

**Edward-Elmhurst Healthcare  
Community Health Implementation Plan  
FY 2017-2019**

*June 2016*



## **Executive Summary**

With the March 2010 passage of the Patient Protection and Affordable Care Act (PPACA), all not-for-profit hospitals (recognized as 501(c)(3) organizations) are required to complete a Community Health Needs Assessment (CHNA). A CHNA is designed to identify, prioritize and address health issues in a hospital's primary service area and must be completed at least once every three years for tax years beginning after March 2012. The IRS has provided guidelines on CHNA expectations, including but not limited to a definition of community, reporting of health outcomes in the region, completion of community input, prioritization of health issues and adoption of an implementation strategy authorized by the governing body of the hospital organization.

In compliance with these regulations and in an effort to positively impact health outcomes within the communities we serve, Edward-Elmhurst Health (EEH) collaborated with the Metropolitan Chicago Healthcare Council (MCHC) and Professional Research Consultants (PRC) to conduct a comprehensive CHNA. This report provides a summary of the CHNA's major findings, along with an implementation plan to address designated priorities. The entire 2015 CHNA Report is available on the System's website, [www.eehealth.org](http://www.eehealth.org).

In consideration of the top health priorities identified through the CHNA process, and taking into account organizational resources and overall alignment with Edward-Elmhurst Health's mission, goals and strategies, the priorities and strategies summarized on the following page are recommended for the FY 2017-2019 CHNA implementation plan.

<b>Priority:</b>	<b>Access to Health Services</b>
<b>Problem Statement:</b>	<b>43% of Elmhurst and 38% of Edward service area residents reported difficulty accessing healthcare in the past year, with inconvenient office hours and appointment availability identified as major barrier.</b>
<b>Strategies</b>	Strategy #1: Reduce financial barriers to access
	Strategy #2: Facilitate access to primary care providers and address key specialty gaps
	Strategy #3: Reduce patient out-of-pocket costs by providing cost effective alternatives to Emergency Departments
	Strategy #4: Reduce the transportation barrier
	Strategy #5: Address the needs of special populations (low income, seniors)
<b>Priority:</b>	<b>Obesity/Diabetes/Nutrition/Physical Activity</b>
<b>Problem Statement:</b>	<b>Two-thirds are area residents are overweight, with nearly one-third obese (BMI 30+). Over 20% of service area residents are pre-diabetic or diabetic.</b>
<b>Strategies</b>	Strategy #1: Leverage community partnerships to impact adult/pediatric obesity trends
	Strategy #2: Continue to grow EEH weight management program
	Strategy #3: Enhance education and programming to develop robust physical activity and nutritional resources
	Strategy #4: Refine and expand programming targeted at EEH employees
<b>Priority:</b>	<b>Heart Disease and Stroke</b>
<b>Problem Statement:</b>	<b>Heart disease and stroke account for 30% of all deaths in DuPage and Will Counties and is identified as a top concern by key informants. Rates of hypertension, high cholesterol in the area are high and growing.</b>
<b>Strategies</b>	Strategy #1: Continue to offer heart and stroke screenings
	Strategy #2: Continue to promote community education and tools to prevent and manage risk factors
	Strategy #3: Increase awareness of early stroke and heart attack symptoms and available treatments
<b>Priority:</b>	<b>Cancer</b>
<b>Problem Statement:</b>	<b>Despite declining trends in mortality, cancer remains a leading cause of death, with overweight and obesity emerging as new risk factors. Within the EEH service area, breast cancer incidence is growing, colorectal cancer screening rates are lower than expected, and lung cancer remains the leading cause of cancer deaths.</b>
<b>Strategies</b>	<b>Strategy #1: Reduce barriers inhibiting colorectal screening and prevention</b>
	Strategy #2: Enhance education and programming to reduce risk factors and promote screenings for lung cancer
	Strategy #3: Promote community awareness, resources and tools to prevent and manage all cancers and promote healthy lifestyle/habits
	Strategy #4: Focused efforts on early detection of breast cancer and enhancing access to breast care
<b>Priority:</b>	<b>Mental Health &amp; Substance Abuse</b>
<b>Problem Statement:</b>	<b>Prevalence of diagnosed depression and illicit drug use in the EEH service area is higher than benchmarks and has been identified by key informants as major problems within the community</b>
<b>Strategies</b>	Strategy #1: Decrease stigma by increasing awareness and education
	Strategy #2: Provide access to the right care at the right time
	Strategy #3: Improve coordination of care
	Strategy #4: Improve medication management

# Community Health Needs Assessment and Implementation Plan

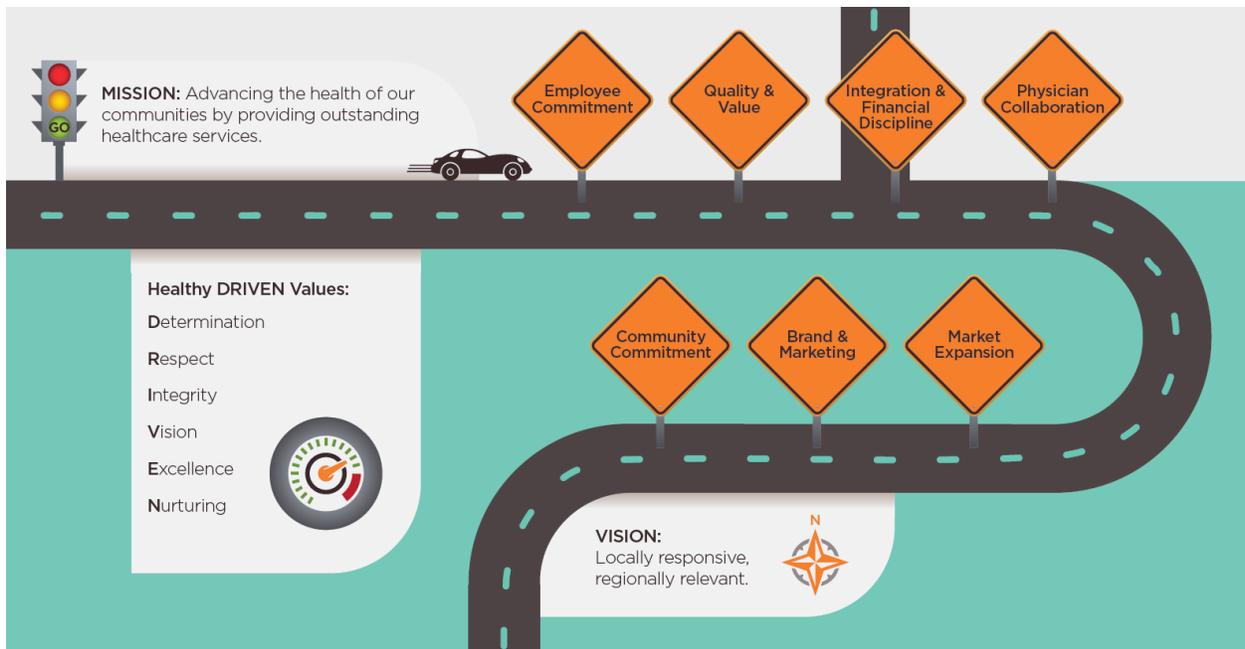
The mission of Edward-Elmhurst Health (EEH) is “*Advancing the health of our communities by providing outstanding healthcare services*” and its stated vision is to be “*a locally responsive, regionally relevant Health system.*” Toward this end, EEH is committed to meeting the needs of its local community, while ensuring the scale and geographic spread to provide quality, efficiency and access to the population it serves.

