LACK OF DETAILED DATA, THE COUNCIL WAS NOT ABLE TO UNDERSTAND T HE FULL SCOPE AND MAGNITUDE OF THIS HEALTH NEED RESULTING IN THE DECISION TO NOT SELECT DO MESTIC VIOLENCE AS A PRIORITY. ALTHOUGH PREVALENCE RATES OF DOMESTIC VIOLENCE WERE HIGH, T HE DETAILS OF THE TYPE OF DOMESTIC VIOLENCE AND AFFECTED POPULATIONS WERE NOT AVAILABLE FO R THE CHC TO REVIEW. IN ADDITION, THE HOSPITAL IS A PARTICIPATING MEMBER OF THE 18TH JUDIC IAL COURT DOMESTIC VIOLENCE COORDINATING COUNCIL. HEART DISEASE AND STROKE. HEART DISEASE AND STROKE WAS IDENTIFIED AS A HEALTH NEED BUT NOT SELECTED AS A PRIORITY. AFTER A CAREFUL ANALYSIS OF DATA, THE CHC DECIDED NOT TO PRIORITIZE HEART DISEASE AND STROKE BECAUSE OF T HE IMPACT OBESITY PREVENTION HAS ON HEART DISEASE. THE CHC WILL ADDRESS HEART DISEASE AND STROKE THROUGH THE HEALTHY LIFESTYLE'S PRIORITY AND, AS A RESULT OF THE HEALTHY LIFESTYLES IMPLEMENTATION PLAN, THE HOSPITAL WILL ADDRESS ONE OF THE MAIN CAUSES OF HEART DISEASE. 2 017-2019 CHNADUPAGE COUNTY HEALTH NEEDS SELECTED ADVOCATE GOOD SAMARITAN'S IMPLEMENTATION PLAN WILL ALIGN WITH THE ADVOCATE AURORA COMMUNITY STRATEGY, WHICH HAS A FOCUS ON HEALTH E QUITY AND DISPARITIES. THERE ARE SIX FOCUS AREAS THAT ARE IDENTIFIED IN CURRENT INDUSTRY A S HAVING THE MOST UPSTREAM EFFECT ON HEALTH EQUITY AND ARE ALSO STRONGLY CONFIRMED BY ADVO CATE AURORA HEALTH ORGANIZATION WIDE CHNA DATA. THESE SIX FOCUS AREAS INCLUDE: 1) ACCESS/B EHAVORIAL HEALTH SERVICES; 2) ACCESS/PRIMARY MEDICAL HOMES; 3) COMMUNITY SAFETY; 4) FOOD S ECURITY; 5) HOUSING; AND 6) WORKFORCE DEVELOPMENT.HEALTH NEEDS SELECTED BEHAVIORAL HEALTH. BEHAVIORAL HEALTH WAS ADOPTED AS A PRIORITY HEALTH NEED FOR DUPAGE COUNTY. THE CHC INITIA LLY LOOKED AT SUBSTANCE USE AND MENTAL HEALTH AS SEPARATE HEALTH ISSUES HOWEVER, AFTER CAR EFUL REVIEW OF DATA, IT WAS EVIDENT THAT MENTAL HEALTH AND SUBSTANCE USE ARE STRONGLY CORR ELATED AND PRESENT AS CO-OCCURRING HEALTH ISSUES. TAKING THIS INTO CONSIDERATION, THE CHC AND THE IMPACT DUPAGE STEERING COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE PRIORITY HEAL TH NEED AND THE MOST EFFECTIVE WAY TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE. DATA TRENDS INDICATED THAT MENTAL HEALTH ISSUES ARE INCREASING AND THE NEED FOR MENTAL HEALTH SERVICE S AND PROGRAMMING IS CONTINUING TO GROW. ADOLESCENTS AND YOUNG ADULTS HAVE SOME OF THE HIG HEST HOSPITALIZATION AND ER RATES DUE TO MENTAL HEALTH ISSUES AND THE GREATEST NEED FOR ME NTAL HEALTH SERVICES. THE CHC IS SPECIFICALLY INTERESTED IN COLLABORATING WITH COMMUNITY O RGANIZATIONS SUCH AS THE NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) TO INCREASE THE AMOUN T OF COMMUNITY PROGRAMS AND RESOURCES AVAILABLE TO TEENS AND YOUNG ADULTS WHO EXPERIENCE M ENTAL HEALTH ISSUES. THE HOSPITAL WILL WORK WITH THE DUPAGE COUNTY HEALTH DEPARTMENT AND I MPACT DUPAGE TO EFFECTIVELY ADDRESS BEHAVIORAL HEALTH NEEDS IN DUPAGE COUNTY. HEALTH STATU S IMPROVEMENT. HEALTH STATUS I

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULED H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SAMARITAN HOSPITAL	<p>IMPROVEMENT WAS ADOPTED AS A HEALTH PRIORITY. HEALTH STATUS IMPROVEMENT INCLUDES ACCESS TO HEALTH CARE, OBESITY PREVENTION, NUTRITION AND PHYSICAL ACTIVITY. THE CHC AND IMPACT DUPAGE IDENTIFIED HEALTHY LIFESTYLES AND ACCESS TO HEALTH CARE AS A CRITICAL HEALTH NEED FOR DU PAGE COUNTY. OBESITY AND NUTRITION ARE THE LEADING CAUSES OF MANY CHRONIC DISEASES AND HEALTH ISSUES, INCLUDING HEART DISEASE, STROKE, SOME CANCERS AND DIABETES. TAKING THIS INTO CONSIDERATION, THE CHC AND IMPACT DUPAGE SELECTED HEALTH STATUS IMPROVEMENT DUE TO THE ABILITY TO IMPACT THE QUALITY OF LIFE AND OVERALL HEALTH STATUS OF COMMUNITY MEMBERS. BOLINGBROOK-ROMEDEVILLE HEALTH NEEDS SELECTED CHRONIC DISEASE PREVENTION AND MANAGEMENT. CHRONIC DISEASE PREVENTION AND MANAGEMENT WAS SELECTED AS A HEALTH PRIORITY FOR THE BOLINGBROOK-ROMEDEVILLE COMMUNITY. THIS PRIORITY WAS SELECTED DUE TO THE POTENTIAL IMPACT IT CAN HAVE ON DECREASING OBESITY, INCREASING HEALTHY LIFESTYLES AND IMPROVING ACCESS TO AFFORDABLE HEALTHY FOODS. THE HOSPITAL WILL PARTNER WITH BOLINGBROOK-ROMEDEVILLE VNA HEALTH CARE, WILL COUNTY HEALTH DEPARTMENT AND WEST SUBURBAN COMMUNITY PANTRY (WSCP) TO ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT. THE HOSPITAL WILL WORK WITH VNA TO REVIEW THEIR HEALTHY LIFESTYLE CURRICULUM, WHICH INCLUDES NUTRITION EDUCATION, COOKING DEMONSTRATIONS AND HEALTHY FOOD TASTE TESTING. THE HOSPITAL WILL ALSO EXPLORE A PARTNERSHIP WITH THE WSCP MOBILE PRODUCE PROGRAM, WHICH DELIVERS FRESH PRODUCE TO LOW-INCOME HOUSEHOLDS AND COMMUNITY ORGANIZATIONS TO ADDRESS FOOD INSECURITY. FURTHERMORE, THE HOSPITAL WILL BE ENGAGED IN THE WILL COUNTY FOOD ACCESS WORKSHOP TO ADDRESS FOOD INSECURITY IN WILL COUNTY. DUPAGE COUNTY HEALTH NEEDS NOT SELECTED AFFORDABLE HOUSING. AFFORDABLE HOUSING WAS IDENTIFIED AS A HEALTH NEED BUT NOT SELECTED. ALTHOUGH AFFORDABLE HOUSING WAS IDENTIFIED AS A SIGNIFICANT HEALTH NEED BY THE CHC AND VOTED AS A PRIORITY FOR DUPAGE COUNTY BY THE IMPACT DUPAGE STEERING COMMITTEE, THE CHC DETERMINED THE HOSPITAL'S CAPACITY AND AVAILABILITY OF RESOURCES WAS LIMITED TO TWO HEALTH PRIORITIES. IN EFFORTS TO EFFECTIVELY ADDRESS BEHAVIORAL HEALTH AND HEALTH STATUS IMPROVEMENT, THE CHC AND THE HOSPITAL'S COMMUNITY HEALTH DEPARTMENT DECIDED TO BE ENGAGED IN THE PLANNING, BRAINSTORMING AND PROMOTION PHASE OF THE COUNTY'S AFFORDABLE HOUSING INITIATIVE. ADVOCATE GOOD SAMARITAN RECOGNIZES THE SIGNIFICANCE OF THE NEED FOR AFFORDABLE HOUSING IN DUPAGE COUNTY AND WILL, THEREFORE, CONTINUE TO PARTNER WITH THE DUPAGE COUNTY HEALTH DEPARTMENT AND DUPAGE PADS TO ADVANCE AFFORDABLE HOUSING STRATEGIES IN THE COUNTY.CARDIOVASCULAR DISEASE. CARDIOVASCULAR DISEASE WAS NOT SELECTED AS A HEALTH NEED. AFTER CAREFUL REVIEW OF THE DATA, THE CHC ALTERNATIVELY RECOMMENDED THAT THE HOSPITAL ADDRESS CARDIOVASCULAR DISEASE THROUGH THE HEALTH STATUS IMPROVEMENT PRIORITY, WHICH INCLUDES NUTRITION, PHYSICAL ACTIVITY AND OBESITY PREVENTION. THE IMPACT DUPAGE STEERING COMMITTEE ALSO DID NOT SELECT CARDIOVASCULAR DISEASE AS</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULED H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SAMARITAN HOSPITAL	<p>A COUNTY HEALTH NEED PRIORITY DUE TO THE IMPACT HEALTH STATUS IMPROVEMENT HAS ON DECREASIN G THE RATE OF CARDIOVASCULAR DISEASE. ASTHMA WAS IDENTIFIED AS A HEALTH NEED BUT NOT SELEC TED AS THE RECOMMENDED HEALTH PRIORITY BY THE CHC DUE TO THE LACK OF COMMUNITY PARTNERS AN D THE INEFFECTIVENESS/AVAILABILITY OF ASTHMA PREVENTION PROGRAMS. THE CHC ALSO IDENTIFIED THE HIGH RATES OF HOSPITALIZATION AND EMERGENCY ROOM (ER) VISITS DUE TO ASTHMA AS A POTENT IAL ACCESS TO HEALTH CARE ISSUE. TAKING THIS INTO CONSIDERATION, CHC MEMBERS SUGGESTED ADD RESSING ACCESS TO CARE THROUGH THE HEALTH STATUS IMPROVEMENT PRIORITY AS A WAY TO ADDRESS THE ER AND HOSPITALIZATION RATES DUE TO ASTHMA.SEXUALLY TRANSMITTED INFECTIONS (STIS). STI S WAS ALSO NOT SELECTED AS A HEALTH PRIORITY. WHILE THE CHC RECOGNIZED THAT STIS ARE AN IN CREASING NEED PARTICULARLY IN THE ADOLESCENT POPULATION, THE CHC DID NOT RECOMMEND PRIORIT IZING THIS HEALTH ISSUE DUE TO THE MULTIPLE ORGANIZATIONS, INCLUDING DUPAGE COUNTY SCHOOLS , ADDRESSING THE ISSUE. THE HOSPITAL ALSO HAS LIMITED EXPERTISE TO ADDRESS THIS HEALTH NEE D IN THE ADOLESCENT POPULATION. ALTHOUGH NOT SELECTED AS A PRIORITY, THE HOSPITAL WILL BE ABLE TO ADDRESS SEXUALLY TRANSMITTED DISEASES THROUGH THE HEALTH STATUS IMPROVEMENT PRIORI TY BY IMPROVING ACCESS TO HEALTH CARE FOR DETECTION AND TREATMENT OF STIS. SENIOR HEALTH. SENIOR HEALTH WAS IDENTIFIED BUT NOT SELECTED AS A HEALTH PRIORITY. THE HOSPITAL RECOGNIZE S THE IMPORTANCE OF SENIOR HEALTH AND ENGAGES IN MULTIPLE COMMUNITY ACTIVITIES AND PROGRAM S THAT ADDRESS THE HEALTH NEEDS OF SENIORS. THE HOSPITAL IMPLEMENTS THE MATTER OF BALANCE PROGRAM, WHICH AIMS TO DECREASE FALLS AMONG SENIORS THROUGH INCREASING EDUCATION AROUND PR EVENTING FALLS AND CREATING FALL-FREE ENVIRONMENTS. IN ADDITION, THE HOSPITAL IMPLEMENTS S ENIOR HEALTH FAIRS AND HEALTH EDUCATION WORKSHOPS ACROSS DUPAGE COUNTY IN PARTNERSHIP WITH VARIOUS SENIOR CENTERS AND RESIDENCES.IMMUNIZATION PREVENTABLE DISEASES. IMMUNIZATION PRE VENTABLE DISEASES WAS ALSO NOT SELECTED AS A HEALTH PRIORITY. THE CHC ACKNOWLEDGED THE CUR RENT EFFORTS UNDERWAY BY THE RETAIL AND NON-PROFIT SECTORS TO PROVIDE ACCESS TO VACCINATIO NS/IMMUNIZATIONS THROUGHOUT DUPAGE COUNTY. ADVOCATE AURORA HEALTH HAS SEVERAL WALGREENS CL INICS IN WHICH VACCINATIONS ARE OFFERED AT LOW-COST TO THE COMMUNITY. IN ADDITION, THE DUP AGE COUNTY HEALTH DEPARTMENT OFFERS VACCINATIONS AT LOW OR NO COST TO DUPAGE COUNTY RESIDE NTS, INCLUDING THOSE WITH NO INSURANCE.BOLINGBROOK-ROMEIOVILLE HEALTH NEEDS NOT SELECTED HE ART DISEASE. HEART DISEASE WAS NOT SPECIFICALLY SELECTED AS THE HEALTH NEED PRIORITY FOR B OLINGBROOK-ROMEIOVILLE. THE CHC SELECTED CHRONIC DISEASE MANAGEMENT, WHICH INCLUDES MANAGEM ENT OF VARIOUS CHRONIC HEART CONDITIONS. THIS HEALTH ISSUE WILL ALSO BE ADDRESSED THROUGH CHRONIC DISEASE PREVENTION FOCUSING ON PROPER NUTRITION AND PHYSICAL ACTIVITY (HEALTHY LIF ESTYLES).</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SHEPHERD HOSPITAL	CARDIOVASCULAR DISEASE. IN MCHENRY COUNTY, THERE HAS BEEN A DECLINE IN MORTALITY RATES FOR HEART DISEASE AND STROKE. OVER THE PAST DECADE, MCHENRY COUNTY'S HEART DISEASE DEATH RATE HAS DROPPED BY NINETEEN PERCENT, WHILE THE STROKE DEATH RATE HAS FALLEN BY TWENTY-FIVE PERCENT. THE MOST RECENT DEATH RATE DATA FOR STROKE AND HEART DISEASE SHOWS THIS CONTINUING DOWNWARD TREND. THE PREVALENCE RATE OF HEART DISEASE IS SLIGHTLY HIGHER IN MCHENRY COUNTY THAN LAKE COUNTY; HOWEVER, THE MORTALITY RATE FROM HEART DISEASE IS HIGHER IN LAKE COUNTY THAN MCHENRY COUNTY. THE COMMUNITY HEALTH COUNCIL DECIDED IT WAS MORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF ITS IMPACT ON THE RISK FACTORS FOR HEART DISEASE. THE HOSPITAL IS COMMITTED TO DECREASING THE RATE OF HEART DISEASE THROUGH MANY OF THE ADVOCATE HEART INSTITUTE PROGRAMS. THE HOSPITAL CONTINUES TO BE A MEMBER OF THE CARDIOVASCULAR MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) ACTION TEAM IN MCHENRY COUNTY AND PARTNERS WITH THE MCHENRY COUNTY HEALTH DEPARTMENT TO ADMINISTER THE HEART AGE SCREENING TOOL THROUGHOUT THE COMMUNITY.SUBSTANCE ABUSE. SUBSTANCE ABUSE WAS IDENTIFIED AS A NEED WITHIN THE ADVOCATE GOOD SHEPHERD SERVICE AREA. CONTRIBUTING HEALTH BEHAVIORS IDENTIFIED INCLUDED EXCESSIVE ALCOHOL USE IN ADULTS AND THE PERCENTAGE OF TEENS USING MARIJUANA. THOSE WHO ARE MENTALLY ILL ARE MORE LIKELY TO ABUSE DRUGS OR ALCOHOL. BECAUSE OF THE UNDERLYING MENTAL HEALTH ISSUES AFFECTING THE USE OF SUBSTANCES, THE COMMUNITY HEALTH COUNCIL DECIDED TO SELECT MENTAL HEALTH AS THE PRIORITY DURING THE 2014-2016 CHNA CYCLE. IN 2019, ADVOCATE GOOD SHEPHERD CONTINUED ITS COLLABORATION WITH GATEWAY FOUNDATION TO RUN THE WARM HANDOFF PROGRAM IN THE EMERGENCY DEPARTMENT (ED). A GATEWAY FOUNDATION PATIENT ENGAGEMENT SPECIALIST MEETS WITH PATIENTS IN THE ADVOCATE GOOD SHEPHERD ED WHO HAVE SUBSTANCE USE DISORDER OR OPIOID USE DISORDER AND ASSISTS THEM IN NAVIGATING TO SUBSTANCE USE TREATMENT. IN 2019, THE PROGRAM SERVED 87 INDIVIDUALS; 71 PERCENT OF THE INDIVIDUALS ASSESSED IN THE ED BY THE GATEWAY ENGAGEMENT SPECIALIST WERE REFERRED FOR TREATMENT. SIXTY-NINE PERCENT OF THOSE REFERRED FOR TREATMENT KEPT THEIR APPOINTMENT AND 31 PERCENT DID NOT. THE DIRECTOR OF COMMUNITY HEALTH SITS ON THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, A COALITION OF AGENCIES WHICH FOCUSES ON PREVENTION OF SUBSTANCE USE AND PROVIDING ACCESS TO SUBSTANCE USE TREATMENT. ADDITIONALLY, THE COMMUNITY HEALTH DIRECTOR IS A MEMBER OF THE MCHENRY COUNTY SUBSTANCE ABUSE COALITION, WHICH IS A GROUP OF COMMUNITY STAKEHOLDERS FROM A WIDE VARIETY OF SECTORS, FOCUSED ON SUBSTANCE USE PREVENTION AND ENSURING ACCESS TO SUBSTANCE USE TREATMENT. 2017-2019 CHNAADVOCATE GOOD SHEPHERD CONDUCTED A COMPREHENSIVE 2017-2019 CHNA WHICH INCLUDED THE SELECTION OF HEALTH PRIORITIES THROUGH A CONSENSUS PRIORITIZATION PROCESS BY THE COMMUNITY HEALTH COUNCIL. THE COUNCIL RECOMMENDED, AND THE HOSPITAL GOVERNING COUNCIL APPROVED, TWO HEALTH AREAS FOR PRIORITY ACTION:

