EXECUTIVE SUMMARY

This report provides a summary of FY 2016 Community Benefit spending as well as the initiatives supporting the final year of the FY2014-FY2016 Community Benefit Plan. During FY2016, EEH contributed over $184M in community benefit, which represents an increase of 16% from prior year. Major components of spending included government sponsored indigent health care, realized a 22% increase, over FY 2015 levels, and charity care, which realized a 6% increase over prior year.

With a primary service area spanning over 42 miles and a patient population of over 2 million residents, maintaining focus on community benefit is an essential and critical component of EEH’s strategic plan. A number of significant initiatives demonstrated continued support of system-wide community benefit efforts, including a focus on increasing access, addressing the obesity epidemic, and continued focus on mental health services. Elmhurst’s community benefit initiatives also focused on prevention and early detection for heart disease, stroke and cancer. More detailed information about FY 2016 initiatives is provided in this report.
ABOUT EDWARD-ELMHURST HEALTH

In July of 2013, Edward Hospital Services Corporation, comprised of Edward Hospital (EH), Linden Oaks Hospital (LOH) and certain other affiliations, merged with Elmhurst Memorial Healthcare (EMH) to form Edward-Elmhurst Health (EEH). EEH serves a population of roughly two million residents throughout Chicago’s western suburbs. EEH operates 613 acute care beds at Edward and Elmhurst Hospitals and 108 behavioral health beds at Linden Oaks Hospital. In addition, EEH has more than 50 outpatient locations, a large and growing employed and affiliated physician base, two medically-based fitness centers, and numerous joint ventures designed to ensure access to cost-effective and high-quality healthcare, including:

– Illinois Health Partners, LLC (“IHP”), a joint venture with DuPage Medical Group, a 600-physician multispecialty group, formed to manage the care of patients in the western and southwestern suburbs. IHP currently manages over 200,000 covered lives.
– Residential Home Health Illinois, LLC and Residential Hospice Illinois, LLC, which provide a wide array of home care and hospice services in DuPage and surrounding counties.
– Six surgery centers throughout the service area, including: Elmhurst Outpatient Surgery Center, LLC, Midwest Endoscopy Center, LLC; Northern Illinois Surgery Center Limited Partnership; DMG Surgical Center, LLC; Plainfield Surgery Center, LLC; and Westmont Surgery Center, LLC.
– Edward Ambulance Services LLC (“EAS”), a joint venture between Edward Hospital and Community Emergency Medical Services, Inc. (“CEMS”) to provides 24/7 emergency and non-emergency medical and life support services in the Naperville area.

The vision of EEH is to be: “A locally responsive, regionally relevant health system” and the mission is: “Advancing the health of our communities by providing outstanding healthcare services”. 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 served.
Key Services and Initiatives
EEH provides a full range of diagnostic, treatment and behavioral health services in both inpatient and outpatient settings. Key service lines include:

Cardiovascular:
- Edward-Elmhurst hospitals are among the highest volume centers for advanced cardiovascular care in Illinois. The system is unique among community hospitals in its provision of numerous advanced technologies, including Transcatheter Aortic Valve Replacements (TAVR), MitraClip, WATCHMAN, and CardioMEMS. In addition, hospitals within the System are recognized by several organizations for excellence in cardiac services including:
  - Truven’s Top 50 Cardiovascular Hospital
  - Healthgrades America’s 100 Best Hospitals for Cardiac Care
  - Healthgrades America’s 100 Best Hospitals for Coronary Intervention
  - BCBS Blue Distinction award for Cardiac Care
  - American College of Cardiology’s Get With The Guidelines (GWTG) Performance Achievement Award

Neurosciences:
- Both Edward and Elmhurst are certified by the Joint Commission as Advanced Primary Stroke Centers. With 13 active neurosurgeons on their combined staffs, each hospital provides comprehensive neurosurgical care. Edward also has advanced neurointerventional radiology capabilities, which provides innovation in minimally invasive percutaneous and endovascular brain and spine procedures.

