This report is made possible with the generous support of the Otho S.A. Sprague Memorial Institute.

For more information contact Erica Salem, MPH at ESalem@hdadvocates.org
Dear Friends,

In March 2014, the Chicago Department of Public Health (CDPH) released a report examining the priorities emerging from the Community Health Needs Assessments and Implementation Plans of 16 Chicago hospitals. These hospitals were the first in the city to complete and publicly post these documents, consistent with the requirements of the Affordable Care Act.

This year, CDPH has partnered with Health & Disability Advocates (HDA) to take a closer look at the larger number of hospitals that have since completed this important work. In this report, we examine the priorities identified by 27 hospitals - 24 located within the city of Chicago and three suburban hospitals that serve large numbers of Chicago residents.

During this time, CDPH and HDA also convened a small number of local hospitals which recognized that by working together they could have a greater impact on population health than they ever could individually. This month, that group will become the Healthy Chicago Hospital Collaborative – the nation’s largest collaborative of charitable hospitals to jointly address the community health needs of one city. Spurred by the Affordable Care Act, the Healthy Chicago Hospital Collaborative’s aim is to improve the health of all Chicagoans and align with the population health goals of both Healthy Chicago and the National Prevention Strategy.

This report will aid in our work to identify shared values and work to increase our impact on community health improvement. It is our hope that the Collaborative, its individual members and other public health stakeholders will use this report to inform their work.

We all want a Healthy Chicago and that requires partnerships at all levels – individual, family, community and institutional – working together to make healthier choices the easier choices where we live, work and play.

Sincerely,

Julie Morita, M.D.                                          Barbara Otto
Commissioner                                          Chief Executive Officer
Chicago Department of Public Health                                      Health & Disability Advocates
BACKGROUND

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. While most widely touted for providing a pathway for healthcare coverage for millions of uninsured Americans, the ACA has also provided numerous opportunities for public health and prevention.

To date, most discussions about public health prevention have focused on the ACA’s Prevention and Public Health Fund. The Fund was established to expand and sustain national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. In Chicago, the Fund has already invested millions of dollars in a broad range of evidence-based activities, including disease surveillance, public health infrastructure, immunizations, tobacco prevention, and obesity prevention. Consistent with public health approaches, these dollars have been awarded to a diversity of partners, including government agencies, community-based organizations, public schools, academic institutions, hospitals, and non-profit agencies with a citywide focus.

This report focuses on the prevention opportunities related to hospitals and their partners. It is intended to briefly summarize ACA requirements for charitable hospitals, discuss the findings of this work thus far among Chicago hospitals, and highlight best and promising public health practices for addressing selected health and public health issues prioritized by these hospitals. This report builds on the 2014 Chicago Department of Public Health report, Chicago Hospitals and the ACA: New Opportunities for Prevention. That report considered the work of the 16 charitable hospitals that had completed and publicly posted their Community Health Needs Assessments through August 2013. This report provides updated information for 27 hospitals - 24 Chicago hospitals and three suburban hospitals, which border and serve significant numbers of Chicago residents.

ACA REQUIREMENT FOR CHARITABLE HOSPITALS

The Affordable Care Act imposed four general requirements on charitable 501(c)(3) hospitals. Under the ACA, each hospital must:

- Establish written financial assistance and emergency medical care policies,
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital’s financial assistance policy,
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital’s financial assistance policy before engaging in extraordinary collection actions against the individual, and
- Conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

The Community Health Needs Assessment provides an unprecedented opportunity to connect health care and public health. Historically, many (but not all) hospitals have defined needs based on the conditions with which their patients present. Through the CHNA processes, hospitals are looking outside of their walls and focusing on the broader communities that comprise their service areas. This is an activity familiar to the public health community and its traditional focus on population health.

