



Norwegian American Hospital (NAH) is a small independent community hospital serving a low-income, predominately Latino and Black population on the west side of Chicago, Illinois. During Chicago's initial COVID-19 wave, these communities saw a disproportionate number of cases and deaths compared with other neighborhoods – as much as three times as many cases per 100,000 as Chicago overall at the height of disease spread.

In April, local data showed a steep increase in cases among Latino residents. Nearly all NAH's served zip codes had test positivity rates of more than 30%, with one reaching 51% positivity. Internally, NAH saw a huge spike in its own in-house test positivity rates, from 38% in March to 51% in mid-April. This led hospital leadership to immediately prioritize launching community drive-through testing for community members with mild, moderate, or no symptoms. Its goal was to increase access to COVID-19 testing for this underserved community.

NAH's drive-through community testing initiative launched on 28 April. By then, case rates among Latino Chicago residents were nearly double those of Black residents and still rising. Some community hospitals and clinics in hard-hit Black communities on Chicago's south side had already begun to offer drive-through community testing, but little community testing existed on the west and northwest sides. This further contributed to the city's health inequities and disparities by limiting city officials and healthcare providers' grasp on the extent of COVID-19 transmission within these neighborhoods and the Latino community. This also put the community – which has disproportionately high rates of diabetes, obesity, smoking, and asthma – at extremely high risk of serious COVID-19 outcomes.

Despite no financial assistance from the US government for testing, NAH's leadership felt an obligation to provide its high-risk population with accessible testing. This aligned with NAH's focus on health equity and mission of providing high quality and compassionate healthcare services by partnering with patients and their families, employees, physicians, and the communities it serves. Offering widespread community testing was beyond the hospital's call of duty to treat and cure disease among its patients, but fit the hospital's vision of itself as the community's primary healthcare provider, promoting wellness more broadly through health education, prevention, and early intervention.

NAH's new drive-through testing program was met with an immediate and overwhelming community response. As of September, over 8,200 total tests had been conducted, and NAH now averages more than 450 tests per week. This includes both tests by appointment as well as walk-up, first-come first-serve testing. Even as Chicago's west side has come down from its peak positivity rates, test positivity at NAH's testing tent remains three to four times as high as the state average, demonstrating the continued need for this above-and-beyond community service.

NAH leadership focused on health equity led the charge to implement community testing, but it could not have been accomplished without broad involvement of other staff and stakeholders.

The staffing required was significant, with 15-20 total individuals devoted to conducting testing, maintaining registration, making calls, and managing data. NAH addressed this staffing need by redeploying staff from programs that were paused due to government restrictions. This allowed NAH to avoid furloughing some staff while also meeting testing demand. Other staff went above and beyond their job descriptions to support the testing, from case managers making follow-up calls to medical students volunteering in the testing tent despite wind, heat, and rain.

Local partners serving this population, such as Rincon Family Services, Vida/SIDA, and the Puerto Rican Cultural Center, also played an integral role in ensuring community members were informed of testing availability. This strengthened partnerships between NAH and the local community.

The support of local government, partners, and staff was integral to overcoming the many barriers to implementing widespread community testing. An initial challenge was obtaining testing supplies. Acquiring enough accurate testing kits even just for its inpatient needs forced NAH to prioritize its in-house testing first before launching community testing. Through support from the Governor and Mayor's offices and other partners, NAH was able to eventually secure the kits needed to launch widespread community testing.

Once community testing began, challenges remained in implementation. Staffing was a major obstacle, which was overcome by the significant redeployment of staff from other NAH programs and a hospital-wide commitment to going above-and-beyond. Staff persevered through hot, long summer hours in the parking lot and other inclement weather to ensure this hard-hit community was able to access testing every day.

Another challenge was that community members were anxious waiting for results, as turnaround could be as long as seven days at times. Staff developed careful plans to manage this anxiety and stay in contact with community members, such as providing sufficient staffing and time for follow-up calls, acquiring accurate patient phone numbers, and getting consent to email results for shorter turnaround times.

One of the most unique aspects of the community testing program was that staff developed protocols for screening community members at the point of testing for social needs such as food insecurity, housing, transportation, childcare, mental health services, reproductive health services, or prescriptions. This screening has led to additional information about the depth of other resources needed among community residents, and opportunities for the hospital to respond.