

# Ascension Saint Francis

## FY22 Annual Hospital Community Benefits Plan Report



**Ascension**



**Ascension Saint  
Francis**

The purpose of this report is to describe how the hospital meets the requirements outlined in the State of Illinois Community Benefits Act and Hospital Uninsured Patient Discount Act. This annual report of community benefits is public information, filed with the Attorney General and available to the public on request from the Attorney General.

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847-316-4000  
Hospital EIN/Tax ID: 36-2235165

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## Introduction

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

### **Ascension Saint Francis**

As a Ministry of the Catholic Church, Ascension Saint Francis is a non-profit hospital that provides medical care to Evanston and the surrounding communities. Ascension Saint Francis is part of Ascension Illinois which operates 15 hospital campuses and 230 sites of care. The organization includes more than 600 providers as part of Ascension Medical Group, as well as 17,000 associates.

Serving Illinois since 1901, Ascension Saint Francis is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of the legacy of the Sisters of St. Francis of Perpetual Adoration. Saint Francis is a 215-bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to residents of Edgewater (60626), Forest Glen (60646), Rogers Park (60626, 60645), West Ridge (60645, 60659), Lincolnwood, Skokie, and Evanston.

For more information about Ascension Saint Francis, visit [healthcare.ascension.org](https://healthcare.ascension.org).

### **Ascension Mission Statement**

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

This statement was adopted on April 1, 2022.

## Community Benefits Report

### Community Benefits Provided

Below are the financial community benefits provided by the hospital during the fiscal year of July 1, 2021 through June 30, 2022.

Total Financial Assistance (Emergency & Non-Emergency Care at cost)	\$3,649,286
Emergency Department Financial Assistance (at cost)	\$3,268,208
All other Community Benefits including: Government Sponsored Care, Language Assistance Services, Cash & In-Kind Donations, Health Professions Education, Research, Subsidized Health Services, Total Volunteer Services (employee & non-employee), other Government-Sponsored Program Services, Bad Debts, Other Community Benefits not detailed in the Annual Non-Profit Hospital Community Benefits Plan Report instructions.	\$26,869,660
<b>Total Community Benefits for Ascension Saint Francis</b>	<b>\$30,518,946</b>
<i>In addition to hospital community benefits, Ascension Illinois non-hospital entities provided \$514,609 in community benefits in the fiscal year.</i>	

### Other Benefits:

Listed above are "Other Community Benefits." These are benefits not detailed in the Annual Non-Profit Hospital Community Benefits Plan Report instructions.

Other Community Benefits categories include Community Building Activities and Community Benefit Operations. The IRS 990 Schedule H instructions and the Catholic Health Association (CHA) publication, A Guide for Planning & Reporting Community Benefit, both identify these categories in their materials.

Listed below is the detail associated with these categories.

#### Community-Building Activities

Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness and environmental hazards. These activities strengthen the community's capacity to promote the health and well-being of its residents by

offering the expertise and resources of the health care organization. Costs for these activities include cash and in-kind donations and expenses for the development of a variety of programs and partnerships. This category includes activities such as:

- Physical improvements and housing
- Economic development
- Community support
- Environmental improvements
- Community leadership development & training
- Coalition building
- Advocacy for community health improvement & safety
- Workforce development

Community-building is documented on Part II of the IRS 990 Schedule H.

### **Community Benefit Operations**

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessments, as well as other costs associated with community benefit strategy and operations. This category includes items such as:

- Assigned staff
- Community health needs/health assets assessments
- Other resources

Community benefit operations are documents on Part 1 7a of the IRS 990 Schedule H.

## Financial Assistance

As part of our faith-based mission, Ascension Illinois is dedicated to helping the most vulnerable and treating everyone with compassion, dignity and respect. Financial assistance reflects our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.

A copy of our Financial Assistance Policy can be found here:

<https://healthcare.ascension.org/-/media/project/ascension/healthcare/amita-locations/illinois/ilchi/financial-assistance-policy/amita-health-financial-assistance-policy-english.pdf>

During the fiscal year, Ascension Saint Francis collected the following data on financial assistance applications:

<i>Facility Name</i>	<i>Approval and Denial Rates (Data for FY22)</i>	<i>Number of Applications</i>
Ascension Saint Francis	Total submitted (complete & incomplete)	288
	Approved	229
	Denied	59

<i>Facility Name</i>	<i>Financial Assistance Denial Reason (Data for time period of 1-1-22 thru 6-30-22)</i>	<i>Total</i>
Ascension Saint Francis	Missing Supporting Documents	22
	Over Income	8
	Applicant Declined Applying for Medicaid	2
	Missing Supporting Documentation	1

Beginning on January 1, 2022 the hospital's Financial Assistance Application (FAA) was updated with the inclusion of optional demographic information including race, ethnicity, preferred language and gender identity.

Below is data collected for the six month period of January 1, 2022 through June 30, 2022.

