

Marianjoy
Rehabilitation Hospital

part of
M Northwestern
Medicine

2021 Community Health Needs Assessment Report

Marianjoy Rehabilitation Hospital,
Part of Northwestern Medicine



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Key Dates

Adopted by the Marianjoy Rehabilitation Hospital , part of Northwestern Medicine, Board of Directors on August 9, 2021*

Tax year 2020

Fiscal year 2021

Assessment time frame: November 2020 to February 2021

Prioritization time frame: April 2021 to June 2021

Open comment timeframe: May 2021

Made available to the public on August 31, 2021

*Note: A copy of the minutes documenting Board approval of the CHNA is available on request.

Executive summary

Since 2013, Marianjoy Rehabilitation Hospital (MRH), part of Northwestern Medicine, has formally completed a comprehensive Community Health Needs Assessment (CHNA) every three years, in accordance with federal IRS regulations §1.501(r)-3, thus allowing the hospital to better understand the population it serves as well as the health issues that are of greatest concern within its community. The goal of the CHNA is to assess the health needs of residents within the defined Community Service Area (CSA), identify and prioritize those needs, and identify potential resources available to address priority health needs.

In 2020, MRH partnered with PRC Custom Research to conduct a systematic, data-driven approach to provide a CHNA that incorporated data from both quantitative and qualitative sources. After data collection and analysis, MRH took additional steps to review and interpret findings, by soliciting community input and engaging with community partners.

This process identified areas of opportunity for community health improvement. Significant health needs were identified across all socioeconomic groups, races and ethnicities, ages (over 18 years) and genders. The assessment highlighted health disparities and needs that disproportionately impact people who are medically underserved and uninsured.

While many health needs were identified through the CHNA process, MRH prioritized health needs of the largest magnitude, seriousness and trend, as well as those that would be best addressed through a coordinated response from a partnership of healthcare and community resources.

Through the CHNA process, the 2021 MRH prioritized significant health needs were identified as follows:

Access to Health Care and Community Resources

Social Determinants of Health

Promoting Independence and Activity

Promoting Wellness and Preventing Disease

In collaboration with dedicated healthcare, social service, public health and policy organizations, MRH will develop a three-year implementation plan, drawing on collective resources to make a positive impact on some of the most critical health needs of residents in its defined CSA. Information identified during the CHNA process will help MRH determine how to best commit resources to address priority health needs that improve the health of its community.

Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to its mission to: (1) provide quality medical care, regardless of the patient's ability to pay; (2) transform medical care through clinical innovation, breakthrough research and academic excellence; and (3) improve the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system committed to serving a broad community. NMHC provides world-class care at 11 hospitals, three medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the north, west, south and northwest suburbs, one patient at a time. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community partners to serving as major economic drivers, NMHC strengthens our communities.

About Northwestern Medicine

Working together as Northwestern Medicine (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg) share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of our communities. Whether directly providing patient care or supporting those who do, every NM employee has an impact on the quality of the patient experience and the level of excellence we collectively achieve. This knowledge, expressed in our shared commitment to a single, patient-focused mission, unites us.

NM is a premier integrated academic health system where the patient comes first.

- We are all caregivers or someone who supports a caregiver.
- We are here to improve the health of our community.
- We have an essential relationship with Feinberg.
- We integrate education and research to continually improve excellence in clinical practice.
- We serve a broad community and bring the best in medicine closer to where patients live and work.

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine

MRH is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). MRH trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. Located in DuPage County, MRH is a destination hospital and also serves residents of surrounding counties. Advanced care is provided through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. MRH has 127 licensed acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most-effective practices available. In FY20, MRH saw more than 2,700 inpatient admissions. Marianjoy clinicians specialize in stroke, brain injury and spinal cord injury programs, while also offering programs in orthopaedics, neuromuscular disorders and pediatrics.

Geographic proximity of MRH to other NMHC entities, primarily Northwestern Medicine Central DuPage Hospital (NMCDH) and Northwestern Medicine Delnor Hospital (NMDH), facilitates the health system's ability to provide a full continuum of care close to where our patients live and work. The importance of caring for our patients through their entire care cycle has been exemplified by the COVID-19 pandemic. NM demonstrated our ability to provide a full spectrum of care from diagnosis to treatment to rehabilitation.

