

EDWARD

Edward and Linden Oaks Hospital Community Health Implementation Plan FY2014 – FY2016

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Executive Summary

With the March 2010 passage of the Patient Protection and Affordable Care Act, 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 the regulations and in an effort to positively impact health outcomes within the communities we serve, Edward and Linden Oaks collaborated with Metropolitan Chicago Healthcare Council (MCHC) and Professional Research Consultants (PRC) to conduct a comprehensive CHNA. This report provides a summary of the CHNA, including methodology and major findings, along with an implementation plan to address designated priorities. The entire 2012 CHNA Report is available through the following website: <http://edward.healthforecast.net>

In consideration of the top health priorities identified through the CHNA process — and taking into account organizational resources and overall alignment with the mission, goals and strategic priorities — the following priorities and strategies were identified for Edward and Linden Oaks Hospitals:

Priority:	Access to Health Services
Strategies	Strategy #1: Increase community involvement in assessing, developing, and enhancing programs to increase access to essential health care services for low-income and uninsured residents
	Strategy #2: Facilitate access to care through financial assistance to low income residents of the community
	Strategy #3: Increase the availability of and access to primary care services throughout the community
	Strategy #4: Promote appropriate and cost effective health care utilization
	Strategy #5: Promote awareness, resources and tools to prevent and manage disease
Priority:	Overweight/Obesity Prevalence
Strategies	Strategy #1: Increased participation in local and community initiatives.
	Strategy #2: Improve coordination of existing obesity programs
	Strategy #3: Expand and enhance childhood obesity programming
	Strategy #4: Expand access to obesity information, resources and tools.
Priority:	Mental Health & Mental Disorders
Strategies	Strategy #1: Expand Mental Health treatment options in the community
	Strategy #2: Improve community awareness and access of mental health services and recovery programs
	Strategy #3: Expand community education on stress
	Strategy #4: Continue collaborative efforts with public, not-for-profit, provider and community mental health organizations
	Strategy #5: Develop integrated partnerships

About Edward Health Services Corporation

Edward consists of a 356-bed, not-for-profit, acute care hospital (Edward Hospital); a 108-bed psychiatric hospital (Linden Oaks at Edward); the Edward Healthcare Centers in Bolingbrook, Naperville, Plainfield, and Oswego; physician practices, including employed physicians in the specialties of primary care, hematology oncology, adult and child psychiatry, emergency medicine, and pediatric and adult hospitalist services; and the Edward Health & Fitness Centers in Naperville and Woodridge.

Edward’s Corporate Mission, Vision and Values Statements, summarized below, inspire the organization to deliver superior health care and guide the overall strategic direction.

Corporate Mission, Vision and Value Statements	
Mission	To support health and strengthen communities by providing outstanding healthcare services
Vision	<ul style="list-style-type: none"> • Locally Preferred • Regionally Referred • Nationally Recognized
Values	<ul style="list-style-type: none"> • Patients First: providing personalized care to the people we serve is our highest priority • Integrity: means consistency of actions, values, expectations and outcomes. It denotes honesty and truthfulness and reflects our ability and commitment to achieve our goals. It means we deliver on what we promise and we execute our plans. • Compassion: reflects our desire to treat each other with respect, alleviate suffering and behave in a general spirit of altruism. • Responsibility: means we are accountable for acting beneficently toward our organization and our community. • Collaboration: means that we work together to achieve common goals by sharing knowledge, learning and building consensus. • Passion: This is Edward’s ‘special sauce.’ It means we continually strive to be the best and reflects our commitment to continuous learning, innovation and improvement.

Edward maintains a dedicated approach to serving the entire community, not only those who come through its doors. The following section provides a description of this community.

Demographics of the Community

The population of DuPage and Will Counties is predominantly non-Hispanic White (over 80%), but also has substantial Hispanic, African American and Asian populations.

The number and percentage of lower-income residents increased between 2000 and 2010 according to the most recently available data from the US Census Bureau. The percentage of individuals at or below the poverty level is now at 6.9% in DuPage County and 8.5% in Will County, compared to 3.6% and 4.9%, respectively in 1999 (2000 Census Data). While this is lower than the State average, it nevertheless represents a significant number of individuals—in fact, nearly 120,000—living at or below the poverty level in DuPage and Will Counties. The increase in poverty is straining the public system's ability to fund health care services for this vulnerable population. Detailed demographics are available in Appendix B.