Women’s & Children’s:
- Combined, over 5,000 babies are born at EEH Hospitals. The System offers innovative, specialized labor and delivery services to highly-equipped nurseries, including access to the highest level of care provided in the Level III Newborn Intensive Care Unit. System hospitals have been recognized by several organizations for excellence in the delivery of women’s and children’s care, including:
  - Re-certification by the Joint Commission for Care of the Pre-Term Patient
  - Re-designation as a Pediatric Critical Care Center
  - Commendation by the Illinois Department of Public Health (IDPH) for achieving 95% accuracy on birth certificates as part of the Illinois Perinatal Quality Collaborative (IPQC)
  - Recognition from the Illinois Perinatal Quality Collaborative (ILPQC)—Early Elective Delivery Program for outstanding efforts towards reducing early elective deliveries

Emergency Department:
- Edward and Elmhurst provide over 163,000 emergency visits per year at three sites—Edward Hospital, Elmhurst Hospital and a freestanding site in Plainfield, IL. In addition, the system operates a network of five Immediate Care Centers throughout the service area to provide cost-effective alternatives to the Emergency Department.
Oncology:
- EEH operates three cancer centers—one on each hospital campus and a freestanding site in Plainfield, IL. The Cancer Centers are accredited by the American College of Surgeon’s Commission on Cancer. EEH provides a full range of inpatient and outpatient cancer services, including: chemotherapy, radiation, image-guided radiotherapy (IGRT), intensity-modulated radiation therapy (IMRT), stereotactic body radiotherapy (SBRT), stereotactic radiosurgery (SRS), CyberKnife (robotic radiosurgery), and advanced surgical procedures, including hyperthermic intraperitoneal chemotherapy.

Orthopedics:
- EEH offers a wide range of orthopedic and spine procedures, including hip and knee replacements, and back and neck surgery. During FY2016 EEH completed more than 2,000 major joint replacements.

Behavioral Health Services:
- Linden Oaks Hospital is a leading center for the treatment of mental illness and substance abuse and offers services for each stage of the recovery process, including inpatient and outpatient treatment, as well as detoxification. Linden Oaks holds seven Joint Commission Disease Specific Certifications, more than any other psychiatric organization in the country, for Depression, Anxiety, Self-Injury, Addictions, Geriatrics, Eating Disorders and Bi-Polar.

OTHER ORGANIZATIONAL INITIATIVES

In addition to the continual development of key clinical service lines, EEH is committed to numerous initiatives to support a highly patient-centered care delivery system, including but not limited to:
- Road to Zero Harm: EEH has invested in a major initiative around safe, highly reliable care. This is a long-term initiative designed to engage the entire organization around patient safety and drive toward a zero-error rate. In the past year, over 250 leaders and physicians across the system were trained on the concepts, practices and tools of embraced by Highly Reliable Organizations (HROs). Many new practices have been initiated to support this initiative, including daily safety huddles at each hospital.
- PARS (Patient Advocacy Reporting System) program: originated at Vanderbilt University, PARS was implemented to reduce risk and improve safety and quality by identifying and intervening on physician behaviors that fall outside the norm.
- GREAT employee service standard: EEH has rolled out a system-wide communications standard to improve the patient experience by establishing communication expectations for all employees. The standard is to deliver a GREAT experience by Greeting, Relating, Explaining, Asking, and Thanking in every interaction with peers, physicians, vendors, patients, and families.

Key Annual Statistics: FY 2016
Employees: 8,585
Total Medical Staff: 1,993
Total Discharges: 42,345
Total Number of Beds: 719
Emergency Room Visits: 163,893
Immediate Care Visits: 67,536
COMMUNITY BENEFIT CONTRIBUTION AT A GLANCE

A summary of EEH's FY 2016 (July 2015 - June 2016) resource commitment for community benefit is provided below. In total the System contributed roughly $184M across a wide spectrum of activities, including government sponsored indigent health care, charity care, other subsidized health services, and volunteer services. During FY 2016, EEH experienced a 22% increase in government sponsored indigent care, while the amount of charity care provided to the community increased roughly 6%.
INTEGRATION OF COMMUNITY BENEFIT INTO THE EEH STRATEGIC PLAN

EEH’s commitment to 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 community members.