Already central to its mission, EEH’s commitment to the health of its community gains added relevance as it proceeds on a path toward value-based reimbursement. As traditional fee-for-service reimbursement increasingly shifts to risk-based models, EEH will accept greater accountability for the health of its population. A fundamental understanding of current health status is essential so that effective interventions can be implemented, both directly and through community partnerships.

EEH’s commitment to the health of its community is fully integrated into its strategic plan, identified as one of seven organizational priorities. The graphic below illustrates the EEH “Roadmap,” which is used to communicate the organization’s strategies to all employees, medical staff, and other key stakeholders.

The “Community Commitment” priority is supported by a System Community Benefit Steering Committee that assesses need, monitors outcomes, and oversees the community benefit planning process to ensure initiatives are connected to the overall strategic plan. The Steering Committee is tasked with coordinating the Community Health Needs Assessment (CHNA) and subsequent planning process.

## Edward-Elmhurst Strategic Roadmap



# **Community Health Needs Assessment (CHNA) and Planning Process**

## **The Community Health Needs Assessment (CHNA)**

Consistent with regulations, EEH completes a Community Health Needs Assessment (CHNA) every three years, with the most recent Assessment and Implementation Plan completed and approved in 2013. The CHNA is a systematic, data-driven approach to determining the health status, behaviors and needs of residents within the EEH service area, and is intended to inform decisions and guide efforts to improve community health and wellness. The 2015 EEH CHNA was conducted in partnership with the Metropolitan Chicago Healthcare Council (MCHC) and participating hospitals, including AMITA Health, Franciscan Alliance, Ingalls Health System, Northwest Community Healthcare, Northwestern Medicine, and Rush System for Health. Given slight differences in the Edward and Elmhurst service areas, with Edward having a larger patient base from Will County and Elmhurst from Cook County, separate CHNAs were completed; however, there was much common ground between the two assessments. As such, CHNA results were merged for the development of one system-wide CHNA implementation plan.

Each CHNA, which was conducted by Professional Research Consultants, Inc. (PRC), incorporates data from both qualitative and quantitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other supporting data) from sources including the Centers for Disease Control, the Illinois Department of Public Health, the US Census Bureau, and the US Department of Health & Human Services. Comparisons are provided to regional (Metropolitan Chicago), state and national benchmarks as well as to prior years where data are available for trend analysis.

In order to solicit input from stakeholders with a broad interest in the health of the community, an online “Key Informant Survey” was conducted to assess primary concerns within the community. “Key Informants” included representation of the following organizations:

- DuPage County Health Department
- DuPage Federation on Human Services Reform
- Elmhurst CUSD 205
- Metropolitan Chicago Healthcare Council
- Naperville School District 2013
- People’s Resource Center
- Local Municipalities

## **Collaborative Partnerships**

In addition to the CHNA process identified above, EEH actively participates in ongoing planning and program development with other organizations, including those focused on the health care needs of DuPage and Will Counties. Significant partnerships include:

- **Impact DuPage:** The purpose of Impact DuPage is to create a common understanding of community needs, gaps and priorities that will advance the well-being of the DuPage County community. To achieve this, Impact DuPage engages community stakeholders in a coordinated approach to ongoing community needs assessment, resulting in data-driven solutions to address county priorities, align resources, and improve population level outcomes.
- **DuPage Health Coalition:** a collaborative partnership of 7 hospitals and more than 225 health, human service and governmental institutions, working together to provide volunteer driven health care access to thousands of low income, uninsured residents of DuPage County, IL. EEH hospitals are founding members and actively participate in collaborative planning sessions throughout the year.
- **Will County Mobilizing for Action through Planning and Partnerships (MAPP)** is a community-driven strategic planning process for improving community health. Facilitated by public health leaders from Will County, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.
- **FORWARD** (Fighting Obesity Reaching healthy Weight Among Residence of DuPage) Is a coalition of partners dedicated to reversing the obesity trend in DuPage County by educating children and families about the importance of eating healthy and being physically active.
- **DuPage County Behavioral Health Collaborative** works collaboratively to identify and implement data-driven strategies that improve access and quality of behavioral health services for all DuPage County residents, advocate for aligning resources and funding, and educate the community about the signs and symptoms of mental health issues. The Behavioral Health Collaborative has partnered with Impact DuPage to address behavioral health treatment, creating a 2016-2018 action plan. The plan focuses on a developing a navigation system for behavioral health treatment, adopting common quality indicators, and increasing the number of quality behavioral health providers in DuPage.

Other organizations partnering with these and other coalitions are provided in Appendix A.

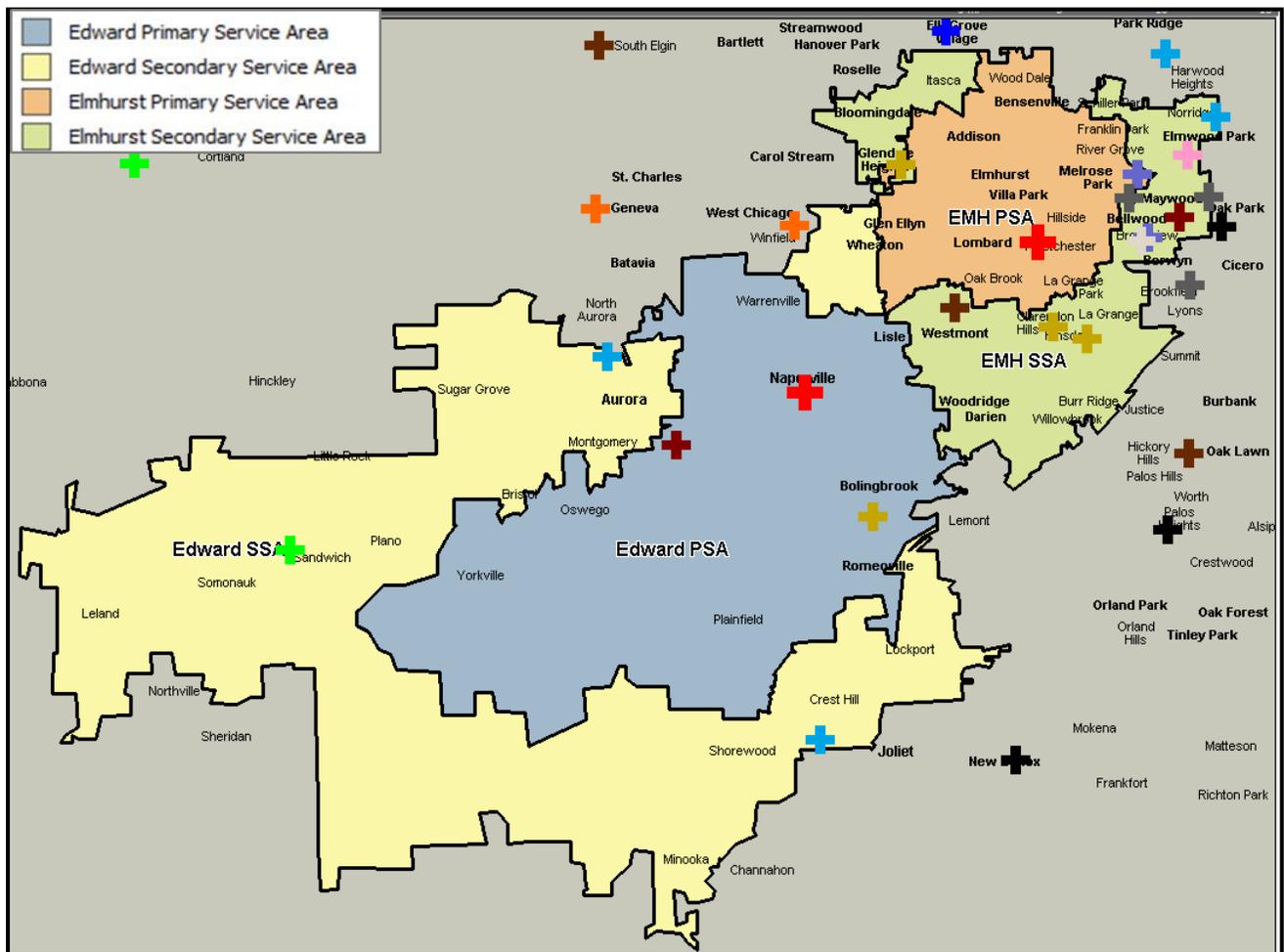
## **EEH Community Benefit Steering Committee**