<i>Facility Name</i>	<i>Gender</i>	<i>Total</i>
Ascension Saint Francis	Not available	67
	Female	44
	Male	38
	Not Provided	7
	Genderqueer/gender nonconforming neither exclusively male nor female	1

<i>Facility Name</i>	<i>Preferred Language</i>	COUNTA of Last Name
Ascension Saint Francis	NOT AVAILABLE	68
	NOT PROVIDED	47
	SPANISH	21
	NEPALI	3
	ENGLISH	2
	ASSYRIAN	2
	VIETNAMESE	1
	URDU/HINDI	1
	URDU	1
	PUNJABI	1
	NINDI	1
	MALAYAN	1
	KOREAN	1
	GREEK/ FRENCH	1
	GREEK	1
	FARSI	1
	CREOLE	1
	BULGARIAN	1
ARABIC	1	
AMHARIC	1	

<i>Facility Name</i>	<i>Race</i>	Total
Ascension Saint Francis	Not Available	68
	Not Provided	36
	White	28
	Black or African American	14
	Asian Indian	5
	Other Asian	3
	Vietnamese	1
	Native Hawaiian	1
	Korean	1

<i>Facility Name</i>	<i>Ethnicity</i>	Total
Ascension Saint Francis	Not Provided	69
	Not Available	68
	Hispanic-Latino/a-or Spanish origin	11





**Ascension Saint  
Francis**

	Mexican-Mexican American-Chicano/a	8
	Another Hispanic-Latino/a or Spanish Origin	1

## Community Health Needs Assessments (CHNA)

Federal law requires tax-exempt hospitals to conduct periodic Community Health Needs Assessments (CHNAs) and adopt plans to meet assessed needs. In order to comply with federal tax-exemption requirements in the Affordable Care Act, a tax-exempt hospital facility must: 1) conduct a community health needs assessment every three years, 2) adopt an implementation strategy, and 3) report how identified needs not being addressed by the hospital are still being targeted by other community organizations.

Each Ascension Health hospital ministry follows the following guidelines for Community Health Needs Assessments (CHNAs):


- Each ministry will conduct a CHNA every three years by involving community partners and members representing diverse sectors within the community.
- There will be an annual review and update of the ministry’s CHNA Implementation Strategy highlighting the outcomes of community benefit programs that target prioritized needs.
- Monthly reporting of community benefit is required to local and system leadership.





Complete Community Health Needs Assessment reports for each hospital are made publicly available at: <https://healthcare.ascension.org/chna> and paper versions can be requested at Ascension Saint Francis’ Administration Office.

## Prioritized Community Needs

Included in Code Section 501(r)(3) is the requirement that hospitals must provide a description of the process and criteria used to determine the most significant health needs of the community identified through the CHNA, along with a description of the process and criteria used to determine the prioritized needs to be addressed by the hospital. Accordingly, Ascension Saint Francis used a phased prioritization approach to identify the needs with the hospital community. The first step was to determine the broader set of identified needs. Through the CHNA assessment, identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, significant needs were further narrowed down to a set of prioritized needs that the hospital will address within the implementation strategy. To arrive at the prioritized needs, Ascension Saint Francis used the following process and criteria:

	<p>Scope of Problem:</p> <ul style="list-style-type: none"> <li>• How severe or prevalent is this issue in the community?</li> <li>• How many are impacted?</li> </ul>
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	<b>Disparities &amp; Equity:</b> <ul style="list-style-type: none"> <li>• Are there health disparities that exist?</li> <li>• Can we address those in an impactful way?</li> </ul>
	<b>Feasibility:</b> <ul style="list-style-type: none"> <li>• What is our capacity to make progress (staffing resources, financial resources, other support, etc.)?</li> <li>• Are there known interventions that exist?</li> </ul>
	<b>Momentum:</b> <ul style="list-style-type: none"> <li>• Is there community readiness and/or political will to address this issue?</li> </ul>
	<b>Alignment:</b> <ul style="list-style-type: none"> <li>• Do we have community partners that we can align with on this issue?</li> <li>• Do we need to build new relationships?</li> </ul>

Preliminary community need prioritizations recommendations were presented to a group of internal and external stakeholders for their review. Recommendations were discussed and voted upon to determine the prioritized needs for the hospital community.

Following the completion of the current CHNA, Ascension Saint Francis has selected the prioritized needs outlined below for its Implementation Strategy. Ascension has defined “prioritized needs” as the significant needs which have been prioritized by the hospital to address through the three-year CHNA cycle:

- **Social and Structural Determinants of Health -**
  - **Food Access and Food Security (SDoH - Food Security):** This need was selected because hunger was identified with 8% of the respondents as the most important need on the community survey. This need was searched the most in the Community Resource Directory for Ascension Saint Francis’ zip codes with the number one most searched is for food pantry, number three most searched for is food assistance, and number four most searched for is food delivery.
  - **Economic Vitality and Workforce Development (SDoH - Education):** This need was selected as education is an important determinant of health because poverty,

unemployment, and underemployment are highest among those with lower levels of educational attainment. Higher levels of poverty are primarily concentrated in the far Northwest, West, and South sides of the city and county. Additionally, workforce needs and challenges, specifically for healthcare, were listed as high priority in the CHNA stakeholder listening sessions.