CHARITABLE CONTRIBUTIONS FROM CHICAGO HOSPITALS

In 2012, Chicago hospitals collectively reported providing $1.6 billion in charitable contributions to the communities they serve. One-third of these contributions were attributed to free hospital care which includes charity care for those with no or inadequate coverage and bad debt. It is anticipated that with the dramatic increase in Chicago’s insured population which has occurred since 2014, free care contributions will be reduced. What is not known at this time is the extent to which those who have become newly insured through the Health Insurance Marketplace will be able to afford their deduct
ibles. Some of these costs could be assumed by the provider and be considered as free care. Further, despite the many benefits afforded by the ACA, it contains no insurance provisions for most non-citizens, including 108,000 Chicagoans.

Charitable Contributions from Chicago Hospitals, 2012

**Medicare/Medicaid Shortfalls**
$501 million

**Free Care**
$522.5 million

**Education**
$210 million

**Community Health Services**
$115.5 million

**Research**
$242.5 million

**Donations & Volunteerism**
$27.5 million

**Language Services**
$7 million

Source: Metropolitan Chicago Healthcare Council, 2013

**APPROACH**

As previously noted, under the ACA, the U.S. Internal Revenue Service requires that all hospitals make their Community Health Needs Assessments and related implementation plans available to the public through their websites. Deadlines for completing and posting the documents vary depending on each hospital’s tax year. In updating this report, HDA staff identified documents for 24 Chicago hospitals as well as three suburban Cook County hospitals serving large numbers of Chicagoans. In four instances where documents were not publicly posted, calls were made but the assessments and implementation plans were never provided. Thus the work of these hospitals is not reflected in this report. There were also instances where implementation plans were not available; in these cases we were able to speak directly with hospital staff to identify their priorities.

The review focused on both the geographic areas served by each hospital and the key findings and priority health issues emerging from their assessments and plans. When considered together, these factors suggest opportunities for hospitals to work in partnership with one another, and with community partners, to leverage resources to address priority health needs. The analysis conducted did not focus on all priorities selected by each hospital. With an eye towards fostering collaboration, the focus was those priorities which appeared most frequently across hospital plans.

This report also considers, for each of the most frequently identified priorities, best or promising practices. These interventions were obtained from the *U.S. Centers for Disease Control and Prevention’s Guide to Community Preventive Services* (the Guide) and have been scientifically reviewed.
The Guide is useful for ensuring that existing resources are used most effectively. Based on reviews of existing literature, the Guide designates which program and policy interventions have been proven effective (“Recommended”) which have not (“Not Recommended”) and which require further evaluation (“Insufficient Evidence”). The Guide helps to answer questions including:

- What intervention have and have not worked?
- In which populations and settings has the intervention worked or not worked?
- What might the intervention cost?
- What should I expect for my investment?
- Does the intervention lead to any other benefits or harms?
- What interventions need more research before we know if they

In addition to the Guide, community health improvement work of hospitals and their partners can be informed by the CDC Community Health Improvement Navigator (www.cdc.gov/CHInav) to be launched in 2015. This database will enable searches for evidence-based interventions that use a collaborative approach to community health to address specific, underlying risk factors for the leading causes of morbidity and mortality in the United States. The interventions profiled will leverage cross-sector partnerships for the greatest impact on the community’s health. Findings will be grouped by areas of action and impact, including socio-economic environment, physical environment, health behaviors, and clinical care. Implementation of interventions in multiple areas of action can maximize the positive impact on the health and well-being of the broader population.
KEY PRIORITIES AND BEST PRACTICES

There was considerable overlap in the priorities that emerged from the 27 hospital Community Health Needs Assessments and implementation plans reviewed by HDA. The table which follows lists those priorities most frequently identified by the hospitals. Some hospital assessments identified additional priorities, such as cancer, medical research and women’s health issues, that are not reflected in the table below. It is important to note that a decision by a hospital not to identify a specific condition as a priority should not be interpreted to mean that hospital is not concerned about nor recognizes the importance of the condition. In some cases a hospital prioritized conditions relating to its principal function, as provided by federal regulations issued to guide hospitals in conducting their assessments. Such was the case with at least one rehabilitation hospital listed below, which identified multiple rehabilitation conditions as key priorities. In other cases a hospital may have chosen to focus its efforts elsewhere due to its limited resources. Other hospitals may have identified other priorities based on their scope of practice and expertise. The rest of this report addresses the priorities identified and a review of potential interventions. Maps of individual hospital service areas can be found at the end of the report.