MRH benefits the community by addressing the healthcare and related needs of the primary populations it serves, with a special focus on serving those populations with the highest risk of disability, including children and older adults who may be underserved and low-income.

In addition to the advocacy, research and education that MRH does to address community health needs, the community benefits from the following unique specific programs and resources:

- **Marianjoy Community Care Program:** MRH provides medically necessary healthcare services to people in the communities it serves; no persons may be denied emergent or urgent care or receive less than the appropriate level of care, regardless of ability to pay.
- **Charitable Assistance for Assistive Devices Program:** MRH provides charitable support to individuals who do not have access to assistive devices or technology.
- **Professional training, education and clinical research activities:** MRH professional educational programming includes a PM&R residency program as well as rehabilitative clinical experiences for nursing students, allied health professionals, social workers, pharmacists and dietitians.
- **Driver Rehabilitation Vehicle Modification Program:** This program gives the opportunity to drive again to individuals with a disability who are living at or below the poverty level.
- **Transportation:** MRH provides transportation for clients who have little or no means to travel to therapy.
- **Advancing continuing education for students with physical disabilities:** Each year the Marianjoy Scholarship Awards Program awards more than \$60,000 in scholarships to deserving young people with disabilities from the Chicagoland area who are pursuing post-secondary education.
- **Community support groups:** The community benefits from a variety of support groups sponsored by MRH, where former patients, their families and caregivers can share experiences, learn about resources and network.
- **Community education programs:** Multiple events are targeted to specific needs of patients using MRH services and are offered at no cost. Medical library access is available to patients and families seeking additional information and resources. MRH also provides collaborative support to nonprofits, foundations and government agencies that reach disabled and other high-risk populations.

Collective assets

All hospitals that are part of NMHC, including MRH, work collaboratively to address the significant needs identified within our respective CHNAs. Leading-edge clinical care, a commitment to research, academic excellence and a commitment to the communities we serve provide the resources available to address the identified health needs.

Acknowledgments

MRH collaborated with PRC Custom Research (PRC) to support report development for its 2021 CHNA. PRC works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about PRC, please visit prccustomresearch.com. The information contained within this report is extracted from PRC's *2021 Community Health Needs Assessment for Marianjoy Rehabilitation Hospital*. All analyses conducted by PRC for this CHNA report are presented without citations. Data presented from other sources is cited as footnotes or parenthetical remarks throughout the CHNA report.

MRH gratefully acknowledges the participation of a dedicated group of organizations that gave generously of their time and expertise to help guide this CHNA report. This group formed the basis for our External Community Health Council and was vital in assisting us in the community health needs prioritization process.

External Stakeholders	Populations Served and Social Determinants Addressed
Batavia Park District	General recreation, health and fitness
Family Shelter Services	Family support
Common Threads Organization	Healthy food and nutrition education
DuPage County Health Department	Community health, underserved populations, mental health, environmental health
NAMI DuPage	Suicide prevention
VNA Health Care	Health care, underserved populations, Federally Qualified Health Center
DuPage Community Foundation	Community
West Chicago Library	Education, reading
Senior Services Association	Seniors
Secretary of State	Driving programs, transportation
DuPagePads	Homelessness

External Stakeholders	Populations Served and Social Determinants Addressed
Carol Stream Police Department	Public safety
St. Charles Park District	General recreation, health and fitness
Association for Individual Development	Disability
R.R. Ryall YMCA of Northwestern DuPage County	General recreation, health and fitness
Winfield in Action	Community
Winfield Township	Community
Benedictine University	Education, public health expertise
Edward Hines VA Hospital	Veterans, health care, support services
Humanitarian Service Projects	Service projects
West Chicago Park District	General recreation, health and fitness
Access DuPage	Access to care for underserved populations
Catholic Charities	Poverty, underserved populations
West Chicago Schools	Education
Northern Illinois Food Bank	Food insecurity
Wheaton Park District	General recreation, health and fitness
Glen Ellyn Park District	General population, health and fitness
Western DuPage Special Recreation Association	Outdoor recreation, health and fitness
Donka, Inc.	Physical, visual and learning disabilities
World Relief	Immigrants, refugees
CASA of DuPage County	Abused, neglected and foster children
DuPage Senior Citizens Council	Seniors

