
COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Swedish
Ballard | Cherry Hill | Edmonds | First Hill | Issaquah



Executive Summary

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LETTER FROM THE CEO

October 2021

To Our Communities:

Swedish is proud to be our community's health care partner, caring for all who walk through our doors. We know access to quality education, employment, housing and health care factor into a person's overall health and well-being.

As an extension of our strategic planning process, every three years we participate in a Community Health Needs Assessment (CHNA) survey. This assessment helps identify the greatest needs of those we serve. With this information, we can better focus on strategies to address them through our own programs and services, as well as in partnership with other like-minded organizations with our community benefit investments.

As outlined in our 2021 report, the following social determinants of health emerged across the communities of all Swedish locations during the assessment process: behavioral health challenges (including mental health and substance use), health care access, racism and discrimination and housing instability and homelessness. With this understanding, we will develop a community health improvement plan (CHIP) to specifically address many of these barriers to improving health. The CHIP will outline a process of strengthening our existing programs, considering new programs that will make a greater impact and partnering with other organizations and providers to collaborate on solutions.

This ensures Swedish is centered on the critical need of the communities in King and Snohomish counties. With implementation of our strategies, our patients and communities can take comfort in knowing we always work toward making our community a healthier place.



R. Guy Hudson, M.D., MBA

Chief Executive Officer

Swedish Health Services

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INTRODUCTION

Since 1910, Swedish has been the region's standard-bearer for the highest-quality health care at the best value. Swedish is the largest nonprofit health care provider in the greater Seattle area with five hospital campuses: First Hill, Cherry Hill, Ballard, Edmonds and Issaquah. We also have ambulatory care centers in Redmond and Mill Creek, and a network of more than 118 primary care and specialty clinics throughout the greater Puget Sound area. Swedish's innovative care has made it a regional referral center for leading-edge procedures such as robotic-assisted surgery and personalized treatment in cardiovascular care, cancer care, neuroscience, orthopedics, high-risk obstetrics, pediatric specialties, organ transplantation and clinical research.

Swedish is affiliated with Providence, a national, nonprofit Catholic health system comprising a diverse family of organizations and driven by a belief that health is a human right. With 52 hospitals, over 1,000 physician clinics, senior services, supportive housing, and many other health and educational services, the health system and its partners employ more than 120,000 caregivers serving communities across seven states – Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington – with system offices in Renton, WA and Irvine, CA. For more information, visit www.providence.org.

Mission, Vision, and Values

Our Mission

Improve the health and well-being of each person we serve.

Our Vision

Health for a Better World

Our Values

COMPASSION: We reach out to those in need. We nurture the spiritual, emotional, and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

JUSTICE: We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources, and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

EXCELLENCE: We set the highest standards for ourselves and our services. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate and reliable practices for the care of all.

DIGNITY: We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

INTEGRITY: We hold ourselves accountable to do the right thing for the right reasons. We speak truthfully and courageously with respect and generosity. We seek authenticity with humility and simplicity.

SAFETY: Safety is at the core of every thought and decision. We embrace transparency and challenge our beliefs in our relentless drive for continuous learning and improvement.

Our Commitment to Community

Organizational Commitment

Swedish has been a partner for health in the community for over a hundred years. We've resolved to improve the health of the region beyond normal patient care. This translates to our commitment to charity care, research, community health and education. We see this service as our responsibility to our community and we take it seriously. Swedish invested \$258 million in community benefit in 2020, including support to programs that address social determinants of health and improve access to care.

Today our responsibility to community also includes additional access to information. The health care industry is undergoing substantial changes. We believe as the community's leading health care provider, it is our responsibility to also provide information and leadership on these changes.

Governance Structure

Swedish further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Chief Strategy Officer at Swedish is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP).

Responding to the COVID-19 Pandemic

The 2021 Community Health Needs Assessment process was disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required a concentration of resources and reduced community engagement, which impacted survey distribution and community listening sessions. Additionally, the impacts of COVID-19 are likely to effect community health and well-being beyond what is currently captured in secondary and publicly available data. We seek to engage the community as directly as possible in prioritizing needs and through the community health improvement process.