The “Community Commitment” priority is supported by a System Steering Committee that assesses need, monitors outcomes, and oversees the community benefit planning process, thus ensuring initiatives are connected to the overall strategic plan. The Steering Committee is also tasked to oversee and quantify identified initiatives in order to maintain commitment to our community.
THE COMMUNITIES SERVED BY THE EDWARD-ELMHURST SYSTEM

EEH services a population of nearly two million residents from DuPage, Will, and Cook counties, with additional representation from Kane and Kendall counties.

Service Area (SA) Designation
Edward’s Service Area (SA) is split into two designations, North and South – further defined by primary (PSA) and secondary (SSA) service areas. Elmhurst Hospital’s SA is designated by primary and secondary.

The map below (Graph 1) illustrates the geographic footprint of EEH. The System’s PSA – the area from which the 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).

Graph 1. (Source: Microsoft MapPoint North America)
Population
As previously mentioned, EEH’s Total Service Area (TSA) has nearly two million residents. The 2016 estimated population distribution for each Hospital’s service area is provided below.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>City - Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Hospital</td>
<td></td>
</tr>
<tr>
<td>EH NPSA</td>
<td>North Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>South Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>North Secondary Service Area</td>
</tr>
<tr>
<td></td>
<td>South Secondary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Secondary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Service Area</td>
</tr>
<tr>
<td>Elmhurst Hospital</td>
<td></td>
</tr>
<tr>
<td>EMH PSA</td>
<td>North Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>South Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Primary Service Area</td>
</tr>
<tr>
<td></td>
<td>North Secondary Service Area</td>
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<tr>
<td></td>
<td>South Secondary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Secondary Service Area</td>
</tr>
<tr>
<td></td>
<td>Total Service Area</td>
</tr>
</tbody>
</table>
### Table 2.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Population Estimates (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Service Area</td>
<td>372,094</td>
</tr>
<tr>
<td>Secondary Service Area</td>
<td>561,010</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>933,104</td>
</tr>
</tbody>
</table>

*Source: Nielsen iXPRESS*

Additional demographic information for the System service area is detailed in the Appendix.

## COMMUNITY HEALTH NEEDS ASSESSMENT AND PLANNING PROCESS

Consistent with section 501(r) of the Internal Revenue Code, EEH participates in a comprehensive Community Health Needs Assessment (CHNA) every three years, with the most recent Board approved CHNAs completed in the summer of CY2012 and CY2015. These CHNAs, which have been completed through collaboration with the Metropolitan Chicago Healthcare Council (MCHC), have formed the framework for three-year Community Benefit Plans, thus ensuring EEH aligns its resources with the highest priority needs of its community. This report provides a summary of FY 2016 initiatives supporting the final year of the FY2014-FY2016 Community Benefit plan.

The 2012 CHNA and associated three-year Community Benefit Plan may be provided upon request (Contact Katie Russell at katierussell@edward.org). The most current 2015 CHNA and associated three-year Community Benefit Plans can be accessed at: [https://www.eehealth.org/about-us/community-benefit](https://www.eehealth.org/about-us/community-benefit)

Subsequent sections of this report will summarize the FY2014 – FY2016 priorities and 2016 initiatives for Edward and Linden Oaks Hospitals, followed by Elmhurst Hospital. Where there has been integration among EH/LOH and Elmhurst those efforts will be indicated and highlighted from a System perspective.
EDWARD AND LINDEN OAKS HOSPITAL

COMMUNITY HEALTH PRIORITIES

The table below (Table 7) outlines the FY 2014–FY 2016 key strategic priorities as defined in the CHNA conducted in the summer of CY2012.

Table 7. EDWARD HOSPITAL & LINDEN OAKS HOSPITAL PRIORITIES

| Access to Healthcare Services | • Increase community involvement to improve access to essential health care services for low-income and uninsured residents  
| | • Facilitate access to care through financial assistance to low income residents  
| | • Increase access / availability of primary care services  
| | • Promote appropriate and cost effective health care utilization  
| | • Promote awareness, resources and tools to prevent and manage disease  

| Mental Health and Mental Disorders | • Expand mental health treatment options in the community  
| | • Improve community awareness and access of mental health services and recovery programs  
| | • Expand community education on stress  
| | • Continue collaborative efforts with public, not-for-profit, provider and community mental health organizations  
| | • Develop integrated partnerships  

| Obesity | • Participation in local and community initiatives  
| | • Improve coordination of existing obesity programs  
| | • Expand and enhance childhood obesity programming  
| | • Expand access to obesity information, resources and tools  