External Stakeholders	Populations Served and Social Determinants Addressed
Winfield Park District	General recreation, health and fitness
West Chicago YMCA	General recreation, health and fitness
Mutual Ground	Domestic violence
Meier Clinics	Mental health
Kensington International	Children, education, development
ProActive Kids	Children, health and education
Warrenville Park District	General recreation, health and fitness
SPR Consulting	Community leader
Almost Home Kids	Children, ventilator support
Bartlett Police Department	Public safety
DuPage Easter Seal	Disabilities
People's Resource Center	Social services
DuPage Health Coalition	Health, underserved populations
Samara Care	Counseling

Identification of the MRH Community Service Area

Defining the community is a key component of the CHNA process because it determines the scope of the assessment and implementation strategy. Stakeholders from NMHC Community Affairs and Government Relations met to discuss the MRH CSA definition.

To define the MRH CSA for the current CHNA, the following factors were considered:

- Geographic area served by MRH
 - Principal functions of MRH
 - High hardship areas (differences in unmet socioeconomic needs across the county, such as education, housing, income, poverty, unemployment and dependents)
 - Location of existing NM assets (for example, NM-supported clinics and programs) that serve Chicago communities
 - Defined hospital service areas of other local hospitals
 - Any existing initiatives addressing community needs in DuPage County
-

MRH Community Service Area

The MRH CSA is located approximately 30 miles west of Chicago. The study area for the survey effort is based on patient origination and includes the 36 residential ZIP codes predominantly associated with DuPage County, Illinois. This definition is illustrated in Figure 1.

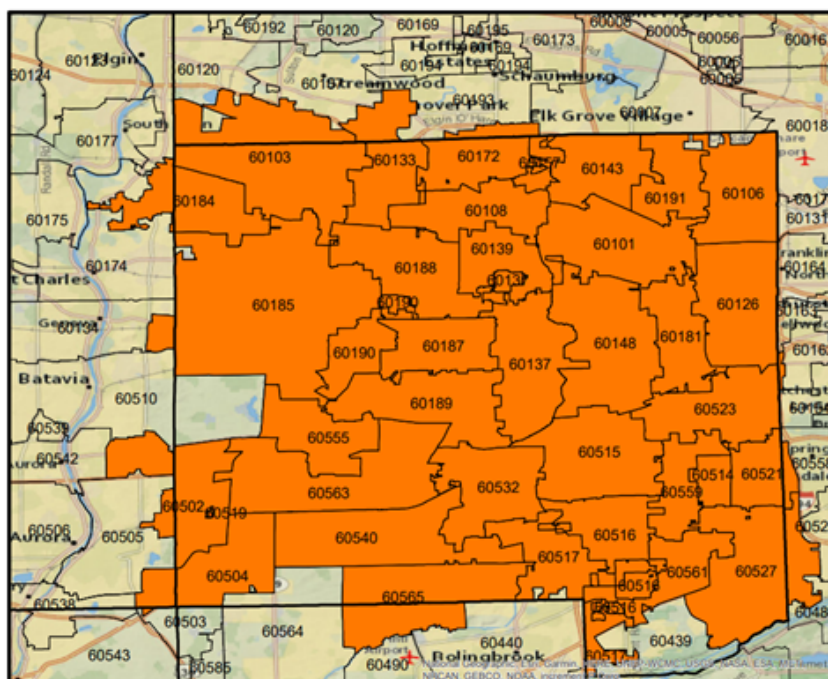


Figure 1. MRH Community Service Area by ZIP Code

Principal function and target population

MRH is a destination center that provides comprehensive, rehabilitative and specialty care for persons living in DuPage and surrounding counties. Care is provided for all persons across the life span, including but not limited to adults, children, women, seniors and disabled people. Special consideration is given to underserved and disproportionately affected populations.

Inclusion of medically underserved, low-income or minority populations

MRH is committed to improving the health of the communities we serve, including all populations within our community. When developing our CSA, MRH considered all populations within our CSA, regardless of payor status, and did not exclude medically underserved, low-income, or minority populations. When disseminating the community survey, special attention was given to the distribution of survey information to include homeless, senior, LGBTQ, and migrant and refugee populations. No exclusions were made based on whether or how much patients or their insurers pay for the care received or whether patients are eligible for assistance under MRH's financial assistance program.