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SHEPHERD HOSPITAL	<p>1) OBESITY; AND 2) SUBSTANCE ABUSE. STEPS BEING TAKEN TO ADDRESS THE TWO PRIORITIES ARE PROVIDED BELOW.HEALTH NEEDS SELECTED OBESITY. OBESITY WAS SELECTED AS A HEALTH PRIORITY FOR THE 2017-2019 CHNA. SINCE THE PREVIOUS CHNA, THE PREVALENCE OF OBESITY IN THE U.S. HAS CONTINUED TO STEADILY INCREASE. IN 2017, OBESITY PREVALENCE RATES FOR ILLINOIS REMAINED BETWEEN 30 AND 35 PERCENT. THE RATES ARE EVEN HIGHER FOR ILLINOIS HISPANIC ADULTS AND NON-HISPANIC AFRICAN AMERICAN ADULTS (PREVALENCE OF SELF-REPORTED OBESITY AMONG U.S. ADULTS BY RACE /ETHNICITY, STATE AND TERRITORY, BRFSS, 2017). MORE THAN SIXTEEN PERCENT OF ILLINOIS ADOLESCENTS ARE OBESE. FIFTEEN PERCENT OF ILLINOIS WIC PRESCHOOLERS, AGES TWO TO FOUR, ARE OBESE. IN LAKE COUNTY, 24 PERCENT OF ADULTS ARE OBESE, AND THE RATE IS 26 PERCENT IN MCHENRY COUNTY. SEVEN PERCENT OF LAKE COUNTY ADULTS ARE FOOD INSECURE AND 13 PERCENT OF MCHENRY COUNTY ADULTS ARE FOOD INSECURE. OBESITY IS A SERIOUS CONCERN BECAUSE IT IS ASSOCIATED WITH POORER MENTAL HEALTH OUTCOMES, REDUCED QUALITY OF LIFE, AND THE LEADING CAUSES OF DEATH IN THE U.S. AND WORLDWIDE, INCLUDING DIABETES, HEART DISEASE, STROKE, AND SOME TYPES OF CANCER (CENTERS FOR DISEASE CONTROL AND PREVENTION, ADULT OVERWEIGHT AND OBESITY CAUSES AND CONSEQUENCES, 2017). BECAUSE OF ITS STRONG CORRELATION TO CHRONIC DISEASES AND OTHER HEALTH CONDITIONS, THE CHC VOTED TO CONTINUE FOCUSING ON OBESITY AS A PRIORITY HEALTH ISSUE. SUBSTANCE ABUSE. SUBSTANCE ABUSE WAS THE SECOND HEALTH ISSUE IDENTIFIED AS A PRIORITY NEED WITHIN THE ADVOCATE GOOD SHEPHERD PSA. TWO SPECIFIC HEALTH BEHAVIORS WERE DISCUSSED AS CENTRAL TO THE ISSUE IN THE PSAEXCESSIVE ALCOHOL USE IN ADULTS AND THE HIGH PERCENTAGE OF TEENS USING ELECTRONIC CIGARETTES (VAPING). THE HOSPITALIZATION RATE DUE TO ALCOHOL USE IN ADULTS IS IN THE WORST 25TH PERCENTILE COMPARED TO OTHER ILLINOIS COUNTIES FOR THE PSA. SURVEY RESULTS FROM THE 2018 LAKE COUNTY SURVEY INDICATED THAT 77 PERCENT OF ADULTS HAD A DRINK OR ALCOHOL IN THE PAST 30 DAYS, AND 31 PERCENT INDICATED THAT THEY HAD BINGED ALCOHOL ONE OR MORE TIMES IN THE PAST 30 DAYS. THE ALCOHOL IMPAIRED DRIVING DEATH RATES FOR LAKE AND MCHEMRY COUNTY ARE ALSO IN THE WORST 25TH PERCENTILE COMPARED TO OTHER ILLINOIS COUNTIES, AND THE RATE IS CONTINUING TO INCREASE IN MCHEMRY COUNTY. THE RATE OF TEENS IN BOTH COUNTIES THAT USE ALCOHOL AND MARIJUANA ARE IN THE WORST 50TH75TH PERCENTILE AND VAPING RATES ARE HIGH WITH 37 PERCENT OF MCHEMRY COUNTY AND 31 PERCENT OF LAKE COUNTY HIGH SCHOOL SENIORS INDICATING IN 2018 THAT THEY HAD USED E-CIGARETTES IN THE LAST 30 DAYS. ALCOHOL USE, MARIJUANA USE AND VAPING ARE ALREADY AREAS OF FOCUS IN THE MCHEMRY COUNTY SUBSTANCE ABUSE COALITION AND THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE. NEW INITIATIVES ARE IN THE INITIAL PLANNING STAGES, WHICH ALLOWS ADVOCATE GOOD SHEPHERD THE OPPORTUNITY TO BUILD A COLLABORATIVE APPROACH WITH COMMUNITY PARTNERS TO ADDRESS THESE SERIOUS SUBSTANCE USE ISSUES AS A PRIORITY. HEALTH NEEDS NOT SELECTE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SHEPHERD HOSPITAL	D DIABETES. DIABETES WAS NOT IDENTIFIED AS ONE OF THE PRIORITY HEALTH NEEDS FOR THE ADVOCATE GOOD SHEPHERD PSA, ALTHOUGH DIABETES PREVALENCE IS INCREASING OVER TIME BOTH NATIONALLY AND LOCALLY. ACTION TEAMS ARE ACTIVELY ADDRESSING DIABETES IN BOTH LAKE COUNTY AND MCHENRY COUNTY, COORDINATED THROUGH EACH OF THE LOCAL HEALTH DEPARTMENTS. EVIDENCE-BASED INITIATIVES ARE UNDERWAY, INCLUDING THE DIABETES SELF-MANAGEMENT PROGRAM (STANFORD MODEL) AND DIABETES PREVENTION PROGRAM IN BOTH COUNTIES. ACTIVITIES INCLUDE DIABETES PREVENTION, DIABETES SCREENING TO IDENTIFY DIABETES AND PRE-DIABETES, AND EDUCATION ON DIABETES SELF-MANAGEMENT. BECAUSE PROGRAMS TO ADDRESS DIABETES ARE ALREADY IN PLACE, THE CHC MADE THE DECISION TO NOT SELECT IT AS A PRIORITY. CARDIOVASCULAR DISEASE. CARDIOVASCULAR DISEASE WAS NOT SELECTED AS A HEALTH PRIORITY. OVER THE PAST DECADE, HEART DISEASE DEATH RATES HAVE DROPPED IN BOTH LAKE COUNTY AND MCHENRY COUNTY. WHILE HEART DISEASE RATES ARE DECLINING, MALES AND OLDER ADULTS HAVE SLIGHTLY HIGHER RATES. THE HOSPITAL CURRENTLY PROMOTES AND CONDUCTS HEART HEALTH RISK ASSESSMENTS USING THE AMERICAN HEART ASSOCIATION TOOL, CONDUCTS HEART SCANS TO IDENTIFY CALCIUM IN THE HEART, AND PROMOTES PREVENTION MEASURES SUCH AS GOOD NUTRITION AND PHYSICAL ACTIVITY IN THE COMMUNITY. ALL OF THESE ACTIVITIES ARE COORDINATED WITH THE ADVOCATE HEART INSTITUTE PROGRAMS FOCUSED ON TREATING CARDIOVASCULAR DISEASE IN THE PSA AND THE PUBLIC HEALTH DEPARTMENTS IN MCHENRY COUNTY AND LAKE COUNTY. SINCE HEART DISEASE DEATH RATES ARE DECLINING AND MANY COMMUNITY-BASED PROGRAMS TO ADDRESS CARDIOVASCULAR DISEASE ARE ALREADY ACTIVE, THE CHC DECIDED IT WAS MORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF ITS IMPACT ON THE RISK FOR HEART DISEASE. MENTAL HEALTH. MENTAL HEALTH WAS NOT SELECTED AS A PRIORITY FOR THE CURRENT CHNA CYCLE EVEN THOUGH IT WAS SELECTED IN THE PREVIOUS CHNA CYCLE. AS OF 2015-2017, ER RATES FOR THE PSA (BOTH FOR ADULTS AND PEDIATRICS) DUE TO MENTAL HEALTH ARE IN THE BEST 50TH PERCENTILE RANGE. OVER THE PAST THREE YEARS, ADVOCATE GOOD SHEPHERD HAS IMPLEMENTED THE MENTAL HEALTH FIRST AID THROUGHOUT THE PSA. IN BOTH LAKE COUNTY AND MCHENRY COUNTY, THERE ARE NOW COUNTY-WIDE INITIATIVES IN PLACE TO IMPLEMENT MHFA TRAINING, INVOLVING STAKEHOLDERS FROM ACROSS THE COUNTY. ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH STAFF HAVE BEEN ACTIVE MEMBERS OF THE MHFA ACTION TEAM IN LAKE COUNTY. SINCE A GREAT DEAL OF WORK IS ALREADY BEING DONE TO ADDRESS MENTAL HEALTH IN THE PSA, THE CHC VOTED FOR THE HOSPITAL TO TURN ITS ATTENTION TO SUBSTANCE ABUSE FOR THE NEXT THREE-YEAR PERIOD.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC B, LINE 11 - ADVOCATE GOOD SAMARITAN HOSPITAL	CANCER. THE CANCER INCIDENCE RATES FOR THE PSA ARE IN THE BEST 0-50TH PERCENTILE COMPARED TO OTHER ILLINOIS COUNTIES, AND ARE TRENDING DOWNWARD IN BOTH LAKE COUNTY AND MCHENRY COUNTY. THE ONLY EXCEPTION IS FOR BREAST CANCER, WHICH IS INCREASING AT A STATISTICALLY SIGNIFICANT RATE. AS PART OF THE REQUIREMENTS TO MAINTAIN CERTIFICATION WITH THE COMMISSION ON CANCER, ADVOCATE GOOD SHEPHERD IMPLEMENTS CANCER SCREENING, AND PREVENTION EDUCATION ON AN ANNUAL BASIS. OVER THE PAST THREE YEARS, COMMUNITY HEALTH STAFF HAVE WORKED WITH THE ADVOCATE GOOD SHEPHERD CANCER CENTER STAFF TO ADDRESS BARRIERS TO NAVIGATION AND PROMOTE EARLY SCREENING AND DETECTION FOR COLORECTAL CANCER, SKIN CANCER AND LUNG CANCER. BECAUSE ACTIVITIES RELATED TO CANCER SCREENING AND PREVENTION ARE ALREADY INTEGRATED INTO THE REGULAR PROGRAMMING OF BOTH THE COMMUNITY HEALTH PROGRAM AND THE CANCER CENTER, AND CANCER INCIDENCE RATES ARE TRENDING DOWN FOR ALL BUT BREAST CANCER, THE CHC DETERMINED IT WAS PRUDENT TO FOCUS ON OTHER HEALTH PRIORITIES.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	<p>IN NOVEMBER 2018, ADVOCATE BROMENN BEGAN PROVIDING FULL OVERSIGHT FOR THE ONLY HOSPITAL-BASED SUBSTANCE USE PROGRAM IN MCLEAN COUNTY. ADVOCATE BROMENN OFFERS A FULL CONTINUUM OF CARE THAT INCLUDES MEDICAL DETOX, BOTH PARTIAL AND INTENSIVE OUTPATIENT TREATMENT AND AFTERCARE SERVICES. THE HOSPITAL PARTNERS WITH THE RECOVERY COMMUNITY IN MCLEAN COUNTY TO PROVIDE REAL-LIFE EXPERIENCES TO THOSE THAT ARE BEGINNING THEIR OWN RECOVERY JOURNEY. ADVOCATE BROMENN ALSO PARTICIPATES IN THE RECOVERY ORIENTED SYSTEM OF CARE COUNCIL (ROSC) FOR MCLEAN COUNTY. THE ROSC COUNCIL IS MADE UP OF INDIVIDUALS REPRESENTING A CROSS SECTOR OF MCLEAN COUNTY, INCLUDING SOCIAL SERVICE AGENCIES, INDIVIDUALS WITH LIVED EXPERIENCE WITH SUBSTANCE USE OR MENTAL HEALTH DISORDERS, HEALTH CARE AND LOCAL BUSINESSES. THE ROSC COUNCIL IS WORKING TO DESIGN AND IMPLEMENT POST-TREATMENT COMMUNITY SUPPORTS FOR INDIVIDUALS IN RECOVERY FROM SUBSTANCE USE OR MENTAL HEALTH DISORDERS. IN 2018, THE COMMUNITY HEALTH DIRECTOR FOR ADVOCATE BROMENN AND ADVOCATE EUREKA LED A COMMITTEE TO WORK ON A COLLABORATIVE BEHAVIORAL HEALTH SOCIAL MEDIA CAMPAIGN FOR MCLEAN COUNTY. THE SOCIAL MEDIA CAMPAIGN LAUNCHED IN FEBRUARY 2018. CAMPAIGN OUTCOMES FOR 2018 AND 2019 INCLUDE 52,135 PEOPLE REACHED VIA FACEBOOK WITH 1,633 INTERACTIONS AND 15,648 TWITTER IMPRESSIONS. IN 2018, THE MCLEAN COUNTY BOARD HOSTED THE SECOND ANNUAL COMMUNITY BEHAVIORAL HEALTH FORUM. MEMBERS OF ADVOCATE BROMENN'S LEADERSHIP TEAM WERE A PART OF COORDINATING THE EVENT. IN 2019, A STAFF MEMBER FROM ADVOCATE MEDICAL GROUP ADDICTION SERVICES HOSTED A TABLE AT THE ALL-DAY EVENT. IN APRIL 2018, CHESTNUT HEALTH SYSTEMS, IN PARTNERSHIP WITH ADVOCATE BROMENN, MCLEAN COUNTY HEALTH DEPARTMENT AND OSF ST. JOSEPH MEDICAL CENTER, HELD A COUNTY-WIDE EVENT ON TRAUMA FOR KEY STAKEHOLDERS IN THE COMMUNITY. THIS WAS POSSIBLE DUE TO AN AWARD FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TECHNICAL ASSISTANCE AWARD FROM THE NATIONAL CENTER ON TRAUMA-INFORMED CARE. THE COMMUNITY HEALTH DIRECTOR FOR ADVOCATE BROMENN AND ADVOCATE EUREKA FACILITATED THE MCLEAN COUNTY BEHAVIORAL HEALTH KEY STAKEHOLDER COMMITTEE AS A PART OF THE 2017-2019 MCLEAN COUNTY CHIP. THE DIRECTOR WILL CONTINUE SERVING AS THE FACILITATOR OF THIS GROUP FOR THE 2020-2022 MCLEAN COUNTY CHIP. THE EXECUTIVE DIRECTOR OF THE ADVOCATE SYSTEM BEHAVIORAL HEALTH SERVICE LINE BEGAN SERVING ON THE MCLEAN COUNTY RECOVERY ORIENTED SYSTEM OF CARE COUNCIL IN 2018 AND CONTINUED IN THIS ROLE IN 2019. IN AUGUST 2018, THE MCLEAN COUNTY OPIOID INITIATIVE ANNOUNCED THE SAFE PASSAGE PROGRAM. THE INITIATIVE BRINGS TOGETHER LAW ENFORCEMENT, TREATMENT PROVIDERS AND MCLEAN COUNTY RESIDENTS TO INCREASE ACCESS AND TREATMENT. THE CHIEF NURSING OFFICER FOR ADVOCATE BROMENN WAS A PART OF THE SAFE PASSAGE INITIATIVE. CHESTNUT HEALTH SYSTEMS, IN PARTNERSHIP WITH ADVOCATE BROMENN, THE MCLEAN COUNTY HEALTH DEPARTMENT AND OSF ST. JOSEPH MEDICAL CENTER, WAS AWARDED A GRANT BY THE ILLINOIS DIVISION OF MENT</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	AL HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO HOST A TWO-DAY ADVERSE CHILDHOOD EX PERIENCES (ACES) MASTER TRAINING FOR 25 INDIVIDUALS IN OCTOBER 2017. ADVOCATE BROMENN WAS ONE OF THE ORGANIZATIONS THAT SENT A STAFF MEMBER TO BE TRAINED. A TOTAL OF 2,117 INDIVIDU ALS ATTENDED ACE'S/TRAUMA PRESENTATIONS IN 2017-2019.IN ADDITION TO THE ABOVE COLLABORATIV E EFFORTS, ADVOCATE BROMENN OPERATES THE ONLY INPATIENT MENTAL HEALTH UNIT IN MCLEAN COUNT Y, PROVIDING CRITICAL SERVICES TO THOSE ADULTS NEEDING INPATIENT PSYCHIATRIC TREATMENT. TH E UNIT OPERATES AT A LOSS EVERY YEAR. THE LOSS FOR 2019 WAS \$811,143. ADDITIONAL BEHAVIORA L HEALTH INTERVENTIONS ARE LISTED IN THE 2017-2019 MCLEAN COUNTY CHIP AT HTTP://WWW.ADVOCA TEHEALTH.COM/CHNAREPORTS .OBESITY. OBESITY WAS SELECTED AS ONE OF THE THREE TOP HEALTH PRIO RITIES BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL FOR THE 2016 MCLEAN COUNTY CHNA BECAU SE IT RANKED AS NUMBER THREE ACCORDING TO ITS PRIORITY SCORE OF 153.8 FROM THE HANLON METH OD. ADDITIONALLY, THE COUNCIL FELT THAT BY IMPROVING OBESITY, MANY OTHER HEALTH OUTCOMES, SUCH AS HEART DISEASE, CANCER AND DIABETES MAY ALSO BE POSITIVELY IMPACTED. IT WAS ALSO SE LECTED BECAUSE OBESITY IS A WIDESPREAD ISSUE AFFECTING MANY PEOPLE ACROSS ALL SOCIAL AND E CONOMIC SECTORS. THERE WERE ALSO MANY SIGNIFICANT EFFORTS UNDERWAY IN THE COMMUNITY RELATE D TO OBESITY THROUGH THE MCLEAN COUNTY WELLNESS COALITION. THE HEALTH DEPARTMENT AND BOTH HOSPITALS ARE A PART OF THE MCLEAN COUNTY WELLNESS COALITION (NOW KNOWN AS THE HEALTHY EAT ING/ACTIVE LIVING PRIORITY ACTION TEAM). THE MCLEAN COUNTY WELLNESS COALITION IS THE PRIMA RY GROUP THAT WORKED ON THE INTERVENTIONS OUTLINED IN THE 2017-2019 MCLEAN COUNTY COMMUNIT Y HEALTH IMPROVEMENT PLAN. HIGHLIGHTS FOR STEPS TAKEN AS A PART OF THE 2017-2019 MCLEAN CO UNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS OBESITY ARE LISTED BELOW. THE PARTNERSHI P FOR HEALTH PILOT PROGRAM BEGAN IN APRIL 2017. THE PROGRAM IS A PRIVATE-PUBLIC PARTNERSHI P TO IMPROVE THE HEALTH AND FITNESS OF PEOPLE WITH DEVELOPMENTAL AND INTELLECTUAL DISABILI TIES AND THEIR SUPPORT WORKERS. PARTNERS INCLUDE ADVOCATE BROMENN HEALTH AND FITNESS CENTE R, MARCFIRST, ADVOCATE BROMENN CHARITABLE FOUNDATION, THE MCLEAN COUNTY HEALTH DEPARTMENT AND THE MCLEAN COUNTY BOARD FOR THE CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DIS ABILITY (377 BOARD). THE PROGRAM INITIALLY SERVED 22 INDIVIDUALS FROM MARCFIRST. IN 2018, THE PROGRAM WAS EXPANDED TO SEVERAL COMMUNITY MEMBERS WITH A TOTAL OF 31 INDIVIDUALS BEING SERVED. OUTCOMES FROM YEAR ONE OF THE PROGRAM WERE POSITIVE RANGING FROM DECREASED BLOOD PRESSURE, BODY MASS INDEX AND CHOLESTEROL TO REDUCED USAGE OF THE EMERGENCY ROOM. IN YEAR TWO OF THE PROGRAM, PARTICIPATION INCREASED TO 51 INDIVIDUALS WITH NUMEROUS POSITIVE OUTCO MES. SIXTY-TWO PERCENT OF PARTICIPANTS MAINTAINED OR IMPROVED THEIR CHOLESTEROL LEVELS, 47 PERCENT MAINTAINED OR IMPROVED THEIR BODY MASS INDEX AND 47 PERCENT IMPROVED OR MAINTAINE D THEIR BLOOD PRESSURE. IN FEB