- **Access to Care and Community Resources -**
  - **Resources, Referrals, Coordination, and Connection to Community-Based Services (Access to Care):** This need was selected because in the CHNAs focus groups, access to needed healthcare and community resources are named as critical components to achieving the best health outcomes. This need was voted the number one need in this category in the Ascension Saint Francis prioritization process.
  - **Timely Linkage to Quality Care, including Behavioral Health and Social Services (Access to Care):** This need was selected because Health insurance is the primary way that individuals access the healthcare system in the United States with 56% of Cook County residents receiving coverage through employer-based plans. Eleven percent of the population under age 65 are without health insurance in Cook County compared to 9% in Illinois. Eighteen percent (18%) of respondents to the community survey reported a loss of employment because of the pandemic, 6% reported a loss or reduction in insurance coverage, and 7% reported a lack of access to basic medical care. From the Community Input Survey, the most important needed improvements identified: access to mental health services (46%), access to health care (40%), and access to community services (40%). This need was voted the number two need in this category in the Ascension Saint Francis prioritization process.
- **Prevention and Treatment of Priority Health Conditions: Mental Health and Substance Use Disorders -**
  - **Mental Health (Mental & Behavioral Health):** This need was selected because 39% of community survey respondents identified mental health as one of the most important health needs in their communities. Forty percent of community survey respondents identified access to mental health services as being needed to support improvements in community health. The self-reported adult depression rates in Cook County are higher (17.3%) than national averages (10%). Similarly, youth depression has been on the rise. From the Community Input Survey, forty-two percent (42%) of respondents in the Saint Francis Hospital service area identified mental health as the top health needs in the community. Mental health and substance use (behavioral health) were two of the most discussed topics within the community focus groups. This need was voted top need of this category for the Ascension Saint Francis prioritization process.
  - **Substance Use Disorders (Mental & Behavioral Health):** This need was selected because mental health and substance use (behavioral health) were two of the most discussed topics within the CHNAs focus groups. There were 4,467 drug induced overdose deaths in Cook County between 2018-2020. From the Community Input Survey, 15% of the

respondents in Saint Francis Hospital service area identified substance use as an important health need. Mental health and substance use (behavioral health) were two of the most discussed topics within the community focus groups

Ascension Saint Francis understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this implementation strategy, Ascension Saint Francis has chosen to focus its efforts on the priorities listed above.

### **Acute Community Concern Acknowledgement**

A CHNA and Implementation Strategies (IS) offer a construct for identifying and addressing needs within the community(s) it serves. However, unforeseen events or situations, which may be severe and sudden, may affect a community. At Ascension, this is referred to as an acute community concern. This could describe anything from a health crisis (e.g., COVID-19), water poisoning, environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. In which case, if adjustments to an IS are necessary, the hospital will develop documentation, in the form of a SBAR (Situation-Background-Assessment-Response) evaluation summary, to notify key internal and external stakeholders of those possible adjustments.

### **Written Comments**

This annual report has been made available to the public and is open for public comment. Questions or comments about this implementation strategy can be submitted via the email:

[ilarl.communitybenefit@ascension.org](mailto:ilarl.communitybenefit@ascension.org)

## Community Implementation Strategies

These strategies and action plans represent where the hospital will focus its community efforts over the next three years, July 1, 2022 to June 30, 2025. While these remain a priority, the hospital will continue to offer additional programs and services to meet the needs of the community, with special attention to those who are poor and vulnerable.

<b>STRATEGY #1: Food Access Assistance</b>	
<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)	
<b>Prioritized Health Need</b> Social and Structural Determinants of Health ( <i>SDoH-Food Security</i> )	
<b>Strategy</b> Increase food access assistance for food insecure individuals for ASF community residents.	
<b>Strategy Source</b> <ul style="list-style-type: none"> <li>● Meals on Wheels</li> <li>● Produce Mobile</li> </ul>	
<b>Objective</b> By June 30, 2025, increase the number of individuals served by the Meals on Wheels and Produce Mobile.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> ASF community residents, including ASF associates and patients</li> <li>● <b>Medically Underserved Population:</b> Individuals experiencing food insecurity in ASF community</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospitals:</b> Ascension Mercy, Ascension Saint Joseph-Elgin, Ascension Saint Joseph-Joliet</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Ascension Illinois Food Access &amp; Nutrition Workgroup</li> <li>● <b>Consultants:</b> Meals on Wheels; Greater Chicago Food Depository</li> <li>● <b>Other non-profit hospital - "N/A"</b></li> </ul>	
<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> staff time donated, funding/cash donations, education collateral, marketing resources, and others</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Staff/volunteer time donated</li> <li>● <b>Consultants:</b> Meals on Wheels; Greater Chicago Food Depository - program consultant</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>	
<b>ACTION STEPS: Meals on Wheels</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis
Participate in Ascension Illinois Food Access & Nutrition Workgroup	Ascension Saint Francis, Community Health, Meals on Wheels, Produce Mobile