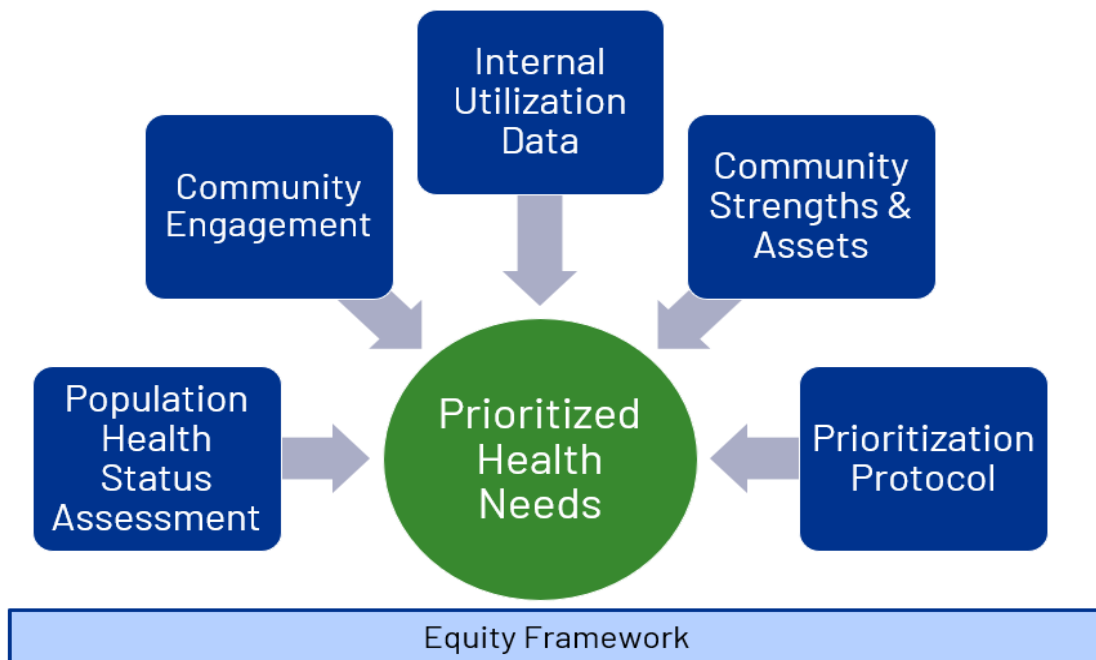
We recognize that in these unprecedented times, COVID-19 is likely to exacerbate existing community needs and may bring others to the forefront. Our commitment first and foremost is to respond to the needs of our communities, particularly individuals who are disproportionately impacted by the economic and social effects of COVID-19. While this is a dynamic situation, we recognize the greatest needs of our communities will continue to change, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our communities in ways that align with our mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Swedish hospital campuses have undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy/Community Health Improvement Plan that responds to community needs.

CHNA Framework

We have adopted a modified approach to Mobilizing for Action through Planning and Partnerships (MAPP), the framework recommended by the National Association of City & County Health Officials (NACCHO). With a basis in equity, our approach includes 5 key components that feed into identifying and prioritizing community health needs.



*modified MAPP Framework

Joint CHNA

Four Swedish hospitals, First Hill Campus, Cherry Hill Campus, Issaquah Campus, and Ballard Campus, share a common service area in King County, Washington. Because of their close geographic proximity, these Swedish hospitals chose to conduct a joint CHNA.

Swedish Ballard Campus

Swedish Ballard first opened on March 12, 1928 as Ballard Accident and General Hospital. Over the years, the hospital grew to meet the needs of the community. In 1992, the hospital merged with

Swedish Medical Center. The merger was beneficial to both hospitals, increasing access to comprehensive services at lowered costs.

Swedish Ballard is a community hospital and the center of Swedish's Behavioral Health programs. The campus is highly regarded in the surrounding community. Services include: addiction recovery, behavioral health, cancer outpatient care and infusion center, emergency department, family practice residency program, medical imaging and breast center, midwifery and women's health, Orthopedic Institute at Ballard, and primary care, ENT and gastroenterology clinics. Swedish Ballard is licensed for 133 beds, employs over 600 individuals, and has more than 200 providers who identify Ballard as their primary campus.

