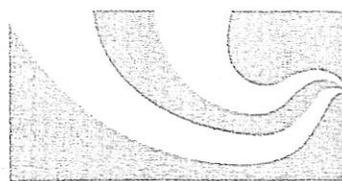


2022 COMMUNITY BENEFITS REPORT



Thorek
MEMORIAL HOSPITAL

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ATTACHMENTS

- Financial Statements
- Charity Care Policy
 - English
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I. INTRODUCTION

For over 110 years, Thorek Memorial Hospital has been providing high quality, progressive health care to Chicago residents. Located on Chicago's North side, Thorek offers the unique characteristics and personal attention of a community hospital while providing many of the amenities and technological advances found at large medical centers. Armed with a dedicated team of skilled physicians and medical professionals, Thorek has earned a reputation for treating people not as case numbers, but as the unique individuals they are.

Thorek has thrived over the years as one of Chicago's remaining independent healthcare providers due to its commitment to serving the health needs of its patients and community. In addition to the 218-bed, acute care facility in Buena Park, Thorek operates seven off-site neighborhood care clinics to help Chicago residents get the services they need at locations most convenient to them.

In addition to its main campus at 850 West Irving Park Road, Thorek Memorial Hospital also has an Andersonville location which offers outpatient services, inpatient detoxification services, and inpatient psychiatric services.

II. MISSION, VISION, VALUES

Thorek Memorial Hospital's mission, vision and values were developed under Dr. Max Thorek's founding philosophy of providing "a human atmosphere where the patient is a person rather than a case."

MISSION

Thorek Memorial Hospital is committed to providing appropriate patient services in a caring and cost-effective manner.

Thorek Memorial Hospital seeks to serve its patients, physicians, employees and community by providing quality services and encouraging employee excellence.

Thorek Memorial Hospital will support education and research and will act as a responsible member of our community and the healthcare system.

VISION

Thorek Memorial Hospital will seek to be the healthcare provider of choice for those individuals, organizations and associations who have the ability to choose.

VALUES

- **Service Quality** - We believe in providing the best possible service by constantly striving to do the right things in the right way. We believe that service is not only an activity but also an attitude, which must be cultivated, developed and maintained.
- **Fiscal Responsibility** - We believe that sound financial management and an appropriate return on investment is essential to assure continued service to our community. Operating efficiently will allow us to establish fair and competitive pricing. We value our not-for-profit status because it permits us to return the full benefit of our financial success back to the community.
- **Integrity** - We believe that by maintaining the highest level of professional and ethical conduct we will earn the trust and confidence of those we serve.
- **Respect** - We believe that each person whose life we touch is automatically entitled to be treated with respect. This includes recognition and sensitivity to racial, cultural and religious diversity of the community we are privileged to serve.
- **Satisfaction** - We believe that the ultimate measure of our success is customer satisfaction. We view the term "customer" in the broadest possible sense to include patients, family members, visitors, physicians, fellow Thorek employees, the medical community and the community at large.
- **Teamwork** - We believe that mutual cooperation maximizes our potential to do well and that working together we can accomplish more than the accumulation of our individual efforts.

III. LEADERSHIP, COMMUNITY INVOLVEMENT, AND RESPONSIBILITY

Thorek Memorial Hospital has been proactive in community benefit efforts for many years. Our Community Benefit plan employs a systematic process for identifying and prioritizing community health needs. The process includes a collection of data from the American Hospital Association (AHA) and a review by the Thorek Community Benefits Advisory Committee for evaluation of program's effectiveness.

COMMUNITY BENEFITS LEADERSHIP GOALS

- Monitor outcomes of the community benefits services and compare to community health assessment data
- Provide ongoing health education to the community to bridge the gap in health disparities among the population
- Obtain feedback from the community

COMMUNITY BENEFITS HOSPITAL LEADERSHIP & ADVISORY COMMITTEE

Ned Budd, CEO, Thorek Memorial Hospital

Peter Kamberos, COO, Thorek Memorial Hospital

Tim Heinrich, CFO, Thorek Memorial Hospital

David Novick, Director of Ambulatory Care, Thorek Memorial Hospital

IV. COMMUNITY BENEFITS PLANNING

COMMUNITY HEALTH NEEDS ASSESSMENT

Thorek Memorial Hospital locations conducted a Community Health Needs Survey of the Cook County, DuPage County and Lake County through Professional Research Consultants, Inc. (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting Health Needs Assessments in communities across the United States since 1994. The new Community Health Needs Assessment was posted to our websites in March of 2022, www.Thorek.org.