Edward has deployed numerous initiatives to achieve the goals outlined in Table 7 (pg 10). Highlights for FY 2016 are summarized below:

**Access to Healthcare Services**

**Charity Care (EH)**
To help patients receive the care they need, the financial assistance discount criteria are based on 300% to 600% of the Federal Poverty Level (FPL). Patients whose incomes are less than 300% of FPL will qualify for 100% discount. A patient whose income exceeds 300% but is less than 600% of FPL will qualify for a sliding scale discount.

The Program is designed to ensure that financial assistance (also referred to as “charity care”) is readily and easily available to all who need and apply for assistance. The current charity care policy (“Financial Assistance Determination”) is promoted to patients through a variety of vehicles, including Edward’s website, postings in patient registration areas, patient billing statements, consent for treatment forms, and various marketing publications and channels.

Edward’s philosophy is to work on an individual basis with each patient to fully explore all available options to ensure residents of our community have access to high quality care.

**Medicaid Application Initiative (System: EEH)**
EEH continues its partnership with Change Healthcare [previously Chamberlin Edmonds] to provide uninsured and underinsured patients with insurance coverage through various Medicaid programs. The service is offered to patients receiving care as an inpatient, in the emergency department, and in various outpatient departments. The service is tailored to guide the patient through a complex application process for applicable federal, state, and community benefit programs.

**Access to Primary Care (System: EEH)**
Edward-Elmhurst Health routinely monitors the needs of the community and formally conducts hospital-specific annual physician network assessment aimed at identifying care gaps and ensuring appropriate care within our community. EEH has actively addressed the need for improved access to healthcare services through ongoing physician recruitment and ambulatory service expansion. Over the course of the FY2014 – FY2016 Community Benefit Planning period, EEH opened seven new retail clinics which serve as primary care access points staffed by board-certified advanced practice clinicians (APC). These clinics are a more cost-effective approach to receiving care when compared to costs of an emergency department or immediate care visit. The retail clinics have proven to provide excellent patient care throughout the years. Further, EEH added over 55 community based primary care physicians and APC’s.

**Mental Health and Mental Disorders (System: EEH)**

**Behavioral Health – Primary Care Integration**
Linden Oaks Behavioral Health Integration (LO BHI) was established roughly two years ago by embedding Licensed Clinical Social Workers and Clinical Psychologists in primary care offices. BHI provides early detection of behavioral health concerns, access to timely and appropriate mental health care, thus improving the patient experience while enhancing compliance. The BHI Clinicians embedded...
within the primary care setting make a significant impact by reducing depression and anxiety symptoms for patients and increasing their overall well-being.

LO BHI has paved the way for several other joint initiatives within the health system including Primary Care Navigation and the BHI Medication Clinic. The BHI Medication Clinic is a joint effort between Linden Oaks Hospital and Edward and Elmhurst primary care clinics. It is a short term psychiatric medication clinic that is able to offer psychiatric appointments within seven days of the referral and enhances care coordination and communication across disciplines. Other improvements across the system include enhanced protocols for suicidal patients and implementation of a behavioral contract for ambulatory care patients.

**Behavioral Health – Primary Care Navigation**

Studies show over a third of all mental healthcare services in the U.S. is now provided in a primary care office. As a result, primary care offices are looking for a collaborative approach to better address the mental health needs of their patients. With this in mind, Linden Oaks established a primary care behavioral health navigator service complete with dedicated mental health specialists who assist in navigating patients to appropriate treatment.

**Addiction Awareness and Recovery 5K**

FY 2016 marked the third annual Addiction Awareness and Recovery 5K event. The events originated to draw attention to addiction in the community and celebrate those in treatment and recovery. The event coincides with National Recovery Month, which supports efforts for substance abuse prevention, treatment and recovery. This past fiscal year there were roughly 125 participants; the success of the event has led LOH to consider additional partnerships in order to expand its reach within the community.