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	<p>RUARY 2019, THE DELEGATE CHURCH ASSOCIATION OF ADVOCATE BROMENN AND ADVOCATE EUREKA, IN PARTNERSHIP WITH THE MCLEAN COUNTY INTERFAITH ALLIANCE AND ILLINOIS WESLEYAN UNIVERSITY, HELD FEEDING THE HUNGRY, TOGETHER. THE PURPOSE OF THE EVENT WAS TO REPACKAGE 2,400 POUNDS OF RICE INTO 2-POUND PACKAGES TO BE DONATED TO LOCAL FOOD PANTRIES. EIGHTY VOLUNTEERS FROM THE COMMUNITY ASSISTED WITH THE REPACKAGING. IN MAY 2017, ADVOCATE BROMENN PLANTED THE ADVOCATE BROMENN VEGETABLE GARDEN ON LAND OWNED BY THE MEDICAL CENTER. THE COMMUNITY HEALTH CARE CLINIC IS LOCATED ON THIS LAND. ONE-HUNDRED POUNDS OF PRODUCE GROWN WAS DONATED EACH YEAR TO PATIENTS OF THE CLINIC IN 2017, 2018 AND 2019. THE PURPOSE OF THE GARDEN IS TO INCREASE ACCESS TO HEALTHY FOODS FOR THE LOW-INCOME POPULATION IN MCLEAN COUNTY. IN 2018, THE COMMUNITY HEALTH DIRECTOR FOR ADVOCATE BROMENN AND ADVOCATE EUREKA ATTENDED THE FEEDING THE CITIES SUMMIT WHICH FOCUSED ON DECREASING FOOD INSECURITY AND INCREASING ACCESS TO HEALTHY FOOD FOR MCLEAN COUNTY RESIDENTS. THE COMMUNITY HEALTH CARE CLINIC AND HOME SWEET HOME MINISTRIES LAUNCHED A FOOD FARMACY PILOT PROGRAM IN AUGUST 2017. THE PROGRAM PROVIDES A PRESCRIPTION PASS TO PATIENTS AT THE CLINIC WHO HAVE DIABETES OR HEART DISEASE. THE PASS CAN BE USED TO OBTAIN FREE FRESH PRODUCE AND OTHER FOOD FROM THE BREAD FOR LIFE CO-OP FOR 12 WEEKS. ADVOCATE BROMENN AND OSF ST. JOSEPH MEDICAL CENTER SUPPORT THE COMMUNITY HEALTH CARE CLINIC. FROM AUGUST 2017 UNTIL DECEMBER 2018, 51 PATIENTS OF THE COMMUNITY HEALTH CARE CLINIC TOOK ADVANTAGE OF THE 12-WEEK PRESCRIPTION PASS FOR A TOTAL OF 196 SHOPPING TRIPS. IN 2019, 29 PATIENTS TOOK ADVANTAGE OF THE 12- WEEK PRESCRIPTION PASS FOR A TOTAL OF 126 SHOPPING TRIPS. AS A DIRECT RESULT OF THIS PROGRAM, THERE WAS AN INCREASE IN THE NUMBER OF HIS PANICS SHOPPING AT THE BREAD FOR LIFE CO-OP. ADDITIONAL INTERVENTIONS ARE LISTED IN THE 2017-2019 MCLEAN COUNTY CHIP AT HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	HEALTH NEEDS NOT SELECTED BIRTH OUTCOMES. BIRTH OUTCOMES WAS NOT SELECTED AS A HEALTH PRIORITY SINCE IT WAS RATED SIXTH ACCORDING TO ITS PRIORITY SCORE. ALTHOUGH THE SERIOUSNESS OF THE PROBLEM AND THE LONG-TERM CONSEQUENCES WERE TAKEN INTO CONSIDERATION BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL, IT WAS AGREED THAT THE THREE HEALTH ISSUES SELECTED WERE GREATER IN BOTH SIZE AND SERIOUSNESS IN MCLEAN COUNTY. THE COUNCIL ALSO FELT THAT THERE ARE SEVERAL POSITIVE EFFORTS CURRENTLY UNDERWAY TO IMPROVE BIRTH OUTCOMES. FOR EXAMPLE, THERE IS A NO ELECTIVE INDUCTIONS LESS THAN 39 WEEKS INITIATIVE WITH THE MARCH OF DIMES AND BOTH HOSPITALS IN MCLEAN COUNTY. ADDITIONALLY, ON OCTOBER 18, 2016, ADVOCATE BROMENN BEGAN PROVIDING NEONATOLOGY SERVICES AT THE MEDICAL CENTER IN PARTNERSHIP WITH ADVOCATE CHILDREN'S HOSPITAL (ADVOCATE CHILDREN'S). THIS WAS A NEW SERVICE FOR THE MCLEAN COUNTY COMMUNITY. COVERAGE IS PROVIDED BY THE NEONATOLOGISTS FROM ADVOCATE CHILDREN'S. AS AN INTERMEDIATE CARE NURSERY WITH THIS ENHANCED LEVEL OF PHYSICIAN COVERAGE, THE HOSPITAL CAN KEEP BABIES AS YOUNG AS 32 WEEKS GESTATION. THIS ALLOWS NEW MOMS AND BABIES TO STAY TOGETHER, PROVIDING EXCELLENT OUTCOMES FOR FAMILIES.IN ADDITION, THE MCLEAN COUNTY HEALTH DEPARTMENT HAS THREE PROGRAMS AVAILABLE WHICH PROMOTE HEALTHY PREGNANCIES AND CONNECT PREGNANT WOMEN TO HEALTH AND WELLNESS SERVICES: ALL OUR KIDS EARLY CHILDHOOD NETWORK, FAMILY CASE MANAGEMENT, AND WOMEN, INFANTS AND CHILDREN (WIC). ORAL HEALTH. THERE WAS SOME DISCUSSION IN THE PRIORITIZATION MEETING ABOUT SELECTING ORAL HEALTH AS ONE OF THE THREE HEALTH PRIORITIES IN PLACE OF ONE OF THE THREE HIGHEST PRIORITY SCORING HEALTH CONCERNS. ORAL HEALTH RANKED CLOSELY BEHIND OBESITY (153.8) WITH A PRIORITY SCORE OF 148.4. ALTHOUGH ORAL HEALTH WAS DEEMED AS AN EXTREMELY IMPORTANT ISSUE IN MCLEAN COUNTY, THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL AGREED TO PROCEED WITH THE THREE ISSUES THAT RECEIVED THE HIGHEST PRIORITY SCORES. THIS WAS PARTIALLY DUE TO THE EFFORTS CURRENTLY IN PLACE TO ASSIST INDIVIDUALS WITHOUT DENTAL INSURANCE OR MEDICAID TO RECEIVE CARE. SOME EXAMPLES OF STEPS TAKEN TO ADDRESS ORAL HEALTH INCLUDE THE FOLLOWING. ADVOCATE BROMENN'S PRESIDENT AND/OR THE COMMUNITY HEALTH DIRECTOR ATTENDED SEVERAL ORAL HEALTH COLLABORATIVE MEETINGS WITH THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT, OSF ST. JOSEPH MEDICAL CENTER, THE COMMUNITY HEALTH CARE CLINIC AND CHESTNUT HEALTH SYSTEMS TO DISCUSS THE ISSUE OF ACCESS TO DENTAL CARE FOR UNINSURED ADULTS IN MCLEAN COUNTY. FURTHERMORE, AN ADVOCATE MEDICAL GROUP PEDIATRICIAN'S OFFICE LOCATED IN NORMAL, ILLINOIS, HAS ALSO BEEN PARTICIPATING FOR SEVERAL YEARS IN THE BRIGHT SMILES FROM BIRTH PROGRAM THROUGH THE ILLINOIS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, AND THE ADVOCATE BROMENN FAMILY HEALTH CARE CLINIC BEGAN THE PROGRAM IN 2017. AFTER COMPLETING A COURSE, THE OFFICE CAN BILL MEDICAID FOR THE APPLICATION OF FLUORIDE VARNISH ON FULLY ERUPTED TEETH OF CHILDREN UNDER THREE YEARS OF AGE.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	EACH FLUORIDE APPLICATION CAN BE DONE THREE TIMES PER YEAR. THE FLUORIDE SERVES TO PROTECT THE BABY TEETH RESULTING IN FEWER CAVITIES. THE MCLEAN COUNTY HEALTH DEPARTMENT ALSO PROVIDES A DENTAL CLINIC WITH INTERVENTION CARE FOR ADULTS (NO PREGNANT WOMEN), AND PREVENTIVE CARE AND INTERVENTION FOR KIDS. HEARTLAND HEAD START COORDINATES REFERRALS TO DENTAL CARE FOR KIDS SIX WEEKS TO FIVE YEARS AS WELL AS PREGNANT WOMEN. EXTRACTION CLINICS ARE HELD TWICE PER YEAR AT A LOCAL ORAL SURGEON'S OFFICE. RESPIRATORY DISEASE. ONE OF THE REASONS RESPIRATORY DISEASE WAS NOT SELECTED AS ONE OF THE TOP THREE HEALTH PRIORITIES FOR MCLEAN COUNTY WAS THAT IT RANKED FIFTH ACCORDING TO ITS PRIORITY SCORE OF 121 AND THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DID NOT FEEL THAT THERE WAS A COMPELLING REASON TO ELIMINATE ONE OF THE HEALTH CONCERNS THAT RANKED IN THE TOP THREE. THE COUNCIL DID DISCUSS THAT IMPROVING ACCESS TO APPROPRIATE HEALTHCARE MAY POSSIBLY ALSO IMPROVE HEALTH OUTCOMES FOR RESPIRATORY DISEASE, PARTICULARLY IN AREAS OF HIGH SOCIOECONOMIC NEEDS.2017-2019 CHNAHEALTH NEEDS SELECTED ACCESS TO CARE. ACCESS TO CARE WAS SELECTED AS A SIGNIFICANT HEALTH NEED TO BE ADDRESSED BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL NOT ONLY BECAUSE OF ITS HIGH PRIORITY SCORE (160.3), BUT FOR SEVERAL OTHER REASONS. ACCESS TO APPROPRIATE CARE IS AN IMPORTANT ISSUE THAT AFFECTS MANY HEALTH OUTCOMES. IMPROVING ACCESS IN CERTAIN AREAS AND FOR CERTAIN POPULATIONS CAN HAVE A WIDESPREAD IMPACT ON A VARIETY OF HEALTH OUTCOMES RANGING FROM ORAL HEALTH TO RESPIRATORY DISEASE. DATA PRESENTED TO THE COUNCIL ALSO INDICATED THAT THERE ARE SIGNIFICANT GEOGRAPHIC AND RACIAL/ETHNIC DISPARITIES IN MCLEAN COUNTY THAT MAY BE RELATED TO ACCESS TO CARE. RESEARCH AND SUBJECT MATTER EXPERTISE SUGGESTED THAT THERE ARE A VARIETY OF FACTORS THAT CAN IMPROVE ACCESS TO CARE, RANGING FROM INCREASED HOURS OF OPERATION FOR URGENT CARE CLINICS AND PRIMARY CARE OFFICES, TO TRANSPORTATION AND EDUCATION OF BOTH CONSUMERS AND PROVIDERS. ACCESS TO APPROPRIATE CARE WAS ALSO SELECTED AS A HEALTH PRIORITY FOR THE 2016 MCLEAN COUNTY CHNA.THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN WILL BE A JOINT PLAN FOR THE ENTIRE COUNTY AND CONSIST OF INTERVENTIONS AND RESOURCES TO BE PROVIDED BY THE HOSPITALS, HEALTH DEPARTMENT, FAMILY HEALTH CENTER AND NUMEROUS SOCIAL SERVICES OR OTHER COMMUNITY ORGANIZATIONS.THE ACCESS TO CARE PRIORITY ACTION TEAM MEETING WAS HELD ON APRIL 29, 2019. THE FOLLOWING GOAL WAS ESTABLISHED DURING THE MEETING: ENSURE APPROPRIATE ACCESS TO CARE TO IMPROVE THE HEALTH AND WELL-BEING OF OUR RESIDENTS, NEIGHBORHOODS AND COUNTY BY 2023. HIGHLIGHTS FOR STEPS THAT WILL BE TAKEN AS A PART OF THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS ACCESS TO CARE ARE LISTED BELOW: SUPPORT LINKAGE/NAVIGATION PROGRAMS CAATCH (COORDINATING APPROPRIATE ACCESS TO COMPREHENSIVE CARE) COHESION PROJECT EXPAND APPLICATION OF FLUORIDE VARNISH APPLICATION IN PEDIATRIC SETTINGS TRANSPORTA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	<p>TION ACCESS INVENTORY OF COMMITTEES IDENTIFY GAPS IN TRANSPORTATION SERVICES INCREASE HEALTHCARE REPRESENTATION ON TRANSPORTATION COMMITTEES INCREASE USE OF TELEMEDICINE/VIRTUAL HEALTHCARE INCREASE THE # OF FTEs FOR DENTISTS AND HYGIENISTS SERVING LOW-INCOME CLIENTS.ADDITIONAL INTERVENTIONS ARE LISTED IN THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports/bromenn-chna-report-2019BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE. BEHAVIORAL HEALTH WAS SELECTED AS A SIGNIFICANT HEALTH NEED TO BE ADDRESSED BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL FOR SEVERAL REASONS. BEHAVIORAL HEALTH RECEIVED THE HIGHEST PRIORITY SCORE (162.5) CLEARLY INDICATING THE NEED FOR FURTHER IMPROVEMENTS IN THIS AREA IN MCLEAN COUNTY. IN ADDITION, THERE ARE NUMEROUS HEALTH DISPARITIES IN BLOOMINGTON ZIP CODE 61701 FOR BOTH MENTAL HEALTH AND SUBSTANCE ABUSE. THERE HAS ALSO BEEN A GREAT DEAL OF PUBLIC SUPPORT AND MOMENTUM BEHIND MENTAL HEALTH IN MCLEAN COUNTY FOR THE LAST SEVERAL YEARS. MCLEAN COUNTY IS WELL SITUATED TO CONTINUE TO COLLABORATE ON MENTAL HEALTH DUE TO THE ON-GOING EFFORTS OF NUMEROUS ORGANIZATIONS AND THE MCLEAN COUNTY GOVERNMENT. MENTAL HEALTH WAS ALSO PREVIOUSLY SELECTED AS A KEY HEALTH PRIORITY FOR THE 2016 MCLEAN COUNTY CHNAGIVING FURTHER MOMENTUM TO THE EFFORTS OF IMPROVING MENTAL HEALTH FOR COUNTY RESIDENTS.THE BEHAVIORAL HEALTH PRIORITY ACTION TEAM MEETING WAS HELD ON APRIL 30, 2019. THE FOLLOWING GOAL WAS ESTABLISHED DURING THE MEETING: ADVANCE A SYSTEMIC COMMUNITY APPROACH TO ENHANCE BEHAVIORAL HEALTH AND WELL-BEING BY 2023.HIGHLIGHTS FOR STEPS THAT WILL BE TAKEN AS A PART OF THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS BEHAVIORAL HEALTH ARE LISTED BELOW: EMBEDDED BEHAVIORAL HEALTH IN SCHOOLS BEHAVIORAL HEALTH FORUM TRAUMA-INFORMED CARE COLLABORATIVE SUBSTANCE USE COALITION SUPPORT TELESYCHIATRY CONDUCT A GAP IN SERVICES ASSESSMENT SUPPORT FUSE (FREQUENT USERS SYSTEM ENGAGEMENT) SUPPORT 24/7 TRIAGE CENTER SUPPORT EVIDENCE-BASED PROGRAMS: PEARLS MENTAL HEALTH FIRST AID ENDING THE SILENCE TOO GOOD FOR DRUGS SOCIAL MEDIA CAMPAIGN SUPPORT INTEGRATED OR CO-LOCATED BEHAVIORAL HEALTH AT PRIMARY CAREADDITIONAL INTERVENTIONS ARE LISTED IN THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports/bromenn-chna-report-2019</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	HEALTHY EATING/ACTIVE LIVING. HEALTHY EATING/ACTIVE LIVING WAS SELECTED AS A SIGNIFICANT HEALTH NEED TO BE ADDRESSED BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL BECAUSE IT RANKED AS NUMBER THREE ACCORDING TO ITS PRIORITY SCORE OF 158.1. ADDITIONALLY, THE COUNCIL FELT THAT BY FOCUSING ON HEALTHY EATING/ACTIVE LIVING, MANY OTHER HEALTH OUTCOMES SUCH AS HEART DISEASE, CANCER AND DIABETES MAY ALSO POSITIVELY BE IMPACTED. IT WAS ALSO SELECTED BECAUSE OBESITY IS A WIDESPREAD ISSUE AFFECTING SO MANY PEOPLE AND IT DOES NOT DISCRIMINATE. FOOD INSECURITY AND FOOD ACCESS ARE ALSO AREAS NEEDING IMPROVEMENT IN MCLEAN COUNTY. OBESITY WAS ALSO SELECTED AS A HEALTH PRIORITY FOR THE 2016 MCLEAN COUNTY CHNA.THE HEALTHY EATING/ ACTIVE LIVING PRIORITY ACTION TEAM MEETING WAS HELD ON MAY 9, 2019. THE FOLLOWING GOAL WAS ESTABLISHED DURING THE MEETING: PROMOTE HEALTHY EATING AND ACTIVE LIVING TO STRENGTHEN THE HEALTH AND WELL-BEING OF OUR COMMUNITY BY 2023.HIGHLIGHTS FOR STEPS THAT WILL BE TAKEN AS A PART OF THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS HEALTHY EATING/ACTIVE LIVING ARE LISTED BELOW: PROMOTE NUTRITION TRACKING APPS INVENTORY SCHOOL BACKPACK PROGRAMS PROVIDED BY CHURCHES AND SCHOOLS PROMOTE A TOOLKIT FOR WORKPLACE WELLNESS OFFER/SUPPORT MATTER OF BALANCE OFFER/SUPPORT PARTNERSHIP IN HEALTH PROMOTE THE 5-2-1-0 CAMPAIGN FOR SCHOOL CHILDREN PROMOTE/IMPLEMENT GIRLS ON THE RUN PROMOTE HEALTHY FOOD ACCESS PROMOTE/INCREASE ACCESS TO PHYSICAL ACTIVITY.ADDITIONAL INTERVENTIONS ARE LISTED IN THE 2020-2022 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT HTTPS://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/BROMENN-CHNA-REPORT-2019 .HEALTH NEEDS NOT SELECTED HEART DISEASE. HEART DISEASE WILL NOT BE ADDRESSED BECAUSE IT WAS RANKED FOURTH ACCORDING TO ITS PRIORITY SCORE OF 111.1 AND THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DID NOT FEEL THAT THERE WAS A COMPELLING REASON TO ELIMINATE ONE OF THE HEALTH ISSUES THAT RANKED IN THE TOP THREE. THE COUNCIL DID DISCUSS THAT IMPROVING ACCESS TO CARE MAY POSSIBLY ALSO IMPROVE HEALTH OUTCOMES FOR HEART DISEASE, PARTICULARLY IN AREAS OF HIGH SOCIOECONOMIC NEEDS.ORAL HEALTH. ALTHOUGH ORAL HEALTH IS DEEMED AS AN EXTREMELY IMPORTANT ISSUE IN MCLEAN COUNTY, THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL AGREED TO ADDRESS THE THREE NEEDS THAT RECEIVED THE HIGHEST PRIORITY SCORES. ORAL HEALTH WAS RANKED FIFTH WITH A SCORE OF 107.7. THE COUNCIL DID DISCUSS THAT ORAL HEALTH IS ALSO AN ACCESS ISSUE AND CAN FIT UNDER ACCESS TO CARE. THE OPENING OF A NEW DENTAL CLINIC FOR INDIVIDUALS WITHOUT HEALTH INSURANCE, WHICH IS SUPPORTED BY ADVOCATE BROMENN AND OSF ST. JOSEPH MEDICAL CENTER, MAY ASSIST IN IMPROVING ACCESS TO ORAL HEALTH CARE IN MCLEAN COUNTY. RESPIRATORY DISEASE. ONE OF THE REASONS RESPIRATORY DISEASE WAS NOT SELECTED AS A HEALTH NEED TO BE ADDRESSED WAS THAT IT RANKED SIXTH ACCORDING TO ITS PRIORITY SCORE OF 81.1 AND THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DID NOT FEEL