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

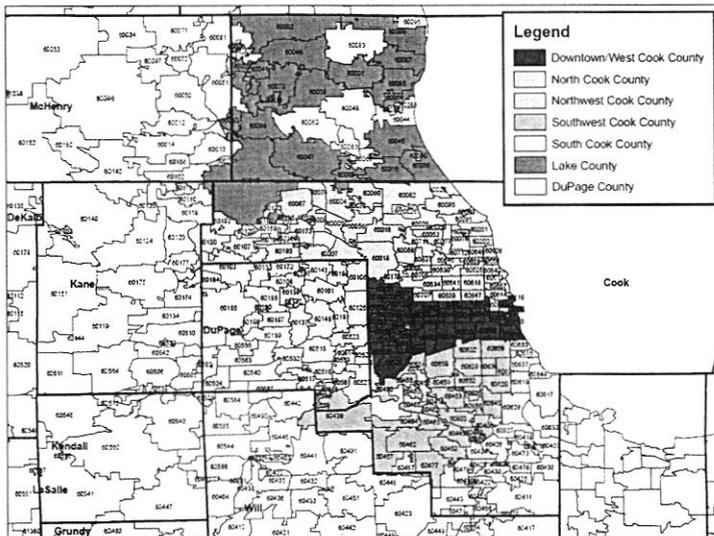
1. Improving health status, life spans, and improving quality of life.
2. Reducing health disparities among residents.
3. Increasing accessibility to preventive services for all community residents.

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

COMMUNITY DEFINED FOR THIS ASSESSMENT the survey

Thorek Memorial Hospital Service Area

The study area for the survey effort is defined as any of the 14 major residential ZIP Codes comprising the primary service area 60018, 60606, 60607, 60612, 60613, 60614, 60618, 60622, 60625, 60634, 60640, 60641, 60647, and 60657. A geographic description is illustrated in the map below These zip codes account for over 75% of the admissions to the Hospital although TMH serves patients throughout the Chicago metropolitan area and as far away as Indiana and Wisconsin.



METHODOLOGY

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

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

SAMPLING ERROR

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

INFORMATION GAPS

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

DATA SOURCES

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

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

SUMMARY OF FINDINGS

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

Top Community Health Concerns Among Community Key Informants

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

SUMMARY TABLES: COMPARISONS WITH BENCHMARK DATA

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

Reading the Summary Tables

■ In the following charts, service area results are shown in the larger, blue column.

The columns to the right of the blue column provide trending, as well as comparisons between the service area and any available regional, state and national findings, and Healthy People 2021 targets.

Symbols indicate whether the TMH Service Area compares favorably (f), unfavorably (u), or comparably (c) to these external data.

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

SOCIAL DETERMINANTS	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)			8.5	 4.1	 4.3		
Population in Poverty (Percent)			16.0	 12.5	 13.4	 8.0	
Children in Poverty (Percent)			22.4	 17.1	 18.5	 8.0	
No High School Diploma (Age 25+, Percent)			13.3	 10.8	 12.0		
% Unable to Pay Cash for a \$400 Emergency Expense	 26.1	 21.4	24.1		 24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	 36.3	 32.0	34.5		 32.2	 43.4	
% Unhealthy/Unsafe Housing Conditions	 23.5	 19.6	21.9		 12.2		
% Food Insecure	 33.6	 36.8	35.0		 34.1	 43.1	

 better
  similar
  worse

OVERALL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	13.9	12.4	13.3	17.7	12.6	13.4	
				better	similar	worse	
ACCESS TO HEALTH CARE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	5.6	10.9	7.8	15.6	8.7	7.9	24.5
% Difficulty Accessing Health Care in Past Year (Composite)	55.9	56.3	56.1		35.0		49.8
% Cost Prevented Physician Visit in Past Year	20.9	19.9	20.5	13.3	12.9		24.1
% Cost Prevented Getting Prescription in Past Year	19.3	19.5	19.3		12.8		30.7
% Difficulty Getting Appointment in Past Year	35.3	35.8	35.6		14.5		20.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	26.5	25.7	26.2		12.5		23.2
% Difficulty Finding Physician in Past Year	19.8	21.4	20.5		9.4		13.6

ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Transportation Hindered Dr Visit in Past Year	20.0	19.7	19.9		8.9		14.9
% Language/Culture Prevented Care in Past Year	6.7	13.8	9.7		2.8		2.3
% Skipped Prescription Doses to Save Costs	24.9	17.9	21.9		12.7		18.6
% Difficulty Getting Child's Health Care in Past Year	9.1	18.6	14.0		8.0		0.5
Primary Care Doctors per 100,000			181.7	116.0	101.7		
% Have a Specific Source of Ongoing Care	69.9	66.4	68.4		74.2	84.0	67.4
% Have Had Routine Checkup in Past Year	68.5	68.2	68.4	76.9	70.5		66.8
% Child Has Had Checkup in Past Year	95.4	76.4	85.5		77.4		95.8
% Two or More ER Visits in Past Year	11.9	12.3	12.1		10.1		8.4
% Eye Exam in Past 2 Years	57.8	58.7	58.2		61.0	61.1	63.5

better
 similar
 worse

ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Rate Local Health Care "Fair/Poor"	 13.3	 11.0	12.4		 8.0	 15.5	
				 better	 similar	 worse	