Identify internal resources for supporting food donations, food distribution, and food access program delivery	Ascension Saint Francis
Identify potential partners to deliver the meals	Ascension Saint Francis, Community Health
Provide funding support for local community food access programs and initiatives	Ascension Saint Francis Community Support Review Committee; Ascension Illinois Community Benefit
Monitor work, evaluate progress, and report outcomes	Ascension Saint Francis Implementation Strategy Workgroup, Community Health
<b>ACTION STEPS: Produce Mobile</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis
Participate in Ascension Illinois Food Access & Nutrition Workgroup	Ascension Saint Francis, Community Health, Meals on Wheels, Produce Mobile
Provide funding support for local community food access programs and initiatives	Ascension Saint Francis Community Support Review Committee; Ascension Illinois Community Benefit
Monitor work, evaluate progress, and report outcomes	Ascension Saint Francis Implementation Strategy Workgroup, Community Health
<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>● <b>Baseline:</b> FY22 data</li> <li>● <b>Target:</b> Increase from baseline the following: <ul style="list-style-type: none"> <li>○ Total number of meals/persons served/delivered</li> <li>○ Total Food Access Community Partner Cash Donations Provided</li> </ul> </li> <li>● <b>Data Source; Data Owner:</b> Meals on Wheels</li> </ul>	
<b>ANTICIPATED IMPACT</b>	
The anticipated impact of these actions is increased access to healthy food and reduced food insecurity.	

<b>STRATEGY #2: Workforce Development</b>
<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)
<b>Prioritized Health Need</b> Social and Structural Determinants of Health ( <i>SDoH-Education</i> )
<b>Strategy</b> Provide opportunities for students to engage with health care professionals.
<b>Strategy Source</b> <ul style="list-style-type: none"> <li>● High School Student Practicums/Internships</li> <li>● College Student Workforce Pipelines</li> </ul>
<b>Objective</b>

By June 30, 2025, increase the number of students who participate in workforce development programs through ASF.
<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> ASF community residents, teen and college age students</li> </ul>
<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospitals:</b> Ascension Resurrection, Ascension Saint Joseph-Chicago, Ascension Saint Mary &amp; Elizabeth</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Local area high schools, colleges, and universities.</li> <li>● <b>Consultants:</b> "N/A"</li> <li>● <b>Other non-profit hospital - "N/A"</b></li> </ul>
<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> staff time donated, funding/cash donations, education collateral, marketing resources, and others</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Volunteer Services - Staff/volunteer time donated</li> <li>● <b>Consultants:</b> "N/A"</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>

<b>STRATEGY #3: Access to Community Resources</b>
<b>Hospital Name</b> Ascension Saint Francis (ASF)
<b>Prioritized Health Need</b> Access to Care and Community Resources ( <i>Access to Care</i> )
<b>Strategy</b> Increase access to community resources and community based services for ASF community.
<b>Strategy Source</b> Neighborhood Resource Directory; Findhelp
<b>Objective</b> By June 30, 2025, the number of searches in the directory will increase.
<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> ASF community residents, including ASF patients.</li> <li>● <b>Medically Underserved Population:</b> ASF community residents who are underinsured/uninsured.</li> </ul>
<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital:</b> Ascension Holy Family, Ascension Mercy, Ascension Resurrection, Ascension Alexian Brothers, Ascension Saint Alexius, Ascension Saint Francis, Ascension Saint Joseph-Chicago, Ascension Saint Joseph-Elgin, Ascension Saint Joseph-Joliet, Ascension Saints Mary-Kankakee, and Ascension Saints Mary and Elizabeth</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Food Pantries</li> <li>● <b>Consultants:</b> Neighborhood Resources; Findhelp.org; United Way 2-1-1</li> </ul>



<ul style="list-style-type: none"> <li>• <b>Other non-profit hospital:</b> N/A</li> </ul>	
<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>• <b>Other Ascension hospital(s):</b> Strategy sources and funding</li> <li>• <b>Joint Venture:</b> "N/A"</li> <li>• <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Food Pantries - program collaborator</li> <li>• <b>Consultants:</b> Neighborhood Resources; Findhelp.org; United Way 2-1-1 - directory source</li> <li>• <b>Other non-profit hospital:</b> "N/A"</li> </ul>	
<b>ACTION STEPS: Resource Directory</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis Case Management
Promote awareness of the Community Resource Directory via flyers, social media, Ascension and Community Partner newsletters	Ascension Saint Francis, Community Benefit, Community Health
Identify internal staff that need Community Resource Directory training	Ascension Illinois: Population Health, Community Benefit, Community Health
Identify external partners that need Community Resource Directory	Ascension Illinois Community Benefit, Community Service
Establish calendar of Community Resource Directory trainings for virtual and/or hybrid offerings	Ascension Illinois, Population Health
Promote availability of training within target audiences	Ascension Illinois, Community Benefit, Community Health, Population Health, Marketing/Communications
Host Community Resource Directory training for internal and external partners	Ascension Illinois, Population Health, Community Benefit, Community Health
Monitor work, evaluate progress, and report outcomes	Ascension Saint Francis Implementation Strategy Workgroup
<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> FY22 Data</li> <li>• <b>Target:</b> <ul style="list-style-type: none"> <li>○ Increase the number of searches within the directory from baseline.</li> <li>○ Increase the number of persons trained on directory from baseline.</li> </ul> </li> <li>• <b>Data Source; Data Owner:</b> Neighborhood Resource; Findhelp.org</li> </ul>	
<b>ANTICIPATED IMPACT</b>	
The anticipated impact of these actions is increased access to community resources, services and referrals for individuals in need.	