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SEC. B, LINE 11 - ADVOCATE BROMENN MEDICAL CENTER	EL THAT THERE WAS A COMPELLING REASON TO ELIMINATE ONE OF THE HEALTH CONCERNS THAT RANKED IN THE TOP THREE. THE COUNCIL DID DISCUSS THAT IMPROVING ACCESS TO CARE MAY POSSIBLY ALSO IMPROVE HEALTH OUTCOMES FOR RESPIRATORY DISEASE, PARTICULARLY IN AREAS OF HIGH SOCIOECONOM IC NEEDS.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11 - ADVOCATE EUREKA HOSPITAL	<p>A SECOND REASON MENTAL HEALTH WAS SELECTED IS BECAUSE THE AGE-ADJUSTED DEATH RATE DUE TO SUICIDE IN WOODFORD COUNTY IS IN THE WORST 25TH PERCENTILE RANGE (RED INDICATOR) COMPARED TO OTHER COUNTIES IN THE U.S., IS HIGHER THAN THE ILLINOIS VALUE, DOES NOT MEET THE HEALTHY PEOPLE 2020 TARGET AND IS HIGHER THAN BOTH PEORIA AND TAZEWELL COUNTIES. ADDITIONALLY, 27 PERCENT OF WOODFORD COUNTY SURVEY RESPONDENTS WHO REPORTED THAT THEY DID NOT HAVE ACCESS TO CARE CITED EMBARRASSMENT AS THE REASON. THE CONTINUATION OF THE EVIDENCE-BASED MENTAL HEALTH FIRST AID CLASS HELPS DECREASE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND HAS BEEN OFFERED BY ADVOCATE EUREKA FOR SEVERAL YEARS.ADVOCATE EUREKA ALSO SELECTED MENTAL HEALTH AS A SIGNIFICANT HEALTH NEED BECAUSE A FEW OF THE HIGH SOCIOECONOMIC ZIP CODES SPECIFICALLY EL PASO, WASHBURN AND LOWPOINT HAD HIGHER VALUES THAN THE COUNTY VALUE FOR SOME OF THE AGE-ADJUSTED EMERGENCY ROOM RATES; MENTAL HEALTH, PEDIATRIC MENTAL HEALTH AND/OR SUICIDE AND SELF-INFLICTED INJURY FOR BOTH ADULTS AND ADOLESCENTS.THE FOURTH REASON MENTAL HEALTH WAS SELECTED AS A SIGNIFICANT HEALTH NEED FOR ADVOCATE EUREKA'S CHNA IS BECAUSE MENTAL HEALTH WAS A HEALTH PRIORITY OR SIGNIFICANT HEALTH NEED FOR BOTH THE 2013 AND 2016 ADVOCATE EUREKA CHNA.IT WAS CLEAR FROM COMMUNITY INPUT AND CURRENT DATA THAT CONTINUED EFFORTS ARE NEEDED TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND GIVE FURTHER MOMENTUM TO THE EFFORTS OF IMPROVING MENTAL HEALTH FOR COUNTY RESIDENTS.ADVOCATE EUREKA PARTICIPATED IN THE PARTNERSHIP FOR A HEALTHY COMMUNITY (PFHC) AD-HOC CHNA COLLABORATIVE GOAL SETTING MEETINGS FOR THE 2020-2022 PFHC COMMUNITY HEALTH IMPROVEMENT PLAN. ALTHOUGH THE HOSPITAL IS PRIMARILY FOCUSING ON WOODFORD COUNTY AND TWO OF THE FOUR SIGNIFICANT HEALTH NEEDS SELECTED FOR THE TRI-COUNTY REGION, STAFF FROM THE HOSPITAL WILL PARTICIPATE IN THE PFHC PRIORITY ACTION TEAMS AND WILL SUPPORT THE TRI-COUNTY GOALS LISTED BELOW FOR ADVOCATE EUREKA'S SELECTED HEALTH NEEDS FOR ITS 2020-2022 IMPLEMENTATION PLAN.THE MENTAL HEALTH GOAL ESTABLISHED BY THE PFHC BEHAVIORAL HEALTH PRIORITY ACTION TEAM IS TO IMPROVE MENTAL HEALTH AMONG TRI-COUNTY RESIDENTS THROUGH PREVENTATIVE STRATEGIES AND INCREASED ACCESS TO SERVICES.HIGHLIGHTS FOR STEPS THAT WILL BE TAKEN AS A PART OF THE 2020-2022 ADVOCATE EUREKA IMPLEMENTATION STRATEGY TO ADDRESS MENTAL HEALTH ARE LISTED BELOW: ADVOCATE EUREKA WILL HAVE A STAFF MEMBER SERVE ON THE PARTNERSHIP FOR A HEALTHY COMMUNITY BEHAVIORAL HEALTH PRIORITY ACTION TEAM FOR THE 2020-2022 IMPLEMENTATION PERIOD. THE COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE PARTNERSHIP FOR A HEALTHY COMMUNITY BOARD FOR THE TRI-COUNTY REGION AND WILL CONTINUE TO LOOK FOR WAYS THE HOSPITAL CAN SUPPORT BEHAVIORAL HEALTH IN THE TRI-COUNTY REGION, WITH A FOCUS ON WOODFORD COUNTY.TO IMPROVE MENTAL HEALTH IN WOODFORD COUNTY, THE HOSPITAL WILL ALSO CONTINUE ITS COLLABORATION WITH THE TAZWOOD CENTER FOR WELLNESS TO ALLOW WOODFORD COUNTY RESIDENTS TO RECEIVE MENTAL HEALTH SERVICES</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11 - ADVOCATE EUREKA HOSPITAL	<p>VICES LOCALLY INSTEAD OF TRAVELLING OUTSIDE OF THE COUNTY FOR CARE. IN JUNE 2016 THE COUNS ELING APPOINTMENTS, PREVIOUSLY HELD AT THE WOODFORD COUNTY HEALTH DEPARTMENT, BY THE TAZWO OD CENTER FOR WELLNESS, MOVED TO ADVOCATE EUREKA. THE MOVE TO THE HOSPITAL IMPROVES ACCESS TO MENTAL HEALTH SERVICES BECAUSE IT ALLOWS FOR RESIDENTS TO SCHEDULE APPOINTMENTS LATER IN THE EVENING. TELEPSYCHIATRY WILL ALSO CONTINUE TO BE OFFERED AT ADVOCATE EUREKA TO IMPR OVE ACCESS TO MENTAL HEALTH SERVICES.FOR THE 2020-2022 HOSPITAL IMPLEMENTATION PLAN, IT IS ALSO HOPED THAT THE PARTNERSHIP BETWEEN ADVOCATE MEDICAL GROUP (AMG) BEHAVIORAL HEALTH, T RI-COUNTY SPECIAL EDUCATION ASSOCIATION AND ILLINOIS STATE UNIVERSITY'S PSYCHOLOGICAL SERV ICES CENTER CONTINUES. AS A RESULT OF THIS PARTNERSHIP, DOCTORAL LEVEL PSYCHOLOGY INTERNS PROVIDE FOUR DAYS OF INTEGRATED BEHAVIORAL HEALTH SERVICES ACROSS THREE ADVOCATE SETTINGS IN CENTRAL ILLINOIS, ADVOCATE BROMENN OUTPATIENT CENTER, EL PASO FAMILY PRACTICE AND EUREKA FAMILY PRACTICE.ADVOCATE EUREKA PLANS TO CONTINUE OFFERING MENTAL HEALTH FIRST AID (MHFA), AN EVIDENCE-BASED MENTAL HEALTH PROGRAM TO THE COMMUNITY. MHFA IS A NATIONALLY RECOGNIZ ED ADULT PUBLIC EDUCATION PROGRAM THAT TEACHES INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS. PARTICIPANTS LEARN ABOUT THE SIGNS AND SYMPTOMS OF ACUTE MENTAL HEALTH CRISES AND CHRONIC MENTAL HEALTH PROBL EMS LIKE ANXIETY AND DEPRESSION. CERTIFIED INSTRUCTORS TEACH PARTICIPANTS TO BECOME MENTAL HEALTH FIRST AIDERS. IN APRIL 2016, ADVOCATE EUREKA SENT AN EMPLOYEE TO BECOME A CERTIFIE D MENTAL HEALTH FIRST AID TRAINER. THE HOSPITAL WILL COLLABORATE WITH THE TRI-COUNTY HEALT H DEPARTMENTS AND THE CENTRAL ILLINOIS AREA HEALTH EDUCATION CENTER COMMUNITY PARTNERS TO OFFER THIS PROGRAM. EACH YEAR, UPON REQUEST, THE MHFA INSTRUCTOR FROM ADVOCATE EUREKA ALSO OFFERS A MHFA COURSE FOR RESIDENTIAL ASSISTANTS AT EUREKA COLLEGE AND TEACHES SESSIONS ON DEPRESSION AND ANXIETY FOR HIGH SCHOOL FRESHMEN. LASTLY, ADVOCATE EUREKA WILL OFFER ADVER SE CHILDHOOD EXPERIENCES (ACES) PRESENTATIONS TO HOSPITAL STAFF AND THE COMMUNITY.HEALTHY EATING/ACTIVE LIVING. ADVOCATE EUREKA SELECTED HEALTHY EATING/ACTIVE LIVING AS A SIGNIFICA NT HEALTH NEED FROM THE FOUR NEEDS SELECTED BY THE PFHC AD-HOC CHNA COLLABORATIVE TEAM FOR SEVERAL REASONS. A HEALTHY LIFESTYLE OF REGULAR PHYSICAL ACTIVITY AND A HEALTHY DIET SERV ES AS A FOUNDATION FOR GOOD MENTAL, PHYSICAL AND EMOTIONAL HEALTH AND IS KEY IN PREVENTING NUMEROUS CHRONIC DISEASES. FIFTY-FIVE PERCENT OF TRI-COUNTY COMMUNITY HEALTH SURVEY RESPO NDENTS ALSO RATED BEING OVERWEIGHT OR OBESITY AS ONE OF THE TOP PERCEIVED HEALTH NEEDS IN THE COUNTY. ALTHOUGH WOODFORD COUNTY IS SURROUNDED BY FARMLAND, THE PERCENTAGE OF ADULTS W HO EAT FRUITS AND VEGETABLES FIVE OR MORE TIMES PER DAY IS LOW AT 11.6 PERCENT AND IS IN T HE WORST 25TH PERCENTILE RANGE (RED INDICATOR) IN COMPARISON TO OTHER COUNTIES IN ILLINOIS . IN ADDITION TO NOT EATING EN</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11 - ADVOCATE EUREKA HOSPITAL	OUGH FRUITS AND VEGETABLES, THE 2018 TRI-COUNTY COMMUNITY HEALTH SURVEY DATA SHOW THAT 26 PERCENT OF WOODFORD COUNTY SURVEY RESPONDENTS INDICATED THAT THEY DO NOT EXERCISE AT ALL, WHILE 34 PERCENT ONLY EXERCISE ONE TO TWO TIMES PER WEEK.AN ADDITIONAL REASON ADVOCATE EUR EKA SELECTED HEALTHY EATING/ACTIVE LIVING AS ONE OF THE TWO SIGNIFICANT NEEDS FOR ITS 2019 CHNA IS DUE TO THE HOSPITAL RESOURCES AND STAFFING AVAILABLE TO ASSIST WITH THIS ISSUE FO R WOODFORD COUNTY AS WELL AS THE TRI-COUNTY REGION. THE HOSPITAL'S CHNA TEAM FELT THAT AS A CRITICAL ACCESS HOSPITAL, IT COULD MAKE SIGNIFICANTLY MORE CONTRIBUTIONS TOWARD IMPROVIN G HEALTHY EATING/ACTIVE LIVING IN THE COUNTY THAN WITH SUBSTANCE USE OR CANCER. THE GOAL E STABLISHED BY THE PFHC HEALTHY EATING/ACTIVE LIVING (HEAL) PRIORITY ACTION TEAM IS TO FOST ER AND PROMOTE HEALTHY EATING AND ACTIVE LIVING TO REDUCE CHRONIC DISEASE AND FOOD INSECUR ITY IN THE TRI-COUNTY AREA.HIGHLIGHTS FOR STEPS THAT WILL BE TAKEN AS A PART OF THE 2020-2 022 ADVOCATE EUREKA CHNA IMPLEMENTATION STRATEGY TO ADDRESS HEALTHY EATING/ACTIVE LIVING A RE LISTED BELOW: OFFER SEMI-ANNUAL COOKING CLASSES AT ADVOCATE EUREKA PARTICIPATE IN AND P ROMOTE COLLABORATIVE TRI-COUNTY COMMUNITY EXERCISE INCENTIVE PROGRAMS, SUCH AS THE TRI-COU NTY TREK EXPLORE PLANTING A COMMUNITY GARDEN AT ADVOCATE EUREKA EXPLORE COORDINATING HEALT HY FOOD DRIVES AT ADVOCATE EUREKA FOR DISTRIBUTION AT LOCAL FOOD BANKS SUPPORT THE TRI-COU NTY ENDING THE HUNGER INITIATIVEIN ADDITION TO THE ABOVE INTERVENTIONS OR STEPS, ADVOCATE EUREKA WILL HAVE A MINIMUM OF ONE STAFF MEMBER SERVE ON THE PARTNERSHIP FOR A HEALTHY COMM UNITY HEALTHY EATING/ACTIVE LIVING PRIORITY ACTION TEAM FOR THE 2020-2022 IMPLEMENTATION P ERIOD. THE HOSPITAL'S COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE PARTNERSHIP FOR A HEALT HY COMMUNITY BOARD WHICH OVERSEES THE PRIORITY ACTION TEAMS. THE HOSPITAL EMPLOYS NURSES I N MOST OF THE PUBLIC SCHOOLS IN WOODFORD COUNTY WHO CAN REINFORCE HEALTHIER EATING HABITS AND INCREASED EXERCISE AMONG STUDENTS AS WELL.HEALTH NEEDS NOT SELECTED CANCER. THE HOSPIT AL CHNA TEAM DID NOT SELECT CANCER AS A SIGNIFICANT HEALTH NEED AND ELECTED TO FOCUS ON JU ST TWO SIGNIFICANT HEALTH NEEDS INSTEAD, GIVEN ITS RESOURCES ARE LIMITED AS A CRITICAL ACC ESS HOSPITAL. THE HOSPITAL WILL, HOWEVER, CONTINUE TO SUPPORT THE EFFORTS OF THE PFCH CANC ER PRIORITY ACTION TEAM FOR THE TRI-COUNTY REGION. A MEMBER OF THE ADVOCATE EUREKA MANAGEM ENT TEAM IS SERVING ON THIS TEAM AND HAS ASSISTED IN THE MAMMOGRAPHY SCREENING DATA INITIA TIVE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11 - ADVOCATE EUREKA HOSPITAL	SUBSTANCE ABUSE. THE HOSPITAL CHNA TEAM ALSO DID NOT SELECT SUBSTANCE USE AS A SIGNIFICANT HEALTH NEED AS IT WANTED TO FOCUS THE HOSPITAL'S EFFORTS ON ONLY TWO SIGNIFICANT HEALTH NEEDS GIVEN ITS RESOURCES ARE LIMITED AS A CRITICAL ACCESS HOSPITAL. THE HOSPITAL WILL, HOWEVER, CONTINUE TO SUPPORT THE EFFORTS OF THE PFCH BEHAVIORAL HEALTH PRIORITY ACTION TEAM FOR THE TRI-COUNTY REGION, WHICH INCLUDES SUBSTANCE USE AS WELL AS MENTAL HEALTH.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 1 - ABMC LANDMARK DR LOCATION - FULL BUILDI 207 LANDMARK NORMAL, IL 61761	OFFICE - OTHER
1 2 - ACC 95TH ST 2210 W 95TH ST CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
2 3 - ACL LAB SERVICE CENTER 3048 N WILTON LAB CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
3 4 - ACL LAB SERVICE CENTER 1775 BALLARD RD LL PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
4 5 - ACL LAB SERVICE CENTER - PARKSIDE CTR 1875 DEMPSTER ST STE 504 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
5 6 - ACMG OAK LAWN 95 ST 210 4220 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
6 7 - ADULT DOWN SYNDROME CLINIC 1610 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
7 8 - ADVANCED MRI (AMRI) 2204 EASTLAND DR STE 200 BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
8 9 - ADVOCATE ADULT & PEDIATRIC REHABILITATIO 5150 NORTHWEST HWY CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
9 10 - ADVOCATE CHRIST MEDICAL CENTER - OUTPATI 1206 E 9TH ST STES 110 170 250 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
10 11 - ADVOCATE GOOD SAMARITAN HOSPITAL OUT PAT 6840 MAIN ST 1ST FL STE 202 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
11 12 - ADVOCATE GOOD SHEPHERD HEALTH & FITNESS 1301 S BARRINGTON RD BARRINGTON, IL 60005	PATIENT CARE - OUT PATIENT
12 13 - ADVOCATE HEALTH & HOSPITALS CORPORATION 114 SKOKIE BLVD WILMETTE, IL 60091	PATIENT CARE - OUT PATIENT
13 14 - ADVOCATE MEDICAL GROUP - DES PLAINES 701 LEE ST STES LL 100 110 300 DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
14 15 - ADVOCATE MEDICAL GROUP - GLENVIEW 1255 MILWAUKEE RD GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 16 - ADVOCATE MEDICAL GROUP - HEART AND VASCU 3118 N ASHLAND AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
1 17 - ADVOCATE MEDICAL GROUP - HEART AND VASCU 5151 W 95TH ST 2ND FL OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
2 18 - ADVOCATE MEDICAL GROUP - HYDE PARK 1301 E 47TH ST UNIT 2 CHICAGO, IL 60615	PATIENT CARE - OUT PATIENT
3 19 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 210 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
4 20 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 100 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
5 21 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 250 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
6 22 - ADVOCATE MEDICAL GROUP - MUNDELEIN INTER 550 N LAKE ST MUNDELEIN, IL 60060	PATIENT CARE - OUT PATIENT
7 23 - ADVOCATE MEDICAL GROUP - OAK LAWN 4712 W 103RD ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
8 24 - ADVOCATE MEDICAL GROUP - PARKSIDE CENTER 1875 W DEMPSTER ST STE 525 110 66 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
9 25 - ADVOCATE MEDICAL GROUP - POSEN 2590 W WALTER ZIMNY DR POSEN, IL 60469	PATIENT CARE - OUT PATIENT
10 26 - ADVOCATE MEDICAL GROUP - RICHTON PARK 4511 SAUK TRAIL RICHTON PARK, IL 60471	PATIENT CARE - OUT PATIENT
11 27 - ADVOCATE MEDICAL GROUP - SOUTHEAST LOCAT 2301 E 93RD ST STE 213 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
12 28 - ADVOCATE MEDICAL GROUP - WAUCONDA 224 BROWN ST WAUCONDA, IL 60522	PATIENT CARE - OUT PATIENT
13 29 - ADVOCATE MEDICAL GROUP- METRODOCS 431 LAKEVIEW CT MOUNT PROSPECT, IL 60056	PATIENT CARE - OUT PATIENT
14 30 - ADVOCATE PHARMACY 15-17 W COLLEGE DR ARLINGTON HEIGHTS, IL 60005	PHARMACY