CANCER	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Cancer (Age-Adjusted Death Rate)			147.9				 174.5
			[Cook County]	152.1	146.5	122.7	
Lung Cancer (Age-Adjusted Death Rate)			30.9				
			[Cook County]	35.5	33.4	25.1	
Prostate Cancer (Age-Adjusted Death Rate)			20.9				
			[Cook County]	18.7	18.5	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)			21.8				
			[Cook County]	20.5	19.4	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)			14.2				
			[Cook County]	13.9	13.1	8.9	
Cancer Incidence Rate (All Sites)			449.5				
			[Cook County]	466.8	448.6		
Female Breast Cancer Incidence Rate			132.1				
			[Cook County]	133.7	126.8		

CANCER (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Prostate Cancer Incidence Rate			115.9 [Cook County]	111.5	106.2		
Lung Cancer Incidence Rate			57.0 [Cook County]	63.0	57.3		
Colorectal Cancer Incidence Rate			42.2 [Cook County]	42.1	38.0		
% Cancer	5.0	7.9	6.2	10.4	10.0		
% [Women 50-74] Mammogram in Past 2 Years			72.3	78.7	76.1	77.1	84.9
% [Women 21-65] Cervical Cancer Screening	77.7	66.5	73.7	79.3	73.8	84.3	87.7
% [Age 50-75] Colorectal Cancer Screening	77.3	78.4	77.8	67.0	77.4	74.4	64.7
				better	similar	worse	

DIABETES	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Diabetes (Age-Adjusted Death Rate)			20.6 [Cook County]	19.6	22.6		20.6

DIABETES (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Diabetes/High Blood Sugar	9.5	13.2	11.1	11.3	13.8	11.0	
% Borderline/Pre-Diabetes	11.2	18.6	14.3		9.7	10.0	
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	37.3	38.4	37.8		43.3	56.6	
				better	similar	worse	

HEART DISEASE & STROKE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Diseases of the Heart (Age-Adjusted Death Rate)			169.9	165.8	164.4	127.4	183.4
[Cook County]							
% Heart Disease (Heart Attack, Angina, Coronary Disease)	1.8	8.0	4.5	5.7	6.1	2.9	
Stroke (Age-Adjusted Death Rate)			41.6	39.5	37.6	33.4	36.8
[Cook County]							
% Stroke	1.8	7.3	4.1	3.0	4.3	1.3	
% Told Have High Blood Pressure	30.8	43.9	36.4	32.2	36.9	27.7	20.5

HEART DISEASE & STROKE (continued)	DISPARITY BETWEEN SUBAREAS		TOTAL SERVICE AREA vs. BENCHMARKS				
	PSA	SSA	Total Service Area	vs. IL	vs. US	vs. HP2030	TREND
% Told Have High Cholesterol	24.3	29.9	26.6		32.7		27.4
% 1+ Cardiovascular Risk Factor	77.8	83.6	80.3		84.6		79.8
				better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN SUBAREAS		TOTAL SERVICE AREA vs. BENCHMARKS				
	PSA	SSA	Total Service Area	vs. IL	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)			9.0	8.4	8.2		
			[Cook County]				
Infant Death Rate			5.6	5.7	5.5	5.0	6.7
			[Cook County]				
Late or No Prenatal Care (Percent)			7.0	5.7	6.1		2.0
			[Cook County]				
Births to Adolescents Age 15 to 19 (Rate per 1,000)			21.9	19.4	20.9	31.4	
			[Cook County]				
				better	similar	worse	

INJURY & VIOLENCE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Unintentional Injury (Age-Adjusted Death Rate)			46.5 [Cook County]	 47.6	 51.6	 43.2	 26.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)			7.1 [Cook County]	 9.0	 11.4	 10.1	
[65+] Falls (Age-Adjusted Death Rate)			38.2 [Cook County]	 53.3	 67.1	 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)			16.1 [Cook County]	 11.9	 12.5	 10.7	
Homicide (Age-Adjusted Death Rate)			14.9 [Cook County]	 9.1	 6.1	 5.5	 10.5
Violent Crime Rate			627.4 [Cook County]	 420.9	 416.0		
% Victim of Violent Crime in Past 5 Years	 6.8	 9.0	7.7		 6.2		 9.3
% Victim of Intimate Partner Violence	 19.9	 24.5	21.9		 13.7		 17.0
				 better	 similar	 worse	