Existing Healthcare Facilities & Resources

Edward recognizes that there are many existing healthcare facilities and resources accessible that are available to respond to the health needs of residents. These organizations include, but are not limited to, the following:

Acute-Care Hospitals/Emergency Rooms

- Edward Hospital and Plainfield Emergency Center
- Rush Copley Medical Center and Emergency Center
- Adventist Bolingbrook Hospital
- Central DuPage Hospital
- Silver Cross Hospital
- Provena Saint Joseph Medical Center
- Advocate Good Samaritan Medical Center

Federally Qualified Health Centers & Other Safety Net Providers

- Access DuPage/DuPage Community Clinic
- VNA Health Care
- Aunt Martha's Health Center
- DuPage County Health Department
- Will County Health Department

Mental Health Services/Facilities

- Linden Oaks at Edward
- DuPage County Health Department's Behavioral Health Service
- NAMI of DuPage and Will County
- Metropolitan Family Services DuPage
- Cornell Intervention
- Adventist GlenOaks Hospital (Behavioral Health Services)
- Adventist Hinsdale Hospital (Behavioral Health Services)
- Streamwood Hospital (Behavioral Healthcare System)
- West Suburban Psychological
- Magellan Behavioral Health Therapist
- Tabor Hills Health Care

Home Healthcare

- Residential Home Health
- Home Instead Senior Care
- BrightStar Care of Naperville

Emergency Medical Services (EMS)

- Edward Ambulance Services
- Platinum Care Ambulance
- Superior Ambulance Services
- Lifestar Helicopter
- Local Township Fire Departments

Hospice Care

- Joliet area hospice
- Northeastern Hospice
- Passages Hospice
- Season's Hospice
- Vitas Hospice

Other Community-Based Resources

- ProActive Kids
- Youth 360
- Collaborative Youth Team

Large Physician Groups

- DuPage Medical Group
- Edward Medical Group
- Dreyer Medical Group
- Midwest Heart Specialists

Nursing Homes/Adult Care

- Meadowbrook Manor Care
- ManorCare Health Services
- Alden of Waterford
- Alden Estates of Naperville
- Tabor Hills Healthcare Facility
- Monarch Landing
- St Patrick's Residence
- Community Nursing & Rehabilitation Center

Building on a long tradition of service to its community, Edward utilizes its own strengths alongside these organizations to better understand and reach the most vulnerable sectors of the community.

CHNA Goals, Methodology and Data Sources

This Community Health Needs Assessment (CHNA) was facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of its member hospitals. In all, 35 Chicago-area hospitals — including Edward and Linden Oaks — participated in the CHNA data collection effort.

CHNA Goals & Objectives

The CHNA is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Edward. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The CHNA provides this information so that organizations can identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status, including:

- Improving resident health status and elevating overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- Reducing health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on health.
- Increasing accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (Community Health Survey) and secondary research (vital statistics and other existing health-related data). These quantitative components allow for comparison to benchmark data at the regional, state and national levels. Qualitative data input includes primary research gathered during through two “Key Informant” Focus Groups. More information on these sessions is available in the Community Stakeholder Input section of this document.

Community Health Survey

A telephone survey was conducted to assess perceptions regarding current health status and needs that exist within the community. The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

The sample design used for this effort consisted of random sample of 212 individuals age 18 and older in the Edward Service Area. Once the interviews were completed, these were weighted geographically to match the distribution of patient discharges at the ZIP Code level.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources were utilized to complement the primary research conducted for this CHNA. Data for the Edward Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- Illinois State Police
- Illinois Department of Public Health
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data. For this assessment, these data reflect combined data for DuPage and Will counties (referred to as the “Total Area”);. As stated previously, DuPage and Will counties encompass roughly 80% of the Edward Service Area adult population.

Community Stakeholder Input

As part of the community health assessment, two focus groups were held on June 19 and June 26, 2012 (one focusing on needs in DuPage County only, and one focusing on needs in both DuPage and Will counties).