<table>
<thead>
<tr>
<th>Community Health Needs Assessments: Most Requestedly Identified Priorities</th>
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<tbody>
<tr>
<td><strong>Mental Health</strong></td>
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<tr>
<td>Advocate Health Care</td>
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<td>Christ Hospital (Oak Lawn)</td>
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<tr>
<td>Illinois Masonic Medical Center</td>
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<tr>
<td>Trinity Hospital</td>
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<tr>
<td>Ann &amp; Robert H. Lurie Children’s Hospital</td>
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<tr>
<td>Jackson Park Hospital &amp; Medical Center</td>
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<tr>
<td>LaRabida Children’s Hospital</td>
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<tr>
<td>Little Company of Mary (Evergreen Park)</td>
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<tr>
<td>Mercy Hospital &amp; Medical Center</td>
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<tr>
<td>Northwestern Memorial Hospital</td>
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<tr>
<td>Norwegian American Hospital</td>
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<tr>
<td>Presence Health</td>
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<tr>
<td>Resurrection Medical Center</td>
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<tr>
<td>Saint Francis (Evanston)</td>
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<tr>
<td>Saint Joseph Hospital</td>
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<tr>
<td>Saints Mary &amp; Elizabeth Medical Center</td>
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<tr>
<td>Rehabilitation Institute of Chicago</td>
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<tr>
<td>RML Specialty Hospital</td>
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<tr>
<td>Rush University Medical Center</td>
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<tr>
<td>Saint Anthony Hospital</td>
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<tr>
<td>Saint Bernard Hospital</td>
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<tr>
<td>Shriner’s Hospitals for Children</td>
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<tr>
<td>Sinai Health System</td>
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<tr>
<td>Holy Cross Hospital</td>
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<tr>
<td>Mount Sinai Hospital</td>
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<tr>
<td>Schwab Rehabilitation Hospital</td>
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<tr>
<td>Swedish Covenant Hospital</td>
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<tr>
<td>Thorek Memorial Hospital</td>
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<tr>
<td>University of Chicago Medicine</td>
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<tr>
<td>University of Illinois Hospital</td>
</tr>
</tbody>
</table>

Number selecting Priority:

- Mental Health: 17
- Access to Care: 17
- Obesity: 15
- Heart Disease: 12
- Diabetes: 10
- Respiratory Health: 10
- Violence: 9
- Social Determinants: 6
MENTAL HEALTH / BEHAVIORAL HEALTH

Issues related to mental health were identified as priorities in 17 (63%) of the 27 of the completed CHNAs and implementation plans. With 32,508 admissions for either mood disorders or schizophrenic disorders, mental health related conditions were among the leading causes of hospitalizations in Chicago aside from births in 2011. Specific issues raised by hospitals included suicide, depression, and hospitalizations related to drug and alcohol use, mood disorders and psychotic disorders. Hospitals noted the need for prevention efforts, particularly among young people, and a greater capacity for community-based treatment.

Service Areas for Hospitals
Focusing on Mental Health

CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>MENTAL HEALTH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Care for the Management of Depressive Disorders</td>
<td>Recommended</td>
</tr>
<tr>
<td>Mental Health Benefits Legislation</td>
<td>Recommended</td>
</tr>
<tr>
<td>Interventions to Reduce Depression Among Older Adults</td>
<td>Recommended</td>
</tr>
<tr>
<td>Homes-Based Depression Care Management</td>
<td>Recommended</td>
</tr>
<tr>
<td>Clinic-Based Depression Care Management</td>
<td>Recommended</td>
</tr>
<tr>
<td>Community-Based Exercise Interventions</td>
<td>Insufficient Evidence</td>
</tr>
</tbody>
</table>

http://www.thecommunityguide.org/mentalhealth/index.html
ACCESS TO CARE

Seventeen (63%) hospitals identified access to health care services as a priority emerging from their Community Health Needs Assessments. Access issues were identified not only related to medical care, but also for issues addressing mental health, oral health and vision services. These issues ranged from the needs to increase capacity to helping patients navigate the health care systems.