KIDNEY DISEASE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Kidney Disease (Age-Adjusted Death Rate)			17.3 [Cook County]	16.6	12.8		17.2
% Kidney Disease	5.6	10.1	7.5	2.7	5.0		2.1
				better	similar	worse	
MENTAL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	31.7	25.6	29.1		13.4		8.8
% Diagnosed Depression	32.3	24.9	29.2	18.3	20.6		10.4
% Symptoms of Chronic Depression (2+ Years)	53.1	40.5	47.7		30.3		32.7
% Typical Day Is "Extremely/Very" Stressful	26.1	17.9	22.6		16.1		13.2
Suicide (Age-Adjusted Death Rate)			8.6 [Cook County]	10.9	13.9	12.8	7.8
Mental Health Providers per 100,000			133.5	96.2	121.3		

MENTAL HEALTH (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Taking Rx/Receiving Mental Health Trtmt	 24.6	 21.4	23.2		 16.8		 16.3
% Unable to Get Mental Health Svcs in Past Yr	 16.3	 11.6	14.3		 7.8		 8.2
				 better	 similar	 worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Population With Low Food Access (Percent)			0.3	 20.2	 22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	 21.8	 15.8	19.2		 21.1		 21.0
% 5+ Servings of Fruits/Vegetables per Day	 36.2	 28.2	32.8		 32.7		 40.9
% No Leisure-Time Physical Activity	 16.6	 27.9	21.4	 25.6	 31.3	 21.2	 20.2
% Meeting Physical Activity Guidelines	 31.9	 17.8	25.9	 23.4	 21.4	 28.4	 21.7
% Child [Age 2-17] Physically Active 1+ Hours per Day	 21.0	 33.8	27.3		 33.0		 57.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Recreation/Fitness Facilities per 100,000			12.2	 12.5	 12.2		
% Healthy Weight (BMI 18.5-24.9)	 33.2	 35.8	34.3	 32.6	 34.5		 37.7
% Overweight (BMI 25+)	 58.3	 56.7	57.7	 65.7	 61.0		 60.9
% Obese (BMI 30+)	 24.9	 31.6	27.8	 31.6	 31.3	 36.0	 23.8
% Children [Age 5-17] Healthy Weight			39.2		 47.6		 56.9
% Children [Age 5-17] Overweight (85th Percentile)			38.8		 32.3		 43.0
% Children [Age 5-17] Obese (95th Percentile)			25.2		 16.0	 15.5	 22.6
				 better	 similar	 worse	

ORAL HEALTH	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Have Dental Insurance	77.1	80.7
% [Age 18+] Dental Visit in Past Year	62.4	57.7
% Child [Age 2-17] Dental Visit in Past Year	75.2	67.8

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	vs. IL	vs. US	vs. HP2030	
78.6		68.7	59.8	61.1
60.4	68.1	62.0	45.0	66.6
71.6		72.1	45.0	72.8

better similar worse

POTENTIALLY DISABLING CONDITIONS	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% 3+ Chronic Conditions	33.1	40.1
% Activity Limitations	27.2	28.7
% With High-Impact Chronic Pain	13.9	18.7
Alzheimer's Disease (Age-Adjusted Death Rate)		
% Caregiver to a Friend/Family Member	19.0	23.5

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	vs. IL	vs. US	vs. HP2030	
36.1		32.5		33.9
27.8		24.0		13.7
15.9		14.1	7.0	
20.9	26.2	30.9		15.8
[Cook County] 20.9		22.6		21.4

better similar worse

RESPIRATORY DISEASE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
CLRD (Age-Adjusted Death Rate)			25.8 [Cook County]	 35.1	 38.1	 31.1	
Pneumonia/Influenza (Age-Adjusted Death Rate)			15.5 [Cook County]	 15.0	 13.4	 17.1	
% [Age 65+] Flu Vaccine in Past Year			72.5	 61.1	 71.0	 76.9	
COVID-19 (Age-Adjusted Death Rate)			125.5 [Cook County]	 99.2	 85.0		
% [Adult] Asthma	 11.8	 16.1	13.6	 8.2	 12.9	 9.5	
% [Child 0-17] Asthma	 11.4	 8.4	9.8		 7.8	 10.8	
% COPD (Lung Disease)	 8.1	 11.8	9.7	 5.8	 6.4	 5.4	
				 better	 similar	 worse	

SEPTICEMIA	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Septicemia (Age-Adjusted Death Rate)			9.6 [Cook County]	 11.2	 9.8	 13.5	

SEXUAL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
HIV/AIDS (Age-Adjusted Death Rate)			2.3 [Cook County]	1.3	1.8		
HIV Prevalence Rate			577.4	334.5	372.8		
Chlamydia Incidence Rate			830.3	604.0	539.9		
Gonorrhea Incidence Rate			309.3	198.6	179.1		
				better	similar	worse	