Focus group participants were chosen based on their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. In all, 15 individuals participated, including representatives of the public health system, as well as several individuals who work with low-income, minority or other medically underserved populations, and individuals who work with persons with chronic disease conditions and community leaders. A list of participants can be found in the Appendix section of this document.

Information Gaps

While this Community Health Needs Assessment is reasonably comprehensive, Edward recognizes that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Information on Vulnerable Populations

The CHNA analysis and report yielded substantial information about the health status, behaviors and needs for our population.

Key Findings include:

- Access to Healthcare Services – A reoccurring theme among vulnerable populations is the difficulty in accessing healthcare services. A total of 33.0% of Edward Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year. This issue is exacerbated in under- and uninsured patients and within the Medicare population.
- Healthcare Insurance Coverage - A significant amount of adults in the Edward Primary Service area lack adequate healthcare coverage. Among adults age 18 to 64, 7.3% report having no insurance coverage for healthcare expenses. Minority women were the most likely population segment to be without healthcare insurance coverage.
- Barriers to Healthcare Access – To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers prevented them from accessing healthcare services. Of the tested barriers, inconvenient office hours impacted the greatest share of Edward Service Area adults (15.9% say that inconvenient hours prevented them from seeing a doctor in the past year).

A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups. For additional statistics about uninsured, low-income, and minority health needs please refer to the complete Edward Community Health Needs Assessment report, which can be viewed online at <http://edward.healthforecast.net>. Similarly for Linden Oaks the report can be viewed online at <http://lindenoaks.healthforecast.net>.

Public Dissemination

This Community Health Needs Assessment is available to the public using the following URL: <http://edward.healthforecast.net>. HealthForecast.net™ is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.



This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available on Edward's website at: <http://www.edward.org>.

Edward will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. Edward will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Health Needs of the Community

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this CHNA and the guidelines set forth in Healthy People 2020. From these data,

opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Barriers to Healthcare Access <ul style="list-style-type: none"> ○ Underinsured/Uninsured Residents ○ Medicare/Medicaid Reimbursement ○ Availability of Specialists ○ Transportation ○ Language Barriers • Medical Homes & Continuity of Care
Cancer	<ul style="list-style-type: none"> • Overall Cancer Deaths • Prostate Cancer Deaths
Dementias, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Deaths • Stroke Deaths • High Blood Cholesterol
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Lack of Treatment Options • Barriers to Access <ul style="list-style-type: none"> ○ Cost ○ Stigma ○ Language • Stress
Substance Abuse	<ul style="list-style-type: none"> • Alcohol Use • Drug Use <ul style="list-style-type: none"> ○ Illegal Drugs ○ Prescription Drug Abuse ○ Youth ○ Education
Overweight/Obesity Prevalence	<ul style="list-style-type: none"> • Sedentary Lifestyle • Meeting Physical Activity Guidelines • Screen Time (Children 5-17)

Prioritization Process

After reviewing the Community Health Needs Assessment findings, the CHNA Steering Committee convened to determine the health needs to be prioritized for action in FY2014-FY2016. Results from the assessment were presented and steering committee members ranked and identified health issues against the following established, uniform criteria:

- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of not addressing the problem at the earliest opportunity.

Prioritization Results

From this exercise, the Areas of Opportunity were prioritized as follows:

1. Access to Health Services
2. Mental Health & Mental Disorders
3. Obesity
4. Cancer – addressed through existing service line development initiatives
5. Heart Disease and Stroke – addressed through other existing service line development initiatives
6. Substance Abuse – Merged into Mental Health & Mental Disorders Priority

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account organizational resources and overall alignment with the mission, goals and strategic priorities — it was determined that Edward and Linden Oaks will focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Services
- Mental Health
- Obesity

Priority Health Issues That Will Not Be Addressed & Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Edward determined that it can only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence. As indicated above, this Implementation Plan will directly focus on three key areas: access, mental health and obesity. Edward already addresses other priority issues identified within the CHNA, for example, cancer and heart disease, through service line development and health promotions initiatives. These programs dedicate substantial resources toward screening, early detection, community education and wellness activities to address these pressing health care needs.