Completion and review of the CHNA was overseen by the EEH Community Benefit Steering Committee, a system-wide committee with representation from nursing and other clinical areas, case management and social work, population health management, legal, finance, planning, marketing, and community/government relations. Input on prioritization and initiative development was generated through two internal focus groups, during which priorities were discussed, potential interventions were brainstormed, and recommendations for the FY 2017-2019 plan were developed. Steering Committee and focus group participants are provided in Appendix B.

## The Edward-Elmhurst Community

EEH services a population of nearly two million residents from DuPage, Will, and Cook counties, with additional representation from Kane and Kendall counties. Graph 1 below illustrates the geographic footprint of EEH. The System's Primary Service Area (PSA) – the area from which Edward and Elmhurst Memorial Hospitals draw roughly seventy-five percent (75%) of inpatient (IP) admissions – stretches approximately 42 miles from Yorkville (southwest corner of Edward PSA) to Bensenville (northeast corner of Elmhurst PSA). The specific communities included in EEH's Primary Service Area (PSA) are outlined in Appendix C. Note that Linden Oaks Hospital provides services across each acute care hospital's service areas.

**Graph 1** (Source: Microsoft MapPoint North America)



Population estimates and projections by service area are provided below. Of the 1.9 million residents of the System's Total Service Area (TSA), approximately 971,000 reside within its Primary Service Area (PSA).

	Population Estimates (2015)	Population Projections (2020)
<b>Edward Service Area</b>		
North Primary Service Area	278,177	286,153
South Primary Service Area	319,594	329,314
<b>Total Primary Service Area</b>	<b>597,771</b>	<b>615,467</b>
North Secondary Service Area	202,103	204,592
South Secondary Service Area	222,433	225,417
Total Secondary Service Area	424,536	430,009
<b>Edward Total Service Area</b>	<b>1,022,307</b>	<b>1,045,476</b>
<b>Elmhurst Service Area</b>		
<b>Primary Service Area</b>	<b>372,971</b>	<b>378,321</b>
Secondary Service Area	562,346	568,938
Elmhurst Total Service Area	935,317	947,259
<b>Edward-Elmhurst Total Service Area Population</b>	<b>1,957,624</b>	<b>1,992,735</b>

The distribution of Edward-Elmhurst inpatients by county is provided below. Seventy five percent (75%) of EEH inpatients reside within DuPage and Will Counties.

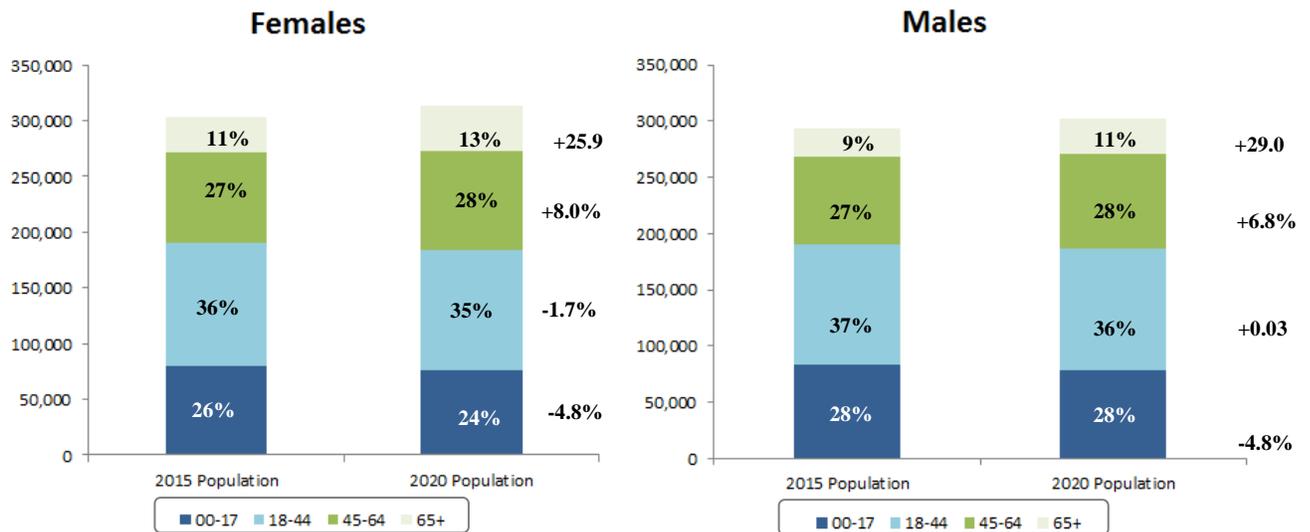
County	2015 Inpatient Discharges	Percent of Total	Cumulative Percent
DuPage	22,324	52.7%	52.7%
Will	9,404	22.2%	74.9%
Cook	6,382	15.1%	90.0%
Kendall	1,210	2.9%	92.8%
Kane	1,136	2.7%	95.5%
Dekalb	359	0.8%	96.4%
Grundy	230	0.5%	96.9%
All Others	1,307	3.1%	100%

Source: Nielsen iXPRESS

## Age Distribution

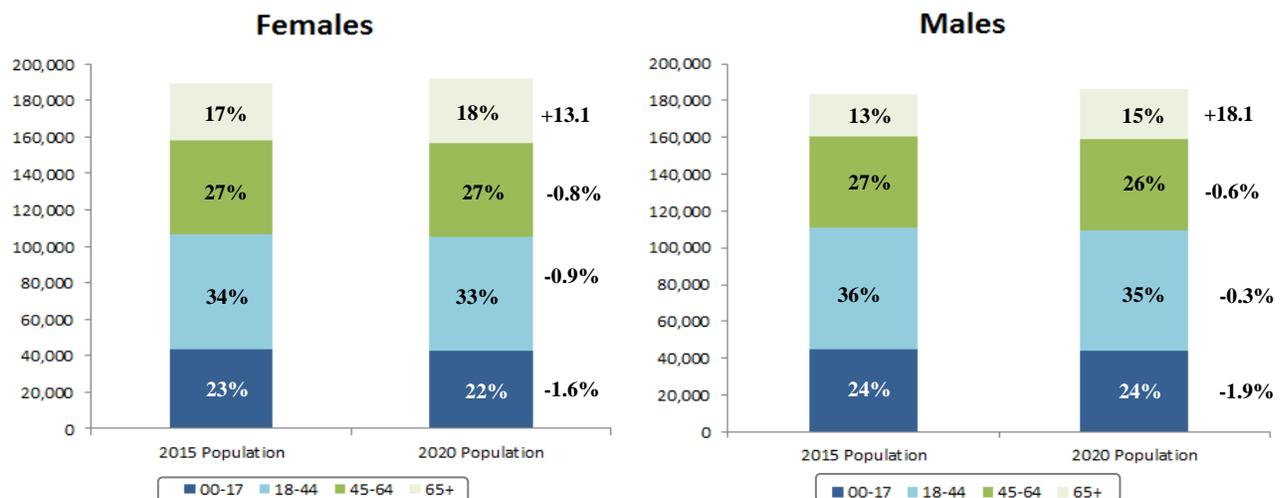
Demographic breakdown in terms of sex and age for Edward and Elmhurst PSAs is provided below. Of note is that the 65 and over population is growing at a faster rate than other age groups so that by 2020, it is expected to represent 13.7% of the System's total PSA population (135,640 individuals). Note also that while the Edward PSA remains "younger" than the Elmhurst PSA, the over-sixty five population is growing at a faster rate.