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 31 - ADVOCATE PTOT (CHRIST) 12340-50 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
1 32 - AHHC - FAMILY CARE NETWORK 440 QUADRANGLE DR STE K BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
2 33 - ALGONQUIN COUNTY LINE RD 2284 COUNTYLINE RD ALGONQUIN, IL 60201	PATIENT CARE - OUT PATIENT
3 34 - ALGONQUIN MERCHANT DR 1486 MERCHANT DR ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
4 35 - ALGONQUIN RANDALL RD 600 S RANDALL RD ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
5 36 - ALGONQUIN RYAN PARKWAY 1345 RYAN PKWY ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
6 37 - AMBULATORY BUILDING 4440 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - IN PATIENT
7 38 - AMG 151 E DUNDEE AVE STE C EAST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
8 39 - AMG 7900 N MILWAUKEE AVE STE 2-34 NILES, IL 60714	PATIENT CARE - OUT PATIENT
9 40 - AMG 7900 N MILWAUKEE AVE STE 16 NILES, IL 60714	PATIENT CARE - OUT PATIENT
10 41 - AMG 890 GARFIELD AVE STE 200 LIBERTYVILLE, IL 60098	PATIENT CARE - OUT PATIENT
11 42 - AMG 7432 HANCOCK DR WONDER LAKE, IL 60098	PATIENT CARE - OUT PATIENT
12 43 - AMG 214 WASHINGTON ST INGLESIDE, IL 60098	PATIENT CARE - OUT PATIENT
13 44 - AMG 1050 NORWOOD LN BARTLETT, IL 60103	PATIENT CARE - OUT PATIENT
14 45 - AMG 4400 W 95TH ST STE 106 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 46 - AMG 1273 MILWAUKEE AVE CHICAGO, IL 60622	PATIENT CARE - OUT PATIENT
1 47 - AMG 2622 W 83RD ST DARIEN, IL 60561	PATIENT CARE - OUT PATIENT
2 48 - AMG 100 SPALDING AVE NAPERVILLE, IL 60540	PATIENT CARE - OUT PATIENT
3 49 - AMG 214 WASHINGTON ST INGLESIDE, IL 60041	PATIENT CARE - OUT PATIENT
4 50 - AMG 7432 HANCOCK DR WONDER LAKE, IL 60097	PATIENT CARE - OUT PATIENT
5 51 - AMG - LIBERTYVILLE AMBULATORY BUILDING 825 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
6 52 - AMG ALPINE FAMILY MEDICINE 350 SURRYSE RD STE 100 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
7 53 - AMG BARTLETT 1054 NORWOOD LN BARTLETT, IL 60103	PATIENT CARE - OUT PATIENT
8 54 - AMG DOWNERS GROVE 1341 WARREN AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
9 55 - AMG DUNDEE 979 W MAIN ST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
10 56 - AMG EAST DUNDEE 151 E DUNDEE AVE EAST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
11 57 - AMG ELGIN 1710 RANDALL RD 1710 RANDALL RD STES 200 250 380 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
12 58 - AMG ELGIN 750 FLETCHER DR 750 FLETCHER DR STE 206 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
13 59 - AMG GLENBROOK 2551 COMPASS DR GLENVIEW, IL 60026	PATIENT CARE - OUT PATIENT
14 60 - AMG HAMPSHIRE 1000 S STATE ST HAMPSHIRE, IL 60140	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 61 - AMG HOMETOWN 4140 SOUTHWEST HWY HOMETOWN, IL 60456	PATIENT CARE - OUT PATIENT
1 62 - AMG HUNTLEY 12151-12199 REGENCY CENTER HUNTLEY, IL 60142	PATIENT CARE - OUT PATIENT
2 63 - AMG ICC MONTROSE 918 W MONTROSE CHICAGO, IL 60613	PATIENT CARE - OUT PATIENT
3 64 - AMG ISLAND LAKE 27979 CONVERSE RD ISLAND LAKE, IL 60042	PATIENT CARE - OUT PATIENT
4 65 - AMG LEMONT 6319 S FAIRVIEW WESTMONT, IL 60559	PATIENT CARE - OUT PATIENT
5 66 - AMG LEMONT 15900 W 127TH ST LEMONT, IL 60439	PATIENT CARE - OUT PATIENT
6 67 - AMG LEROY 911 S CHESTNUT LE ROY, IL 61752	PATIENT CARE - OUT PATIENT
7 68 - AMG LEXINGTON 307 W MAIN LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
8 69 - AMG LIBERTYVILLE 801 S MILWAUKEE 801 S MILWAUKEE RD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
9 70 - AMG LIBERTYVILLE WINCHESTER 1870 WINCHESTER RD STE 143 LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
10 71 - AMG LINCOLNSHIRE 100 VILLAGE GREEN DR STE 120 LINCOLNSHIRE, IL 60069	PATIENT CARE - OUT PATIENT
11 72 - AMG LINCOLNSHIRE 100 VILLAGE GREEN DR STE 210 LINCOLNSHIRE, IL 60069	PATIENT CARE - OUT PATIENT
12 73 - AMG LINCOLNWOOD 6540 N LINCOLN AVE LINCOLNWOOD, IL 60712	PATIENT CARE - OUT PATIENT
13 74 - AMG LOMBARD 454 W ROOSEVELT RD LOMBARD, IL 60148	PATIENT CARE - OUT PATIENT
14 75 - AMG LOMBARD AND AMG LEMONT 15900 W 127TH 500 EAST 22ND ST STE A LOMBARD, IL 60148	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 76 - AMG MCHENRY 5403 BULL VALLEY ROAD 5403 BULL VALLEY RD MCHENRY, IL 60050	PATIENT CARE - OUT PATIENT
1 77 - AMG MERRIONETTE PARK 11600 S KEDZIE MERRIONETTE PARK, IL 60803	PATIENT CARE - OUT PATIENT
2 78 - AMG MUNDELEIN 560 N MIDLOTHIAN 560 N MIDLOTHIAN STE 400 MUNDELEIN, IL 60060	PATIENT CARE - OUT PATIENT
3 79 - AMG OAK LAWN 4400 W 95TH STE 101 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
4 80 - AMG OAK LAWN 4400 W 95TH STE 102 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
5 81 - AMG OAK LAWN 4400 W 95TH STE 108 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
6 82 - AMG OAK LAWN 4400 W 95TH STE 109 111 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
7 83 - AMG OAK LAWN 4400 W 95TH STE 207 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
8 84 - AMG OAK LAWN 4400 W 95TH STE 301 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
9 85 - AMG OAK LAWN 4400 W 95TH STE 403 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
10 86 - AMG OAK LAWN 4400 W 95TH STE 404 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
11 87 - AMG OAK LAWN 4400 W 95TH STE 407 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
12 88 - AMG OAK LAWN 4400 W 95TH STE 408 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
13 89 - AMG OAK LAWN 4400 W 95TH STE 413 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
14 90 - AMG OAK LAWN 4700 W 95TH STE 308 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
91 91 - AMG OAK LAWN 95 ST 200 4220 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
1 92 - AMG ORLAND PARK 165TH 10745 W 165TH ST ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
2 93 - AMG ORLAND PARK CLINIC & ORLAND PARK SUR 9550 W 167TH ST ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
3 94 - AMG ORLAND PARK RAVINIA 14741 RAVINIA DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
4 95 - AMG PALOS HEIGHTS HARLEM AVE 12332 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
5 96 - AMG PALOS HEIGHTS HARLEM AVE 12400 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
6 97 - AMG PALOS HEIGHTS SW HWY 11800 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
7 98 - AMG PALOS HILLS 7620 W 111TH ST PALOS HILLS, IL 60465	PATIENT CARE - OUT PATIENT
8 99 - AMG PARK RIDGE BUSSE HIGHWAY 850 BUSSE HWY PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
9 100 - AMG PRIMARY CARE SPECIALISTS 150 N RIVER RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
10 101 - AMG PULASKI 10627 S PULASKI CHICAGO, IL 60655	PATIENT CARE - OUT PATIENT
11 102 - AMG RIVERSIDE 7234 W OGDEN AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
12 103 - AMG SWEDISH COVENANT 5140 N CALIFORNIA AVE STE 505 CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
13 104 - AMG SYKES OUTPATIENT CENTER 2535 S MARTIN LUTHER KING DR CHICAGO, IL 60616	PATIENT CARE - OUT PATIENT
14 105 - AMG WINFIELD 25 N WINFIELD WINFIELD, IL 60527	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
106 106 - AMG WOODSTOCK 3703 DOTY ROAD 3703 DOTY RD BLDG1 STE 4 WOODSTOCK, IL 60098	PATIENT CARE - OUT PATIENT
1 107 - AMG-CHICAGO-900 W NELSON 900 W NELSON 1ST FL CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
2 108 - AMUNDSEN SCHOOL BASED HEALTH CENTER 5110 N DAMEN AVE RM 307 CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
3 109 - AURORA CARDIOLOGY 4100 HEALTHWAY DR AURORA, IL 60504	PATIENT CARE - OUT PATIENT
4 110 - AURORA PEDS SPECIALISTS 2020 OGDEN AVE AURORA, IL 60504	PATIENT CARE - OUT PATIENT
5 111 - BARRINGTON GARLANDS 6000 GARLANDS LN BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
6 112 - BARRINGTON GSHP OCC HLTH 27790 W HWY 22 STE 19 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
7 113 - BARRINGTON GSHP OCC HLTH 27790 W HWY 22 STE 20 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
8 114 - BARRINGTON GSHP SLEEP 27790 W HWY 22 STE 20 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
9 115 - BARRINGTON PEPPER RD 22285 PEPPER RD BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
10 116 - BEVERLY HEALTH FACILITY - WALK-IN CARE 9831 S WESTERN AVE CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
11 117 - BLOOMINGTON 1401 EASTLAND DR 1401 EASTLAND DR BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
12 118 - BLOOMINGTON 2204 EASTLAND DR 2204 EASTLAND DR BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
13 119 - BLOOMINGTON 2406 E EMPIRE 2406 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
14 120 - BLOOMINGTON 3024 E EMPIRE IMMCARE 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
121 121 - BLOOMINGTON 3024 E EMPIRE OCCHLTH 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
1 122 - BLOOMINGTON 3024 E EMPIRE SURGERY 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
2 123 - BLOOMINGTON 3024 E EMPIRE 3A 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
3 124 - BLOOMINGTON 3024 E EMPIRE 3D 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
4 125 - BLOOMINGTON 3024 E EMPIRE 3E-3F 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
5 126 - BLOOMINGTON HERSHEY 303 N HERSHEY BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
6 127 - BOLINGBROOK QUADRANGLE BUILDING C 391 QUADRANGLE DR N-4 BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
7 128 - BOLINGBROOK WEBER DR 130 WEBER DR BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
8 129 - BREAST HEALTH CENTER 4545 W 103RD ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
9 130 - BRIARWOOD BUILDING 2272 COUNTYLINE RD STES 100 200 300 ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
10 131 - BROMENN 1609 NORTHTOWN RD UNIT 8 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
11 132 - BROMENN 1111 TRINITY LN UNIT E BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
12 133 - BROMENN OUTPATIENT CENTER 3024 E EMPIRE ST BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
13 134 - BURBANK 4901 W 79TH ST BURBANK, IL 60459	PATIENT CARE - OUT PATIENT
14 135 - BURBANK HEALTH FACILITY 4901 W 79TH ST BURBANK, IL 60459	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
136 136 - CARDIAC RISK 8820 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
1 137 - CENTER FOR ADVANCED CARDIOLOGY 1875 DEMPSTER STES 580 585 590 595 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
2 138 - CENTER FOR ADVANCED CARE - (OLD W PAVIL 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
3 139 - CHICAGO (MEDICINE & SURGERY) AMG (WAS MP 11250 S WESTERN CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
4 140 - CHICAGO 3040 N WILTON 2ND FL 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
5 141 - CHICAGO 3048 N WILTON 1ST FL 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
6 142 - CHICAGO 3048 N WILTON 3RD FL OB MIDWIFE 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
7 143 - CHICAGO 3048 N WILTON 3RD FL RESIDENCY 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
8 144 - CHICAGO 9831 S WESTERN 9831 S WESTERN AVE CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
9 145 - CHICAGO CRETICOS CANCER CENTER 901 WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
10 146 - CHICAGO DOTY (PULLMAN) 10834 S DOTY AVE CHICAGO, IL 60628	PATIENT CARE - OUT PATIENT
11 147 - CHICAGO E 118TH ST 3550 E 118TH ST CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
12 148 - CHICAGO E 93RD STE 117-213 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
13 149 - CHICAGO E 93RD STE 222 2315 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
14 150 - CHICAGO E 93RD STE 322 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
151 151 - CHICAGO E 93RD STE 440 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
1 152 - CHICAGO EVERGREEN 1357 W 103RD ST CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
2 153 - CHICAGO GREENWOOD 1111 E 87TH ST STE 900A CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
3 154 - CHICAGO GREENWOOD SLEEP 1111 E 87TH ST STE 500 CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
4 155 - CHICAGO HALSTEDBLACKHAWK 1460 N HALSTED AVE CHICAGO, IL 60622	PATIENT CARE - OUT PATIENT
5 156 - CHICAGO IRV & WESTERN 4025 N WESTERN AVE CHICAGO, IL 60634	PATIENT CARE - OUT PATIENT
6 157 - CHICAGO MARINE DR 4646 N MARINE DR CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
7 158 - CHICAGO N BROADWAY 5304 N BROADWAY AVE CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
8 159 - CHICAGO N CENTRAL AVE 3942 N CENTRAL AVE CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
9 160 - CHICAGO N CICERO 4211 N CICERO CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
10 161 - CHICAGO N KEDZIE AMG CHICAGO LOGAN SQUARE CHICAGO, IL 60647	PATIENT CARE - OUT PATIENT
11 162 - CHICAGO NORTH AVE 6434 W NORTH AVE CHICAGO, IL 60302	PATIENT CARE - OUT PATIENT
12 163 - CHICAGO SYKES AMG SYKES CHICAGO, IL 60616	PATIENT CARE - OUT PATIENT
13 164 - CHICAGO W BRYN MAWR STE 350 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
14 165 - CHICAGO W BRYN MAWR STE 650 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
166 166 - CHICAGO W BRYN MAWR STE 700 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
1 167 - CHICAGO W BRYN MAWR STE 800 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
2 168 - CHICAGO W FOSTER AMG CHICAGO FOSTER CHICAGO, IL 60610	PATIENT CARE - OUT PATIENT
3 169 - CHICAGO WELLINGTON DENTISTRY 811 WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
4 170 - CHRIST POB 4400 W 95TH ST STES 101 102 107 1 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
5 171 - CHRIST WOMEN'S HEALTH CENTER 18210 S LAGRANGE RD STE 200 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
6 172 - COMMUNITY CANCER CENTER (CYBERKNIFE) 407 E VERNON NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
7 173 - CROSSROADS MEDICAL 128 W MAIN ST LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
8 174 - CROSSROADS MEDICAL 385 S ORANGE ST EL PASO, IL 61738	PATIENT CARE - OUT PATIENT
9 175 - CROSSROADS MEDICAL 307 W MAIN ST LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
10 176 - CRYSTAL LAKE CONGRESS PARKWAY 525 CONGRESS PKWY CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
11 177 - CRYSTAL LAKE MEMORIAL COURT 284 MEMORIAL CT CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
12 178 - DES PLAINES ACMG 8901 GOLF RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
13 179 - DES PLAINES LEE ST STE 003 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
14 180 - DES PLAINES LEE ST STE 100 ILL HEALTH P 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
181 181 - DES PLAINES LEE ST STE 800 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
1 182 - DES PLAINES RAND RD 77 RAND RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
2 183 - DEVELOPMENT CENTER 4546 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
3 184 - DOCTORS OF THE NORTH SHORE 6131 W DEMPSTER ST MORTON GROVE, IL 60053	PATIENT CARE - OUT PATIENT
4 185 - DOCTORS OFFICE 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
5 186 - DOWNERS GROVE 4900 MAIN ST 1ST FL 4900 MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
6 187 - DOWNERS GROVE 4900 MAIN ST BSMNT 4900 MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
7 188 - DOWNERS GROVE CENTER 3551 HIGHLAND AVE STE 200 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
8 189 - DOWNERS GROVE GSAM SLEEP 3815 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
9 190 - DOWNERS GROVE GSAM STE 103 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
10 191 - DOWNERS GROVE GSAM STE 107 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
11 192 - DOWNERS GROVE GSAM STE 200 3551 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
12 193 - DOWNERS GROVE GSAM STE 306 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
13 194 - DOWNERS GROVE GSAM STE 400 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
14 195 - DOWNERS GROVE GSAM STE 4H4K 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
196 196 - DOWNERS GROVE GSAM STE 5B 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
1 197 - DOWNERS GROVE INTERNISTS 3825 HIGHLAND AVE STE 5B DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
2 198 - DOWNERS GROVE S MAIN STE 101 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
3 199 - DOWNERS GROVE S MAIN STE 202 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
4 200 - DOWNERS GROVE S MAIN STE 2ND FL 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
5 201 - EAST PAVILION (OLD SCIENCE BUILDING) 1775 WESTERN AVE PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
6 202 - EL PASO 385 S ORANGE EL PASO, IL 61738	PATIENT CARE - OUT PATIENT
7 203 - ELDORADO 306 ELDORADO BLOOMINGTON, IL 61704	SUPPORT
8 204 - ELGIN FLETCHER STE 101 745 FLETCHER RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
9 205 - ELGIN FLETCHER STE 302 745 FLETCHER RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
10 206 - ELGIN RANDALL STE 107 1710 RANDALL RD STE 107 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
11 207 - ELGIN RANDALL STE 201 (EFFECTIVE 41 1710 RANDALL RD STE 201 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
12 208 - ELGIN RANDALL STE 340 1710 RANDALL RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
13 209 - ELK GROVE CENTER 1502 ELMHURST RD ELK GROVE VILLAGE, IL 60007	PATIENT CARE - OUT PATIENT
14 210 - EUREKA 105 S MAJOR EUREKA, IL 61530	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
211 211 - EVERGREEN HEALTH FACILITY I - NAME CHANG 1357 W 103RD ST STES 100 200 CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
1 212 - EVERGREEN PARK S WESTERN AVE PARKING LOT 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
2 213 - EVERGREEN PARK S WESTERN AVE STE 500 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
3 214 - EVERGREEN PARK S WESTERN AVE STE 733 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
4 215 - EVERGREEN PLAZA - UM 9730 S WESTERN AVE STE 733 EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
5 216 - EVERGREENEVERGREEN PEDS - NAME CHANGED 9730 S WESTERN AVE STE 500 EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
6 217 - FAIRBURY 115 E WALNUT FAIRBURY, IL 61739	PATIENT CARE - OUT PATIENT
7 218 - FAIRBURY MEDICAL ASSOCIATES 115 E WALNUT FAIRBURY, IL 61739	PATIENT CARE - OUT PATIENT
8 219 - FAMILY PRACTICE 4140 W SOUTHWEST HWY HOMETOWN, IL 60456	PATIENT CARE - OUT PATIENT
9 220 - FAMILY PRACTICE - ARLINGTON HEIGHTS 825 E GOLF RD ARLINGTON HEIGHTS, IL 60005	PATIENT CARE - OUT PATIENT
10 221 - FAMILY PRACTICE AT RAVENSWOOD 4600 N RAVENSWOOD AVE CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
11 222 - FOX RIVER GROVE 912 NORTHWEST HWY FOX RIVER GROVE, IL 60010	PATIENT CARE - OUT PATIENT
12 223 - FRANKFORT AHC 328 N LAGRANGE RD FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
13 224 - FRANKFORT GRACELAND 20325 S GRACELAND FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
14 225 - FRANKFORT LAGRANGE 21160 S LAGRANGE AVE FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
226 226 - FRANKFORT MEDICAL OFFICE 20325 S GRACELAND LN FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
1 227 - FRANKLIN AVE BUILDING 900 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
2 228 - GARTNER DENTISTRY BUILDING 811 W WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
3 229 - GLENVIEW MILWAUKEE 1255 MILWAUKEE GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT
4 230 - GLENVIEW WAUKEGAN 1412 WAUKEGAN RD GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT
5 231 - GOOD SAMARITAN HOSPITAL CANCER CARE CENT 3745 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - IN PATIENT
6 232 - GOOD SAMARITAN POB TOWER 1 3825 HIGHLAND AVE STES 2J 4H 4K GR DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
7 233 - GOOD SAMARITAN POB TOWER 2 3825 HIGHLAND AVE STES 103 107 110 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
8 234 - GOOD SAMARITAN WELLNESS CENTER 3551 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
9 235 - GOOD SHEPHERD OUTPATIENT CENTER & IMAGIN 525 CONGRESS PKWY 1ST FL 225 CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
10 236 - GOOD SHEPHERD POB BUILDING 1 27790 W HWY 22 STE 2 5 13 14 16 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
11 237 - GOOD SHEPHERD POB BUILDING 2 27750 W HWY 22 STES G50 G60 140 2 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
12 238 - GRAND OAKS HEALTH CENTER HOLLISTER GROV 1800 HOLLISTER DR STE G2 LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
13 239 - GREAT LAKES REIT (GLR) INTERNAL MEDICINE 27790 W HWY 22 BLDG 1 STE 16 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
14 240 - GURNEE HUNT CLUB RD IMM CARE 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
241 241 - GURNEE HUNT CLUB RD SLEEP 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
1 242 - GURNEE HUNT CLUB RD STE 301 1425 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
2 243 - GURNEE HUNT CLUB RD STE 304 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
3 244 - HALSTED & BLACKHAWK HEALTH FACILITY 1460 N HALSTED AVE CHICAGO, IL 60614	PATIENT CARE - OUT PATIENT
4 245 - HAZEL CREST W 177TH ST 3330 W 177TH ST HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
5 246 - HAZEL CREST CENTER 17850 S KEDZIE AVE STE 1100 HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
6 247 - HAZEL CREST S KEDZIE (SANE) 17680 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
7 248 - HAZEL CREST S KEDZIE (SHAH) 17680 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
8 249 - HAZEL CREST SSUB EMP HLTH 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
9 250 - HAZEL CREST SSUB STE 2100 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
10 251 - HAZEL CREST SSUB STE 2300 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
11 252 - HAZEL CREST SSUB STE 3100 3500 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
12 253 - HEALTHPOINT 1437 E COLLEGE AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
13 254 - HIGH TECH OFFICES - HOSPITAL 11800 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
14 255 - HOME HEALTHHOSPICECOMMUNITY HEALTH 407 E VERNON NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
256 256 - ILLINOIS HEART & LUNG - BILLING OFFICE 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
1 257 - ILLINOIS HEART & LUNG - PONTIAC OFFICE 1508 W REYNOLDS STE A PONTIAC, IL 61764	PATIENT CARE - OUT PATIENT
2 258 - ILLINOIS HEART & LUNG ASSOCIATES PULMONO 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
3 259 - ILLINOIS HEART & LUNG CARDIOLOGY ASSOCIA 1302 FRANKLIN AVE MOB 4500 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
4 260 - ILLINOIS MASONIC PHYSICIAN GROUP 4211 N CICERO STE 300 CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
5 261 - IMAGING CENTER 2284 W COUNTYLINE RD ALGONQUIN, IL 60014	PATIENT CARE - OUT PATIENT
6 262 - INTERNAL MEDICINE - BUFFALO GROVE 214 MCHENRY RD STES B19 B20 BUFFALO GROVE, IL 60089	PATIENT CARE - OUT PATIENT
7 263 - IRVING AND WESTERN 4025 N WESTERN AVE CHICAGO, IL 60618	PATIENT CARE - OUT PATIENT
8 264 - IVY PHYSICIANS GROUP 2437 N SOUTHPORT AVE 1ST FL CHICAGO, IL 60614	PATIENT CARE - OUT PATIENT
9 265 - LAKE ZURICH BREAST IMAGING CENTER PEDIA 350 SURRYSE RD STES 140 150 250 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
10 266 - LAKE ZURICH CENTER 350 SURRYSE RD LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
11 267 - LAKE ZURICH STE 110 350 SURRYSE RD STE 110 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
12 268 - LAKEVIEW SCHOOL BASED HEALTH CENTER 4015 N ASHLAND AVE RM 103 CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
13 269 - LEMONT WALK IN CLINICRADIOLOGY 15900 W 127TH ST STES 100 131 20 LEMONT, IL 60439	PATIENT CARE - OUT PATIENT
14 270 - LEROY FAMILY MEDICINE 911 S CHESTNUT LEROY, IL 61752	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
271 271 - LGOHC-I 7255 CALDWELL NILES, IL 60714	PATIENT CARE - OUT PATIENT
1 272 - LIBERTYVILLE 755 S MILWAUKEE 755 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
2 273 - LIBERTYVILLE GARFIELD STE 200 890 GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
3 274 - LIBERTYVILLE GARFIELD STE 202 890 GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
4 275 - LIBERTYVILLE OFFICE BUILDING AMG (WAS CO 716 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
5 277 - MCHENRY 633 RIDGEVIEW DR MCHENRY, IL 60050	PATIENT CARE - OUT PATIENT
6 278 - MEDICAL HILLS INTERNISTS 1401 EASTLAND DR BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
7 279 - MEDICAL OFFICE BUILDING 1302 FRANKLIN NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
8 280 - MEDICAL OFFICE BUILDING 3000 N HALSTED ST STES 209 209B 30 CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
9 281 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 10837 S CICERO AVE STES 200 110 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
10 282 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 3611 W 183RD ST HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
11 283 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 14741 RAVINIA DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
12 284 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 9830 S RIDGELAND AVE CHICAGO RIDGE, IL 60415	PATIENT CARE - OUT PATIENT
13 285 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 17850 S KEDZIE AVE STE 3250 HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
14 286 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 2301/2315 E 93RD ST STE 222 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
286 287 - MIDAMERICA CARDIOVASCULAR CONSULTANTS S 3800 BURKE DR STE 201 OLYMPIA FIELDS, IL 60449	PATIENT CARE - OUT PATIENT
1 288 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 27750 W HWY 22 STE 240 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
2 289 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 3825 HIGHLAND AVE STE 400 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
3 290 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 133 E BRUSH HILL RD STE 202 ELMHURST, IL 60126	PATIENT CARE - OUT PATIENT
4 291 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 1555 BARRINGTON RD STE 3200 HOFFMAN ESTATES, IL 60194	PATIENT CARE - OUT PATIENT
5 292 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 801 S WASHINGTON 4TH FL NAPERVILLE, IL 60540	PATIENT CARE - OUT PATIENT
6 293 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 25 N WINFIELD RD STE 301 WINFIELD, IL 60190	PATIENT CARE - OUT PATIENT
7 294 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 2020 OGDEN AVE STE 400 AURORA, IL 60504	PATIENT CARE - OUT PATIENT
8 295 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4440 W 95TH ST STE 108 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
9 296 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 16151 WEBER RD UNIT 107 CREST HILL, IL 60403	PATIENT CARE - OUT PATIENT
10 297 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4440 W 95TH ST STE 1100H OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
11 298 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1206 9TH ST STE 310 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
12 299 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 209 E 86TH PLACE STE D MERRILLVILLE, IN 46410	PATIENT CARE - OUT PATIENT
13 300 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1555 BARRINGTON RD STE 3200 HOFFMAN ESTATES, IL 60169	PATIENT CARE - OUT PATIENT
14 301 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 800 MACARTHUR BLVD STE 3 MUNSTER, IN 46321	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
301 302 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1020 E OGDEN AVE STE 302 NAPERVILLE, IL 60563	PATIENT CARE - OUT PATIENT
1 303 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4700 W 95TH ST STE 205 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
2 304 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 5701 STRATHMOOR DR STE 1 3 ROCKFORD, IL 61107	PATIENT CARE - OUT PATIENT
3 305 - MIDWEST CENTER FOR DAY SURGERY 3811 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
4 306 - NESSET HEALTH CENTER 1775 BALLARD RD PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
5 307 - NILES CALDWELL 7255 N CALDWELL NILES, IL 60714	PATIENT CARE - OUT PATIENT
6 308 - NILES MILWAUKEE 7900 MILWAUKEE AVE NILES, IL 60714	PATIENT CARE - OUT PATIENT
7 309 - NORMAL BEHAVIORAL HEALTH 403 W VIRGINIA AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
8 310 - NORMAL BILLING OFFICE 1304 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
9 311 - NORMAL ENDOCRINOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
10 312 - NORMAL ENY SURGICAL ASSOCIATES 207 LANDMARK NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
11 313 - NORMAL GENERAL & COLORECTAL SURGERY 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
12 314 - NORMAL ILL HEART AND LUNG CARDIOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
13 315 - NORMAL ILL HEART AND LUNG PULMONOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
14 316 - NORMAL NEUROLOGY 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
316 317 - NORMAL PEDIATRICS 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
1 318 - NORMAL PRIMARY CARE & IMMEDIATE CARE 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
2 319 - NORTH PAVILION 3743 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
3 320 - NORTH SUBURBAN CLINIC 2575 ALGONQUIN RD ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
4 321 - NORTHSIDE-SUBURBAN PEDIATRICS 4801 W PETERSON 506 CHICAGO, IL 60646	PATIENT CARE - OUT PATIENT
5 322 - OAK PARK - NORTH AVE HEALTH FACILITY 6434 W NORTH AVE OAK PARK, IL 60639	PATIENT CARE - OUT PATIENT
6 323 - OFFICE BUILDING-ADVOCATE PHYSICIAN PARTN 3004 GENERAL ELECTRIC RD STE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
7 324 - OLYMPIA FIELDS AMG (WAS MPG) 4001 VOLLMER RD OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
8 325 - OLYMPIA FIELDS CANCER CARE INSTITUTE AMG 3700 W 203RD ST OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
9 326 - OLYMPIA FIELDS CORPORATE & PHYSICAL THE 20110 GOVERNORS HWY OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
10 328 - ORLAND SQUARE ORLAND DR 29 ORLAND PARK DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
11 329 - PALOS 7620 W 111TH ST PALOS HILLS, IL 60465	PATIENT CARE - OUT PATIENT
12 330 - PARK RIDE YACKTMAN 1675 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
13 331 - PARK RIDGE ADULT DOWN SYNDROME 1610 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
14 332 - PARK RIDGE CAC GYNONC ONCOLOGY 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
331 333 - PARK RIDGE CARDIO VASCULAR 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
1 334 - PARK RIDGE LGH SLEEP CENTER 1775 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
2 335 - PARK RIDGE NESSET 1775 BALLARD RD PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
3 336 - PARK RIDGE PARKSIDE STE 270 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
4 337 - PARK RIDGE PARKSIDE STE 285 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
5 338 - PARK RIDGE PARKSIDE STE 310 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
6 339 - PARK RIDGE PARKSIDE STE 325 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
7 340 - PARK RIDGE PARKSIDE STE 340 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
8 341 - PARK RIDGE PARKSIDE STE 360 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
9 342 - PARK RIDGE PARKSIDE STE 470 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
10 343 - PARK RIDGE PARKSIDE STE 490 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
11 344 - PARK RIDGE PARKSIDE STE 520 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
12 345 - PARK RIDGE PARKSIDE STE 550 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
13 346 - PARK RIDGE PARKSIDE STE 555-556 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
14 347 - PARK RIDGE PARKSIDE STE 640 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
346 348 - PARK RIDGE PEDIATRIC NEPHROLOGY 1480 RENAISSANCE DR STE 211 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
1 349 - PARK RIDGE RENAISSANCE DR 1480 RENAISSANCE DR PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
2 350 - PARK RIDGE YACKTMAN OB 1675 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
3 351 - PARKSIDE CENTER 1875 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
4 352 - PEDS - DEERFIELD 720 OSTERMAN AVE 103 DEERFIELD, IL 60015	PATIENT CARE - OUT PATIENT
5 353 - PHYSICIAN'S OFFICES 11745 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
6 354 - PHYSICIAN'S OFFICES 4151 NAPERVILLE RD LISLE, IL 60532	PATIENT CARE - OUT PATIENT
7 355 - PHYSICIAN'S OFFICES 9848 S ROBERTS RD PALOS HEIGHTS, IL 60465	PATIENT CARE - OUT PATIENT
8 356 - PLAINFIELD 24600 W 127TH ST BLDG B PLAINFIELD, IL 60544	PATIENT CARE - OUT PATIENT
9 357 - POB BUILDING 414 S HOMAN CHICAGO, IL 60624	PATIENT CARE - OUT PATIENT
10 358 - POB BUILDING 3410 W VAN BUREN CHICAGO, IL 60624	PATIENT CARE - OUT PATIENT
11 359 - POB BUILDING 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
12 360 - PONTIAC ILLINOIS HEART AND LUNG 1508 W REYNOLDS PONTIAC, IL 61764	PATIENT CARE - OUT PATIENT
13 361 - RAVENSWOOD MEDICAL GROUP 1945 W WILSON AVE STE 2100 4TH FL CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
14 362 - RIVERSIDE 7234 W OGDEN AVE RIVERSIDE, IL 60546	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
361 363 - ROANOKE 415 W FRONT ROANOKE, IL 61561	PATIENT CARE - OUT PATIENT
1 364 - ROTUNDA MEDICAL BUILDING 4340 W 95TH ST STE 104 105 106 AN OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
2 365 - SIX CORNERS AHC 4211 N CICERO STES 308 306 304 CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
3 366 - SLEEP CENTER 1111 E 87TH ST STE 500 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
4 367 - SOUTH ELGIN 2000 MCDONALD RD SOUTH ELGIN, IL 60177	PATIENT CARE - OUT PATIENT
5 368 - SOUTH ELGIN 2000 MCDONALD RD SOUTH ELGIN, IL 60177	PATIENT CARE - OUT PATIENT
6 369 - SOUTH HOLLAND 100 W 162ND ST SOUTH HOLLAND, IL 60473	PATIENT CARE - OUT PATIENT
7 370 - SOUTH HOLLAND 100 W 162ND ST SOUTH HOLLAND, IL 60473	PATIENT CARE - OUT PATIENT
8 371 - SOUTH SUBURBAN HOSPITAL - CRETE LOCATION 1024-1036 E STEGER RD 4 STES CRETE, IL 60417	PATIENT CARE - OUT PATIENT
9 372 - SOUTH SUBURBAN HOSPITAL CANCER CENTER 17750 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
10 373 - SOUTH SUBURBAN MEDICAL OFFICE AND SLEEP 16532 OAK PARK AVE STE LL1 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
11 374 - SOUTH SUBURBAN POB 17850 S KEDZIE STES LL 1 2 LL STO HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
12 375 - SOUTHEAST HEALTH FACILITY 2301 EAST 93RD ST STES 117 2ND AND 3 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
13 376 - SOUTHWEST HIGHWAY 11824 SOUTHWEST HWY STES 135 140 1 PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
14 377 - SUGAR CREEK MEDICAL I 1302 FRANKLIN AVE STE 1100 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
376 378 - SUGAR CREEK MEDICAL II 1302 FRANKLIN AVE STE 2500 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
1 379 - TINLEY PARK - CMC 8TH AVE STE E 16750 S 80TH AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
2 380 - TINLEY PARK CENTER - OCC HEALTH 18210 S LAGRANGE RD STE 211 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
3 381 - TINLEY PARK HIGH TECH 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
4 382 - TINLEY PARK LA GRANGE AVE STE 105 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
5 383 - TINLEY PARK LA GRANGE AVE STE 200 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
6 384 - TINLEY PARK LA GRANGE AVE STE 209 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
7 385 - TINLEY PARK MEDICAL OFFICE 16750 S 80TH AVE STE B TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
8 386 - TINLEY PARK SLEEP CENTER 16532 OAK PARK AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
9 387 - TOWN & COUNTRY 105 S MAJOR ST EUREKA, IL 61530	PATIENT CARE - OUT PATIENT
10 388 - TOWN & COUNTRY 415 W FRONT ROANOKE, IL 61561	PATIENT CARE - OUT PATIENT
11 389 - TRINITY POB 2301-2315 E 93RD ST STES 117 213 3 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
12 390 - TWIN CITIES BEHAVIORAL HEALTHEAP 403 VIRGINIA AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
13 391 - TWIN CITIES BEHAVIORAL HEALTHEAP 403 VIRGINIA AVE 2ND FL NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
14 392 - TWIN CITIES BEHAVIORAL HEALTHEAP 303 N HERSHEY RD STE 2C BLOOMINGTON, IL 61761	PATIENT CARE - OUT PATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
391 393 - VACANT 1999 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
1 394 - VERNON HILLS OB 565 LAKEVIEW DR VERNON HILLS, IL 60061	PATIENT CARE - OUT PATIENT
2 396 - WOODRIDGE IMAGING CENTER 7530 WOODWARD AVE WOODRIDGE, IL 60517	PATIENT CARE - OUT PATIENT
3 397 - WOUND CARE CLINIC 8751 S GREENWOOD STE600 100 CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
4 398 - WRIGLEY FIELD 1060 W ADDISON CHICAGO, IL 60613	PATIENT CARE - OUT PATIENT
5 399 - YACKTMAN CHILDREN'S PAVILION 1675 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-2169147