Health Priorities Identified in CHNA not directly addressed in Implementation Plan	<i>Reason</i>
Cancer	<i>Edward has a strong and longstanding commitment to oncology services and addresses community need through its service line development process and by providing greater access to care through screening and prevention efforts.</i>
Dementia	<i>Edward feels that efforts outlined herein to improve Mental Health services will have a positive impact on Dementia, and that a separate set of Dementia specific initiatives was not necessary.</i>
Heart Disease and Stroke	<i>Edward has a strong and longstanding commitment to cardiovascular services and addresses community need through its service line development process and by providing greater access to care through screening and prevention efforts.</i>

Collaboration: Community-Wide Community Benefit Planning

Recognizing that it cannot meet all of its community needs independently, Edward actively participates in community-wide community benefit planning with other organizations. In particular, Edward participates in two distinct community benefit planning forums in Will and DuPage County. These collaborative efforts involve area hospitals and other health providers and resource organizations. Edward provides financial, operational and leadership support, engaging heavily in community health planning efforts throughout the year.

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, 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. Edward is a financially sponsoring partner of the collaborative along with active participation in the executive committee and various implementation teams.

Access DuPage and its parent organization, the DuPage Health Coalition, represent 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. Edward is founding member and actively participates in collaborative planning sessions throughout the year.

As individual organizations begin to disseminate the information from the 2013 Community Health Needs Assessment, it is Edward’s expectation that this will foster continued collaboration around community health improvement. Edward is committed to working with these and other organizations to ensure community-wide planning initiatives continue to occur.

Integration with Operational Planning

Edward fully integrates the commitment to community benefit into the management structures as well as the strategic and operational plans. Beginning in 2010, Edward included Community Benefit as one its six strategic priorities:



Edward and Linden Oaks integrate management plan initiatives and track associated outcomes on a quarterly and annual basis. Strategies and objectives in the implementation plan are assigned responsibility to Community Benefit Steering Committee members with quarterly updates provided to management and senior staff executive teams.

FY2012-FY2014 Implementation Strategy

This summary outlines Edward's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

Implementation Strategies & Action Plans

The following displays outline Edward's plans to address those priority health issues chosen for action in the FY2014-FY2016 period.

Priority:	Access to Health Services
Strategies & Objectives	Strategy #1: Increase community involvement in assessing, developing, and enhancing programs to increase access to essential health care services for low-income and uninsured residents
	- Strengthen partnerships with community organizations for the development of programs to expand access to low-income, medically uninsured residents of the service area
	Strategy #2: Facilitate access to care through financial assistance to low income residents of the community
	- Continue to communicate and apply the Edward financial assistance policy to eligible individuals
	Strategy #3: Increase the availability of and access to primary care services throughout the community
	- Increase access to primary and preventative care by providing new access points and the establishment of medical home models
	- Work with the medical community to increase primary care and specialist supply
	Strategy #4: Promote appropriate and cost effective health care utilization
	- Expand walk-in clinic concept as cost effective alternative to emergency department
	- Investigate synergies with community health providers to curb potentially avoidable ED visits and avoidable inpatient admissions
	Strategy #5: Promote awareness, resources and tools to prevent and manage disease
	- Offer screenings to help detect potential risk for Heart and Vascular disease, Cancer, Diabetes, Sleep Disorders, Anxiety and Depression free of charge to link underserved individuals to the appropriate community resources
	- Provide Genetic Counseling to help people identify if they are at risk for an inherited disease and what options they have to manage or prevent it

Priority:	Overweight/Obesity Prevalence
Strategies & Objectives	Strategy #1: Increased participation in local and community initiatives.
	- Continue to participate in FORWARD, Will County MAPP while evaluating and monitoring additional obesity opportunities
	- Continue to partner with ProActive Kids in fighting Childhood Obesity
	Strategy #2: Improve coordination of existing obesity programs
	- Continue to evaluate synergies, coordination and outcomes of Edward obesity programming. Develop additional options for support/education between programming.
	Strategy #3: Expand and enhance childhood obesity programming
	- Determine strategies to expand and fund additional childhood obesity programming in partnership with ProActive Kids. Continue to measure and report on outcomes/successes.
	- Explore opportunity to develop programming or resources for teenagers
	Strategy #4: Expand access to obesity information, resources and tools.
	- Continue to develop online resources and tools for obesity awareness, prevention and management
	- Research, monitor and implement or communicate best practices in obesity prevention, education and improvement.
	- Evaluate Edward Medical Group Obesity Clinic to provide more standardized and coordinated approach to obesity management