The Community Health Needs Assessment: Process and methodology

As noted previously, MRH collaborated with PRC to support report development for its 2021 CHNA.

CHNA goals

The MRH CHNA serves as a tool for reaching three related goals:

- **Improve residents' health status, increase life spans and elevate overall quality of life.** A healthy community is one where its residents suffer little from physical and mental illness and enjoy a high quality of life.
 - **Reduce health disparities among residents.** By gathering demographic information along with health status and behavior data, it is possible to identify population segments that are most at risk for various diseases and injuries. Intervention plans targeting these segments may then combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
 - **Increase accessibility to preventive services for all residents.** Access to preventive services may improve health status, life spans and overall quality of life, and impact the cost associated with care for late-stage diseases resulting from a lack of preventive care.
-

Collaboration

The CHNA process consisted of a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the MRH CSA. The CHNA provided information to enable hospital leadership and key community stakeholders to collaboratively identify health issues of greatest concern among all residents and decide how best to commit the hospital's resources to those areas, thereby achieving the greatest possible impact on the community's health status.

Methodology

Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was gathered and analyzed using the methodology discussed below. Findings were organized by health topics. These findings were then synthesized into a comprehensive overview of the health needs in the MRH CSA.

Secondary data sources and analysis

A variety of secondary data sources was consulted to complement the research quality of this CHNA. Secondary data for the MRH CSA was obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control and Prevention (CDC), Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- CDC, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- CDC, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- U.S. Census Bureau, American Community Survey
- U.S. Census Bureau, County Business Patterns
- U.S. Census Bureau, Decennial Census
- U.S. Department of Agriculture, Economic Research Service
- U.S. Department of Health and Human Services
- U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)
- U.S. Department of Justice, Federal Bureau of Investigation
- U.S. Department of Labor, Bureau of Labor Statistics

Primary data collection and analysis: The community survey

A precise and carefully executed methodology was critical in asserting the validity of the results gathered in the PRC community health survey. To ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 757 individuals aged 18 and older in DuPage County. Once the interviews were completed, these were weighted in proportion to the actual population distribution to appropriately represent the MRH CSA as a whole. All administration of the surveys, data collection and data analysis were conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 757 respondents is $\pm 3.6\%$ at the 95% confidence level.

Similar surveys were administered in the MRH CSA in 2009, 2012, 2015 and 2018 by PRC on behalf of NM. Trending data, as revealed by comparison to prior survey results, is provided throughout this report whenever available. Historical data for secondary data indicators is also included for the purposes of trending.

To accurately represent the population studied, PRC minimized bias through the application of a telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification), to eliminate any naturally occurring bias. The sample design and the quality control procedures used in the data collection ensured that the sample was representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Primary data collection and analysis: The online key informant survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an online key informant survey also was implemented as part of this process. A list of local community partners was provided by NM; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 23 community stakeholders took part in the online key informant survey, as outlined in the following table.

Key Informant Type	Number Participating
Community leaders	2
Other healthcare providers	1
Social services providers	20

Through this process, input was gathered from several individuals whose organizations work with low-income, minority or other medically underserved populations. In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identified problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Existing community resources

As a critical aspect of the primary data collection, community partners and staff were asked to list and describe resources available in the community. Although not reflective of every resource available, the list can help MRH build partnerships so as not to duplicate but rather support existing programs and resources. This resource list is available in Appendix A.

Information gaps and data considerations

Every effort was made to comprehensively collect and analyze CHNA data. However, several limitations of the data should be considered when reviewing the findings presented in this report. Although there is a wide range of health and health-related areas, there may be varying scope and depth of secondary data indicators and findings within each topic.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available.

For the primary data, the breadth of findings is dependent on who was selected to be a key informant. Further, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.

For all data, every effort was made to include a wide range of secondary data indicators and community member expertise areas. MRH is committed to investigating strategies for addressing data system gaps for future assessment and implementation processes.

Comprehensive findings and analysis

The following sections present a short summary of each of the data sets obtained in the primary and secondary data.