Swedish Cherry Hill

Swedish Medical Center Cherry Hill is 205-bed CMS 5-star acute care hospital located in the Central District of Seattle. Cherry Hill is home to the Swedish Neuroscience and Swedish Heart and Vascular Institutes, and provides specialty care for the community and the region in the disciplines of Neurology, Neurosurgery, Cardiology, Cardiac Surgery, and Vascular Surgery. Cherry Hill is considered one of the best Puget Sound regional hospitals by *US News and World Reports*, and has won multiple awards for cardiac and stroke care.

The Cherry Hill Emergency Room provides to over 22,000 patient encounters per year. We are home to the Carolyn Downs Country Doctor after-hours clinic, providing urgent care for underserved and vulnerable populations. Our hospital-based Wound Care Center provides wound care services for many vulnerable populations in the downtown Seattle area. Our Acute Rehab Unit is the only CARF certified inpatient rehab unit in the northwest to make the Top 100 list of rehab services nationwide.

Swedish First Hill

In 2020, Swedish First Hill had 24,222 hospital admissions, 35,520 ER visits and 19,962 surgeries. Swedish First Hill delivers more babies than any other hospital in Washington State and in 2020 we welcomed 7,552 babies. Our surgical specialists specialize in general, laparoscopic, robotic, hepatobiliary, hernia, oncologic, and breast surgery.

Swedish Issaquah

Located in Issaquah, Washington, the hospital offers the following services:

- Intensive Care/Telemetry
- Emergency Department
- Labor and Delivery
- Post-Partum and Outpatient Lactation
- Surgical Services
- Medical Surgical
- Medical Oncology

- Endoscopy Services
- Medical Imaging
- Outpatient Departments

In 2020, Swedish Issaquah had 5,635 hospital admissions, 23,974 Emergency Department visits and 1,551 newborns. The hospital provided \$16 million in community benefit contributions to increase access to care and improve the health of the community.

Swedish Edmonds

The Swedish Edmonds campus also completed a CHNA. The Swedish Edmonds campus, formerly known as Stevens Hospital, was operating in the community for 46 years before joining Swedish in 2010. As a community hospital, Swedish Edmonds is one of our most-visited Swedish campuses. The hospital serves communities in South Snohomish County and is the largest employer in the City of Edmonds. Swedish Edmonds has 217 licensed beds, over 450 physicians and specialists on medical staff and a staff of over 1,400, including clinical and non-clinical personnel. The hospital provides a full scope of medical and surgical services, including Level IV Trauma emergency medicine, diagnostic, treatment, and support services. Swedish Edmonds is unique in its outstanding behavioral health services. In the past year, Swedish Edmonds received awards for its outstanding Stroke Treatment care, and its commitment to LifeCenter Northwest's organ donation program.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. These reports were made widely available to the public on the website <https://www.swedish.org/about/overview/mission-outreach/community-health-investment/community-needs-assessment>. Public comment was solicited on the reports; however, to date no comments have been received.

Community Resources

Community stakeholders identified resources potentially available to address the priority health needs. These are presented in the complete CHNA reports.

Review of Progress

In 2018, Swedish conducted the previous Community Health Needs Assessments (CHNA). Significant health needs were identified from the Community Health Needs Assessment process. Swedish then identified priorities for the Community Health Improvement Plans associated with the CHNA. The impact of actions used to address these health needs can be found in the complete CHNA reports.

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To request a copy free of charge, provide comments, or view electronic copies of current and previous [Community Health Needs Assessments](#), please email CHI@providence.org

SERVICE AREAS

The Swedish King County service area is comprised of the service areas for four Swedish hospitals: First Hill Campus, Cherry Hill Campus, Issaquah Campus and Ballard Campus.

- Swedish First Hill is located at 747 Broadway, Seattle, WA 98122.
- Swedish Cherry Hill is located at 500 17th Avenue, Seattle, WA 98122.
- Swedish Issaquah is located at 751 NE Blakely Drive, Issaquah, WA 98029.
- Swedish Ballard is located at 5300 Tallman Ave. NW, Seattle, WA 98107.

These hospitals share a service area in King County, Washington. King County has a population of approximately 2.2 million people. Based on the availability of data, geographic access to these facilities and primary care, and other hospitals in neighboring counties, King County serves as the boundary for the hospital service area.