Priority:	Mental Health & Mental Disorders
Strategies & Objectives	Strategy #1: Expand Mental Health treatment options in the community
	- Increase access of behavioral health services for Adults and Adolescents through an expansion of services through Linden Oaks Hospital
	- Provide community Recovery Day seminar at Linden Oaks Hospital (programming specific to alcohol and drug abuse related)
	- Provide Therapeutic & Thematic Art Therapy for Dementia patients at Linden Oaks Hospital
	Strategy #2: Improve community awareness and access of mental health services and recovery programs
	- Encourage utilization of Resource and Referral service as free assessment option
	- Develop Resource and Referral information material to provide free to charge
	- Provide interpretive services for risk assessments and treatment
	- Increase community awareness of Dementia by offering Virtual Tours at Linden Oaks. In this initiative, teams learn experientially about Dementia through garbing, touring, and discussion
	- Offer Mental health First Aid training to reduce stigma and increase awareness of Mental Illness
	- Continue to provide Signs of Suicide programming to schools (combines an educational, discussion-based component with screening to identify depressed teens and help them get treatment, subsequently preventing suicide)
	Strategy #3: Expand community education on stress
	- Offer ACT (Acceptance, Commitment, Therapy) presentations to treatment professionals
	- Provide therapist led stress presentations to community members and students on an ad hoc basis
	Strategy #4: Continue collaborative efforts with public, not-for-profit, provider and community mental health organizations
	- Maintain partnership with Youth 360 (support and guidance group for young adults and their families)
	- Maintain partnership with the Collaborative Youth Team (coalition of youth-serving organizations and agencies working together to promote and advocate the health and well-being of children, youth and families in our community)
	- Maintain partnership and board membership with KidsMatter (Not-for-profit organization dedicated to educating and encouraging people in the community to build Developmental assets in youth)
	- Continue to participate in educational school health fairs and presentations specifically targeting substance abuse (including but not limited to, tobacco, alcohol, heroine)
	- Continue board membership in NAMI Will/Grundy (National Alliance for Mentally Ill)
	- Maintain Linden Oaks partnership with DuPage Behavioral Health Collaborative
	- Continue to participate in Will County MAPP Collaborative (Mobilizing for Action Through Planning and Partnerships)
	Strategy #5: Develop integrated partnerships
	- Develop Linden Oaks Behavioral Health chronic care clinic
	- Develop integrated services within Primary Care Physician sites, providing practice support for screenings & treatment
	- Edward and Linden Oaks to jointly expand services provided for post-partum depression, diabetes, cardiology

Adoption of Implementation Strategy

On May 13, 2013, the Board of Edward Hospital and Health Services, which includes representatives from throughout the region, met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget items to undertake these measures to meet the health needs of the community.

The following organizations collaborate with Edward and Linden Oaks to focus on Community Health initiatives through the Will County MAPP Collaborative, Edward is a sponsoring partner.