**Mental Health First Aid Program (MHFA)**

Mental Health First Aid is an 8-hour evidence-based public education and prevention tool – it improves the public’s knowledge of mental health and substance use problems and connects people with care for their mental health or substance use problems. During FY16 additional curriculum offerings were added to the general MHFA program, Youth MHFA, MHFA for Public Safety and MHFA for Higher Education. The Linden Oaks MHFA Consortium provided trainings for the Naperville Police Department, the Kendall County Sheriff’s Office, and the Lombard Police Department. Further, and as part of the Youth MHFA curriculum, 354 individuals were trained in Youth MHFA.

**The Candlelight Vigil**

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) Candlelight Vigil has been hosted at Linden Oaks since 2004 in order to promote awareness of eating disorders and to provide hope and encouragement to those whose life has been touched by an eating disorder. The first vigil in 2004 had 40 participants. In 2016, over 500 people attended the event, which was held at the healing garden at LOH.
Obesity (System: E EH)

ProActive Kids and FORWARD
Throughout the years, Edward and Elmhurst have been active partners with ProActive Kids (PAK), a community effort to address the childhood obesity epidemic. In partnership with Hospitals, PAK is offered free to children aged 8-14 who fall into the 85th percentile for BMI (Body Mass Index). Over an eight-week period, PAK aims to teach children and their loved ones creative ways to encourage healthy living and improve health through exercise, nutrition and lifestyle coaching. The program inspires children to increase physical activity, eat right and be more confident. On average, children who complete the eight-week program see a decrease in their weight, a decrease in BMI by 0.5 point, 1.48 percent body fat reduction, a 2.81 pound decrease in fat mass, a 1.51 pound increase in fat-free mass and an increase in social indicators such as body image and self-esteem.

In addition, PAK and Edward-Elmhurst Health are active coalition partners in FORWARD (Fighting Obesity, Reaching Healthy Weight Among Residents of DuPage), a DuPage County leadership collaborative whose goal is to improve the health and wellbeing of children and families in DuPage County. E EH also participates in a FORWARD subcommittee dedicated to improving the food and beverage environment in area hospitals. During 2016, several vending machines were updated to provide more healthy options, while cafeterias at both hospitals made changes to point of sale offerings and menu selections to improve nutritional content.

Healthy Driven Web-based Resources
EEH continues its community initiative aimed at encouraging individuals to focus on their health and wellness. The online-based platform includes information and a variety of tools and activities to encourage the community to take charge of their health. Below are a few highlights of site offerings:

- Healthy Driven blogs
- Weight loss and nutrition resources
- Cooking videos and healthy recipes
- Find a Doctor features
- HealthAware screenings (free, five-minute tests to determine a person’s risk for disease or disorders)
- Live Chat with behavioral health representatives

These Healthy Driven initiatives include relevant health and wellness information and connect community members to healthy living resources including educational programs, fitness opportunities and risk assessments. EEH believes strongly in helping patients easily connect with our physicians and services, and to remain motivated to be as healthy as possible.

Edward-Elmhurst Weight Loss Programming
During the FY2014-FY2016 Community Benefit Planning period, EEH has implemented a medical weight loss clinic at Edward and a bariatric and weight management center at Elmhurst. Both programs use a comprehensive, multidisciplinary approach to weight management, combining weight loss medication, if needed, with lifestyle training to help maintain weight loss. The Program includes medical monitoring, guidance on nutrition and exercise as well as psychological counseling regarding food and addiction. The outcomes have been favorable and the clinics continue to see growth from new and established patients.
ELMHURST MEMORIAL HEALTHCARE

COMMUNITY HEALTH PRIORITIES

The table below (Table 12) outlines the FY 2014–FY 2016 key strategic priorities as defined in the CHNA conducted in the summer of CY2012.