### Edward Hospital PSA, Projected Percent Growth by Age Cohort & Gender (2015-2020)



Source: Nielsen iXPRESS

### Elmhurst Hospital PSA, Projected Percent Growth by Age & Gender (2015-2020)



Source: Nielsen iXPRESS

## **Race & Ethnicity**

Race and ethnicity breakdown within the Edward and Elmhurst PSAs is provided below. The area has a lower percentage of Black/African American and a higher percentage of Asian residents than the State of Illinois and the United States as a whole, with the percentage of Asian population particularly pronounced in the Edward PSA.

### **Edward PSA Racial/Ethnic Composition**

<b>Race/Ethnicity</b>	<b>Edward Hospital PSA</b>	<b>Illinois</b>	<b>US</b>
White	71.1%	70.5%	71.1%
Black or African American	8.9%	14.3%	12.7%
American Indian and Alaska Native	0.3%	0.4%	1.0%
Asian	11.3%	5.1%	5.2%
Other	8.4%	9.7%	10.0%

Source: Nielsen iXPRESS

### **Elmhurst PSA Racial/Ethnic Composition**

<b>Race/Ethnicity</b>	<b>Elmhurst Hospital PSA</b>	<b>Illinois</b>	<b>US</b>
White	69.6%	70.5%	71.1%
Black or African American	9.1%	14.3%	12.7%
American Indian and Alaska Native	0.3%	0.4%	1.0%
Asian	6.2%	5.1%	5.2%
Other	14.8%	9.7%	10.0%

Source: Nielsen iXPRESS

Of note, the Hispanic population, which currently represents approximately 16% of the Edward PSA and 28% of the Elmhurst PSA (20% overall across the EEH PSA) is expected to continue to grow more rapidly than other race and ethnic categories.

### **Edward-Elmhurst PSA Projected Change in Population: Hispanic and Non-Hispanic**

	<b>Hispanic or Latino</b>		<b>Non-Hispanic or Latino</b>	
	<b>2015 Population</b>	<b>2015-2020 Growth Rate</b>	<b>2015 Population</b>	<b>2015-2020 Growth Rate</b>
Edward PSA	92,277	12.27%	505,494	1.26%
Elmhurst PSA	106,153	10.53%	266,818	-2.18%

Source: Nielsen iXPRESS

## Community Health Needs Assessment (CHNA) Findings

The summary tables below provide an overview of health indicators in the Edward and Elmhurst Service Areas, including comparisons to regional, statewide and national benchmarks as well as past year (trend) data.

### Social Determinants of Health

While health systems typically focus on providing clinical care, literature shows that underlying determinants of care, including socioeconomic factors (“social determinants of health”) play a prominent role in the health status of a population. The 2015 CHNA found that Edward and Elmhurst service areas generally compare favorably with local, state and national benchmarks. While unemployment rate in Edward’s service area and language barriers in Elmhurst’s service area compare negatively to other social indicators, they are actually positive compared to metropolitan Chicago and comparable to Illinois and the United States as a whole.

## Summary of Findings: Social Determinants

 Favorable  Comparable  Unfavorable

	Edward/ LOH	vs. MCHC Region	vs. IL	vs. US	Trend
Linguistically isolated population (%)	4.5				
Population in poverty (%)	7.4				
Population below 200% FPL (%)	19.4				
Children below 200% FPL (%)	24.6				
No High School Diploma (age 25+, %)	8.6				
Unemployment Rate (Age 16+, %)	5.4				

	Elmhurst	vs. MCHC Region	vs. IL	vs. US	Trend
Linguistically isolated population (%)	5.0				
Population in poverty (%)	6.9				
Population below 200% FPL (%)	18.6				
Children below 200% FPL (%)	23.5				
No High School Diploma (age 25+, %)	7.9				
Unemployment Rate (Age 16+, %)	4.8				

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**Overall Assessment of Health Status**

Despite positive performance on social determinants, there is some concern that personal assessment of health status is negatively impacted by activity limitations, as summarized below.

**Summary of Findings: Overall Health**

 Favorable 
  Comparable 
  Unfavorable

	Edward/ LOH	vs. MCHC Region	vs. IL	vs. US	Trend
% "Fair/Poor" Physical Health	11.6				
% Activity Limitations	22.0				

	Elmhurst	vs. MCHC Region	vs. IL	vs. US	Trend
% "Fair/Poor" Physical Health	17.6				
% Activity Limitations	23.4				

**Clinical and Behavioral Drivers of Health Status**

The clinical and behavioral factors identified as most significant in each service area are summarized below. Note that additional assessments provided by Impact DuPage and the Will County MAPP Collaborative—organizations focused on identifying and prioritizing health-related needs within their respective counties—were reviewed and incorporated into this summary. As indicated, county priorities are consistent with the EEH CHNA in several key areas—particularly access to healthcare services, mental health, and nutrition, physical activity and weight.

# Significant Health Needs

\*Key Informant Identified Need

	Edward/LOH CHNA	Elmhurst CHNA	Impact DuPage	Will County MAPP Collaborative
Access to Healthcare Services	X*	X	X	X
Cancer	X	X	X	
Heart Disease & Stroke	X*	X	X	
Mental Health	X*	X*	X	X
Substance Abuse	X*	X*	X	
Diabetes	X*	X*	X	
Nutrition, Physical Activity & Weight	X*	X*	X	X
Chronic Kidney Disease	X			
Family Planning	X*			
HIV/AIDS	X			
Injury & Violence	X	X		
Potentially Disabling Conditions	X	X		
Respiratory Disease	X	X		
Sexually Transmitted Diseases	X			
Immunization & Infectious Disease		X		

Further detail provided within the 2015 CHNA allowed for additional prioritization of area health care needs. The table provided below summarizes benchmark and trend comparisons, coupled with more subjective “key informant” input on each of the needs identified above.