Will County MAPP Collaborative - Participating Agencies 2012

Adventist Bolingbrook Hospital	NAMI (National Association of Mental Illness) Will County
American Cancer Society	National Hook-up of Black Women, Inc.
American Heart Association Midwest Affiliate	New Life Church
American Lung Association, Greater Chicago	Northern Illinois Food Bank
AOK Network	Provena Home Care
Aquino Clinical Services	Provena Saint Joseph Medical Center (Presence Health)
Aunt Martha's Youth Services	Senior Services Center of Will County
Bridges to a New Day, NFP	Silver Cross Hospital
Catholic Charities	Stepping Stones, Inc.
Center for Economical Development (Three Rivers Educational Partnership – TREP)	Three Rivers Manufacture's Association
Chestnut Health Systems	Trinity Services, Inc.
Service INC., Child and Family Connections #15	U of I Extension – Kankakee, Will Grundy Co.
Child Care Resource and Referral Agency	United Way of Will County
Community Service Council of Will County, Inc	University of St. Francis
Crete Monee School District 201	Warren-Sharpe Community Center
Crisis Line of Will and Grundy County	Will County Community Concerns
Easter Seals of Joliet Region, Inc.	Will County Community Development Division
Edward Hospital	Will County Community Foundation
Greater Joliet Area YMCA	Will County Community Health Center
Governor's State University	Will County EMA
Guardian Angel Community Services	Will County Executive's Office
Harvey Brooks Foundation	Will County Forest Preserve District
Housing Authority of Joliet	Will County Health Department
Image Builders	Will County LAN
Joliet Junior College	Will County Land Use Community Development
Joliet Township	Will County Regional Office of Education
Joliet Township High School/YESS (Youth Experiencing Success in School)	Will County Residents
Lewis University	Will County Sheriff's Office
Linden Oaks at Edwards Hospital	Will County State's Attorney's Office
Lutheran Social Services of Illinois	Will Grundy Medical Clinic
Mount Zion Baptist Church	Workforce Investment Board of Will County
Morning Star Mission Ministries	

The following organizations collaborate with Edward and Linden Oaks to focus on Community Health initiatives through the DuPage Health Coalition.

Organization	
Adventist Midwest Health	• DMG in Naperville at River North Medical
• GlenOaks Hospital	• DMG in Naperville on RollingRidge Road
• Hinsdale Hospital	• DMG in Naperville on South Washington Street
• Hinsdale Family Practice Residency Program	• DMG in Oakbrook Terrace
Advocate Good Samaritan Hospital	• DMG in Westmont
Cadence Health	• DMG in Wheaton on County Farm Road
• CDH Bartlett Convenient Care Center	• DMG in Wheaton at Danada
• CDH Charlestowne Convenient Care Center	• DMG in Wheaton on Main Street
• CDH Danada Convenient Care Center	• DMG in Wheaton at Town Square
• CDH Glen Ellyn Convenient Care Center	• DMG in Winfield at Central DuPage Hospital
• CDH River North Convenient Care Center	• DMG in Woodridge
• CDH Stratford Convenient Care Center	• Belleza Skin Care Institute
Edward Hospital & Health Services	• Family Medicine in Carol Stream on Schmale Road
• Edward Hospital	• The Institute of Aesthetic Surgery
• Linden Oaks Hospital	• Surgical Center in Lombard
Emhurst Memorial Hospital	Cadence Physician Group
Marianjoy Rehabilitation Hospital	• Cadence in Bartlett
DuPage County Board of Health	• Cadence in Bloomingdale
• DuPage County Health Department	• Cadence in Glen Ellyn
DuPage County Human Services	• Cadence in Naperville
DuPage County Medical Society	• Cadence in St. Charles
DuPage Federation on Human Services	• Cadence in Wheaton
Access Community Health Network	• Cadence in Winfield
• Addison Family Health Center	• Cadence Orthopedic Associats of DuPage
• Martin Russo Family Health Center	• Cadence Obstetrics and Gynecology
• West Chicago Family Health Center	• Cadence Endocrinology
DuPage Community Clinic	• Cadence Dermatology
DuPage Medical Group	• Cadence Rheumatology
• Diagnostic Imaging in Lisle	• Cadence Neurosciences
• DMG in Addison	• Cadence Cardiology
• DMG in Bartlett	• Cadence Inpatient Physicians
• DMG in Bloomingdale on Stratford Drive	• Cadence Home Care Physicians
• DMG in Bloomingdale at Stratford North	• Cadence Infectious Disease and Wound Care
• DMG in Downers Grove	• Cadence Vascular Medicine
• DMG in Downers Grove on Butterfield Road	Edward Medical Group
• DMG -- Elmhurst Pediatrics	• EMG in Bolingbrook
• DMG in Glen Ellyn	• EMG in Lisle
• DMG in Lombard on Highland Avenue	• EMG in Naperville on the Edward Campus
• DMG in Lombard -- West Suburban Pediatrics	• EMG in Naperville on Hobson Road
• DMG in Naperville at Edward Medical Physician Center	• EMG in on 95th Street
• DMG in Naperville at CityGate	Advanced Dermatology
• DMG in Naperville on Hobson Road	Advanced Renal Care
• DMG in Naperville on Rickert Drive	Aesthetic & Clinical Dermatology of Hinsdale
	Raj Arora M.D.
	Associated Pathology Consultants
	Cadence Cancer Care & Hematology