Comprehensive findings and analysis - demographic overview

Land area, population size and density

DuPage County is home to 931,743 individuals and occupies 327.73 square miles.

The population density is 2,843.05 individuals per square mile.

Total Population

(Estimated Population, 2014-2018)

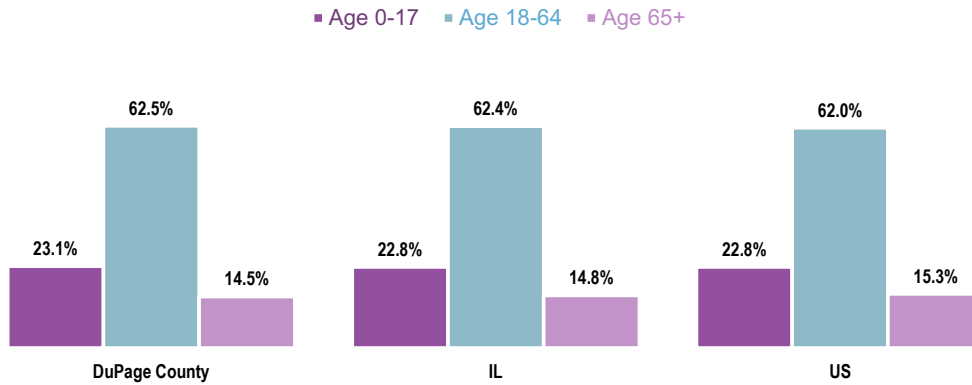
	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Dupage County	931,743	327.73	2,843.05
Illinois	12,821,497	55,517.13	230.95
United States	322,903,030	3,532,068.58	91.42

Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension.
 Retrieved February 2021 via SparkMap (sparkmap.org).

Age

Age is a key consideration when assessing the health of a community, as different age groups have unique health needs. As described below, 62.5% of DuPage County residents are 18 to 64 years of age, consistent with state and national data.

Total Population by Age Groups (2014-2018)

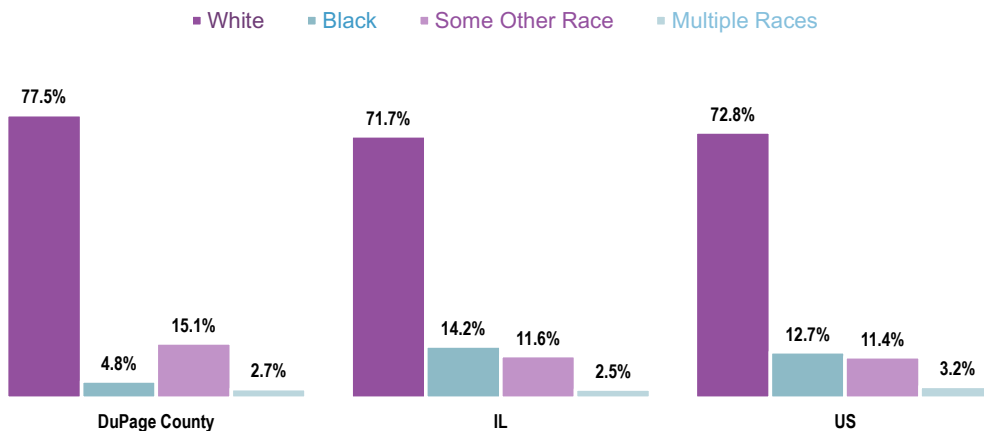


Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Race and ethnicity

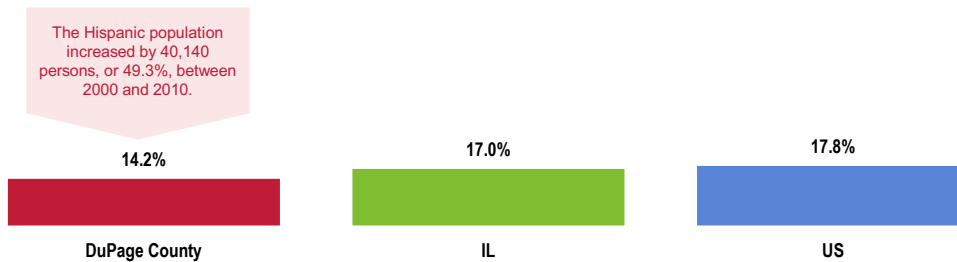
Of the residents in DuPage County, 77.5% are white, 4.8% are Black, 15.1% self-report as “other race” and 2.7% self-report as multiple races. Data indicates that 14.2% of DuPage County residents are Hispanic, with an increase of 49.3% between 2000 and 2010.