## Prioritization

Favorable Comparable Unfavorable

X: 30-74% Major Problem  
XX: 75-100% Major Problem

	Comparison Groups	EEH Key Informant Issue	EEH Trend
Access to Healthcare Services		X	
Cancer		X	
Mental Health		XX	
Substance Abuse		XX	
Diabetes		XX	
Nutrition, Physical Activity & Weight		X	
Heart Disease & Stroke		X	
Chronic Kidney Disease (EH/LOH)		--	
Family Planning (EH/LOH)		X	
HIV/AIDS (EH/LOH)		--	
Injury & Violence		--	
Potentially Disabling Conditions		--	
Respiratory Disease		--	
Sexually Transmitted Diseases		--	
Immunization & Infectious Disease (EMH)		--	

# EEH Implementation Plan

## Priorities

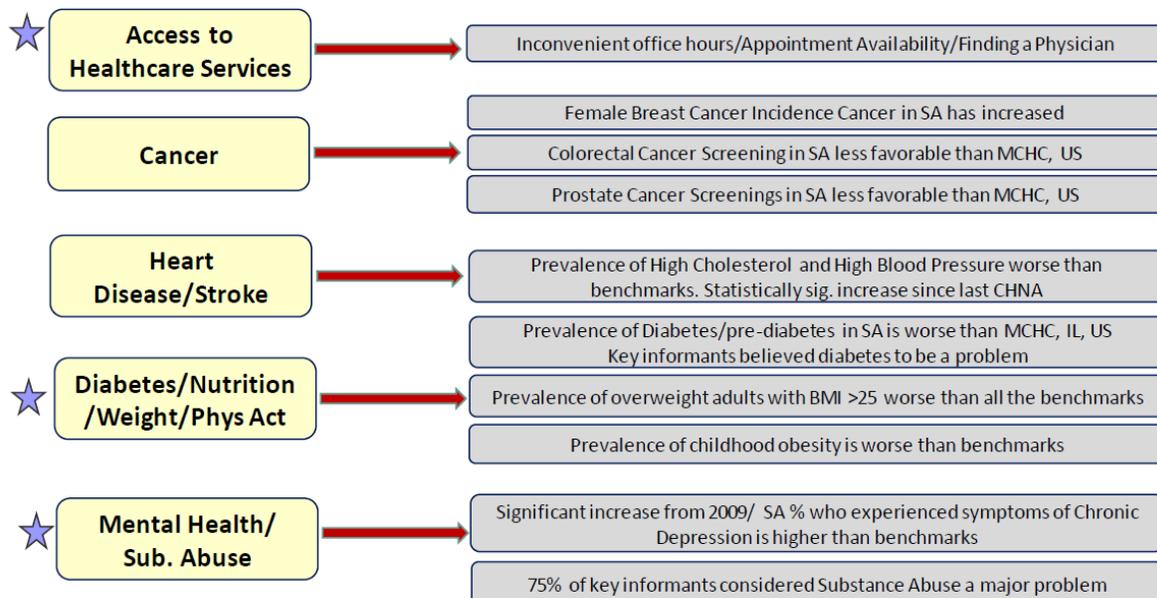
The 2015 CHNA findings, supplemented by findings and priorities of DuPage and Will County health assessments, were considered by the EEH Community Benefit Steering Committee in finalizing priorities for action over the next three years. Criteria considered in prioritization included:

- Magnitude: the size of the population affected and the degree of variance from benchmarks and trend
- Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues
- Feasibility: the ability for EEH to reasonably impact the issue given available resources
- Consequences of inaction: the risk of not addressing the problem at the earliest opportunity

The following priorities are recommended for the FY2017-2019 EEH community health implementation plan. Also provided is the highest level problem area identified by the CHNA.

## Priority Areas

★ Note: Impact DuPage and Will County MAPP Identified Priority



## **Priority Health Issues That Will Not Be Addressed and Supporting Rationale**

Acknowledging the wide range of priority health issues that emerged from the CHNA process, EEH recommends focus on those needs with the greatest magnitude that it can most influence. Reasons for lower focus on other issues identified in the CHNA are summarized below.

<b>Health Priorities Identified in CHNA not Directly Addressed</b>	<b>Rationale</b>
Chronic Kidney Disease (EH)	<i>While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. EEH's employed/affiliated medical groups and Clinical Integration teams are already embarking on efforts to manage costs, quality and efficiency.</i>
Family Planning (EH)	<i>Several key informants in Edward's service area identified this as a concern; however, indicators are favorable compared to benchmarks and EEH's ability to impact is limited.</i>
HIV/AIDS (EH)	<i>The age-adjusted death rate for HIV/AIDs in Edward's service area is trending negatively; however, indicators are positive compared to local, state and national benchmarks.</i>
Injury & Violence	<i>While the trend is negative, area indicators are comparable to local, state and national benchmarks. This was not identified as a priority by key informants. As violence increasingly impacts EEH and its staff, it is already focused on mitigating strategies focused on its employees. In addition, continued focus on mental health and substance abuse will hopefully have an indirect positive impact on this trend.</i>
Potentially Disabling Conditions	<i>While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. EEH's focus on underlying causes, including prevention and management of chronic disease, may have an indirect positive impact on this issue.</i>
Respiratory Disease	<i>While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. Focus on smoking cessation is recommended in the Plan's 'Cancer' initiative and this may have a positive impact on this issue.</i>
Sexually Transmitted Disease	<i>While trend is negative, area indicators are positive compared to benchmarks.</i>
Immunization & Infectious Disease (EMH)	<i>While comparison to benchmarks is negative in the Elmhurst area, initiatives and payor-driven incentives are in place to actively engage the medical community in increasing the rate of immunizations.</i>

## 2017-2019 Initiatives

As indicated previously, internal focus groups generated recommendations around initiatives to support each priority. In developing these recommendations, participants were asked:

- What current initiatives are effective and new initiatives should be considered to ‘move the mark’ on this health issue?
- While considering current initiatives, what can we do differently or better?
- Are there additional opportunities with community partnerships to address priority areas?

This process resulted in the following recommendations for each priority.

<b>Priority:</b>	<b>Access to Health Services</b>
<b>Problem Statement:</b>	<b>43% of Elmhurst and 38% of Edward service area residents reported difficulty accessing healthcare in the past year, with inconvenient office hours and appointment availability identified as major barrier.</b>
<b>Strategies</b>	<p><b>Strategy #1: Reduce financial barriers to access</b></p> <ul style="list-style-type: none"> <li>• Promote and extend financial assistance policy to eligible patients</li> <li>• Identify and assist uninsured patients in ED and other care settings in obtaining coverage through counseling and related assistance, including Medicaid Application initiative.</li> </ul>
	<p><b>Strategy #2: Facilitate access to primary care providers and address key specialty gaps</b></p> <ul style="list-style-type: none"> <li>• Expand EEH primary care provider base, including physicians and Advanced Practice Clinicians (APCs)</li> <li>• Expand and grow walk-in/retail clinic sites</li> <li>• Integrate online scheduling and virtual visits to facilitate access</li> <li>• Deploy operational models to expand provider capacity, increase availability of same day/next day appointments</li> <li>• Address gaps in physician specialty coverage through annual physician needs assessments/recruitment plans</li> </ul>
	<p><b>Strategy #3: Reduce patient out-of-pocket costs by providing cost effective alternatives to Emergency Departments</b></p> <ul style="list-style-type: none"> <li>• Expand public education about availability of EEH network of cost effective ambulatory access points</li> <li>• Evaluate expansion of Edward ED “Frequent Utilizer” care management program to connect/re-connect patients with primary care physicians</li> <li>• Improve care management in Skilled Nursing Facilities by deploying APCs and other strategies</li> </ul>
	<p><b>Strategy #4: Reduce the transportation barrier</b></p> <ul style="list-style-type: none"> <li>• Evaluate establishment of non-emergency transportation programs at each hospital</li> <li>• Evaluate local partnerships to facilitate transportation</li> <li>• Deploy virtual visits to eliminate the transportation barrier</li> </ul>