Cardiac Surgery Associates	Midwest Diagnostic Pathologists
Cardiovascular Consultants	Midwest Digestive Diseases
Central DuPage Hospital Emergency Medicine	Midwest Cardiac Consultants
Central DuPage Obstetrics & Gynecology	Midwest Ear, Nose & Throat Consultants
Central DuPage Foot & Ankle	Midwest Heart Associates
Digestive Health	Midwest Women's Gynecology
DuPage Emergency Physicians	Naperville Internists
DuPage MetaVascular Medicine	Naperville Radiologists
DuPage Obstetrics & Gynecology	Naperville Surgical Associates
DuPage Oncology Center	National University of Health Sciences
DuPage Ophthalmology	Nephrology Associates of Illinois
DuPage Pathology Associates	Oak Park Vision Center
DuPage Surgical	O'Carroll & Associates
DuPage Valley Anesthesiology	Oncology Joint Practice
DuPage Valley Pain Specialists	OneSight
Ear Institute of Chicago	Orthopaedic Associates of DuPage
Edward Cancer Center	Orthopedic Specialists
Edward Hospital Emergency Medicine	Otolaryngology, Head & Neck Surgery
Elmhurst Anesthesiology	Pain Specialists of Greater Chicago
Elmhurst Cancer Center	PG Adkins Limited
Elmhurst Clinic	Dr. Karla Podrazik
Elmhurst Emergency Medical Services	Radiation Oncology Consultants
Elmhurst Radiology	Radiologists of DuPage
The Eye & Facial Clinic	Road to Healthy Skin Tour
Family Health Care Associates	Mark Ros, M.D.
Foreman and Stack	Rosin Eye Clinic
Gastroenterology Group Practice	Peter Russo O.D.
Genesis Orthopedics	Scholl Podiatry Clinic
Dr. Girgis & Associates	Season's Hospice
Glen Ellyn Family Eye Center	Southwest Respiratory
Glen Ellyn Ophthalmology	Sports Med/Wheaton Ortopedics
Gift of Sight	Starkey Hearing Foundation
Gynecologic Care	Suburban Lung Associates
Hand Surgery & Specialty Orthopaedic Centers	Suburban Neurologists
Hematology & Oncology Associates of Illinois	Suburban Practice Management
Hematology-Oncology Consultants	United Shock wave
Illinois Retina Associates	Urology Associates of DuPage
Infectious Disease Specialists	VITAS
John Kalis M.D.	West Central Anesthesia Group
Laboratory and Pathology Diagnostics	West Suburban Obsterics & Gynecology
Fran Lichon, M.D.	Western Springs Family Practice
Loyola Cancer Center at CDH	Westside Medical Associates
Robert Maganini M.D.	Wheaton Eye Clinic
Marquardt & Mash Orthopedics	Why Wait
McCarthy Eye Center	Lanny Wilson M.D.
Metro Center for Heath	Robert Wilson M.D.

Winfield Family Practice
Winfield Pathology Associates
Winfield Radiology Consultants
Addison Township
Downers Grove Township
Lisle Township
Milton Township
Naperville Township
Wayne Township
Winfield Township
York Township
Chinese Mutual Aid Association
DuPage County Drug Court
DuPage PADS
Hamdard Center
Illinois Department of Human Services
Islamic Foundation
Life-Link HeadStart
Open Doors
People's Resource Center
Serenity House
Walk-In Ministry of Hope
Woodridge Community Pantry
Community Memorial Foundation
United Way of the DuPage Area
IDHS, Bureau of Refugees & Immigrants
Carney Foundation
Grinnell College
College of DuPage Dental Hygiene Program
DuPage Convalescent Center
DuPage County Psychological Services
DuPage County Probation Department
DuPage County Jail
DuPage Schools, Regional Superintendent's Office
Eighteenth Judicial Circuit
Healthcare Alternative Systems
Illinois Department of Public Health
Metropolitan Family Services DuPage
NAMI (National Alliance for Mental Illness) DuPage
Outreach Community Ministries
Ray Graham Association
WEGO Together for Kids
West Suburban Dental Hygienists' Society
FORWARD
Choose DuPage
DuPage Funders Collaborative