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 68

3 Enter total number of other organizations listed in the line 1 table 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION FOR HEALTHY KIDS 600 W VAN BUREN SUITE 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	28,500				SUPPORT EXEMPT MISSION
ALZHEIMERS ASSOCIATION 850 ESSINGTON ROAD SUITE 200 JOLIET, IL 60435	13-3039601	501(C)(3)	6,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	13-1788491	501(C)(3)	61,250				SPONSOR EVENTS
AMERICAN HEART ASSOCIATION PO BOX 50035 PRESCOTT, AZ 863045035	13-5613797	501(C)(3)	75,469				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1 WESTPORT COURT BLOOMINGTON, IL 61704	53-0196605	501(C)(3)	5,090				SPONSOR EVENTS
BARRINGTON HIGH SCHOOL 616 WEST MAIN STREET BARRINGTON, IL 60010	36-2780596	N/A	10,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BSTRONG TOGETHER NFP 110 SOUTH HAGER AVENUE SUITE 202 BARRINGTON, IL 60010	46-5117099	501(C)(3)	6,000				SUPPORT EXEMPT MISSION
BUILD INC 5100 W HARRISON ST CHICAGO, IL 60644	23-7022085	501(C)(3)	40,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT CENTER 2028 ELM ROAD HOMWOOD, IL 60430	36-3880404	501(C)(3)	20,445				SUPPORT EXEMPT MISSION
CHICAGO AMACHI MENTORING PROGRAM 3508 W OGDEN AVE CHICAGO, IL 60623	26-0907131	501(C)(3)	35,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 60644	20-2091040	501(C)(3)	35,000				SUPPORT EXEMPT MISSION
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	8,445				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HEART FOUNDATION PO BOX 2844 LINCOLNSHIRE, IL 60069	36-4077528	501(C)(3)	20,697				SPONSOR EVENTS
CHOOSE DUPAGE 2525 CABOT DRIVE SUITE 303 LISLE, IL 60532	32-0177792	501(C)(3)	10,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLE URBAN MINISTRIES 118 N CENTRAL AVE CHICAGO, IL 60644	36-3136997	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
COLLEGE MENTORING EXPERIENCE 5800 W ADAMS ST CHICAGO, IL 60644	46-5578549	501(C)(3)	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
CONCORDIA PLACE 3300 N WHIPPLE CHICAGO, IL 60618	32-0033719	501(C)(3)	6,500				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTIONS FOR ABUSED WOMEN AND CHILDREN 1116 N KEDZIE AVENUE CHICAGO, IL 60651	36-2950380	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
COUNCIL OF ISLAMIC ORGANIZATIONS OF GREATER CHICAGO 231 N STATE STREET CHICAGO, IL 60602	36-3869749	501(C)(3)	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HIGH SCHOOL 1852 WEST 22ND PLACE CHICAGO, IL 60608	04-3730980	501(C)(3)	65,920				SUPPORT EXEMPT MISSION
DOWNERS GROVE ECONOMIC 5159 MOCHEL DOWNERS GROVE, IL 60515	87-0772222	N/A	7,180				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE M CAROL STREAM, IL 60188	36-4448208	501(C)(3)	414,884				SUPPORT EXEMPT MISSION
ECONOMIC DEVELOPMENT COUNCIL 200 W COLLEGE AVE SUITE 402 NORMAL, IL 61761	37-1169886	N/A	15,075				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE ELEMENTARY CHARTER SCHOOL 1405 N WASHTENAW CHICAGO, IL 60622	37-1504399	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
FAMILY HEALTH PARTNERSHIP 401 E CONGRESS PKWY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	6,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THOUGHT 174 WATERCOLOR WAY UNIT 103 286 SANTA ROSA BEACH, FL 32549	80-0734040	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
FOX VALLEY HANDS OF HOPE 200 WHITFIELD DRIVE GENEVA, IL 60134	36-3111451	501(C)(3)	8,000				SCHOLARSHIP FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE SPIRIT MEDIA 906 S HOMAN AVE FLOOR 5 CHICAGO, IL 60624	36-4456215	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
GARDENEERS 3414 W ROOSEVELT RD CHICAGO, IL 60624	46-4651665	501(C)(3)	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SCHOOLS CAMPAIGN 175 N FRANKLIN SUITE 300 CHICAGO, IL 60606	36-4308068	501(C)(3)	25,000				SPONSOR EVENTS
HM&C CENTER STAGE LLC 233 PENNSYLVANIA AVENUE SE 2ND FL WASHINGTON, DC 20003	26-1582812	N/A	8,633				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I AM ABLE CENTER FOR FAMILY DEVELOPMENT INC 3408 W ROOSEVELT RD CHICAGO, IL 60624	36-3861251	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
IHREF 24676 NETWORK PLACE CHICAGO, IL 606731246	23-7421930	501(C)(3)	3,586,436				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS CHAMBER FOUNDATION PO BOX 19258 SPRINGFIELD, IL 627949258	36-1254650	501(C)(3)	12,750				SPONSOR EVENTS
ILLINOIS STATE UNIV FOUNDATION 1101 N MAIN ST NORMAL, IL 61790	37-6025713	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE UNIVERSITY CAMPUS BOX 2660 NORMAL, IL 61790	37-6014070	501(C)(3)	50,000				SCHOLARSHIP FUNDING
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 WEST CHICAGO AVENUE CHICAGO, IL 60651	81-1098722	501(C)(3)	20,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKIE JOYNER KERSEE FNDN 101 JACKIE JOYNER KERSEE CIRCLE EAST ST LOUIS, IL 62204	37-1347709	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
JOHN MARSHALL METROPOLITAN HIGH SCHOOL 3250 W ADAMS STREET CHICAGO, IL 60624	36-4263664	501(C)(3)	35,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP CHICAGO 2007 SOUTH HALSTED STREET CHICAGO, IL 60608	30-0135927	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
KOHL CHILDRENS MUSEUM 2100 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-3706878	501(C)(3)	5,264				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL PREP CHARTER ACADEMIES 4319 W WASHINGTON BLVD CHICAGO, IL 60647	27-1071296	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
LUTHERAN SCHOOL OF THEOLOGY 1100 E 55TH STREET CHICAGO, IL 60615	36-2246704	501(C)(3)	5,151				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES IL 1001 E TOUHY AVE DES PLAINES, IL 60018	36-2584799	501(C)(3)	17,000				SUPPORT EXEMPT MISSION
MAKE-A-WISH FOUNDATION 640 NORTH LASALLE STREET STE 280 CHICAGO, IL 60654	36-3422138	501(C)(3)	30,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	13-1846366	501(C)(3)	54,850				SPONSOR EVENTS
MARILLAC ST VINCENT FAMILY SERVICES 212 S FRANCISCO AVE CHICAGO, IL 60612	36-2109717	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCHENRY COUNTY COLLEGE FDN 8900 US HWY 14 CRYSTAL LAKE, IL 60012	23-7418071	501(C)(3)	6,000				SUPPORT EXEMPT MISSION
METROPOLITAN CHICAGO BREAST 300 S ASHLAND AVE SUITE 22 CHICAGO, IL 60607	26-2264895	501(C)(3)	9,795				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIKVA CHALLENGE 200 S MICHIGAN AVE SUITE 1000 CHICAGO, IL 60604	52-2033353	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
MUSEUM OF SCIENCE & INDUSTRY 57TH STREET AND LAKE SHORE DRIVE CHICAGO, IL 60637	36-2167797	501(C)(3)	44,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HEALTH SERVICES 1050 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	62-1312239	501(C)(3)	9,900				SPONSOR EVENTS
NATIONAL MEDICAL FELLOWSHIPS 12 E 46TH STREET SUITE 5E NEW YORK, NY 10017	01-0963657	501(C)(3)	15,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATL KIDNEY FOUNDATION OF IL 215 WEST ILLINOIS SUITE 1C CHICAGO, IL 60654	36-6009226	501(C)(3)	15,965				SPONSOR EVENTS
NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3265804	501(C)(3)	40,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK LAWN PARK DISTRICT 9400 S KENTON AVE OAK LAWN, IL 60453	36-6006025	N/A	10,000				SPONSOR EVENTS
PIONEER CENTER FOR HUMAN SERVICES- MCHENRY COUNTY PADS 4031 W DAYTON ST MCHENRY, IL 60050	36-2480845	501(C)(3)	40,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESENCE MERCY MEDICAL CENTER 1325 NORTH HIGHLAND AVENUE AURORA, IL 60506	36-4195126	501(C)(3)	7,500				SCHOLARSHIP FUNDING
SINAI HEALTH SYSTEMS 1500 S FAIRFIELD AVE F-125 CHICAGO, IL 60608	36-3166895	501(C)(3)	37,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS ILLINOIS 500 WATERS EDGE SUITE 100 LOMBARD, IL 60148	36-2922811	501(C)(3)	23,250				SPONSOR EVENTS
STROKE SURVIVORS EMPOWERING PO BOX 855 LOMBARD, IL 601480855	27-1925734	501(C)(3)	10,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION 1012 14TH STREET NW SUITE 1500 WASHINGTON, DC 20005	16-1717058	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
TECHNOLOGY LABORATORY PO BOX 530181 LIVONIA, MI 48153	20-8370098	501(C)(3)	9,623				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOULEVARD OF CHICAGO 3456 WEST FRANKLIN BOULEVARD CHICAGO, IL 60624	36-4075641	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
THE CHICAGO NETWORK 737 N MICHIGAN AVE STE 1900 CHICAGO, IL 60611	36-3099583	501(C)(3)	9,010				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEVERAGE NETWORK INC 200 SOUTH WACKER DRIVE SUITE 3100 CHICAGO, IL 60606	47-3517179	501(C)(3)	9,100				SPONSOR EVENTS
TURNING THE PAGE 906 SOUTH HOMAN AVENUE 6TH FLOOR CHICAGO, IL 60624	52-2081934	501(C)(3)	20,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF ILL AT CHICAGO 845 S DAMEN AVENUE SUITE 120 CHICAGO, IL 60612	37-6006007	501(C)(3)	12,800				SPONSOR EVENTS/SCHOLARSHIPS
UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S MARYLAND AVE CHICAGO, IL 60637	37-6000511	501(C)(3)	50,000				GRANT FOR CURE VIOLENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF OAK LAWN 6451 WEST 93RD PLACE OAK LAWN, IL 60453	36-6006024	501(C)(3)	701,525				COMMUNITY SUPPORT
WEST TOWN BIKES 2459 W DIVISION CHICAGO, IL 60622	20-4767185	501(C)(3)	45,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD BUSINESS CHICAGO 177 N STATE STREET SUITE 500 CHICAGO, IL 60601	36-4313685	501(C)(3)	30,040				SUPPORT EXEMPT MISSION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	KATHIE S. BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$55,000 AND FREDERICK RAJAN RECEIVED ONE IN IN THE AMOUNT OF 9,231.
SCHEDULE J, PART I, LINE 4A	EARL J. BARNES II, FORMER ASSISTANT SECRETARY, RECEIVED A SERVERANCE PAYMENT IN THE AMOUNT OF \$275,000. SUSAN CAMPBELL, FORMER DIRECTOR, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$275,000. RICHARD B. FLOYD, FORMER PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$155,769. KENNETH W. LUKHARD, FORMER PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$270,000. LEE B. SACKS, FORMER CHIEF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$275,002. RICHARD SCOTT, FORMER SVP CLINICAL, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$161,538. THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). MARY ELLEN CHERRY, FORMER ASSISTANT SECRETARY FOR THE DISSOLVED ORGANIZATION HISPANOCARE, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$238,693. THIS PAYMENT HAS NOT BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III), AS THERE IS NO ENTITY ASSOCIATED WITH THIS FORMER OFFICER POSITION.
SCHEDULE J, PART I, LINE 4B	ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE. THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE, THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2: KATHIE S. BENDER SCHWICH \$35,933, KEVIN R. BRADY \$73,558, VINCENT J. BUFALINO \$76,789, MICHAEL J. FARRELL \$109,276, KELLY JO GOLSON \$48,406, RICHARD HEIM \$6,985, COLLEEN L. KANNADAY \$54,574, KAREN A. LAMBERT \$62,745, DOMINIC NAKIS \$107,256, SCOTT A. POWDER \$56,585, WILLIAM P. SANTULLI \$160,864, JAMES H. SKOGSBERGH \$338,248, DOMINICA M. TALLARICO \$8,144 AND RICHARD SCOTT 284,353. THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION: BARBARA P. BYRNE \$47,794, TERIKA R. MBANU \$6,320, GARY D. STUCK \$12,388, NANCY M. TINSLEY \$7,695 AND RICHARD SCOTT 52,487.
SCHEDULE J, PART I, LINE 7	INCENTIVE PAYMENTS ARE BASED UPON A FORMULA. THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED. THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY.