	<p><b>Strategy #5: Address the needs of special populations (low income, seniors)</b></p> <ul style="list-style-type: none"> <li>• Partner with DuPage Health Coalition, Will County MAPP collaborative to ensure access for low income residents</li> <li>• Identify unique needs and establish partnerships, deploy initiatives to support growing senior population</li> </ul>
<b>Priority:</b>	<b>Obesity/Diabetes/Nutrition/Physical Activity</b>
<b>Problem Statement:</b>	<b>Two-thirds are area residents are overweight, with nearly one-third obese (BMI 30+). Over 20% of service area residents are pre-diabetic or diabetic.</b>
<b>Strategies</b>	<p><b>Strategy #1: Leverage community partnerships to impact adult/pediatric obesity trends</b></p> <ul style="list-style-type: none"> <li>• Partner with Will County MAPP, Impact DuPage and FORWARD to coordinate and execute regional campaigns to reduce obesity, improve nutrition</li> <li>• Partner with ProActive Kids to provide targeted interventions for childhood obesity</li> <li>• Evaluate the impact of an anti-stigma campaign to support obesity reduction efforts</li> </ul>
	<p><b>Strategy #2: Continue to grow EEH weight management and nutritional programming</b></p> <ul style="list-style-type: none"> <li>• Continue to grow and coordinate Edward and Elmhurst weight management programming (weight management clinics, bariatrics, Lifestyle Under Construction) and related educational support. Expand eligibility beyond morbidly obese to promote earlier intervention.</li> <li>• Evaluate implementation of AWARE programs focused on child and adult obesity, nutrition, diabetes</li> <li>• Evaluate opportunities to integrate dieticians into primary care physician offices (dietician/PCP integration pilot)</li> <li>• Evaluate integrative medicine program</li> <li>• Evaluate implementation of intensive behavioral therapy for obesity</li> </ul>
	<p><b>Strategy #3: Enhance education and programming to develop robust physical activity and nutritional resources</b></p> <ul style="list-style-type: none"> <li>• Evaluate reconfiguration of Lifestyle Under Construction program (Edward) to increase enrollment</li> <li>• Directly provide and expand community programs focused on health, nutrition and fitness</li> <li>• Assess the need for bilingual community educational programs</li> </ul>
	<p><b>Strategy #4: Refine and expand programming targeted at EEH employees</b></p> <ul style="list-style-type: none"> <li>• Develop targeted programming and monitor effectiveness with the goal of expanding to other area employers</li> </ul>
<b>Priority:</b>	<b>Heart Disease and Stroke</b>
<b>Problem Statement:</b>	<b>Heart disease and stroke account for 30% of all deaths in DuPage and Will Counties and is identified as a top concern by key informants. Rates of hypertension, high cholesterol in the area are high and growing.</b>
<b>Strategies</b>	<p><b>Strategy #1: Continue to offer heart and stroke screenings</b></p> <ul style="list-style-type: none"> <li>• Offer community screening programs 3-5 times per year (full lipid panel, blood pressure, cholesterol and connect 'at risk' individuals to appropriate</li> </ul>

	<p>clinical resources</p> <ul style="list-style-type: none"> <li>• Continue HeartAware, StrokeAware (free online screening tools)</li> </ul>
	<p><b>Strategy #2: Continue to promote community education and tools to prevent and manage risk factors</b></p> <ul style="list-style-type: none"> <li>• Expand promotion of HeartAware, StrokeAware, UltraFast Heart Scan programs within each Heart Hospital</li> <li>• Physician-led community lecture series on heart disease interventions, early detection, prevention</li> <li>• Continue to offer community education programs focused on heart health</li> <li>• Continue to offer CPR classes and certification programs</li> <li>• Expand community education on stress reduction</li> <li>• Expand “Young Hearts for Life” with Midwest Heart Specialists to provide EKG testing in high schools</li> <li>• Develop processes to “push” targeted programs to at risk patients (beyond those identified through “Aware” programs)</li> </ul>
	<p><b>Strategy #3: Increase awareness of early stroke and heart attack symptoms and available treatments</b></p> <ul style="list-style-type: none"> <li>• Partner with community organizations, including EMS, fitness centers, etc. to expand education on early detection and intervention for stroke, including symptom identification</li> </ul>
<b>Priority:</b>	<b>Cancer</b>
<b>Problem Statement:</b>	<b>Despite declining trends in mortality, cancer remains a leading cause of death, with overweight and obesity emerging as new risk factors. Within the EEH service area, breast cancer incidence is growing, colorectal cancer screening rates are lower than expected, and lung cancer remains the leading cause of cancer deaths.</b>
<b>Strategies</b>	<p><b>Strategy #1: Reduce barriers inhibiting colorectal screening and prevention</b></p> <ul style="list-style-type: none"> <li>• Expand ColonAware</li> <li>• Continue colonoscopy reminders at age 50</li> <li>• Evaluate price transparency/discounts to encourage screenings</li> <li>• Evaluate opportunity to expand days/hours of colonoscopy screenings</li> <li>• Enhance patient education on colonoscopy (including expectations)—explore video options</li> <li>• Conduct primary care physician education on FluFOBT (fecal occult blood tests)</li> </ul>
	<p><b>Strategy #2: Enhance education and programming to reduce risk factors and promote screenings for lung cancer</b></p> <ul style="list-style-type: none"> <li>• Grow CT lung screening program</li> <li>• Expand LungAware</li> <li>• Research best programs/methods for smoking cessation and deploy most impactful resources. Evaluate current referral partnership (American Lung Associated Quitline)</li> </ul>
	<p><b>Strategy #3: Promote community awareness, resources and tools to prevent and manage all cancers and promote healthy lifestyle/habits</b></p> <ul style="list-style-type: none"> <li>• Develop a one-stop screening/prevention program with education/testing for key cancers and risk factors—package and streamline prevention/early intervention efforts to promote greater utilization</li> <li>• Leverage Occupational Health partnerships to package prevention/screening program to area employers</li> </ul>

	<ul style="list-style-type: none"> <li>Continued partnerships with American Lung Association, American Cancer Society and Wellness House</li> <li>Identify additional community partners to promote awareness around early cancer detection</li> </ul>
	<p><b>Strategy #4: Focused efforts on early detection of breast cancer and enhancing access to breast care</b></p> <ul style="list-style-type: none"> <li>Implement self-referral mammograms at each hospital</li> <li>Promote BreastAware and continue screening reminder program</li> <li>Evaluate expansion of hours/days of operation to expand mammogram access</li> <li>Implement benign breast navigation program at Elmhurst Hospital</li> <li>Promote existing high risk breast clinics</li> <li>Explore discounts/special rates to promote screening mammography—evaluate Foundation funding</li> <li>Educate primary care physicians on precancerous conditions and risk factors (Atypia)</li> </ul>
<b>Priority:</b>	<b>Mental Health &amp; Substance Abuse</b>
<b>Problem Statement:</b>	<b>Prevalence of diagnosed depression and illicit drug use in the EEH service area is higher than benchmarks and has been identified by key informants as major problems within the community</b>
<b>Strategies</b>	<p><b>Strategy #1: Decrease stigma by increasing awareness and education</b></p> <ul style="list-style-type: none"> <li>Expand Mental Health First Aid beyond Naperville into communities throughout the EEH service area</li> <li>Expand LOH Speakers Bureau resources in response to community requests</li> <li>Expand ReThink program (early intervention for at-risk teens) to Naperville &amp; Plainfield schools</li> <li>Expand local community partnerships and a vehicle for continued education and awareness <ul style="list-style-type: none"> <li>Develop program to train de-escalation tactics to front line medical staff and school personnel</li> <li>Expand educational eNewsletter to community professionals</li> <li>Evaluate webinar series for parents on positive parenting skills/family dynamics</li> </ul> </li> </ul>
	<p><b>Strategy #2: Provide access to the right care at the right time</b></p> <ul style="list-style-type: none"> <li>Expand the local supply of psychiatrists and psychiatric Advanced Practice Clinicians through Linden Oaks Medical Group recruitment</li> <li>Promote physician consult line to enhance early access to mental health interventions</li> <li>Evaluate telemedicine options to expand cost effective access to mental health care</li> <li>Partner with DuPage County Behavioral Health Collaborative Treatment Team to facilitate timely access to the appropriate level of care</li> </ul>
	<p><b>Strategy #3: Improve coordination of care</b></p> <ul style="list-style-type: none"> <li>Expand behavioral health provider integration program with primary care offices</li> <li>Implement behavioral health navigators into primary care physician offices</li> <li>Implement ‘multidisciplinary clinic’ concept to guide treatment planning between PCPs, psychiatrists, counselors</li> </ul>
	<p><b>Strategy #4: Improve medication management</b></p> <ul style="list-style-type: none"> <li>Develop/implement strategy to address opioid epidemic</li> <li>Implement med-psych clinic for medication management</li> </ul>