Prior to January 2014, there were over 506,000 Chicago residents who lacked health insurance. While 208,346 have since gained coverage through expanded Medicaid and Chicagoans likely represent a good share of the more than 300,000 who have purchased coverage through the Health Insurance Marketplace, challenges remain. Large numbers eligible residents remain uninsured and, as previously noted, there are an estimated 108,000 undocumented residents who are currently uninsured and not eligible for ACA coverage. Finally, many of the newly-insured lack the information necessary to effectively use the health care system.

The Guide to Community Preventive Services does not recommend strategies for increasing access to care. However, since the 2010 passage of the Affordable Care Act, over $42 million in federal funding has been awarded to increase the capacity and quality of services provided by Chicago’s Federally Qualified Health Centers. Further federal and state investments of over $20 million have been dedicated to supporting outreach, education, and insurance enrollment efforts by more than 40 community-based organizations, health centers, and other Chicago stakeholders.
OBESITY, NUTRITION, PHYSICAL ACTIVITY & WEIGHT CONTROL

Fifteen (56%) of the 27 hospitals identified obesity, nutrition, physical activity and/or weight control as a priority issue. In 2013, the largest scale analyses ever conducted of childhood obesity in Chicago revealed the overall prevalence of overweight or obesity for kindergarten, sixth grade and ninth grade public school students was 43.3%. Rates were highest among 6th graders (48.3%) compared to kindergarteners and 9th graders (35.6% and 44.5% respectively), and in all three grades, the rates were higher among Hispanic students than African American and White students.7 The latest available data show that among Chicago adults, 24.6% are obese.8

CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

NUTRITION

<table>
<thead>
<tr>
<th>School-Based Programs Promoting Nutrition and Physical Activity</th>
<th>Insufficient Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.thecommunityguide.org/nutrition/index.html">http://www.thecommunityguide.org/nutrition/index.html</a></td>
<td></td>
</tr>
</tbody>
</table>
### OBESITY PREVENTION & CONTROL

#### Interventions in Community Settings

- **Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time among Children**
  - Recommended
- **School-Based Programs**
  - Insufficient Evidence
- **Worksite Programs**
  - Recommended
- **Technology Supported Multicomponent Coaching or Counseling**
  - To Reduce Weight
    - Recommended
  - To Maintain Weight Loss
    - Recommended

#### Provider Oriented Interventions

- **Provider Education**
  - Insufficient Evidence
- **Provider Feedback**
  - Insufficient Evidence
- **Provider Reminders**
  - Insufficient Evidence
- **Provider Education with a Client Intervention**
  - Insufficient Evidence
- **Multicomponent Provider Interventions with Client**
  - Insufficient Evidence

http://www.thecommunityguide.org/obesity/index.html

### PHYSICAL ACTIVITY

#### Behavioral & Social Approach

- **Individually-Adapted Health Behavior Change Programs**
  - Recommended
- **Social Support Interventions in Community Settings**
  - Recommended
- **Family-Based Social Support**
  - Insufficient Evidence
- **Enhanced School-Based Physical Education**
  - Recommended
- **College-Based Physical Education and Health Education**
  - Insufficient Evidence

#### Campaigns & Informational Approaches

- **Community-Wide Campaigns**
  - Recommended
- **Stand-Alone Mass Media Campaigns**
  - Insufficient Evidence
- **Classroom-Based Health Education Focused on Providing Information**
  - Insufficient Evidence