<b>STRATEGY #4: Public Health Insurance Coverage Enrollment Services (PHICES)</b>
<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)

<b>Prioritized Health Need</b>	
Access to Care and Community Resources ( <i>Access to Care</i> )	
<b>Strategy</b>	
Provide Public Health Insurance Coverage Enrollment Services (PHICES)	
<b>Strategy Source</b>	
Advocatia	
<b>Objective</b>	
By June 30, 2025, there will be an increase of enrollment services from FY22 baseline.	
<b>Target Population</b>	
<ul style="list-style-type: none"> <li>● <b>Target Population:</b> Adults, children, and immigrants</li> <li>● <b>Medically Underserved Population:</b> Uninsured and underinsured individuals</li> </ul>	
<b>Collaborators</b>	
<ul style="list-style-type: none"> <li>● <b>Other Ascension hospital:</b> Ascension Holy Family, Ascension Mercy, Ascension Resurrection, Ascension Alexian Brothers, Ascension Saint Alexius, Ascension Saint Joseph-Chicago, Ascension Saint Joseph-Elgin, Ascension Saint Joseph-Joliet, Ascension Saints Mary-Kankakee, and Ascension Saints Mary and Elizabeth</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Food Pantries</li> <li>● <b>Consultants:</b> ADVOCATIA</li> <li>● Other non-profit hospital - "N/A"</li> </ul>	
<b>Resources</b>	
Resources the collaborators plan to commit:	
<ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> staff time donated, funding/cash donations to community organizations, education collateral, marketing resources, and others</li> <li>● <b>Joint Venture:</b> "NA"</li> <li>● <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Food Pantries - program collaborators</li> <li>● <b>Consultants:</b> program consultant - staffing and resources</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>	
<b>ACTION STEPS: PHICES</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis
Promote awareness of public health insurance coverage enrollment services (PHICES) via flyers, social media, Ascension and Community partner newsletters	Ascension Saint Francis, Community Health
Identify external partners that need public health insurance coverage enrollment services (PHICES) information	Ascension Illinois Community Benefit, Community Health
Establish calendar of potential PHICES events in the community	Ascension Illinois Community Benefit, Community Health
Promote availability of PHICES services within target audiences	Ascension Illinois Community Benefit, Community Health; Marketing/ Communications
Monitor work, evaluate progress, report outcomes	Ascension Saint Francis Implementation Strategy Workgroup

<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>● <b>Baseline:</b> FY22 Data</li> <li>● <b>Target:</b> <ul style="list-style-type: none"> <li>○ Increase persons enrolled in health care coverage from baseline</li> <li>○ Increase persons educated on enrollment coverage from baseline</li> </ul> </li> <li>● <b>Data Source; Data Owner:</b> Advocatia</li> </ul>
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<b>ANTICIPATED IMPACT</b>
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The anticipated impact of these actions is to increase access to healthcare services for individuals who are underinsured or uninsured.

<b>STRATEGY #5: Patient Navigator in the Emergency Department (ED)</b>
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<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)
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<b>Prioritized Health Need</b> Access to Care and Community Resources ( <i>Access to Care</i> )
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<b>Strategy</b> Provide free navigation services for patients in need of follow up care, a medical provider, or other health related social needs
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<b>Strategy Source</b> Healthful Care; Care Continuity; Vituity
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<b>Objective</b> By June 30, 2025, there will be an increase of health services navigation from FY22 baseline.
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<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> ASF patients</li> <li>● <b>Medically Underserved Population:</b> Uninsured and underinsured individuals</li> </ul>
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<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital:</b> Ascension Holy Family, Ascension Mercy, Ascension Resurrection, Ascension Alexian Brothers, Ascension Saint Alexius, Ascension Saint Joseph-Chicago, Ascension Saint Joseph-Elgin, Ascension Saint Joseph-Joliet, Ascension Saints Mary-Kankakee, and Ascension Saints Mary and Elizabeth-Chicago</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> "N/A"</li> <li>● <b>Consultants:</b> Healthful Care; Care Continuity; Vituity</li> <li>● <b>Other non-profit hospital - "N/A"</b></li> </ul>
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<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> staff time donated</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> "N/A"</li> </ul>
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<ul style="list-style-type: none"> <li>● <b>Consultants:</b> Healthful Care; Care Continuity; Vituity</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>
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	ROLE/OWNER
Appoint an Associate Lead for this strategy	Ascension Saint Francis Emergency Department
Promote awareness of free navigation services available	Ascension Saint Francis Emergency Department
Train internal staff on the workflow and service coordination process	Ascension Saint Francis Emergency Department
Provide navigation services for patients in need of follow up care, a medical provider, or other health related social needs	Ascension Saint Francis Emergency Department
Monitor work, evaluate progress, report outcomes	Ascension Saint Francis Implementation Strategy Workgroup
<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>● <b>Baseline:</b> FY22 Data</li> <li>● <b>Target:</b> <ul style="list-style-type: none"> <li>○ Increase from baseline the # of Medicaid &amp; Self Pay/Uninsured patients offered assistance</li> <li>○ Increase from baseline the # or % Medicaid &amp; Self Pay/Uninsured patients accepted assistance</li> </ul> </li> <li>● <b>Data Source; Data Owner:</b> Healthful Care; Care Continuity; Vituity</li> </ul>	
<b>ANTICIPATED IMPACT</b>	
The anticipated impact of these actions will provide access to health services to people who otherwise might not be delaying or stopping care due to lack of an appropriate provider.	