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES SKOGSBERGH PRESIDENT, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,871,319	3,142,919	903,267	25,591	20,986	5,964,082	0
1GARY STUCK DO CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	507,693	136,954	51,828	26,929	18,602	742,006	0
2WILLIAM SANTULLI EVP, CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,144,124	1,762,601	482,371	25,591	24,303	3,438,990	0
3JAMES DOHENY ASSISTANT TREASURER	(i)	400,433	128,131	46,953	25,591	28,986	630,094	0
	(ii)	0	0	0	0	0	0	0
4 REV KATHIE BENDER SCHWICH CHIEF SPIRITUAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	279,247	467,856	125,184	25,591	80,255	978,133	0
5KEVIN BRADY CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	580,174	843,930	220,909	25,591	38,613	1,709,217	0
6VINCENT BUFALINO MD CHIEF ADVOCATE MEDICAL GROUP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	589,736	861,159	238,808	25,591	27,721	1,743,015	0
7KELLY JO GOLSON CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	470,708	669,503	175,822	25,591	2,912	1,344,536	0
8DOMINIC J NAKIS CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	835,262	1,353,554	353,882	25,591	27,539	2,595,828	0
9SCOTT POWDER CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	533,517	762,625	192,233	25,591	25,125	1,539,091	0
10BARBARA BYRNE MD CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	568,075	823,416	34,865	70,585	15,667	1,512,608	0
11JAMES SLINKMAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	310,935	95,713	27,707	25,591	35,025	494,971	0
12LESLIE LENZO ASSISTANT TREASURER	(i)	579,092	206,746	89,962	22,791	22,410	921,001	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL GREBE ASSISTANT SECRETARY, CHIEF LEGAL OFF	(i)	0	0	0	0	0	0	0
	(ii)	562,400	403,812	392,281	201,665	0	1,560,158	70,195
14MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	347,199	104,437	38,646	25,591	34,693	550,566	0
15MIKE LAPPIN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	746,368	569,981	647,908	311,307	20,504	2,296,068	104,917
16NAN NELSON ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	481,008	227,115	364,225	166,423	987	1,239,758	63,304
17SHELLY HART ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	498,921	177,092	26,824	112,282	20,504	835,623	0
18STEVE HUSER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	308,464	105,266	23,375	71,558	13,904	522,567	0
19MICHAEL FARRELL PRESIDENT OF ADVOCATE CHILDREN'S HOS	(i)	826,494	415,922	316,098	25,591	20,656	1,604,761	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TERIKA R MBANU PRESIDENT OF LUTHERAN GENERAL HOSPIT	(i)	442,263	175,460	43,072	29,110	24,682	714,587	0
	(ii)	0	0	0	0	0	0	0
1RICHARD HEIM PRESIDENT, CHRIST MEDICAL CENTER	(i)	568,690	248,393	126,945	25,591	23,043	992,662	0
	(ii)	0	0	0	0	0	0	0
2COLLEEN KANNADAY PRESIDENT OF BROMENN & EUREKA HOSPIT	(i)	475,995	214,288	158,524	25,591	24,096	898,494	0
	(ii)	0	0	0	0	0	0	0
3KAREN LAMBERT PRESIDENT OF GOOD SHEPHERD HOSPITAL	(i)	624,814	310,092	197,402	25,591	38,811	1,196,710	0
	(ii)	0	0	0	0	0	0	0
4NANCY M TINSLEY PRESIDENT OF GOOD SAMARITAN HOSPITAL	(i)	492,025	44,524	26,237	7,695	26,899	597,380	0
	(ii)	0	0	0	0	0	0	0
5RASHARD JOHNSON PRESIDENT OF TRINITY & SS	(i)	373,204	26,894	68,430	0	12,233	480,761	0
	(ii)	0	0	0	0	0	0	0
6HAMAD FARHAT MD NEUROSURGEON	(i)	1,768,250	0	149,280	22,791	35,375	1,975,696	0
	(ii)	0	0	0	0	0	0	0
7MICHEL ILBAWI MD PEDIATRIC CV SURGERY	(i)	1,090,000	158,042	-5,406	22,791	29,107	1,294,534	0
	(ii)	0	0	0	0	0	0	0
8RYAN TROMBLY MD NEUROSURGEON	(i)	963,952	214,000	69,200	22,791	33,375	1,303,318	0
	(ii)	0	0	0	0	0	0	0
9RICHARD SCOTT SVP CLINICAL	(i)	160,749	257,758	1,167,780	52,487	32,683	1,671,457	0
	(ii)	0	0	0	0	0	0	0
10DEMETRIUS LOPES NEUROSURGEON	(i)	1,344,594	0	-12,120	0	32,932	1,365,406	0
	(ii)	0	0	0	0	0	0	0
11LEE SACKS MD EVP,FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	351,160	274,473	0	972	626,605	0
12SUSAN CAMPBELL FORMER OFFICER	(i)	0	135,087	272,621	0	7,069	414,777	0
	(ii)	0	0	0	0	0	0	0
13EARL J BARNES II FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	181,123	264,496	0	30,660	476,279	0
14DAVID FOX JR FORMER KEY EMPLOYEE	(i)	0	154,319	0	8,543	38	162,900	0
	(ii)	0	0	0	0	0	0	0
15DOMINICA TALLARICO FORMER KEY EMPLOYEE	(i)	683,406	264,421	138,383	25,591	25,327	1,137,128	0
	(ii)	0	0	0	0	0	0	0
16KENNETH LUKHARD FORMER KEY EMPLOYEE	(i)	0	154,082	262,099	0	32,111	448,292	0
	(ii)	0	0	0	0	0	0	0
17MATTHEW PRIMACK FORMER KEY EMPLOYEE	(i)	382,427	101,756	41,827	25,591	21,180	572,781	0
	(ii)	0	0	0	0	0	0	0
18DEAN KARAHALIOS MD FORMER HCE- NEUROSURGEON	(i)	1,211,903	0	-13,149	22,791	40,651	1,262,196	0
	(ii)	0	0	0	0	0	0	0
19EGON DOPPENBERG MD FORMER HCE- NEUROSURGEON	(i)	1,225,562	0	-11,880	22,791	32,932	1,269,405	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

36-2169147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS HEALTH FACILITIES AUTHORITY	36-2780046	45200PXH5	10-29-2003	115,000,000	SEE SCHEDULE K PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45200FED7	01-24-2013	51,134,288	SEE SCHEDULE K PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45200FEE5	02-01-2013	43,219,722	SEE SCHEDULE K PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45204EY93	05-01-2019	42,794,542	SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	99,485,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	116,432,024		51,134,288		43,219,722		42,749,542	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,034,454							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	111,807,084							
11	Other spent proceeds	3,590,486		51,134,288		43,219,722		42,794,542	
12	Other unspent proceeds								
13	Year of substantial completion	2005		2009		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.100 %		0.100 %		0.100 %		0.100 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0.100 %		0.100 %		0.100 %		0.100 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.600 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X	X		X		X	
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-mediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART 1(F) (CUSIP # 45200PXH5)	PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003 THE PROCEEDS OF THE ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 2003A, 2003B AND SERIES 2003C (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK.

Return Reference	Explanation
<p>SCHEDULE K, PART I(F) (CUSIP #45200FAZ2)</p>	<p>PURPOSE OF BOND SERIES 2008C ISSUED 10/10/2007 THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007B-1, SERIES 2007B-2 AND SERIES 2007B-3 (ADVOCATE HEALTH CARE NETWORK), WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997A BONDS, SERIES 1997B BONDS, SERIES 2003B BONDS AND SERIES 2005 BONDS WHICH WERE ISSUED ON JANUARY 9, 1997, OCTOBER 23, 2003, AND JULY 7, 2005, RESPECTIVELY. THE SERIES 2007B BONDS WERE EXCHANGED FOR THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008C-1, SERIES 2008C-2A, SERIES 2008C-2B, SERIES 2008C-3A, AND SERIES 2008C-3B (ADVOCATE HEALTH CARE NETWORK) ON APRIL 25, 2008. BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SERIES 2008C BONDS AS THE SAME ISSUE AS THE SERIES 2007B BONDS FOR FEDERAL INCOME TAX PURPOSES.</p>

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45200FED7)	PURPOSE OF BOND SERIES 2008A-1 ISSUED 1/24/2013 THE SERIES 2008A-1 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON JANUARY 24, 2013.

Return Reference	Explanation
SCHEDULE K, PART I (F) (CUSIP # 45200FEE5)	PURPOSE OF BOND SERIES 2008A-2 ISSUED 2/1/2013 THE SERIES 2008A-2 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON FEBRUARY 1, 2013.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45204EY93)	PURPOSE OF BOND SERIES 2008A-3 ISSUED 5/1/2019 THE SERIES 2008A-3 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON MAY 1, 2019.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203HCA8)	PURPOSE OF BOND SERIES 2011 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-2, SERIES 2011B, SERIES 2011C AND SERIES 2011D BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING A NINE STORY AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203HNJ7)	PURPOSE OF BOND SERIES 2012 ISSUED 11/29/2012 THE PROCEEDS OF THE SERIES 2012 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN OUTPATIENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AN AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203HUC4)	PURPOSE OF BOND SERIES 2013A ISSUED 8/8/2013 THE PROCEEDS OF THE SERIES 2013A BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN ICU EXPANSION PROJECT AT ADVOCATE TRINITY HOSPITAL, A CAMPUS MODERNIZATION PROJECT AT ADVOCATE GOOD SHEPHERD HOSPITAL, AN EMERGENCY DEPARTMENT/SURGERY EXPANSION PROJECT AT ADVOCATE LUTHERAN GENERAL HOSPITAL, AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203HE40)	PURPOSE OF BOND SERIES 2014 ISSUED 12/18/2014 THE PROCEEDS OF THE SERIES 2014 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING CERTAIN OF THE SERIES 2008D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER AND ADVANCE REFUNDING THE SERIES 2007A BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF ADVOCATE SHERMAN HOSPITAL.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203H4J8)	PURPOSE OF BOND SERIES 2015 ISSUED 9/24/2015 THE PROCEEDS OF THE SERIES 2015 BONDS WERE USED FOR THE PURPOSE OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING CERTAIN CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP INCLUDING WITHOUT LIMITATION A BED TOWER AT ADVOCATE GOOD SAMARITAN HOSPITAL AND RENOVATIONS AT ADVOCATE CHRIST MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203H6T4)	PURPOSE OF BOND SERIES 2015B ISSUED 10/22/2015 THE PROCEEDS OF THE SERIES 2015B BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING A PORTION OF THE SERIES 2010A, SERIES 2010B, SERIES 2010C AND SERIES 2010D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER.

Return Reference	Explanation
SCHEDULE K, PART 1(F) (CUSIP # 97712DP34)	PURPOSE OF BOND SERIES 2018ABC ISSUED 8/16/2018 THE PROCEEDS OF THE SERIES 2018ABC BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFINANCING ALL OR A PORTION OF THE SERIES 2008A, SERIES 2008B, SERIES 2009A, SERIES 2010A, SERIES 2010B, SERIES 2012A, SERIES 2012B, SERIES 2012C, SERIES 2012D, SERIES 2013A AND SERIES 2015A BONDS PREVIOUSLY ISSUED BY THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY FOR THE BENEFIT OF AURORA HEALTH CARE, INC.

Return Reference	Explanation
SCHEDULE K, PART I(F) (CUSIP # 45203HCM2)	PURPOSE OF BOND SERIES 2011A-1 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-1 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING ALL OF THE ORGANIZATION'S SERIES 1998A AND SERIES 1998B BONDS.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	FOR THOSE BOND ISSUES WHERE THE TOTAL PROCEEDS LISTED IN PART II, LINE 3 ARE NOT IDENTICAL TO THE ISSUE PRICE FOR THE RELATED BOND ISSUE SHOWN IN PART I, COLUMN (E), THE DIFFERENCE REPRESENTS INVESTMENT EARNINGS.

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B, ALL BOND ISSUES	SERVICE CONTRACTS AND RESEARCH AGREEMENTS INTERNAL COUNSEL REVIEWS ALL MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS. THEREFORE, THE ORGANIZATION DOES NOT ROUTINELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW THE CONTRACTS. BOND COUNSEL DOES REVIEW CONTRACTS RELATED TO THE FINANCED PROPERTY DURING DUE DILIGENCE PRIOR TO A BOND TRANSACTION.

Return Reference	Explanation
SCHEDULE K, PART III, LINES 4-6, CERTAIN BOND ISSUES	PRIVATE BUSINESS USE PERCENTAGE PRIVATE BUSINESS USE PERCENTAGE WAS CALCULATED BASED ON NEW MONEY PORTION OF THE BOND ISSUE ONLY.

Return Reference	Explanation
SCHEDULE K, PART III, LINE 7, ALL BOND ISSUES	PRIVATE SECURITY AND PAYMENT TEST ADVOCATE MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE AND THEREFORE HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	ARBITRAGE REBATE COMPUTATION BOND SERIES 2003, CUSIP # 45200PXH5 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 29, 2018. BOND SERIES 2008A-1, CUSIP # 45200FED7 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018. BOND SERIES 2008A-2, CUSIP # 45200FEE5 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018. BOND SERIES 2008A-3, CUSIP # 45200FEF2 THE REBATE COMPUTATION WAS PERFORMED AS OF MAY 1, 2017. BOND SERIES 2008C, CUSIP # 45200FAZ2 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 10, 2017. BOND SERIES 2011A-1, CUSIP # 45203HCM2 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016. BOND SERIES 2011A-2, 2011BCD CUSIP # 45203HCA8 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016. BOND SERIES 2012, CUSIP # 45203HNJ7 THE REBATE COMPUTATION WAS PERFORMED AS OF NOVEMBER 29, 2017. BOND SERIES 2013A, CUSIP # 45203HUC4 THE REBATE COMPUTATION WAS PERFORMED AS OF AUGUST 8, 2018. BOND SERIES 2014, CUSIP # 45203HE40 THE REBATE COMPUTATION WAS PERFORMED AS OF DECEMBER 18, 2019.

Return Reference	Explanation
SCHEDULE K PART IV LINE 4B	SWAP PROVIDERS ON DECEMBER 28, 2011 THE ORIGINAL SWAP RELATING TO THESE BONDS WITH CITIBANK N.A. WAS SEPARATED INTO TWO TRANCHES AND NOVATED (ASSIGNED TO) TWO SEPARATE SWAP COUNTERPARTIES, WELLS FARGO BANK, N.A. AND PNC BANK, NATIONAL ASSOCIATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-2169147

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45200FAZ2	10-10-2007	348,000,000	SEE SCHEDULE K PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCM2	09-21-2011	12,453,367	SEE SCHEDULE K PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCA8	09-21-2011	201,774,238	SEE SCHEDULE K PART VI	X			X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45203HNJ7	11-29-2012	150,003,863	SEE SCHEDULE K PART VI	X			X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	76,235,000		11,005,000					
2	Amount of bonds legally defeased					32,085,000		105,695,000	
3	Total proceeds of issue	352,851,959		12,453,367		202,235,524		150,184,694	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,331,125		130,427		1,649,390		1,646,514	
8	Credit enhancement from proceeds	3,418,607							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	154,520,722				200,461,255		148,493,974	
11	Other spent proceeds	192,581,505		12,322,940		124,879		44,206	
12	Other unspent proceeds								
13	Year of substantial completion	2009		2011		2013		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.100 %		0.010 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0.100 %		0.010 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	1.400 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	SEE PART VI							
c	Term of hedge	2680.0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	TRINITY PLUS FUNDING							
c Term of GIC	210.0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-2169147

Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
						Yes	No	Yes	No	Yes	No	
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HUC4	08-08-2013	103,136,955	SEE SCHEDULE K PART VI	X			X	X	
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HE40	12-18-2014	341,558,564	SEE SCHEDULE K PART VI	X			X	X	
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203H4J8	09-24-2015	104,517,375	SEE SCHEDULE K PART VI		X		X	X	
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203H6T4	10-22-2015	73,276,988	SEE SCHEDULE K PART VI		X		X	X	
Part II Proceeds												
					A		B		C		D	
1	Amount of bonds retired				7,930,000		9,080,000					
2	Amount of bonds legally defeased				37,965,000		147,580,000					
3	Total proceeds of issue				103,146,877		353,041,187		104,528,531		75,569,387	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				1,285,192		2,627,651		1,436,749		715,867	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				101,849,526				103,068,646			
11	Other spent proceeds				12,160		350,413,536		23,136		74,853,520	
12	Other unspent proceeds											
13	Year of substantial completion				2015		2015		2016		2016	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X	X			X	X	
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	
Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.030 %		1.200 %		0.020 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0.030 %		1.200 %		0.020 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH & ED FACILITIES AUTHORITY	39-1337855	97712DP34	08-16-2018	520,918,343	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	520,919,008							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	520,892,291							
11	Other spent proceeds	26,717							
12	Other unspent proceeds								
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.200 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	1.200 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP	Employer identification number 36-2169147
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Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) ROBERT SKOGSBERGH	FAMILY MEMBER - JAMES SKOGSBERGH	70,000	SALARY	INTERNSHIP

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE NAKIS	FAMILY MEMBER - DOMINIC J. NAKIS	114,907	EMPLOYMENT		No
(1) MICHAEL MAHONEY	FAMILY MEMBER - DOMINIC J. NAKIS	90,306	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) ANNA KATZ	FAMILY MEMBER - LEE SACKS	425,388	EMPLOYMENT		No
(1) JAMES RICHARDSON	FAMILY MEMBER - MICHELE BAKER-RICHARDSON	33,950	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) DANIEL DOHERTY	FAMILY MEMBER - JAMES DAN, FORMER OFFICER	322,497	EMPLOYMENT		No
(1) IBEAWUCHI MBANU	FAMILY MEMBER - TERIKA RICHARDSON	447,348	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) KRISTINE ARIAS	FAMILY MEMBER - JOHN TIMMER	29,515	EMPLOYMENT		No
(1) RAFAEL ARIAS	FAMILY MEMBER - JOHN TIMMER	144,688	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) MEGAN SKOGSBERGH	FAMILY MEMBER - JAMES SKOGSBERGH	64,146	EMPLOYMENT		No
(1) ROBERT SKOGSBERGH	FAMILY MEMBER - JAMES SKOGSBERGH	39,960	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) DIANE DOHENY	FAMILY MEMBER - JAMES DOHENY	66,140	EMPLOYMENT		No
(1) JESSICA SLINKMAN	FAMILY MEMBER - HAROLD SLINKMAN	59,573	EMPLOYMENT		No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493323015150
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP		Employer identification number 36-2169147	