Swedish Edmonds campus is located at 21601 76th Ave. W., Edmonds, WA 98026. The community served by the Hospital is defined by the geographic origins of the Hospital's patients whose conditions require admission to the hospital for at least one night. Swedish Medical Center Edmonds provides care to Snohomish County. Based on the availability of data, geographic access to these facilities and primary care, and other hospitals in neighboring counties, census tracts from the following ZIP Codes serve as the boundary for the hospital service area: 98020, 98026, 98043, 98036, 98037, 98087, 98012, 98204 and 98208.

Swedish Edmonds Service Area

Primary City	ZIP Code
Bothell	98012
Edmonds	98020, 98026
Everett	98204, 98208
Lynnwood	98036, 98037, 98087
Mountlake Terrace	98043

The campus service area maps are presented in Appendix 1.

Providence Need Index

Within a medical center's total service area there is a high need service area, which is based on the social determinants of health specific to the inhabitants of the service area census tracts. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, census tracts with more people below 200% FPL, fewer people with at least a high school education, more people in limited English households and a lower life expectancy at birth were identified as "high need." In the Swedish King County service area, 159 of 396 census tracts (40.2%) scored as high need. In the Swedish Edmonds service area, 28 of 63 census tracts (44.4%) scored as high need.

Collaborative Partners

King County Swedish Medical Centers participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). King County Hospitals for a Healthier Community (HHC) is comprised of 10 hospitals/health systems in King County and Public Health – Seattle & King County (PHSKC) with the fiscal administrative support of the Washington State Hospital Association (WSHA). The HHC vision is to participate in a collaborative approach that identifies community needs, assets, resources, and strategies toward ensuring better health and health equity for all King County residents. This shared approach avoids duplication and focuses available resources on a community's most important health needs. HHC recognizes that partnerships between hospitals, public health, community organizations and communities are key to successful strategies to address common health needs. The full report and list of assessment partners can be accessed at: <https://kingcounty.gov/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx>.

METHODOLOGY

Secondary Data

Secondary data were collected from a variety of county and state sources. For this analysis, census tracts with more people below 200% FPL, fewer people with at least a high school education, more people in limited English households and a lower life expectancy at birth were identified as “high need.” The [King County Data Hub](#) and the [The Snohomish County Data Hub](#) provide access to interactive maps, which visually depict demographics, social risk, and other indicators at the census tract level. The hubs include indicators related to housing, food security, income, education, insurance status, and chronic diseases.

Primary Data

Swedish conducted stakeholder interviews and community listening sessions. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. Swedish conducted 18 stakeholder interviews including 27 participants. They also included 9 listening sessions: 7 from King County and 2 from Snohomish County. The goal of the interviews and listening sessions was to identify the needs currently not being met in the community and what assets could be leveraged to address these needs. Swedish Medical Centers also conducted a community survey in English from July 3 to August 31, 2021. In King County, 744 community members participated in the survey and in Snohomish County, 232 community members participated in the survey.

Community Service Area Data

Community demographics and health indicators for the hospital service areas are detailed in the complete CHNA reports.

Prioritization of Health Needs

The following findings represent the high-priority health-related needs, based on community stakeholder interview and listening session participant input:

- Behavioral health (includes mental and substance use)
- Homelessness and housing instability
- Racism and discrimination

The following findings represent the medium-priority health-related needs, based on community input:

- Access to health care
- Dental care
- Affordable childcare and preschools
- Food insecurity
- Economic insecurity

The survey respondents selected good paying jobs, assistance getting healthy food, and a caring community as the top three priorities needed to improve the health and well-being of themselves and their families.

Prioritization of Needs for the 2022-2024 CHIP

An ad hoc committee of Swedish leaders from across the system, with experience in the areas of need, were brought together to vote on Swedish's prioritization ranking for the upcoming CHIP (Community Health Improvement Plan). The following needs were prioritized by Swedish leaders:

- Behavioral health challenges (including mental health and substance use)
- Access to health care
- Racism and discrimination
- Housing instability and homelessness

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following identified for King County:

Diverse, Resilient, and Resourceful Community Members

King County includes people from many different places in the world and many have overcome significant challenges in their lives. Stakeholders shared community members are continually working hard to better themselves and their lives for their children and their community.