**Table 12. ELMHURST MEMORIAL HEALTHCARE PRIORITIES**

| Access to Healthcare Services | • Increase community involvement to improve access to essential health care services for low-income and uninsured residents  
|                             | • Facilitate access to care through financial assistance to low income residents  
|                             | • Increase access / availability of primary care services  
|                             | • Promote appropriate and cost effective health care utilization  
|                             | • Promote awareness, resources and tools to prevent and manage disease  |
| Cancer                      | • Promote community awareness, resources and tools to prevent and manage disease  
|                             | • Expand community education on smoking cessation  
|                             | • Offer community support groups for managing the disease  |
| Mental Health               | • Expand mental health treatment options in the community  
|                             | • Improve community awareness and access of mental health services  
|                             | • Expand community education on mental health, stress and depression  |
| Obesity                    | • Participation in local and community initiatives  
|                             | • Continue coordination of existing obesity programs  
|                             | • Expand access to obesity information, resources and tools  |
| Heart Disease & Stroke      | • Offer programs and screenings on heart health and stroke in the community  
|                             | • Promote community education, awareness, resources and tools to prevent and manage disease  
|                             | • Offer education materials in the community  |
EMH: COMMUNITY HEALTH OUTCOMES

Similar to EH/LOH, Elmhurst Hospital deployed numerous tactics to achieve the goals outlined in Table 12 (pg 14). System initiatives have been highlighted in the EH/LOH section; additional efforts specific to Elmhurst during FY 2016 are summarized below.

Access to Healthcare Services

Charity Care
Elmhurst Hospital continues to recognize its responsibility to the community by ensuring that no patient requiring necessary medical care will be refused due to a lack of financial means. All medically necessary inpatient acute admissions for uninsured patients are eligible for a 100% discount (with no income eligibility for the uninsured inpatient). For all uninsured outpatients, an automatic discount is applied on a sliding scale (up to 30%), based on the total amount of the bill. In addition, a 100% discount is provided on any type of self-pay outstanding balance for eligible patients whose income levels fall at or below 200% of poverty guidelines. Upon request, a discount is also given to uninsured outpatients whose income levels fall within 200% to 600% of the poverty level. Charges are discounted to 135% of cost to a maximum of 25% of family gross income over a 12-month period. Discounts for outpatients with an income level over 600% of the federal poverty level are based on ability to pay considering age, family size, household type, gross income and disposable income.

Cancer
Elmhurst Hospital offers various community education programs related to cancer topics, including: prevention and wellness, screening, and symptom and treatment management. Examples of such programs are below:
- Cancer patient/family support groups and educational programs for caregivers
- Community events with provision of education materials on cancer prevention for men and women
- Community educational events to promote cancer prevention and early detection (e.g. screening guidelines and appropriate testing) for breast cancer, colon cancer, lung cancer.
- Partnership with the American Cancer Society (ACS), to provide training and resources for cancer patients and their families (transportation services, Wig Boutique, “Look Good Feel Better” program)

Mental Health (Addressed above from a System perspective)

Obesity (Addressed above from a System perspective)

Heart Disease & Stroke

Aware Programs
As part of a mission to improve the health and well-being of the community, Elmhurst Hospital launched two new on-line screening tools for the early detection of heart disease and stroke. The health assessments were launched to the community in January 2014. HeartAware and StrokeAware are part of the HealthAware wellness and early detection tools that have been offered at Edward Hospital and have been very successful in helping community members improve their health. These online tools offer the opportunity to be proactive by taking short assessments on a variety of health topics. Following the assessments, the tools provide immediate feedback about the respondent’s health as well as action steps for those who are identified at risk. By participating in either of the free five-minute heart or
stroke health assessments, participants have the opportunity to qualify for a free peripheral vascular screening, free Ankle-Brachial Index test and reduced-cost heart scan.

**Stroke and Vascular Ultrasound Mailing**
Stroke is the leading cause of disability in the United States. To support prevention efforts, Elmhurst provides education on vascular disease and targeting mailings to individuals aged 40-80 who are at risk for arterial vascular disease. This mailing is sent to approximately 1,000 people a month and encourages them to call for a free stroke and vascular ultrasound screening.

**Additional Programs**
Additional programs supporting prevention, early detection and treatment of heart disease and stroke include:

- Screening programs provided to the community, including screenings such as: glucose, blood pressure and BMI
- Community education programs and distribution of materials on heart health, diabetes, stroke awareness and healthy eating
- In order to improve the quality outcomes for our community and to prevent readmissions to the hospital, two new clinics were opened in FY 2015: Heart Failure Clinic and Afib/COPD/Pneumonia Clinics. The clinics provide services at the hospital, five days a week.
- S.T.A.R.S. (Stroke, Trauma, Aneurysm, Research and Support Group) program is an interactive support group that provides educational information, social interaction, and community interaction for stroke survivors, families and caregivers.