<b>STRATEGY #6: Mental Health Education and Awareness</b>
<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)
<b>Prioritized Health Need</b> Prevention and Treatment of Priority Health Conditions: Mental Health ( <i>Mental &amp; Behavioral Health</i> )
<b>Strategy</b> Provide Mental Health Education and Awareness
<b>Strategy Source</b> Mental Health First Aid (MHFA) Trainings
<b>Objective</b> By June 30, 2025, there will be an increase in the MHFA training participants.
<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> ASF community residents, including ASF associates and patients, teen students in junior high and high school.</li> </ul>

<ul style="list-style-type: none"> <li>● <b>Medically Underserved Population:</b> Teen and Adult individuals experiencing mental health issues.</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital:</b> Ascension Holy Family, Ascension Mercy, Ascension Resurrection, Ascension Alexian Brothers, Ascension Saint Alexius, Ascension Saint Joseph-Chicago, Ascension Saint Joseph-Elgin, Ascension Saint Joseph-Joliet, Ascension Saints Mary-Kankakee, and Ascension Saints Mary and Elizabeth</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Schools, Food Pantries</li> <li>● <b>Consultants:</b> Americorps</li> <li>● <b>Other non-profit hospital - "N/A"</b></li> </ul>	
<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> Trainings and mental health education; funding for consultants</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> Community-based organizations, Faith-based Institutions, Schools, Food Pantries - program collaborators</li> <li>● <b>Consultants:</b> Americorps - staff to provide the trainings</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>	
<b>ACTION STEPS: Mental Health First Aid (MHFA) Trainings</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis
Promote awareness of the Mental Health First Aid (MHFA) trainings via flyers, social media, Ascension Community Benefit and Community Partner newsletters	Ascension Saint Francis; Community Benefits; Community Health
Identify internal staff that need MHFA training	Ascension Illinois, Community Benefit, Community Health
Identify external partners that need MHFA training	Ascension Illinois, Community Benefit, Community Health
Establish calendar of MHFA trainings for virtual and/or hybrid offerings including dates, times, and locations	Ascension Illinois, Community Benefit, Community Health
Promote availability of MHFA training within target audiences	Ascension Illinois, Community Benefit, Community Health, Marketing/Communications
Host MHFA training for internal and external partners	Ascension Illinois, Community Benefit, Community Health
Monitor work, evaluate progress, and report outcomes	Ascension Saint Francis Implementation Strategy Workgroup
<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>● <b>Baseline:</b> FY22 Data</li> <li>● <b>Target:</b> Increase the total number of individuals that received MHFA training from baseline.</li> <li>● <b>Data Source; Data Owner:</b> Mental Health First Aid; Americorps</li> </ul>	
<b>ANTICIPATED IMPACT</b>	

The anticipated impact of these actions is increased access to Mental Health education and resources.

<b>STRATEGY #7: Access to Substance Use Disorder Resources and Services</b>	
<b>Hospital(s) Name(s)</b> Ascension Saint Francis (ASF)	
<b>Prioritized Health Need</b> Prevention and Treatment of Priority Health Conditions: Substance Use Disorders ( <i>Mental &amp; Behavioral Health</i> )	
<b>Strategy</b> Provide a warm hand-off program for patients in need of access to SUD treatment.	
<b>Strategy Source</b> Warm Hand-off Program Living Room for Mental Health SBIRT Model (Screening, Brief Intervention, Refer to Treatment)	
<b>Objective</b> By June 30, 2025, provide warm hand-off services for SUD patients that present in the ED and medical floors.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>● <b>Target Population:</b> Patients that present to emergency department or medical floors with a substance use disorder in need of substance use disorder services and resources.</li> <li>● <b>Medically Underserved Population:</b> Individuals experiencing mental health issues.</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital:</b> Ascension Alexian Brothers Behavioral Health Hospital, Ascension Holy Family, Ascension Saint Joseph Elgin, Ascension Saint Joseph Joliet, Ascension Saint Joseph-Chicago, Ascension Saint Joseph-Joliet, and Ascension Saints Mary and Elizabeth</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> PEER Services; Trilogy</li> <li>● <b>Consultants:</b> PEER Services; Trilogy</li> <li>● <b>Other non-profit hospital - "N/A"</b></li> </ul>	
<b>Resources</b> Resources the collaborators plan to commit: <ul style="list-style-type: none"> <li>● <b>Other Ascension hospital(s):</b> Funding for the consultants</li> <li>● <b>Joint Venture:</b> "N/A"</li> <li>● <b>Collaborators:</b> PEER Services; Trilogy - program collaborators (assessments, evaluations, referrals to treatment and data dashboards on outcomes of referrals and completion of treatment)</li> <li>● <b>Consultants:</b> PEER Services; Trilogy - Mental Health Resources and Services</li> <li>● <b>Other non-profit hospital:</b> "N/A"</li> </ul>	
<b>ACTION STEPS: Warm Hand-off Program</b>	<b>ROLE/OWNER</b>