Community Members Supporting One Another

The closeness of community members is a strength. People share resources with one another, help each other find food, childcare, and other necessities. When people come together, they draw inspiration and strength from one another.

Organizations Working Together

Community organizations want to do good work and serve the community. Organizations, including government, business, and health care, are working hard to find new and creative ways to keep people safe and healthy, adapting to the changing community needs.

Community stakeholders identified the following strength for South Snohomish County:

A Spirit of Collaboration Among Community Organizations

Stakeholders shared health care organizations collaborate well and there are many opportunities for meetings to discuss best practices. Stakeholders discussed a sense of collaboration between providers, with very little negative competition. They also shared they have seen organizations work together to leverage one another's strengths to meet community needs.

Community Comments

The following findings represent the **high-priority health-related needs**, based on community input:

Behavioral health challenges and access to care (including mental health and substance use disorders)	Many stakeholders identified mental health and substance use disorders (SUD) as the greatest needs in the community. They shared needing more BBPOC (Black, Brown, Indigenous, and People of Color) providers and better support for parents with children with mental health challenges. In Snohomish County, stakeholders shared a need for more intensive behavioral health services and more trained professionals to meet the demand. Listening sessions participants and stakeholders noted the importance of spiritual and community aspects of healing and well-being. Stakeholders in King and Snohomish Counties named young people as a population with unmet mental health needs, as well as young people identifying as LGBTQ+ and survivors of domestic violence . Listening session participants were also concerned about needing more mental health support services in schools and better resource integration and navigation through schools. Patients who speak languages other than English may face more difficulty navigating the health care system. Most stakeholders and listening session participants shared the COVID-19 pandemic has exacerbated mental health needs, adding stress to a system already unable to meet the full demand. Participants were particularly concerned about young people and older adults as a result of increased isolation.
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Homelessness and housing instability	Stakeholders spoke to the importance of addressing housing needs first and in conjunction with behavioral health and access to care challenges, as housing is a foundational need. Stakeholders from across King and Snohomish Counties identified the high cost of housing as the biggest challenge for families, noting families are being pushed out of their neighborhoods due to rising housing costs and gentrification . High housing costs create economic instability, leading to spending tradeoffs. It can also be a source of stress for families, particularly those with mixed documentation statuses or those who are underemployed . Stakeholders noted a need for more shelter beds in King and Snohomish Counties; more low-income housing , particularly in Seattle; and more resources to meet the basic needs of people experiencing homelessness in Snohomish County. Listening session participants noted a need for more affordable housing that meets the needs of people at all ages. As a result of the COVID-19 pandemic , stakeholders spoke about increased homelessness and housing instability. They noted many families are concerned about how they will pay the rent they owe when the eviction moratorium is lifted, affecting mental health and economic stability.
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Racism and discrimination	Stakeholders in King and Snohomish Counties discussed racism and discrimination as drivers of other community needs, although they were more frequently prioritized in King County. Stakeholders in Snohomish County noted there is still a lot of work to do to address the issue in the community. In King County, stakeholders noted how racism plays a role in gentrification , unsustainable rent prices, and a lack of options for home ownership. Racist hiring practices also affect employment opportunities for BBIPOC communities. Racism and discrimination contribute to people not feeling seen and valued in the community. Stakeholders and listening session participants discussed how a lack of tribal recognition and land access and historical trauma affect the opportunities, health, and well-being of Native American communities . Listening session participants noted a need for more education of young people about the history of the United States and racism in the country. The COVID-19 pandemic has led to an increase in hate crimes and racism, particularly against the Asian community as noted by Snohomish County stakeholders. It has also highlighted racism as a public health issue and opportunity gaps in education for BBIPOC students.
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The following findings represent the **medium-priority health-related needs**, based on community input:

Access to health care	Transportation was the main barrier to care discussed by stakeholders and listening session participants in both counties. Stakeholders also identified the cost of care , technology , language barriers , and health literacy as barriers. King County stakeholders noted a need for more wraparound services , particularly for patients experiencing homelessness. Listening session participants and stakeholders agreed there is a need for health care professionals to go into communities and meet people where they are to provide health and wellness information. Participants also noted a need for more health education , better data sharing among different health care systems, and continuity of care with a provider. Certain populations were named as having more barriers to accessing high-quality, respectful care: patients experiencing homelessness , families with mixed documentation statuses , Native American communities , and individuals identifying as LGBTQ+ . Due to the COVID-19 pandemic , some patients delayed accessing routine primary care and chronic disease management, resulting in worsening conditions. While telehealth visits were positive for some, they created increased barriers for patients who speak a language other than English and those that do not have access to or comfort with technology. The COVID-19 vaccine rollout highlighted the importance of building trust with patients and bringing services to community members in non-clinical locations.
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Dental care	Many stakeholders in King and Snohomish Counties identified dental care as a big need and one that is linked with overall health and well-being. Stakeholders shared accessing dental care can be especially challenging for patients who are uninsured or who have Medicare or Medicaid . Transportation to dental appointments is also a barrier and stakeholders noted the potential benefits of mobile dental units. Populations of particular concern include people over the age of 65 and people with low incomes . The COVID-19 pandemic resulted in reduced access to dental care and reduced capacity for some dental providers.
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Affordable childcare and preschools

Snohomish County stakeholders prioritized this need more often than in King County. Stakeholders emphasized that affordable childcare is foundational for ensuring people can **work** and meet their family’s **basic needs**, including accessing health care services. Safe and reliable childcare promotes **stability** in families, and investing in early childhood services improves children’s futures and outcomes. Stakeholders’ primary concern was the “outrageous” **cost of childcare**, noting many families spend a substantial amount of their income on the service, affecting their economic stability. Families with low incomes have limited options for licensed childcare providers that accept the DSHS **childcare subsidy**. Families that speak languages other than English may have more challenges finding adequate childcare and communicating their needs. As a result of the **COVID-19 pandemic**, many childcare services had to close, forcing some parents to leave jobs to stay home with their children.

Food insecurity

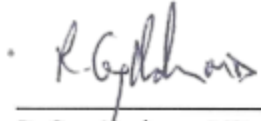
Snohomish County stakeholders prioritized this need more often than in King County. Stakeholders prioritized food insecurity because of the importance of ensuring everyone has access to **nutritious, culturally relevant foods**. They noted there are certain geographic areas, such as **South King County**, where some immigrant and refugee communities are not able to access food that meets their cultural needs. Listening session participants noted the importance of sharing food resources in multiple languages, particularly in South King County. Populations disproportionately affected by food insecurity include families with **mixed documentation statuses** that may not qualify for or may not feel safe applying for food assistance programs. **Survivors of domestic violence, people with low incomes, older adults, and families experiencing homelessness** may experience barriers to accessing consistent, nutritious, affordable foods. Listening session participants were concerned about students lacking sufficient meals, which can contribute to issues in school. Stakeholders were particularly concerned about older adults and young people experiencing increased food insecurity during the **COVID-19 pandemic**.

Economic insecurity

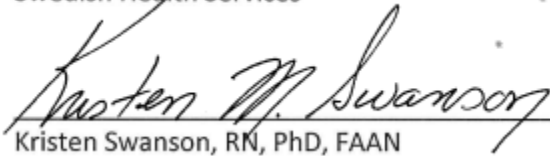
Economic insecurity was discussed in both counties, but more frequently prioritized in King County. It was primarily discussed in connection to **housing and food insecurity**. In Snohomish County, stakeholders discussed seeing families living in overcrowded conditions because their income does not meet the cost of living. They also shared families are experiencing **stress** trying to meet their basic needs, such as for sufficient food. King County stakeholders noted finding a good paying employment opportunity can be more challenging **for BBIPOC communities** due to racism in hiring practices. Populations disproportionately affected by economic insecurity include **families with mixed documentation statuses** and **older adults**. The **COVID-19 pandemic** has exacerbated economic insecurity for families that either lost their jobs or needed to stay home to care for their children.

2021 CHNA GOVERNANCE APPROVAL

This CHNA was adopted by the Board of Trustees of the hospitals on November 9, 2021. The final report was made widely available by December 28, 2021.