**EEH COMMUNITY-WIDE BENEFIT PLANNING**
Recognizing that it cannot meet all of its community needs independently, EEH actively participates in community-wide community benefit planning with other organizations. In particular, EEH participates in two distinct community benefit planning forums in Will and DuPage Counties involving area hospitals and other health providers and resource organizations. EEH provides financial, operational and leadership support, engaging heavily in community health planning efforts throughout the year. Collaboration around community benefit planning primarily occurs through the following groups:

- **Mobilizing for Action through Planning and Partnerships** (MAPP) is a community-driven strategic planning process for improving community health. MAPP is an interactive process intended to improve the efficiency, effectiveness, and ultimately the performance of local health systems. Public health leaders in the community facilitate the collaborative, thus providing a framework aimed at to prioritizing public health issues and identifying resources to address them. Edward financially sponsors the collaborative and actively participates in MAPP Executive Committee as well as various action teams. Linden Oaks supports the collaborative in various ways including providing training on Mental Health First Aid. Finally, during FY 2016 Edward provided support and input during the Counties CHNA planning process as they work to complete the next 3-year community benefit implementation plan.

- **Impact DuPage** is committed to creating a common understanding of community needs, gaps, and priorities that will advance the well-being of the DuPage County community. Impact DuPage engages existing stakeholder networks 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. Elmhurst Hospital participates in the Impact DuPage Steering Committee and in the Dashboard Committee, which has been supporting the development of the web-based Impact DuPage dashboard (launched in February 2015). Dashboard data, along with other sources, comprise the Community Health Status Assessment.

Attachments
1. Appendix: Service Area Demographics
2. Annual Non Profit Hospital Community Benefits Plan Report
3. EEH Mission Statement
4. Edward-Elmhurst Health System Financial Assistance Policy [includes Edward, Elmhurst and Linden Oaks Hospital’s]
5. Edward Hospital’s Financial Assistance Report
7. Elmhurst Hospital’s Financial Assistance Report
8. Edward and Linden Oaks Hospital’s Application for Financial Assistance
9. Elmhurst Hospital’s Application for Financial Assistance
Appendix: Service Area Demographics

EDWARD AND LINDEN OAKS HOSPITAL

COMMUNITIES SERVED

The service areas of EH and LOH span five counties; however, the majority of patients reside in DuPage and Will County [81%]. Table 3 outlines the inpatient population distribution:

Table 3. Patient Population by County

<table>
<thead>
<tr>
<th>County</th>
<th>EH &amp; LOH % of Total FY 2016 Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>DuPage</td>
<td>46.94%</td>
</tr>
<tr>
<td>Will</td>
<td>33.82%</td>
</tr>
<tr>
<td>Cook</td>
<td>5.36%</td>
</tr>
<tr>
<td>Kendall</td>
<td>4.52%</td>
</tr>
<tr>
<td>Kane</td>
<td>3.66%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>94.30%</strong></td>
</tr>
<tr>
<td><strong>All Other Counties</strong></td>
<td><strong>5.70%</strong></td>
</tr>
</tbody>
</table>

Source: Internal Volumes, Encounter Cube

Population and Age Projections

The table below, grouped by gender and age cohort, demonstrates population estimates and projections for Edward’s PSA. The five year growth trajectory predicts the vast majority of growth to be realized among those community members 45 years or older, with larger increases in those 65 and above.

Table 4. EH PSA, Projected Percent Growth by Age Cohort & Gender (2016-2021)
Race & Ethnicity

Below, highlighted in Table 5, is a summary of primary service area (PSA) residents grouped by ethnicity within Edward’s PSA. Compared to Illinois, the area has a lower percentage of Black/African American and a higher percentage of Asian residents than the State of Illinois. Similar to the US and Illinois, non-white populations grew as a percentage of total population in FY 2016.