SUBSTANCE ABUSE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			9.0 [Cook County]	10.2	11.9	10.9	8.8
% Excessive Drinker	44.4	41.0	42.9	21.6	27.2		30.7
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)			26.6 [Cook County]	22.0	21.0		9.6
% Illicit Drug Use in Past Month	7.1	1.1	4.5		2.0	12.0	5.0

SUBSTANCE ABUSE (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Used a Prescription Opioid in Past Year	15.6	11.9	14.1		12.9		
% Ever Sought Help for Alcohol or Drug Problem	4.9	8.4	6.4		5.4		6.7
% Personally Impacted by Substance Abuse	50.7	38.6	45.6		35.8		45.9
				better	similar	worse	

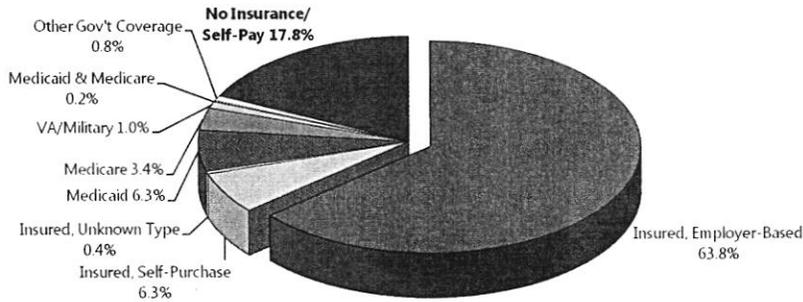
TOBACCO USE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2030	
% Current Smoker	20.1	21.6	20.7	14.5	17.4	5.0	17.6
% Someone Smokes at Home	20.5	22.7	21.5		14.6		14.0
% [Household With Children] Someone Smokes in the Home	36.6	38.2	37.4		17.4		16.1
% [Smokers] Received Advice to Quit Smoking			61.4		59.6	66.6	
% Currently Use Vaping Products	18.3	11.6	15.5	4.4	8.9		8.4
				better	similar	worse	

ACCESS

Healthcare Insurance Coverage

Residents of Cook County are much more likely than adults across the US to be without healthcare coverage - including supplemental coverage among seniors (see table below). Insured adults in Cook County are also more likely to have gone without coverage at some point in the past year - including 10.4% of insured residents in South Cook County.

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



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

Difficulties Accessing Healthcare

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

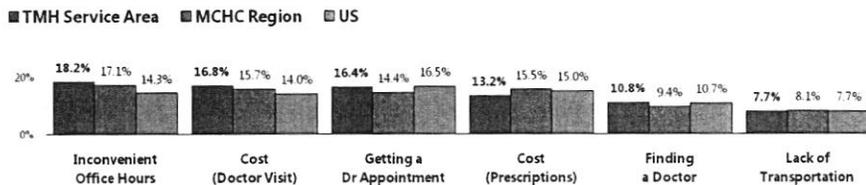
Emergency Room Utilization

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

Flu Shots

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

Barriers to Access Have Prevented Medical Care in the Past Year



Source: 2012 PRC Community Health Surveys, Professional Research Consultants, Inc

V. 2022 COMMUNITY BENEFIT PLAN PROGRAMS

In calendar year 2022, TMH provided \$___ in community benefits that included specialized, hospital-sponsored health services, prevention, education, health screenings and charity care. Many are longstanding services for which TMH has been well known; others have been recently initiated in response to emerging needs. All these services are now part of the hospital's Community Benefits Program and are provided in concert with the hospital's mission and core values to address the health care needs of our community.

Thorek Memorial Hospital's community health programs in 2021 – as a result of its last Community Health Needs Assessment – are described below.

A. IMPROVING ACCESS TO HEALTHCARE SERVICES

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

Goals: Increase the proportion of persons with a usual primary care provider; increase the number of primary care visits; and reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care/screenings. Lower use of Emergency Room visits for non-urgent medical treatment

Primary Care Services

The TMH Ambulatory Care Center extended hours of operations for ease of access. Evening hours are now available to address access and ER congestion. Two hospital clinic locations now have hours 6pm and after to better serve the patient population.

Emergency Care

The TMH state-of-the-art emergency department continues to help the indigent community who await response from the City of Chicago's shelter services.

Center for Primary Care/ACS/China Square/Ukraine Village

The TMH clinics accept appointments and walk-in patients. Hours vary based on location.

Transportation

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

Medical Offices in Senior Residence Buildings

TMH operates medical offices in senior resident sites on the north side of Chicago in Thorek's primary services area. Typical office staffing consists of a Medical Assistant and a physician when needed. TMH also helps to provide access to specialty (consultant) physician services to members on an as needed basis.