Lake County Access Team
Sangamon County Access Team
Community Healthcare Network of the Western Suburbs
Worknet DuPage
Robert Morris College
Northeastern Illinois Agency on Aging
Northwestern University
Illinois Benedictine University
Kelloggs
VNA Health
• VNA Carol Stream
• VNA Bensenville
• VNA Aurora
• VNA Bolingbrook

The following individuals collaborated with Edward and Linden Oaks in the Community Health Needs Assessment by participating in focus groups.

June 19th focus group participants:

Name	Organization
Ms. Beverly Parota	The Parota Group (Retired from DuPage County Health Dept)
Mr. Dick Endress	DuPage Health Coalition/Access DuPage
Ms. Gwynne Kell	Winfield Schools
Ms. Kara R. Murphy	Access DuPage
Ms. Maureen McHugh	DuPage County Health Department
Dr. Rashmi Chugh	DuPage County Health Department
Ms. Sally Allred	Little Friends, Inc.

June 26th focus group participants:

Name	Organization
Mahja Suleemanjee	ManorCare Health Services-Naperville
Laurie Perry	Will County Health Dept.
Mark Puknaitis	Naperville Fire Dept.
Karen Jarczyk	360 Youth Services
Dr. Jim Lengemann	Edward Medical Group
Lt. Doug Skotnicki	Lisle Woodridge Fire Protection District
Kent Adams	Romeoville Fire Dept.
Filiz Gunay	DuPage County Health Department

Appendix B

Community Demographics

	DuPage County	Will County	Illinois
Population, 2011 estimate	923,222	681,545	12,869,257
Population, 2010 (April 1) estimates base	916,924	677,560	12,830,632
Population, percent change, April 1, 2010 to July 1, 2011	0.7%	0.6%	0.3%
Population, 2010	916,924	677,560	12,830,632
Persons under 5 years, percent, 2011	6.1%	6.9%	6.4%
Persons under 18 years, percent, 2011	24.4%	28.4%	24.1%
Persons 65 years and over, percent, 2011	11.9%	9.7%	12.7%
Female persons, percent, 2011	51.0%	50.3%	50.9%
White persons, percent, 2011 (a)	82.4%	81.6%	78.0%
Black persons, percent, 2011 (a)	5.1%	11.5%	14.8%
American Indian and Alaska Native persons, percent, 2011 (a)	0.4%	0.4%	0.6%
Asian persons, percent, 2011 (a)	10.4%	4.8%	4.8%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	Z	0.1%
Persons reporting two or more races, percent, 2011	1.7%	1.7%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	13.6%	15.9%	16.2%
White persons not Hispanic, percent, 2011	69.8%	66.8%	63.3%
Living in same house 1 year & over, 2006-2010	88.0%	89.6%	86.1%
Foreign born persons, percent, 2006-2010	18.3%	11.4%	13.6%
Language other than English spoken at home, pct age 5+, 2006-2010	26.1%	19.2%	21.7%
High school graduates, percent of persons age 25+, 2006-2010	92.0%	90.0%	86.2%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	45.3%	30.7%	30.3%
Veterans, 2006-2010	47,720	35,611	795,806
Mean travel time to work (minutes), workers age 16+, 2006-2010	29.1	33.6	28.1
Housing units, 2011	355,617	238,371	5,297,318
Homeownership rate, 2006-2010	76.1%	85.0%	69.2%
Housing units in multi-unit structures, percent, 2006-2010	28.2%	12.3%	33.0%
Median value of owner-occupied housing units, 2006-2010	\$316,900	\$240,500	\$202,500
Households, 2006-2010	335,453	220,135	4,769,951
Persons per household, 2006-2010	2.68	3	2.61
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$37,849	\$29,811	\$28,782
Median household income 2006-2010	\$76,581	\$75,906	\$55,735
Persons below poverty level, percent, 2006-2010	5.7%	6.6%	12.6%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

(z) Value greater than zero but less than half unit of measure shown.