Table 5. Edward Racial/Ethnic Composition

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>EH PSA</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70.6%</td>
<td>70.3%</td>
<td>70.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9.0%</td>
<td>14.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>11.5%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other</td>
<td>8.6%</td>
<td>9.8%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

*Source: Nielsen IXPRESS*

Table 6 demonstrates the projected change in population by ethnicity in Edwards PSA. The Hispanic population is expected to continue to grow in the communities served by Edward. The oldest age group (65+) is the fastest growing group within the Hispanic community and is likely to require more health services. Providers serving these patients must be sensitive to cultural differences, including language barriers.

Table 6. Edward Projected Change in Population Ethnicity (PSA)

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>2016 Population</th>
<th>2016-2021 Growth Rate</th>
<th>2016 Population</th>
<th>2016-2021 Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-17</td>
<td>34,931</td>
<td>4.09%</td>
<td>126,258</td>
<td>-7.84%</td>
</tr>
<tr>
<td>18-44</td>
<td>40,825</td>
<td>9.14%</td>
<td>177,920</td>
<td>-2.51%</td>
</tr>
<tr>
<td>45-64</td>
<td>14,832</td>
<td>25.96%</td>
<td>147,589</td>
<td>4.54%</td>
</tr>
<tr>
<td>65+</td>
<td>3,615</td>
<td>49.49%</td>
<td>56,832</td>
<td>25.11%</td>
</tr>
<tr>
<td>Total</td>
<td>94,203</td>
<td>11.47%</td>
<td>508,599</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

*Source: Nielsen IXPRESS*
ELMHURST MEMORIAL HEALTHCARE

COMMUNITIES SERVED

The majority of patients served at Elmhurst Hospital reside in DuPage and Cook Counties [94%]. Table 8 outlines the inpatient population distribution by county:

Table 8. Patient Population by County

<table>
<thead>
<tr>
<th>County</th>
<th>EMH % of Total FY 2016 Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>DuPage</td>
<td>61.02%</td>
</tr>
<tr>
<td>Cook</td>
<td>32.77%</td>
</tr>
<tr>
<td>Will</td>
<td>2.31%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>96.10%</strong></td>
</tr>
<tr>
<td><strong>All Other Counties</strong></td>
<td>3.90%</td>
</tr>
</tbody>
</table>

Source: Internal Volumes, Encounter Cube

Elmhurst Hospital Population and Age Projections

Table 9 demonstrates 2016 population estimates and 2021 population projections, grouped by gender among differing age groups. Five-year projections indicate growth only in the 65 and above age bracket for both males and females; this group will bring particular challenges and require innovative techniques to provide cost effective, high quality care.

Table 9. Elmhurst’s PSA, Projected Percent Growth by Age Cohort & Gender [2016-2021]

Source: Nielsen XPRESSION
Race & Ethnicity
Table 10 includes details on the ethnic distribution of residents in Elmhurst Hospital’s PSA. Similar to previous years, the population distribution is consistent with both Illinois and the US.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Elmhurst PSA</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69.4%</td>
<td>70.3%</td>
<td>70.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9.0%</td>
<td>14.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
<td>0.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.4%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other</td>
<td>14.9%</td>
<td>9.8%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Source: Nielsen IXPRESS

As demonstrated below (Table 11), the Hispanic/Latino population is expected to continue to grow in the communities served by the Hospital. Similar to EH/LOH, the oldest age group (65+) is the fastest growing cohort with a projected rate of roughly 40% over this time period. Substantial growth is projected among individuals aged 45-64 as well. Moving forward, it will be essential to implement strategies aimed to address cultural differences and language barriers.

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 Population</td>
<td>2016-2021 Growth Rate</td>
</tr>
<tr>
<td>00-17</td>
<td>36,059</td>
<td>4.88%</td>
</tr>
<tr>
<td>18-44</td>
<td>46,933</td>
<td>5.25%</td>
</tr>
<tr>
<td>45-64</td>
<td>18,132</td>
<td>16.95%</td>
</tr>
<tr>
<td>65+</td>
<td>5,254</td>
<td>40.94%</td>
</tr>
<tr>
<td>Total</td>
<td>106,378</td>
<td>8.88%</td>
</tr>
</tbody>
</table>

Source: Nielsen IXPRESS