## Monitoring Plan Effectiveness

Improving the health status of a community takes many years and as such can be difficult to monitor. EEH expects to continue to implement a new CHNA every three years as well as participate in other assessments focused on DuPage and Will Counties through existing partnerships. This level of ongoing attention will allow for the monitoring of trends over extended periods of time. In addition, the EEH Community Benefit Steering Committee regularly monitors a scorecard to track major activities and outcomes related to its CHNA Implementation Plan. The following metrics will be incorporated into this scorecard and assist in monitoring the effectiveness of the FY 2017-2019 plan.

<b>Priority</b>	<b>Metrics</b>
Access	<ul style="list-style-type: none"> <li>• Total charity care expense as a percentage of total expense</li> <li>• Growth in uninsured patients connected to Medicaid/other insurance</li> <li>• Growth in primary care providers and access points</li> <li>• Average time to third appointment (PCP offices)</li> <li>• Number of weekend and evening hours available within EEH's physician/ambulatory network</li> <li>• Completed physician searches/recruitment to identified specialties</li> <li>• Percentage of Level 4-5 Emergency Department visits in each hospital</li> <li>• Number of patients managed through the Emergency Department "Frequent Utilizer" program</li> <li>• Growth in non-emergency transportation runs</li> <li>• Financial and volunteer support provided to DuPage Health Coalition, Will County MAPP Collaborative</li> <li>• Employed/affiliated primary care Medicare/Medicaid visits</li> </ul>
Obesity/Diabetes/Nutrition/Physical Activity	<ul style="list-style-type: none"> <li>• Growth in participants enrolled/graduated from ProActive Kids</li> <li>• Growth in participants in EEH Weight Management and Lifestyle Under Construction programs, bariatric surgical procedures</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of participants in community fitness challenges</li> </ul>
Heart Disease/Stroke	<ul style="list-style-type: none"> <li>• Growth in community screening participants</li> <li>• Growth in completed “Aware” assessments</li> <li>• Growth in number of community education programs and participants</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Number of ‘one-stop’ screening programs provided</li> <li>• Growth in number and participants in cancer educational events</li> <li>• Increase in American Cancer Society referrals</li> <li>• Growth in number and participants in support groups</li> <li>• Growth in completed “Breast Aware” assessments</li> <li>• Turn-around-time for screening mammograms</li> <li>• Growth in lung cancer screenings</li> <li>• Growth in completed ColonAware assessments</li> </ul>

As in the past, the EEH Board of Directors will be informed of the status of the FY 2017-2019 CHNA Implementation Plan through annual reports of EEH Community Benefit. In addition, this plan and annual progress reports will be posted on [www.eehealth.org](http://www.eehealth.org).

## Appendix A: Collaborating Organizations

EEH collaborates extensively with area organizations to continually assess and address community health issues. Key relationships include the organizations identified below.

<b>DuPage Health Coalition</b>
Access Community Health Network Advocate Good Samaritan Hospital AMITA Health Adventist Midwest Health DuPage County Board of Health DuPage County Medical Society DuPage Federation on Human Services DuPage Medical Group Northwestern Medicine (including Cadence and Marianjoy Hospitals)

<b>DuPage County Behavioral Health Collaborative</b>
Advocate Good Samaritan Hospital AMITA Health Adventist Midwest Health DuPage County Health Department (DCHD) DuPage Federation DuPage Health Coalition Healthcare Alternative Systems (HAS) Interfaith Mental Health Coalition/Samaritan Interfaith Metropolitan Family Services Northwestern Medicine Serenity House

<b>Impact DuPage</b>
Access DuPage Advocate Good Samaritan Hospital AMITA Health Adventist Midwest Health DuPage County Community Services DuPage County Health Department DuPage County Regional Office of Education DuPage Federation on Human Services Reform DuPage Foundation DuPage Health Coalition DuPage Mayors and Managers Conference DuPage Medical Group DuPagePads HOPE Fair Housing LOVE Christian Clearinghouse Metropolitan Family Services DuPage Northern Illinois University Northwestern Medicine People's Resource Center United Way of DuPage/West Cook WeGo Together for Kids YWCA Metropolitan Chicago

## FORWARD

Academy of Nutrition and Dietetics  
Action for Healthy Kids  
Advocate Health Care  
Benedictine University  
College of DuPage  
DuPage County Economic Planning and Development  
DuPage County Health Department  
DuPage Health Coalition  
DuPage Medical Group  
DuPage Regional Office of Education  
Forest Preserve District of DuPage County  
Illinois Association School Nurses - DuPage Valley  
Northern Illinois Food Bank  
Northwestern Medicine  
PE 4 Life/Naperville School District 203  
Seven Generations Ahead  
Straight Forward Communications  
West Chicago Elementary School District 33  
WRD Environmental

## Will County MAPP Collaborative

AMITA Health Adventist Bolingbrook Hospital  
American Cancer Society  
Aunt Martha's Youth Services, Inc.  
Bridges to a New Day, NFP  
Catholic Charities  
CASA of Will County  
Chestnut Health Systems  
Child Care Resource and Referral  
Community Service Council of Will County, Inc.  
Crisis Line of Will & Grundy Counties  
Easter Seals of Joliet Region, Inc.  
Greater Joliet Area YMCA  
Governors State University  
Guardian Angel Community Services  
Harvey Brooks Foundation  
Housing Authority of Joliet  
Joliet Junior College  
Joliet Township  
Joliet Township High School  
Lewis University  
Lutheran Social Services of Illinois  
Marian Village  
Mount Zion Baptist Church  
MorningStar Mission  
National Association of Mental Illness (NAMI) Will-Grundy  
National Hook-up of Black Women, Inc.