#### Environmental & Policy Approaches

- **Community-Scale Urban Design and Land Use Policies**
  - Recommended
- **Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities**
  - Recommended
- **Street-Scale Urban Design and Land Use Policies**
  - Recommended
- **Transportation and Travel Policies and Practices**
  - Insufficient Evidence
- **Point-of-Decision Prompts to Encourage Use of Stairs**
  - Recommended

http://www.thecommunityguide.org/pa/index.html
HEART DISEASE

A priority for 12 (44%) of the 27 hospitals, heart disease and related risk factors were the fourth most frequently identified issues arising from the CHNAs and implementation plans. In Chicago, diseases of the heart are the leading cause of death, accounting for 4,991 lives lost (26.7% of all deaths) in 2011. Heart disease is also a leading cause of premature mortality, second only to cancer. Heart disease also accounts for 33,689 hospitalizations, the greatest number outside of admissions related to pregnancy, childbirth, and conditions of newborns.

CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

CARDIOVASCULAR DISEASE

Clinical Decision-Support Systems (CDSS)  Recommended
Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive Services for  Recommended
Team-Based Care to Improve Blood Pressure Control  Recommended

http://www.thecommunityguide.org/cvd/index.html
DIABETES

Diabetes emerged as a priority in the needs assessments and implementation plans of ten (37%) hospitals. In 2011, diabetes was a cause of 565 (3%) of all deaths that year. Diabetes accounted for 4.6% (92) of all deaths among Latino Chicagoans, 3.3% (291) of African American deaths, and 2.3% (164) deaths among Whites. Diabetes hospitalizations have increased by 30% between 2001 and 2011.

CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>DIABETES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk</td>
<td>Recommended</td>
</tr>
<tr>
<td>Case Management Interventions to Improve Glycemic Control</td>
<td>Recommended</td>
</tr>
<tr>
<td>Disease Management Programs</td>
<td>Recommended</td>
</tr>
<tr>
<td><strong>Self-Management Education</strong></td>
<td></td>
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<tr>
<td>Community Gathering Places — Adults with Type 2 Diabetes</td>
<td>Recommended</td>
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<tr>
<td>In the Home — Children and Adolescents with Type 1 Diabetes</td>
<td>Recommended</td>
</tr>
<tr>
<td>In the Home — People with Type 2 Diabetes</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>In Recreational Camps</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>In Worksites</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>In School Settings</td>
<td>Insufficient Evidence</td>
</tr>
</tbody>
</table>

http://www.thecommunityguide.org/diabetes/index.html
RESPIRATORY HEALTH

Conditions related to respiratory health, such as chronic obstructive pulmonary disease, were identified as priorities by ten (37%) of the 27 hospitals whose Community Health Needs Assessments and implementation plans were reviewed. The most frequently mentioned condition was asthma, which accounted for 28,433 emergency department visits and 7,325 hospital admissions in 2011. Rates of emergency department visits were highest among the youngest Chicagoans - 194.8 visits for every 10,000 residents under five years of age. The emergency department rate is more than double the Healthy People 2020 national target. Accounting for 717 deaths, chronic lower respiratory disease was the 4th leading cause of death.

ASTHMA

Home-Based Multi-Trigger, Multi-components Environmental Interventions

| For Children and Adolescents with Asthma | Recommended |
| For Adults with Asthma                  | Insufficient Evidence |

http://www.thecommunityguide.org/asthma/index.html
Nine (33%) of 27 hospitals identified violence as a priority. Areas of concern were broad and ranged from child abuse to gang activity and gun violence. Specifically noted was the need for collaborative responses, drawing on the resources and commitments of community and other institutional partners. In 2014, there were 22,415 violent crimes committed in Chicago, with an overall rate of 8.3 violent crimes per 1,000 people. With 399 murders, homicide was the 10th leading cause of death in 2011. Among African Americans and Hispanics, homicide represented the 4th and 5th leading cause of death respectively.16
# VIOLENCE