B. FOCUS ON MENTAL HEALTH & WELLNESS

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

Goals: Improve access to and create additional capacity to address mental health needs of the community; and improve health-related quality of life and well-being for all individuals

Medical Stabilization Unit

Designed to stabilize patients suffering from withdrawal from alcohol and opiates, the Andersonville campus has a 30-bed general medicine unit providing multidisciplinary care to patients with withdrawal or alcohol intoxication as their primary diagnosis. Once stabilized, patients are provided with referrals for treatment of their addiction as well as follow up for any other medical problems

Outpatient Mental Health

TMH now offers 6 days per week outpatient mental health services. This includes medication management and traditional therapy/counseling. The clinic is staffed by:

MDs
NP
LCSW

Inpatient Mental Health

TMH now has 44 beds for inpatient mental health at its main campus and another 40 inpatient beds at its Andersonville location. The beds are divided by floors, 3 East and 4 East at the main campus and 4th floor at the Andersonville campus.. The units are staffed with the following:

MDs
RNs
LPNs
Crisis Workers
LCSWs
CNAs

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

- Schizophrenic Disorders
- Schizo-Affective Disorder
- Bi-Polar Disorders
- Dissociative Disorders
- Major Depressive Disorders
- Acute Psychosis
- Dual Diagnoses (medical and behavioral)

Free Screenings

Thorek provides free mental health status screenings at off-site elderly housing facilities and various community fairs/events.

C. PROMOTING ORAL CARE

Target Population: Uninsured and underinsured adults and children within Thorek's primary service areas.

Goals: Reduce the proportion of children and adults with untreated dental decay; and increase the proportion of children and adults who have used the oral health system in the past year.

Medical Office in Hospital

Dental Charm operates an office within Thorek's Professional Office Building. Dental Charm specializes in family dentistry with a specific focus on pediatric dentistry. All its dentists are a part of the American Dental Society. Dental Charm takes all major insurance, sliding scale payments and has walk in hours.

D. CANCER PROGRAMS

Target Population: Uninsured and underinsured adults within Thorek's primary service areas; Women (ages 40 and up) within Thorek's primary service areas.

Goals: Earlier detection of breast cancer and skin cancer, allowing for timely intervention and better prognosis; and increase awareness of hospital's cancer services.

Skin Cancer Screenings

Thorek offered free skin cancer screenings to the public in July of 2022. The visual took place at the hospital's main campus and were performed by Thorek physician Gary Barsky, M.D. Dr. Barsky provided participants the results immediately and recommended follow-up care, if necessary. We had 14 people receive the free screening. Due to Covid 19, are numbers fell from what we projected of over 50 free screening. We will repeat this initiative again in 2023 with a goal of 75 people participating.

Discounted Mammography

For those without insurance or who wish to pay for themselves, Thorek Memorial Hospital offers digital mammograms at a discounted fee of \$155. Our fee includes both the exam and the radiologist's reading, without any unexpected or additional charges. We worked with community partners to advertise the mammogram discounts.

E. LANGUAGE ASSISTANCE/HEARING IMPAIRED PROGRAMS

Target Population: Underserved, non-English speaking/Hearing Impaired community

Pacific Interpreters allows non-English speaking and hearing impaired patients to communicate with their medical providers. The following are the types of communications that is offered through Pacific Interpreters:

- Phone
- Tablet
- In Person

F. EDUCATION

Target Population: Seniors and broader community

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

G. CHARITY CARE

Target Population: Underserved, underinsured, uninsured and broader community

Thorek provides medically necessary services to all patients regardless of race, creed, color, gender, or country of national origin and without regards to ability of the patient to pay for such services. Thorek provides a minimum 53% discount of charges for all patients without insurance, regardless of income or assets. Patients are eligible for an additional 25% quick pay discount on the remaining amount due after the initial 53% discount. Patients are eligible for additional payment reductions and or interest free payment plans up to and including complete write-off of charges for patients that are eligible for the Hospital's charity care policy or show severe financial distress.

For patients that do not meet charity care guidelines, a 53% (based on 600% of federal poverty guidelines) initial discount is taken and the remainder is eligible for a 25% immediate payment discount. The remaining amount will be paid based upon an agreed upon payment plan (up to one year) with the patient or will receive further discount based upon the individual patient's financial situation. Any final amount that will be paid is determined and paid in full or according to an agreed upon payment plan with the patient (up to one year). Every opportunity will be made to ensure the patient has the chance to pay what they can afford too based upon their financial situation at that time. The Hospital does not attempt to garnish any wages of the patient, does not file liens on any personal property of the patient, nor does it pursue any other aggressive collection techniques in pursuit of payment.