**Will County MAPP Collaborative (continued)**

New Life Church  
Presence Health (including Home Care, St. Joseph Medical Center & Villa Franciscan)  
Senior Services Center of Will County  
Service Inc., Child and Family Connections #15  
Silver Cross Hospital  
Stepping Stones, Inc.  
Three Rivers Manufacturer's Association  
Trinity Services, Inc.  
University of Illinois Extension  
United Way of Will County  
University of St. Francis  
VNA Health Care  
Warren-Sharpe Community Center  
Will County Community Concerns  
Will County Community Foundation  
Will County Community Health Center  
Will County Emergency Management Agency (EMA)  
Will County Executive's Office  
Will County Forest Preserve District  
Will County Health Department  
Will County Local Area Network (LAN)  
Will County Land Use  
Will County Residents  
Will-Grundy Center for Independent Living  
Will-Grundy Medical Clinic

## Appendix B: EEH Community Benefit Steering Committee and Focus Group Participants

### Community Benefit Steering Committee:

Attendee	Title	Hospital
Annette Kenney	System VP, Strategy/Bus Dev	EEH
Chris Mollet	System EVP General Council	EEH
Katie Russell	Project Mgr, Strategy/Bus Dev	EEH
Amit Thaker	Dir, Bus Dev LOH	LOH
Cheryl Eck	AVP, Strategy/Bus Dev	EMH
Jessica Wolf	Counsel	EEH
Jason Ogden	Corporate Controller	EEH
Tom McKee	Sr Fin Analyst	EEH
Keith Hartenberger	Content Mgr, Pub Info Offr	EEH
Kari Runge	System Dir, Strategy/Bus Dev	EEH
Lee Goodson	Dir, Community/Govt Rel	EH
Diane McGinnis	Mgr, Community/Govt Rel	EMH
Sue Earley	Mgr, Community/Wellness	EEH
Sheri Scott	System Dir, Comm/Creative Svcs	EEH
Mary Jo Mackniskas	System Director, Reimbursement	EEH
Yvonne Maltese	Exec Assist/Planning Analyst	EEH
Teri Kaneski	Sys Dir, Clin Integration	EEH
Marcie LaFido	Dir, Case Mgmt/Clin Int	EMH
Adriana Calcev	Mgr, Process Redesign/Planning	EMH
Dr Khatua	Physician	EH
Dr Kaliski	Physician	EMH

### CHNA Focus Group Participants:

Attendee	Title	Hospital
Annette Kenney	System VP, Strategy/Bus Dev	EEH
Chris Mollet	System EVP General Council	EEH
Brian Davis	System VP, Chief Marketing Officer	EEH
Gina Sharp	President, LOH	LOH
Amit Thaker	Dir, Bus Dev LOH	LOH
Pamela Dunley	VP, COO/CNO	EMH
Patti Ludwig-Beymer	VP, CNO	EH
Yvette Saba	AVP, Ops	EH
Laura Eslick	AVP, Ops	EMH
Jean Lydon	AVP, Ops	EMH

**CHNA Focus Group Participants (continued):**

<b>Attendee</b>	<b>Title</b>	<b>Hospital</b>
Lynn Cochran	AVP, Ops	EH
Kim Stache	AVP, Ops	EH
Cheryl Eck	AVP, Strategy/Bus Dev	EMH
Ken Fishbain	AVP, Physician/Amb Network	EMH
Jenna Vangilder	Adm Director, Cancer/PL Ops	EH
Marilyn Dunne	Adm Director, Pop Mgmt	EH
Katie McGovern	AVP, Phy Practice Mgmt	EH
Claudia Webb	Exec Director, PPD	EMH
Dawn Sandner	Dir, Clinical Services, PPD	EMH
Jessica Wolf	Counsel	EEH
Jason Ogden	Corporate Controller	EEH
Kari Runge	System Dir, Strategy/Bus Dev	EEH
Lee Goodson	Dir, Community/Govt Rel	EH
Diane McGinnis	Mgr, Community/Govt Rel	EMH
Sue Earley	Mgr, Community/Wellness	EEH
Sheri Scott	System Dir, Comm/Creative Svs	EEH
Mary Jo Mackniskas	System Director, Reimbursement	EEH
Roxanne Demanuele	Program Director (nursing support)	EMH
Yvonne Maltese	Exec Assist/Planning Analyst	EEH
Teri Kaneski	Sys Dir, Clin Integration	EEH
Marcie LaFido	Dir, Case Mgmt/Clin Int	EMH
Sharon Rimgale	Program Director (Oncology)	EMH
Parul Patel	Program Director (Cardiac)	EMH
John Sedivey	Dir, Img Services & Cardiolgoy	EMH
Adriana Calcev	Mgr, Process Redesign/Planning	EMH
Katie Russell	Project Mgr, Strategy/Bus Dev	EEH
Dr Khatua	Physician	EH
Dr Kaliski	Physician	EMH
June Makowski	Mgr, EMG	EH
Jim Heinking	Pt Access	EEH
Julie Sanfilippo	Diabetes Center Lifestyle Coach	EMH
Aileen Waldschmidt	Bariatric Dietician	EMH

## Appendix C: EEH Primary Service Area Communities, Population Estimates and Projections

City/Community	Zip Code	County	Service Area	2015 Estimated Population (Nielsen)	2020 Projected Population (Nielsen)
Aurora	60502	DuPage	Edward Primary	22,779	23,663
Aurora	60503	Will	Edward Primary	17,456	18,628
Aurora	60504	DuPage	Edward Primary	41,323	43,740
Bolingbrook	60440	Will	Edward Primary	51,998	51,292
Bolingbrook	60490	Will	Edward Primary	20,902	21,668
Lisle	60532	DuPage	Edward Primary	27,562	27,799
Naperville	60540	DuPage	Edward Primary	43,440	44,095
Naperville	60563	DuPage	Edward Primary	38,486	40,321
Naperville	60565	DuPage	Edward Primary	40,415	40,269
Naperville	60566	DuPage	Edward Primary	PO Box	PO Box
Naperville	60567	DuPage	Edward Primary	PO Box	PO Box
Naperville	60564	Will	Edward Primary	42,710	43,726
Oswego	60543	Kendall	Edward Primary	38,352	39,940
Plainfield	60544	Will	Edward Primary	27,833	28,857
Plainfield	60585	Will	Edward Primary	23,811	25,345
Plainfield	60586	Will	Edward Primary	48,685	51,160
Romeoville	60446	Will	Edward Primary	41,078	41,969
Warrenville	60555	DuPage	Edward Primary	13,934	14,149
Woodridge	60517	DuPage	Edward Primary	32,782	33,489
Yorkville	60560	Kendall	Edward Primary	24,225	25,357
Addison	60101	DuPage	Elmhurst Primary	39,407	40,111
Bellwood	60104	Cook	Elmhurst Primary	19,097	19,134
Bensenville	60106	DuPage	Elmhurst Primary	20,556	20,798
Berkeley	60163	Cook	Elmhurst Primary	5,197	5,293
Elmhurst	60126	DuPage	Elmhurst Primary	47,078	47,559
Franklin Park	60131	Cook	Elmhurst Primary	18,106	18,082
Glen Ellyn	60137	DuPage	Elmhurst Primary	39,156	39,852
Hillside	60162	Cook	Elmhurst Primary	8,421	8,558
Lombard	60148	DuPage	Elmhurst Primary	52,775	53,877
Melrose Park	60160	Cook	Elmhurst Primary	26,072	26,778
Northlake	60164	Cook	Elmhurst Primary	22,239	22,487
Oak Brook	60523	DuPage	Elmhurst Primary	9,471	9,505
Stone Park	60165	Cook	Elmhurst Primary	5,182	5,207
Villa Park	60181	DuPage	Elmhurst Primary	28,663	28,987
Westchester	60154	Cook	Elmhurst Primary	16,519	16,724
Wood Dale	60191	DuPage	Elmhurst Primary	15,032	15,369
EEH PSA Total				970,742	993,788