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p>	<p>ADVOCATE PROVIDES EXPERT EMERGENCY CARE TO THE CHICAGO AREA'S SERIOUSLY INJURED PEOPLE THROUGH ITS FIVE LEVEL I TRAUMA CENTERS (THE STATE'S HIGHEST DESIGNATION IN TRAUMA CARE). THE LEVEL 1 TRAUMA CENTERS LOCATED AT ADVOCATE CHRIST, ADVOCATE CONDELL, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN COMPRISE THE LARGEST EMERGENCY AND LEVEL 1 TRAUMA NETWORK IN ILLINOIS. IN 2019, ADVOCATE'S LEVEL I TRAUMA CENTERS HANDLED 7,773 TRAUMA VISITS AND ITS LEVEL II TRAUMA CENTERS LOCATED AT ADVOCATE BROMENN, ADVOCATE GOOD SHEPHERD AND ADVOCATE SHERMAN HANDLED 973 TRAUMA VISITS. THERE WAS A TOTAL OF 535,343 NON TRAUMA VISITS AT ALL ADVOCATE HOSPITALS. THE TOTAL TRAUMA AND EMERGENCY ROOM VISITS FOR ALL ADVOCATE HOSPITALS IN 2019 WAS 544,089. (NOTE: THE CHILDREN'S HOSPITAL EMERGENCY VISITS FOR BOTH CAMPUS OAK LAWN AND PARK RIDGE ARE INCLUDED IN THE MAIN HOSPITALS' TOTALS.) TWO ADVOCATE HOSPITALS ALSO SERVE AS POINT OF DISPENSING HOSPITALS FOR COORDINATION OF DISASTER COMMUNICATION ADVOCATE ILLINOIS MASONIC FOR THE CITY OF CHICAGO AND ADVOCATE CHRIST FOR A 5-COUNTY GEOGRAPHIC AREA. LEADERSHIP OF THE METROPOLITAN CHICAGO AND COLLAR COUNTY DISASTER AND COMMUNICATION COORDINATION EFFORTS REQUIRES SIGNIFICANT INVOLVEMENT IN BOTH NATIONAL AND LOCAL BIOTERRORISM AND DISASTER PREPAREDNESS ACTIVITIES. ADVOCATE TREATS MORE PEDIATRIC PATIENTS THAN ANY OTHER HOSPITAL OR SYSTEM IN THE STATE. NAMED AS ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS FOR CARDIOLOGY AND HEART SURGERY AS WELL AS NEONATOLOGY BY U.S. NEWS & WORLD REPORT, ADVOCATE CHILDREN'S WAS THE FIRST CHILDREN'S HOSPITAL IN THE COUNTRY TO RECEIVE CONGENITAL HEART DISEASE ACCREDITATION FROM ACE (ACCREDITATION FOR CARDIOVASCULAR EXCELLENCE) FOR SETTING THE HIGHEST STANDARDS OF QUALITY CARE FOR CHILDREN. THE HOSPITAL IS DESCRIBED AS ONE OF 12 "WORLD CLASS" NEWBORN INTENSIVE CARE UNITS BY THE NATIONAL VERMONT OXFORD "YOUR IDEAL NICU" PROJECT. IN ADDITION, ADVOCATE CHILDREN'S PROVIDES SERVICES FOR COMPLEX SURGERIES DURING PREGNANCY AND NEONATAL PERIODS. THE ADVOCATE CHILDREN'S CENTER FOR FETAL CARE IS ONE OF THE FIRST IN CHICAGO LAND, AND ONE OF ONLY 34 SUCH MEDICAL CENTERS IN NORTH AMERICA. IN FACT, ADVOCATE CHILDREN'S IS ONE OF LESS THAN 30 HOSPITALS NATIONWIDE THAT PERFORM ADVANCED IN-UTERO FETAL THERAPY PROCEDURES. FOUR OF ADVOCATE'S HOSPITALS ARE DESIGNATED LEVEL III (THE STATE'S HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNITS (NICUS). THESE HOSPITALS ADVOCATE CHRIST, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL HANDLE THE MOST ILL BABIES FROM OTHER ADVOCATE HOSPITALS AND THROUGH TRANSFERS FROM NON-ADVOCATE HOSPITALS IN THE CHICAGO LAND AREA. IN 2019, THERE WERE 3,038 NICU ADMISSIONS TO ADVOCATE'S NICU-DESIGNATED HOSPITALS. MORE PEOPLE TRUST THEIR HEARTS (CARDIAC CARE) TO ADVOCATE THAN ANY OTHER HEALTH SYSTEM OR HOSPITAL IN THE STATE OF ILLINOIS. ADVOCATE'S 350 HEART SPECIALISTS PERFORM MORE THAN 20,000 HEART PROCEDURES EACH YEAR MORE THAN THE FIVE CHICAGO ACADEMIC HOSPITALS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:	<p>TALS COMBINED. ADVOCATE ALSO DIAGNOSES AND TREATS MORE CANCER THAN ANY HEALTH SYSTEM IN IL LINOIS. THIS IS IMPORTANT BECAUSE HEALTH RESEARCH SHOWS THERE IS A POSITIVE RELATIONSHIP B ETWEEN THE NUMBER OF PROCEDURES PERFORMED AND QUALITY OUTCOMES. THROUGH LEADING-EDGE RESEA RCH AND A STRONG TEAM OF SPECIALISTS THAT PROVIDE COMPASSIONATE AND PERSONALIZED CARE, ADV OCATE HELPS MORE CANCER PATIENTS IN ILLINOIS BECOME CANCER SURVIVORS. ADVOCATE HAS ONE OF THE LARGEST PHYSICIAN NETWORKS OF PRIMARY CARE PHYSICIANS, SPECIALISTS AND SUB-SPECIALISTS IN ILLINOIS. OF THE 6,300 PHYSICIANS AFFILIATED WITH ADVOCATE, 5,000 OF THEM ARE MEMBERS OF ADVOCATE PHYSICIAN PARTNERS, THE SYSTEM'S CARE MANAGEMENT ORGANIZATION, WITH 1,500 EMPL OYED THROUGH ADVOCATE MEDICAL GROUP. ADVOCATE HAS ACADEMIC AND TEACHING AFFILIATIONS WITH MOST MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA. AT ITS FOUR TEACHING HOSPITALS, ADVOCATE TRAINS MORE PRIMARY CARE PHYSICIANS AND RESIDENTS THAN ANY OTHER HEALTH CARE SYST EM IN THE STATE. AS ONE OF THE NATIONS LARGEST ACCOUNTABLE CARE ORGANIZATIONS (ACOS), ADVO CATE IS NATIONALLY RECOGNIZED FOR IT'S ABILITY TO POSITIVELY AFFECT RISING HEALTHCARE COST S. ADVOCATE CONTINUES TO BE THE MARKET LEADER IN WORKING WITH PAYERS TO OFFER NEW SOLUTION S THAT ALIGN INCENTIVES AND LEAD TO IMPROVED QUALITY WITH REDUCED COSTS TO PAYERS, EMPLOYE RS AND PATIENTS. IN ADDITION, ADVOCATE COLLABORATES WITH MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL FOR PEOPLE ON MEDICAID. ADVOCATE HAS A ST RONG HISTORY OF PROVIDING HIGH QUALITY CARE TO THE MEDICAID POPULATION WITHIN ITS NETWORK, FOCUSING ON THE KEY AREAS OF IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. THE RESULT HAS BEEN A REDUCTION IN EMERGENCY DEPARTMENT UTILIZATION DUE TO SUCCESSFULLY CO NNECTING INDIVIDUALS IN THE PLAN TO A MEDICAL HOME. ADVOCATE HAS TAKEN BOLD, IMPACTFUL STE PS TOWARD CLIMATE-SMART HEALTH CARE, INCLUDING THE PLEDGED GOAL TO BE AT 100% RENEWABLE EL ECTRICITY BY 2030. ADVOCATE RECEIVED THE PRACTICE GREENHEALTH SYSTEM FOR CHANGE AWARD FOR THE 11TH TIME IN 2019. AS THE LONGEST RUNNING RECIPIENT OF THIS AWARD IN THE COUNTRY, THE SYSTEM FOR CHANGE AWARD IS GIVEN TO HEALTH SYSTEMS THAT WORK COHESIVELY AND ACROSS HOSPITA LS AND FACILITIES TO SET AND MEET GOALS RELATED TO SUSTAINABILYFROM REDUCING ENERGY USE, TO INCREASING RECYCLING, TO ESTABLISHING GREEN BUILDING SPACES, ETC. ADVOCATE ALSO RECEIVE D A GLOBAL SILVER CLIMATE LEADERSHIP AWARD IN THE HEALTH CARE CLIMATE CHALLENGE RECOGNIZIN G OUR LEADERSHIP IN TRANSFORMING TO SUSTAINALBE AND CLEAN OPERATIONS IN THE HEALTH CARE EN VIRONMENT. IN RECOGNITION OF SUPERIOR ENERGY PERFORMANCE, ADVOCATE EUREKA EARNED THE U.S. ENVIRONMENTAL PROTECTION AGENCY'S (EPA) ENERGY STAR CERTIFICATION IN 2019. THIS WAS THE 3R D YEAR THAT ADVOCATE EUREKA HAS BEEN RECOGNIZED FOR ITS LEGACY OF CONTINUED ENERGY SAVINGS . ENERGY STAR BUILDINGS ARE VERIFIED TO PERFORM IN THE TOP 25 PERCENT OF BUILDINGS NATIONW IDE. ADVOCATE CONTRIBUTED OVER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:	<p>\$811.6 MILLION IN CHARITABLE CARE AND SERVICES TO COMMUNITIES ACROSS CHICAGOLAND AND CENTRAL ILLINOIS IN 2019. ADVOCATE AURORA VISION ADVOCATE IS A NOT-FOR-PROFIT PROVIDER THAT IS AFFILIATED WITH BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. ADVOCATE HEALTH CARE IS PART OF ADVOCATE AURORA HEALTH, THE 10TH LARGEST NOT-FOR-PROFIT, INTEGRATED HEALTH SYSTEM IN THE UNITED STATES. THE ADVOCATE AURORA VISION IS WE HELP PEOPLE LIVE WELL. ADVOCATE AURORA COMMUNITY STRATEGY ADVOCATE AURORA HEALTH HAS A STRONG HISTORY OF COMMUNITY ENGAGEMENT AND SERVICE. A TARGETED STRATEGY HAS BEEN DEVELOPED TO BUILD ON THIS HISTORY AND TO TRANSFORM THE COMMUNITY FACING WORK TO PROVIDE SUPPORT FOR PATIENT HEALTH AND TO BUILD COMMUNITY HEALTH. THIS FOCUSED COMMUNITY STRATEGY WILL IMPACT HEALTH OUTCOMES FOR ADVOCATE'S (IL) AND AURORA'S (WI) PATIENTS AS WELL AS THE BROADER COMMUNITY WITH THE LONG-TERM GOAL OF REDUCING THE INEQUITABLE GAP IN LIFE EXPECTANCY ACROSS THE ORGANIZATION'S FOOTPRINT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p>	<p>A MULTIDISCIPLINARY TEAM OF LEADERS FROM THE COMMUNITY HEALTH, COMMUNITY RELATIONS, DIVERSITY AND INCLUSION, AND POPULATION HEALTH DEPARTMENTS WAS CONVENED AND TASKED WITH DEVELOPING AN INTEGRATED STRATEGY FOR ADVOCATE AURORA'S COMMUNITY FACING WORK. THIS COMMUNITY STRATEGY (CS) CORE TEAM DEVELOPED A VISION STATEMENT TO GROUND THIS WORK: WE WILL BUILD HEALTH EQUITY, ENSURE ACCESS, AND IMPROVE HEALTH OUTCOMES IN OUR COMMUNITIES THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. TO EXECUTE ON THIS VISION, ALL COMMUNITY FACING WORK IS BEING ALIGNED THROUGH A HEALTH EQUITY LENS. ADVOCATE AURORA DEFINES HEALTH EQUITY AS DIFFERENCES IN HEALTH THAT ARE SYSTEMIC, AVOIDABLE, UNFAIR OR UNJUST. THE OVERARCHING AIM OF THIS STRATEGY IS TO DECREASE THE INEQUITY GAP IN LIFE EXPECTANCY ACROSS THE AAH FOOTPRINT. THE COMMUNITY STRATEGY GOAL IS TO INCREASE LIFE EXPECTANCY BY 5% IN TARGETED LOW-INCOME COMMUNITIES OVER 10 YEARS. SIX FOCUS AREAS HAVE BEEN SELECTED THAT HAVE AN UPSTREAM EFFECT ON HEALTH EQUITY AND THAT ARE ALSO STRONGLY CONFIRMED BY ORGANIZATION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DATA. THESE FOCUS AREAS INCLUDE: 1) ACCESS/PRIMARY MEDICAL HOMES; 2) ACCESS/BEHAVIORAL HEALTH SERVICES; 3) WORKFORCE DEVELOPMENT; 4) COMMUNITY SAFETY; 5) HOUSING; AND 6) FOOD SECURITY. A RIGOROUS TRACKING AND EVALUATION PROCESS FOR BASELINE AND ANNUAL PROGRESS GOALS FOR EACH FOCUS AREA AND STRATEGY IS BEING DEVELOPED. A COMMUNITY-FACING BUDGET PROGRAM AND SPONSORSHIP DOLLARS ARE ALSO BEING REALIGNED TO SUPPORT THESE FOCUS AREAS. POPULATION SERVED ADVOCATE HEALTH CARE PROVIDES QUALITY HEALTH CARE TO VARIOUS COMMUNITIES IN THE CHICAGO AREA AND CENTRAL ILLINOIS REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY. IN 2019, ADVOCATE EXPERIENCED 170,610 TOTAL INPATIENT ADMISSIONS, 2,001,817 OUTPATIENT VISITS (INCLUDING ADVOCATE MEDICAL GROUP OUTPATIENT VISITS OF 686,844). INCLUDED IN THESE TOTALS ARE THE CHILDREN'S HOSPITAL TOTAL INPATIENT VISITS OF 11,058 AND OUTPATIENT VISITS OF 111,814 FOR BOTH CAMPUSES OAK LAWN AND PARK RIDGE COMBINED. ADVOCATE HOSPITALS HAD A TOTAL OF 544,089 EMERGENCY DEPARTMENT VISITS, 18,897 DELIVERIES AND 3,038 NICU ADMITS IN 2019. IN ADDITION, ADVOCATE HOME HEALTH SERVICES HAD A TOTAL OF 28,896 ADMISSIONS IN 2019, A 21.1 INCREASE FROM THE 28,685 ADMISSIONS REPORTED THE PREVIOUS YEAR, AND ADVOCATE HOSPICE REPORTED A TOTAL OF 157,424 ADULT PATIENT DAYS IN 2019, WHICH SUBSTANTIALLY INCREASED BY 9,867 DAYS FROM THE 147,557 ADULT PATIENT DAYS REPORTED IN 2018. NOTES: TOTAL # OF ER, TRAUMA I, TRAUMA II, AND DELIVERIES AND NICU ADMITS DATA GATHERED DIRECTLY FROM HOSPITAL-SPECIFIC FINANCE DEPARTMENTS AS 2019 AHQ SUBMISSION DATA CUSTOMARILY USED WAS NOT POSTED ON THE WEB AND THEREFORE UNAVAILABLE DUE TO COVID-19 DELAYS. NOTE ALSO THAT DATA IS NOT AVAILABLE SEPARATELY FOR THE CHILDREN'S HOSPITAL SO DATA IS INCLUDED IN PARENT HOSPITAL'S ER TOTALS. TOTAL # OF INPATIENT AND TOTAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:	# OUTPATIENT VISITS PULLED FROM 2019 UNAUDITED FINANCIAL REPORTS PER LAUREN BROSIUS. ACH DATA WAS PULLED FROM STRATA AND INCLUDES ALL PATIENTS AGES 0-17 AT CHRIST AND LUTHERAN, EX CLUDING NORMAL NEWBORN, OBSTETRICS, CHEMICAL DEPENDENCY AND BEHAVIORAL HEALTH SERVICE LINE S.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE CORPORATE MEMBER'S EXECUTIVE COMMITTEE HAS NINE MEMBERS, CONSISTING OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE PRESIDENT, THE CHAIRPERSONS OF THE FINANCE, PLANNING, HEALTH OUTCOMES AND MISSION AND SPIRITUAL CARE COMMITTEES, AND TWO OTHER DIRECTORS. THE PAST CHAIRPERSON OF THE BOARD OF DIRECTORS MAY SERVE AS AN EX-OFFICIO MEMBER OF THE COMMITTEE, WITH VOTE. EACH OF THE EXECUTIVE COMMITTEE'S MEMBERS IS ON THE BOARD. THE SCOPE OF THE EXECUTIVE COMMITTEES' AUTHORITY INCLUDES: BE RESPONSIBLE FOR PLANNING EDUCATIONAL PROGRAMS FOR THE BOARD OF DIRECTORS; CONDUCT AN EVALUATION OF THE MEMBERS OF THE BOARD OF DIRECTORS; HAVE SUCH AUTHORITY AS SHALL BE DELEGATED BY THE BOARD OF DIRECTORS; AND ACT ON BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS. THE EXECUTIVE COMMITTEE IS ACCOUNTABLE AS A BODY TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER BUSINESS RELATIONSHIP AS JAMES DAN, M.D., VINCENT BUFALINO, M.D., GAIL D. HASBROUCK, EARL BARNES II, JAMES DOHENY, AND DOMINIC J. NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BYLAWS PROVIDE FOR CORPORATE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS DIRECTORS OF THE BOARD ARE CORPORATE MEMBERS OF ADVOCATE HEALTH AND HOSPITAL BOARD, WHICH ELECTS THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE FOLLOWING RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOCATE HEALTH CARE NETWORK: APPOINT OUTSIDE AUDITORS AND ESTABLISH AND REVISE ALL FINANCIAL CONTROL POLICIES, AND ANY CHANGES TO SUCH POLICIES, BEFORE SUCH POLICIES OR CHANGES BECOME EFFECTIVE; CAUSE THE CORPORATION TO PAY, LOAN OR OTHERWISE TRANSFER PROPERTY AND FUNDS TO OTHER ENTITIES AFFILIATED WITH THE CORPORATE MEMBER; AMEND THE BYLAWS WITHOUT ACTION OR APPROVAL BY THE BOARD OF DIRECTORS (AFTER TEN DAYS NOTICE) TO THE CORPORATION'S BOARD OF DIRECTORS OF THE PROPOSED AMENDMENT(S) WITH AN OPPORTUNITY FOR BOARD MEMBERS TO CONSULT WITH THE CORPORATE MEMBER REGARDING THE PROPOSED AMENDMENT; APPROVAL OF THE OVERALL MISSION, PHILOSOPHY AND VALUES STATEMENTS AND ANY AMENDMENTS OR SUPPLEMENTS TO SUCH STATEMENTS; APPROVAL OF THE OVERALL STRATEGIC PLANS; APPROVAL OF ALL OVERALL OPERATING AND CAPITAL BUDGETS BEFORE ANY EXPENDITURE, PURSUANT TO SUCH BUDGETS ARE MADE OR COMMITTED, AND APPROVAL OF ALL EXPENDITURES ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF THE INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS FOR BORROWED MONEY WHICH HAS NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR WHICH IS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF ALL TRANSFERS OF OWNERSHIP OR DONATIONS OF ASSETS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION BEFORE THEY BECOME EFFECTIVE; APPROVAL OF ANY MERGER, CONSOLIDATION, OR DISSOLUTION; AND APPROVAL OF THE CREATION OF OR AFFILIATION WITH ANY SUBSIDIARY OR AFFILIATE, BEFORE SUCH ENTITY IS CREATED OR THE ENTRANCE INTO ANY JOINT VENTURE IF THE CONTEMPLATED ACTIVITY WILL INVOLVE THE EXPENDITURE OF FUNDS OR THE ASSUMPTION OF OBLIGATIONS WHICH HAVE NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR REQUIRE MEMBER APPROVAL UNDER THE FINANCIAL CONTROL POLICIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990. THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX, AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990. THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE/CORPORATE CONTROLLER, THE CHIEF FINANCIAL OFFICER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL. PRIOR TO PRESENTING THE FORM 990 TO THE BOARD OF DIRECTOR'S AUDIT COMMITTEE IN NOVEMBER, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM 990. AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER COORDINATED A REVIEW OF THE FORM 990 WITH COMMITTEE MEMBERS, AS THE AUDIT COMMITTEE IS THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH OVERSIGHT OF AUDIT AND TAX MATTERS. THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND PROVIDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990. THE CHANGES IDENTIFIED WERE INCORPORATED, AND THEN A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO VARIOUS PEOPLE, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS, GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES. ANNUALLY, THE COMPLIANCE DEPARTMENT SENDS THIS POLICY AND THE ADVOCATE CODE OF BUSINESS CONDUCT TO A RANGE OF INDIVIDUALS WHO MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL INTEREST OVER A PARTICULAR MATTER (DEFINED AS INTERESTED PERSONS). THEY ARE REQUIRED TO READ THE POLICIES AND PROVIDE A DISCLOSURE STATEMENT TO THE COMPLIANCE DEPARTMENT, WHICH IDENTIFIES ACTIVITIES AND RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST. THE CHIEF COMPLIANCE OFFICER REVIEWS THE DISCLOSURES AND PROVIDES A REPORT TO THE SYSTEM BUSINESS CONDUCT (COMPLIANCE) COMMITTEE, EXECUTIVE MANAGEMENT TEAM AND THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW. THE REPORT IS THEN PROVIDED, IN RELEVANT PART, TO THE SITE CHIEF EXECUTIVE OFFICERS. POTENTIAL CONFLICTS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT ON A CASE BY CASE BASIS. FOLLOW UP PROCEDURES CONDUCTED ARE UNIQUE TO THE GIVEN CIRCUMSTANCE, AND MAY INCLUDE REVIEWING THE POTENTIAL CONFLICT WITH THE INTERESTED PERSON, OR INVESTIGATING THE MATTER IN CONSULTATION WITH THE INTERESTED PERSON'S SUPERVISOR AND/OR SITE MANAGEMENT. IN CIRCUMSTANCES WHERE THE INTERESTED PERSON IS NOT A MEMBER OF THE BOARD, OR GOVERNING COUNCIL, OR A COMMITTEE THEREOF, OR A PERSON OF INTEREST, IF IT IS DETERMINED THAT THERE IS AN ACTUAL CONFLICT OF INTEREST, THE SUPERVISOR OF THE INDIVIDUAL IS RESPONSIBLE FOR MAKING AN APPROPRIATE RESPONSE, POTENTIALLY INCLUDING A RESTRICTION OF THE INDIVIDUAL'S JOB DUTIES WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN EXECUTIVE COMPENSATION AT ADVOCATE HEALTH AND HOSPITAL CORPORATION IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS AND ALL EMPLOYEES. IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVELS OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED. IN ADDITION, THE LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED. TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED. THESE ELEMENTS ARE: -A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY. -ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION. -A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS. -AN ACTIVE BOARD REVIEW PROCESS THAT ASSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND -ACTIVE, EXTERNAL REVIEW AND AUDITING OF COMPENSATION BY EXTERNAL INDEPENDENT CONSULTANTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING WEB SITES: DACBOND.COM (DIGITAL ASSURANCE CERTIFICATION LLC) EMMA.MSRB.ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 1 - DESCRIPTION FOR PART II	N/A

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 1 - DESCRIPTION FOR PART III, LINES 2, 3, AND 4	THE FOOTNOTES TO ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE; RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND NET REALIZABLE VALUE BASED ON CERTAIN ASSUMPTIONS. THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CONTRIBUTIONS FROM SUBSIDIARIES CONTRIBUTION FROM PARENT FASB 158 ADJUSTMENTS -78,288,607. ACL FIXED ASSET WRITEOFF

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493323015150

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-2169147

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DMA SURGERY CENTER 2357 SEQUOIA DRIVE AURORA, IL 60506 36-3890298	MEDICAL SERVICES	IL	N/A					No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3297360	FUNDRAISING	IL	501(C)(3)	LINE 7	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(C)(3)	LINE 10	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(C)(3)	LINE 10	EHSIHCS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4397387	FUNDRAISING	IL	501(C)(3)	LINE 12A, I	MFHS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(C)(3)	LINE 10	ASH		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	LINE 12C, III-FI	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ADVOCATE HOME CARE PRODUCTS 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	N/A	C					No
EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3208101	MGMT SERVICES	IL	N/A	C					No
HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	N/A	C					No
DREYER CLINIC INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329	MEDICAL SERVICES	IL	N/A	C					No
BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	N/A	C					No
PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER STREET PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	N/A	C					No
THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGT	IL	N/A	C					No
ADVOCATE HPN NFP 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 81-0893878	HEALTH IMPRV MGMT	IL	N/A	C					No
ADVOCATE INSURANCE SPC 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	N/A	C			100.000 %	Yes	
ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MGT	IL	N/A	C					No
ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE MGT	IL	N/A	C					No
ADVOCATE PHYSICIAN PTNRS RISK PURCHASE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVOCATE NORTH SIDE HEALTH NETWORK	A	208,063	COST
ADVOCATE CONDELL MEDICAL CENTER	A	64,424	COST
EHS HOME HEALTH CARE SERVICE INC	A	14,297	COST
ADVOCATE CHARITABLE FOUNDATION	C	17,917,157	COST
ADVOCATE INSURANCE SPC	F	25,000,000	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	K	687,309	COST
ADVOCATE CONDELL MEDICAL CENTER	K	246,932	COST
EHS HOME HEALTH CARE SERVICE INC	K	110,788	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	L	71,767,819	COST
ADVOCATE CONDELL MEDICAL CENTER	L	54,367,622	COST
EHS HOME HEALTH CARE SERVICE INC	L	3,961,145	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	M	278,746	COST
ADVOCATE CONDELL MEDICAL CENTER	M	1,251,210	COST
EHS HOME HEALTH CARE SERVICE INC	M	251,163	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	P	50,474,542	COST
ADVOCATE CONDELL MEDICAL CENTER	P	26,643,502	COST
EHS HOME HEALTH CARE SERVICE INC	P	3,055,395	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	Q	87,466,225	COST
ADVOCATE CONDELL MEDICAL CENTER	Q	70,584,890	COST
ADVOCATE INSURANCE SPC	Q	4,283,888	COST
EHS HOME HEALTH CARE SERVICE INC	Q	13,113,106	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	R	4,396,584	COST
ADVOCATE CONDELL MEDICAL CENTER	R	110,180	COST
EHS HOME HEALTH CARE SERVICE INC	R	135,406	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	S	16,233,682	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVOCATE CONDELL MEDICAL CENTER	S	26,836,542	COST