VI. *List of Community Events*

Many events that were held prior to Covid 19, still did not take place in calendar year 2022. Below is a list of events that we did participate in with the Community

January and February 2022

Vaccination Clinics

-Offered Covid Booster vaccines

March 2022

Vaccination Clinic

-Offered Covid Booster Vaccines

April 2022

Skin Cancer Screenings

-Offered free skin cancer screenings

June 2022

Pride Parade

-Offered First Aid Services

July 2022

Argyle Market Nights

-Offered free Blood Pressure Screens

September 2020

Care For Real Community Event

-Offered Blood Pressure Screens and sign up for Covid Booster vaccines

VIII. CONTACT INFORMATION

For more information related to Thorek Memorial Hospital's Community Benefits Report, please contact:

Ned Budd

President and CEO
Thorek Memorial Hospital
850 W. Irving Park Rd.
Chicago, IL 60613
ebudd@thorek.org
773-975-6705

-OR-

Tim Heinrich

CFO
Thorek Memorial Hospital
850 W. Irving Park Rd.
Chicago, IL 60613
theinrich@thorek.org
773-975-6806

-OR-

David Novick

Director
Thorek Memorial Hospital
850 W. Irving Park Rd.
Chicago, IL 60613
dnovick@thorek.org
773-975-6722

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Thorek Memorial Hospital

Mailing Address: 850 W. Irving Park Rd Chicago, IL
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

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

Reporting Period: 7 / 1 / 21 **through** 6 / 30 / 22 **Taxpayer Number:** 36-6000085
Month Day Year Month Day Year

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

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

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

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

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

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

Charity Care. \$ 183,571

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

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

Community Benefit Type

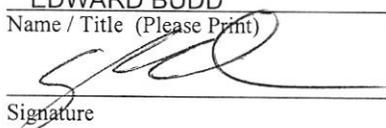
Language Assistant Services \$ 19,549
Government Sponsored Indigent Health Care \$ -
Donations \$ -
Volunteer Services
 a) Employee Volunteer Services \$ _____
 b) Non-Employee Volunteer Services \$ _____
 c) Total (add lines a and b) \$ -
Education \$ -
Government-sponsored program services \$ -
Research \$ -
Subsidized health services \$ 1,053,809
Bad debts \$ 2,095,367
Other Community Benefits \$ 397,457

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

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

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

EDWARD BUDD
Name / Title (Please Print)


Signature

TIM HEINRICH/AAKASH PATEL
Name of Person Completing Form

THEINRICH@THOREK.ORG
Electronic / Internet Mail Address

773-975-6705
Phone: Area Code / Telephone No.

12/27/22
Date.

773-975-6806
Phone: Area Code / Telephone No.

773-975-3292
FAX: Area Code / FAX No.

CHARITY CARE

THE FOLLOWING ITEMS ARE NEEDED TO DOCUMENT INCOME AND ASSETS

- 1) A copy of the applicant's most recent tax return and W-2's.
- 2) A copy of all pay stubs or wage statements from employers showing all gross income for the time period since the tax return year obtained in 1) above.
- 3) A computer print-out from Job Service of Illinois showing all unemployment benefits received during the last 4 quarters, if any.
- 4) A copy of most recent bank statements for all checking, savings, and investment accounts.
- 5) A copy of all health care related bills outstanding to other individuals or institutions other than Thorek Hospital (e.g. physicians, emergency room, etc.)

ASSET INFORMATION

Savings account: Current balance \$ _____

Financial institution _____

Account number _____

Checking account: Current balance \$ _____

Financial institution _____

Account number _____

Other assets:

Stocks \$ _____

Company _____

Life insurance cash value \$ _____

Company _____

Other \$ _____

Explain _____

Real property:

Auto: _____
Make Model Year Value Amount Owed

Auto: _____
Make Model Year Value Amount Owed

Residential property and other assets:

Describe: _____ Value \$ _____

Amount Owed _____

Other loans:

Name of Institution	Monthly Payment	Balance	Purpose
_____	_____	_____	_____

Name of Institution	Monthly Payment	Balance	Purpose
_____	_____	_____	_____

Charge Card	Monthly Payment	Balance	Credit Limit
_____	_____	_____	_____

Charge Card	Monthly Payment	Balance	Credit Limit
_____	_____	_____	_____

OFFICE USE ONLY:

Annual income (from tax returns, W-2's, pay stubs) \$ _____

Size of family Unit _____ Poverty Guidelines X 2 _____

Information verified by: _____

Approved () Denied ()

Authorized signature (refer to Charity Care Policy):

Comments:

I understand that all information on this application will be verified by Thorek Memorial Hospital staff and that this will serve as a release for income verification and as a release to investigate my credit history. I swear that all statements in this application are true and correct and if any information is false it shall be cause for denial of this application.