Appoint an Associate Lead for this strategy	Ascension Saint Francis Emergency Department and Nursing
Participate in Ascension Illinois Warm-Handoff workgroup	Ascension Illinois, Ascension Saint Francis Emergency Department, Nursing, Ascension Illinois Behavioral Health Service Line
Identify internal resources for supporting substance use disorder services and care coordination	Ascension Saint Francis, Ascension Illinois Behavioral Health Service Line
Identify community partners and health care providers to engage in substance use disorder care coordination	Ascension Saint Francis, Ascension Illinois Behavioral Health Service Line
Review implementation workflows that allow for warm-handoffs	Ascension Saint Francis, Emergency Department, Ascension Illinois Behavioral Health Service Line
Train internal team members on warm-handoff program and workflow	Ascension Saint Francis, Emergency Department, Ascension Illinois Behavioral Health Service Line
Educate patients, families, and the community of warm handoffs	Ascension Saint Francis, Emergency Department, Community Health, Ascension Illinois Behavioral Health Service Line
Monitor work, evaluate progress, and report outcomes	Ascension Saint Francis Implementation Strategy Workgroup
<b>ACTION STEPS: Living Room Program</b>	<b>ROLE/OWNER</b>
Appoint an Associate Lead for this strategy	Ascension Saint Francis Emergency Department and Nursing
Identify community partners and health care providers to engage in the Living Room coordination	Ascension Saint Francis, Ascension Illinois Behavioral Health Service Line
Review implementation workflows that allow for the Living Room	Ascension Saint Francis, Emergency Department, Ascension Illinois Behavioral Health Service Line
Train internal team members on the Living Room program and workflow	Ascension Saint Francis, Emergency Department, Ascension Illinois Behavioral Health Service Line
Educate patients, families, and the community of the Living Room model	Ascension Saint Francis, Emergency Department, Community Health, Ascension Illinois Behavioral Health Service Line
<b>Output(s) and/or Outcome(s)</b> <ul style="list-style-type: none"> <li>● <b>Baseline:</b> FY22 Baseline</li> <li>● <b>Target: Increase from baseline:</b> <ul style="list-style-type: none"> <li>○ # of patients screened for Substance Use Disorders; # of patients referred for treatment; # of Naloxone kits distributed/prescribed, # of patients utilizing the Living Room</li> </ul> </li> </ul>	

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| <ul style="list-style-type: none"><li>• <b>Data Source; Data Owner:</b> Ascension Saint Francis Emergency Department; Behavioral Health Service Line</li></ul> |
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<b>ANTICIPATED IMPACT</b>
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The anticipated impact of these actions is increased access to substance use disorder services and community resources for individuals in need.
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Complete Implementation Strategy reports for each hospital are made publicly available at: <https://healthcare.ascension.org/chna> and paper versions can be requested at Ascension Saint Francis' Administration Office.



## Community Implementation Strategy & Health Equity Progress

During the fiscal year, the following was progress achieved on its implementation strategies or other activities the hospital is undertaking to address health equity, reduce health disparities and improve community health. Please note this list is not intended to be comprehensive of all activities the hospital is undertaking, but to highlight initiatives of interest.

<b>Community Need:</b>	<b>Strategy &amp; Progress</b>
Social & Structural Determinants of Health	<p>Strategy: Youth Workforce Development            Progress: Saint Francis provides educational interviews, job shadowing and internships for high school youth from Evanston Township High School and Chicago Public Schools. In FY22, 68 students were provided with additional workforce development experiences.</p>
Access to Care, Community Resources & Systems Improvement	<p>Strategy: Community Resource Resource Directory (Aunt Bertha/Findhelp.org)            Progress: Saint Francis associates utilized the social determinant of health software, Findhelp.org, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. Additionally, an external website is hosted for the community as a community benefit to search for their own resources. In FY22, additional community partners were added to the resource portal and training held for Community Based Organizations and internal associates. There are on average 3,946 resources available in the directory for the hospital community with 14 referrals made for community members.</p>
Mental Health & Substance Use Disorder	<p>Strategy: Mental Health First Aid Trainings            Progress: In FY22, Saint Francis Hospital continued reaching out to external partners to host training. In FY22, one adult Mental Health First Aid and eight youth Mental Health First Aid sessions were held for 65 community members.</p> <p>Strategy: Trilogy Linkage Program            Progress: In FY22, Saint Francis Hospital continued to offer a mental health worker to the patients and the community. In FY22, there were 437 patients referred into Peer and Trilogy with 42 patients served to PEER and 8 served to Trilogy.</p>