## Early Childhood Home Visitation
- **To Prevent Child Maltreatment**: Recommended
- **To Prevent Intimate Partner Violence**: Insufficient Evidence
- **To Prevent Violence by Parents (other than Child Maltreatment or Intimate Partner Violence)**: Insufficient Evidence
- **To Prevent Violence by Children**: Insufficient Evidence

## Firearms Laws
- **Bans on Specified Firearms or Ammunition**: Insufficient Evidence
- **Restrictions on Firearm Acquisition**: Insufficient Evidence
- **Waiting Periods for Firearm Acquisition**: Insufficient Evidence
- **Firearm Registration and Licensing of Firearm Owners**: Insufficient Evidence
- **"Shall issue" Concealed Weapons Carry Laws**: Insufficient Evidence
- **Child Access Prevention (CAP) Laws**: Insufficient Evidence
- **Combinations of Firearms Laws**: Insufficient Evidence
- **Zero Tolerance of Firearms in Schools**: Insufficient Evidence

## Reducing Psychological Harm from Traumatic Events
- **Individual Cognitive-Behavioral Therapy (CBT)**
  - Individual CBT: Recommended
  - Group CBT: Recommended

## Other Therapies
- **Play Therapy**: Insufficient Evidence
- **Art Therapy**: Insufficient Evidence
- **Psychodynamic Therapy**: Insufficient Evidence
- **Pharmacologic Therapy**: Insufficient Evidence
- **Psychological Debriefing**: Insufficient Evidence

## Therapeutic Foster Care to Reduce Violence
- **For Chronically Delinquent Juveniles**: Recommended
- **For Children with Severe Emotional Disturbance**: Insufficient Evidence

## Youth Transfer to Adult Criminal System
- **Policies facilitating the transfer of juveniles to adult justice systems**: Recommended Against

Six hospitals identified priorities that could be placed within a broader category of social determinants of health. Identified issues included poverty, jobs, homelessness, affordable housing, economic disparities, and neighborhood quality. Each of these hospitals recognized that these issues contribute to overall health and well-being. Just under 20% of Chicago households live in poverty, while the unemployment rate is 13.6% and 19.5% of adult residents lack a high school diploma. Just under 32% of residents experience severe housing cost burden, meaning that over one-third of their income is spent on housing.
<table>
<thead>
<tr>
<th><strong>SOCIAL DETERMINANTS / HEALTH EQUITY</strong></th>
</tr>
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<td><strong>Education Programs and Policies</strong></td>
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<tr>
<td>Comprehensive, Center-Based Programs for Children of Low-Income Families to Foster Early Childhood Development</td>
</tr>
<tr>
<td>Full-Day Kindergarten Programs</td>
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<td>High School Completion Program</td>
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<tr>
<td><strong>Out-of-School-Time Academic Programs</strong></td>
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<tr>
<td>Reading-Focused</td>
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<td>Math-Focused</td>
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<tr>
<td>General</td>
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<tr>
<td>Academic Programs with Minimal Academic Content</td>
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<tr>
<td><strong>Out-of-School-Time Academic Programs</strong></td>
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<tr>
<td>Cultural Competency Training for Healthcare Providers</td>
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<tr>
<td>Culturally Specific Healthcare Settings</td>
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<tr>
<td>Use of Interpreter Services or Bilingual Providers</td>
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<tr>
<td>Use of Linguistically and Culturally Appropriate Health Education Materials</td>
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<tr>
<td>Programs to Recruit and Retain Staff who Reflect the Community’s Cultural Diversity</td>
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<tr>
<td><strong>Housing Programs and Policies</strong></td>
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<tr>
<td>Mixed-Income Housing Developments</td>
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<tr>
<td>Tenant-Based Rental Assistance Programs</td>
</tr>
<tr>
<td><strong><a href="http://www.thecommunityguide.org/healthequity/index.html">http://www.thecommunityguide.org/healthequity/index.html</a></strong></td>
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</tbody>
</table>
Hospital Service Area Maps
Endnotes