Signature of Patient _____ Date _____

ATENCIÓN MÉDICA A PRECIOS REDUCIDOS

LOS SIGUIENTES ELEMENTOS SON NECESARIOS PARA DOCUMENTAR LOS INGRESOS Y ACTIVOS:

- 1) una copia de la declaración de impuestos más reciente del solicitante y los formularios w-2;
- 2) una copia de todos los recibos de pago o las constancias de salario de los empleadores que indiquen los ingresos brutos para el período a partir del año de la declaración de impuestos que se incluyó en el punto 1) anterior;
- 3) una copia impresa de computadora del servicio de trabajo de Illinois que muestre todos los beneficios por desempleo recibidos durante los últimos cuatro trimestres, si hubiere alguno;
- 4) una copia de los estados de cuenta más recientes de todas las cuentas corrientes, de ahorros y de inversión;
- 5) una copia de todas las facturas médicas pendientes que se tengan con otras personas o instituciones que no sean Thorek Hospital (por ej., médicos, sala de urgencias, etc.).

INFORMACIÓN DE ACTIVOS

Cuenta de ahorros: Saldo actual \$ _____

Institución financiera _____

Número de cuenta _____

Cuenta corriente: Saldo actual \$ _____

Institución financiera _____

Número de cuenta _____

Otros activos:

Acciones \$ _____

Empresa _____

Valor en efectivo del seguro de vida \$ _____

Empresa _____

Otro \$ _____

Explique. _____

Bienes inmuebles:

Vehículo: _____
Marca Modelo Año Valor Monto adeudado

Vehículo: _____
Marca Modelo Año Valor Monto adeudado

Propiedad residencial y otros activos:

Describe: _____ Valor \$ _____

Monto adeudado _____

Otros préstamos:

Nombre de la institución	Pago mensual	Saldo	Propósito
--------------------------	--------------	-------	-----------

Nombre de la institución	Pago mensual	Saldo	Propósito
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Tarjeta de crédito	Pago mensual	Saldo	Límite de crédito
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Tarjeta de crédito	Pago mensual	Saldo	Límite de crédito
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PARA USO EXCLUSIVO DE LA OFICINA:

Ingresos anuales (de declaraciones de impuestos, formularios W-2, recibos de pago) \$ _____

Cantidad de integrantes del grupo familiar _____ Pautas de pobreza (x2) _____

Información verificada por: _____

Aprobada () Desaprobada ()

Firma de la persona autorizada (consulte la Política de Atención Médica a Precios Reducidos):

Comentarios:

Comprendo que el personal de Thorek Memorial Hospital verificará toda la información incluida en esta solicitud y que esta servirá como autorización para verificar los ingresos y como autorización para investigar mi historial crediticio. Juro que todas las declaraciones en esta solicitud son verdaderas y correctas, y si alguna parte de la información fuera falsa, esto será motivo de rechazo de esta solicitud.

Firma del paciente _____ Fecha _____

慈善照護

記錄收入及資產時需要包含下列項目

- 1) 申請者最近的退稅單及 W-2 副本。
- 2) 僱主提供的所有薪資單或薪資明細副本，其中顯示上述 1) 中退稅年度后的總收入。
- 3) 伊利諾州就業服務中心的電腦列印內容，其中顯示過去四季領取的所有失業補助（若有的話）。
- 4) 所有支票、儲蓄及投資帳戶的最近銀行明細表副本。
- 5) 對於 Thorek Hospital 以外之其他個人或機構（例如，醫師、急診室等）到期未付之所有健康照護相關帳單

資產資訊

儲蓄帳戶：目前餘額 \$ _____

金融機構 _____

帳號 _____

支票帳戶：目前餘額 \$ _____

金融機構 _____

帳號 _____

其他資產：

股票 \$ _____

公司 _____

人壽保險現金價值 \$ _____

公司 _____

其他 \$ _____

說明 _____

房地產：

汽車： _____

車廠	型號	年份	價值	貸款金額
----	----	----	----	------

汽車： _____

車廠	型號	年份	價值	貸款金額
----	----	----	----	------

居住房屋及其他資產：

說明：_____ 價值 \$ _____

所欠金額 _____

其他貸款：

機構名稱	每月付款	餘額	用途
------	------	----	----

機構名稱	每月付款	餘額	用途
------	------	----	----

簽帳卡	每月付款	餘額	信用卡額度
-----	------	----	-------

簽帳卡	每月付款	餘額	信用卡額度
-----	------	----	-------

限辦公室使用：

年收入（來源為退稅單、W-2、薪資單） \$ _____

家庭成員人數 _____ 貧困線準則 X 2 _____

資訊驗證者： _____

核准 () 駁回 ()

授權簽名（請參閱「慈善照護政策」）：

註釋：

本人瞭解此申請表上的所有資訊將由 Thorek Memorial Hospital 驗證，而且這可作為收入驗證之揭示許可，以及作為調查本人信用歷史之揭示許可。本人謹此宣示此申請表的所有聲明均正確無誤，若任何資訊有所謬誤，則可能導致此申請遭到駁回。

患者簽名 _____ 日期 _____