<p>Chronic Condition Prevention &amp; Management</p>	<p>Strategy: Diabetes Prevention Program  Progress: In FY22, Ascension Saint Francis once again partnered with McGaw YMCA and utilized an outside consultant CDE to conduct the Diabetes Prevention Program (CDC model). There were 3 cohorts with 14 individuals during the tax year</p>
<p>Community Support (Investing)</p>	<p>Strategy: Allocation of Giving to Prioritized Community Needs  Progress: Through the adoption of a market-wide policy in early 2022, goals were established for FY22 to ensure outgoing restricted cash donations were being invested with community organizations addressing the hospital community’s top prioritized needs from the most recent Community Health Needs Assessments. The market-level goal for all of Ascension Illinois was 60% of outgoing community support would be assisting with prioritized needs and providing a community benefit. In FY22, sixteen percent of Saint Francis’ outgoing community support were community benefit.</p>
<p>Diversity, Equity &amp; Inclusion (DEI)</p>	<p>Strategy: ABIDE Framework  Progress: At Ascension, the ABIDE (Appreciation - Belongingness - Inclusivity - Diversity - Equity) framework is used to help uncover what we need to review, dismantle, or rebuild in our policies, practices and ways of working so that we can eliminate what contributes to or perpetuates disparities, and inequities, including systemic racism. This work is ongoing and begins with leadership commitment through words and actions.</p> <p>The Ascension Illinois ABIDE Engagement Committee was formed, including representatives from each hospital and major operational function. This Committee met monthly throughout FY22 and engaged in group activities and training to support members’ work as ambassadors for ABIDE in their respective roles.</p> <p>During FY22, ABIDE ministry councils were implemented at the hospital level to ensure integration and alignment with the Ascension Illinois ABIDE Engagement Committee and with Ascension national strategic direction, our Mission and Values and our Essential Behaviors within our organizations.</p> <p>Each hospital ABIDE council focuses on cultural/workforce related initiatives, patient/consumer related initiatives, supplier/partner diversity related initiatives and community related initiatives.</p>

	<p>Strategy: Cultural Training</p> <p>Progress: In FY22, Ascension developed a training module on Psychological Safety in support of our rollout of ABIDE. Psychological safety is a necessary component of fostering meaningful diversity and inclusion. Over 300 leaders at Ascension IL have taken this training. Additionally, there is a training module on implicit bias and ABIDE in Ascension Illinois' required for new hire and annual training. In addition, the Director of Equity, Inclusion, and Language Services provided multiple ad hoc, small group trainings on topics including fostering workplace inclusivity, cultural humility, health equity, and birth equity upon request. In total, over 400 associates attended these training sessions in person or virtually.</p>
<p>Diverse &amp; Local Purchasing</p>	<p>Strategy: Diverse Procurement Spend</p> <p>Progress: In FY22 Ascension Illinois established a goal to increase its procurement spend with diverse vendors. Diverse spend FY22 baseline was \$15,753,949. Ascension Illinois collaborates with West Side United and the Illinois Hospital Association Supplier Diversity Task Force to identify diverse vendors providing products or services that we purchase. We work with our procurement partner, The Resource Group, and Ascension subsidiary companies that manage construction, environmental services and food services to identify opportunities to redirect any existing spend to diverse vendors. Several major capital projects were launched in FY21 and FY22 which presented opportunities to direct new construction spending to diverse firms. Several non-construction opportunities were also identified that are being pursued.</p>
<p>Diverse &amp; Local Hiring</p>	<p>Strategy: Associate Perceptions Survey &amp; Organizational Assessment</p> <p>Progress: Ascension Illinois participated in an associate experience survey conducted to Ascension specifically designed to assess associate perceptions of the five ABIDE hallmarks within our organization. Responses were analyzed by various demographic categories, including race, ethnicity, gender, geography and job type. Areas of strength and opportunities for improvement were identified and action plans were being developed.</p>

	<p>Ascension Illinois conducted an organizational assessment and analysis to look at associate promotion and turnover rates by race and ethnicity. Based on this analysis, Ascension Illinois reviewed and changed policies related to associate tardiness during the first 90 days.</p> <p>Ascension Illinois is committed to a diverse workforce that reflects the communities that we serve. In FY22 we initiated multiple talent acquisition strategies, including posting Nursing positions on diverse websites to recruit African American, Hispanic and Asian nurses.</p>
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## Appendix

### Hospital Net Patient Revenue Report

<b>Ascension Illinois</b>	
<b>Net Revenue</b>	
<b>For the Twelve Months Ended June 30, 2022</b>	
	<b>SF</b>
Net Patient Service Revenue	173,436,512
Add Back Charity	21,514,225
<b>AG Reported Net Patient Service Revenue</b>	<b>194,950,737</b>