R. Guy Hudson, MD, MBA
Chief Executive Officer
Swedish Health Services



Kristen Swanson, RN, PhD, FAAN
Chair Board of Trustees
Swedish Health System



12/7/2021

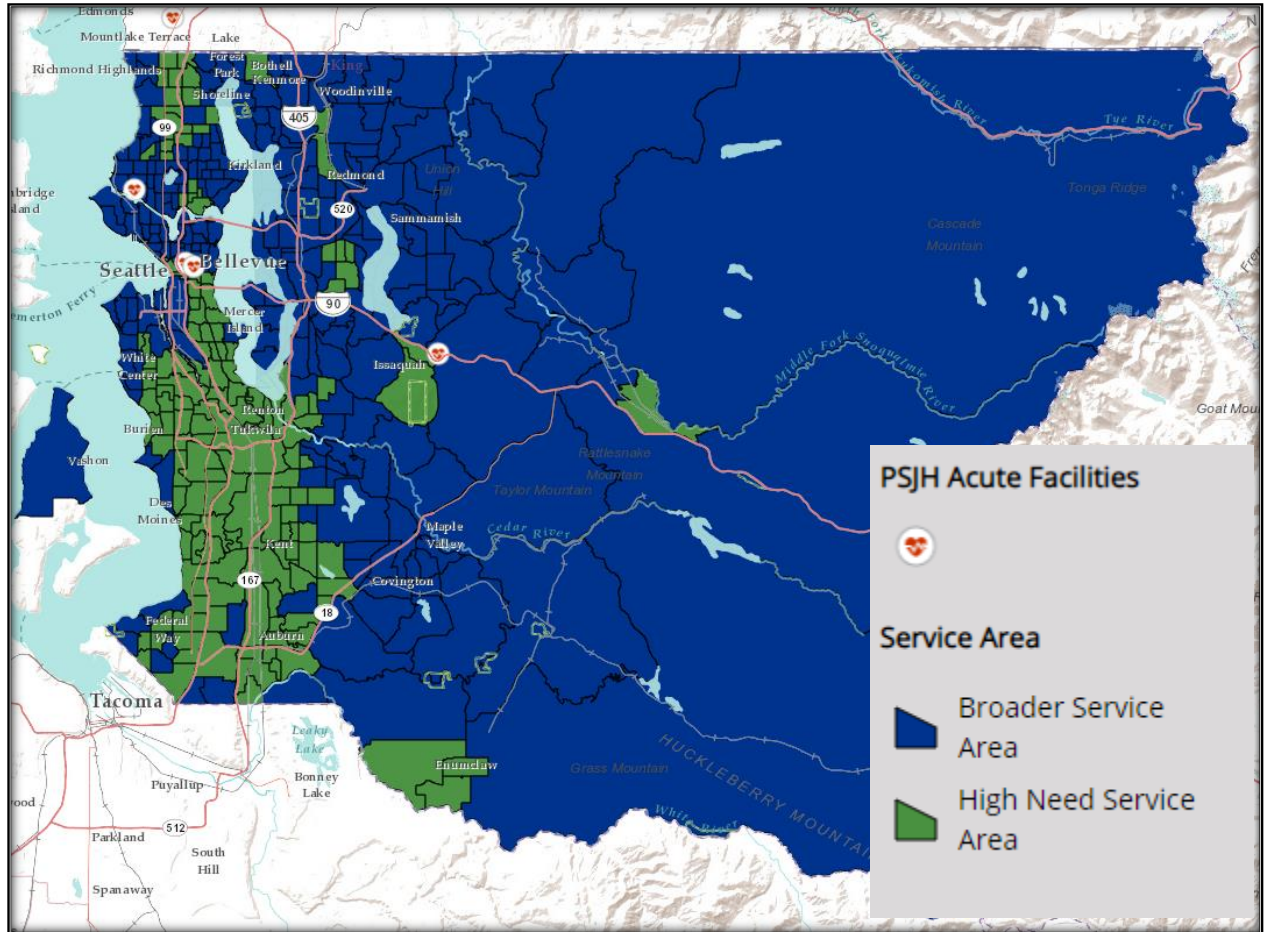
Justin M. Crowe, PhD
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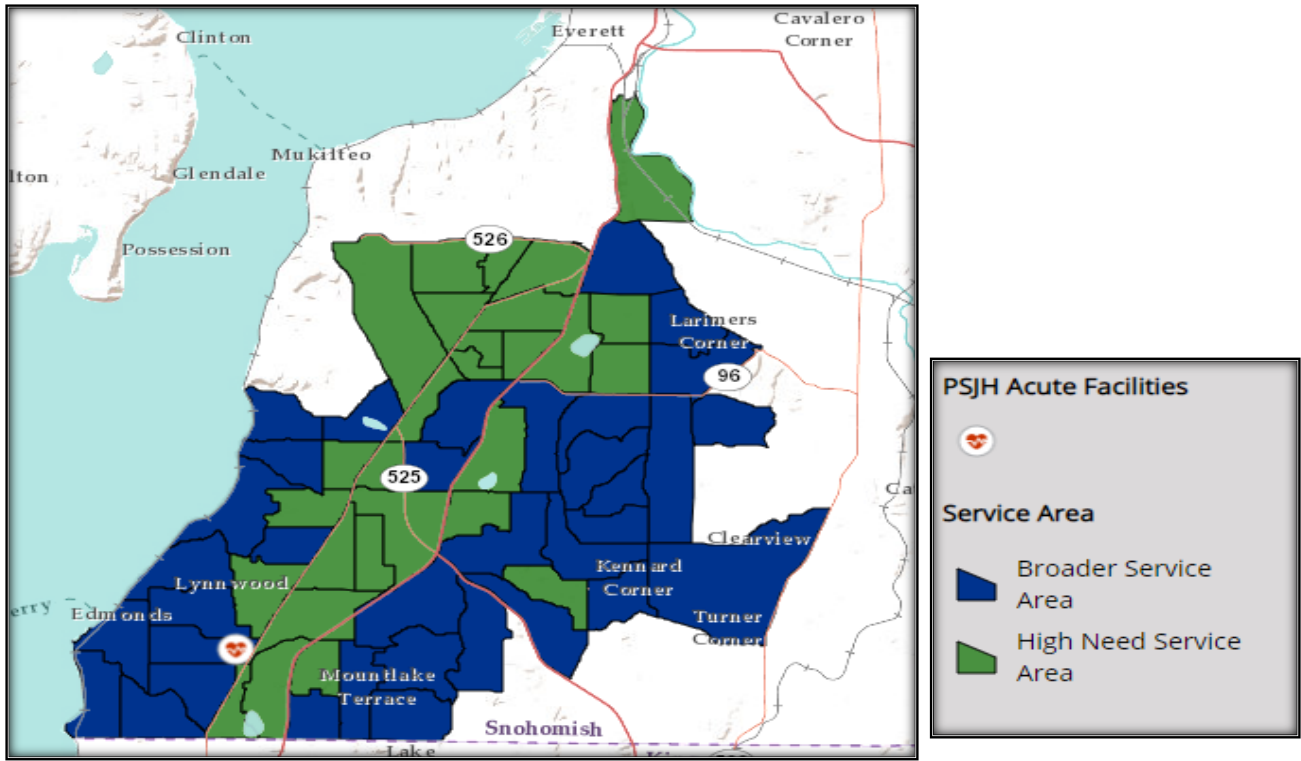
To request a copy free of charge, provide comments, or view electronic copies of current and previous [Community Health Needs Assessments](#), please email CHI@providence.org

APPENDIX 1 SERVICE AREA MAPS



Swedish King County Service Area

Swedish Edmonds Service Area





BALLARD

5300 Tallman Ave. NW
Seattle, WA 98107
T 206-782-2700

CHERRY HILL

500 17th Ave.
Seattle, WA 98122
T 206-320-2000

EDMONDS

21601 76th Ave. W.
Edmonds, WA 98026
T 425-640-4000

FIRST HILL

747 Broadway
Seattle, WA 98122
T 206-386-6000

ISSAQUAH

751 NE Blakely Drive
Issaquah, WA 98029
T 425-313-4000

swedish.org

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注意：如果您讲中文，我们可以为您提供免费中文翻译服务，请致电 888-311-9127 (TTY: 711)