Total Population by Race Alone (2014-2018)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Hispanic Population (2014-2018)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Comprehensive findings and analysis - social determinants

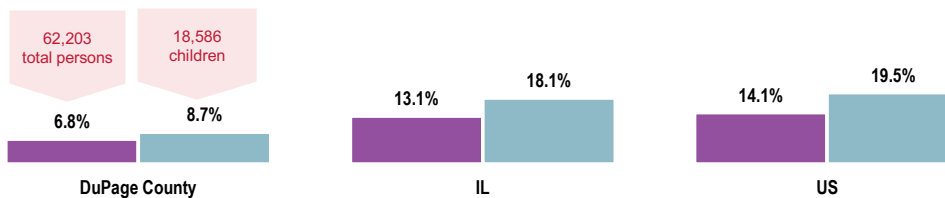
Poverty

Data reports that 62,203 individuals (6.8%) in DuPage County live below the poverty level; 18,586 of those individuals (8.7%) are children. This finding is notably lower than state and national data. Further, 42.6% of low-income families reported not having enough cash on hand to cover a \$400 emergency expense.

Population in Poverty (Populations Living Below the Poverty Level; 2014-2018)

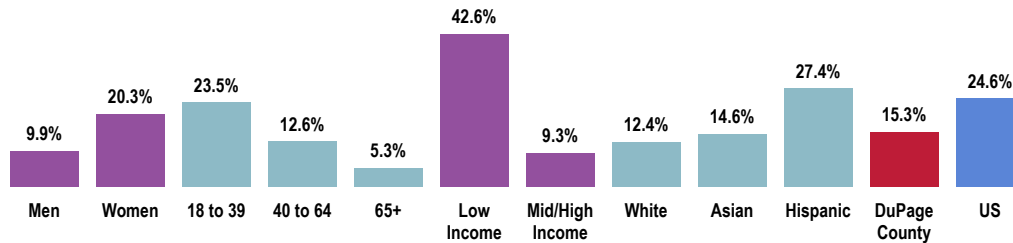
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (DuPage County, 2021)



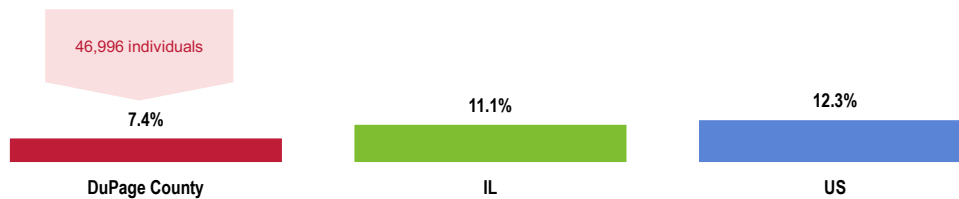
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Education

When queried, 7.4% of DuPage residents older than 25 report having no high school diploma.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



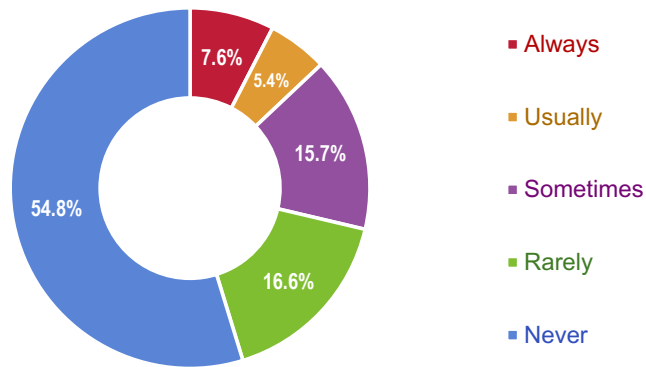
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing insecurity

When queried regarding the frequency of worry or stress over paying rent or mortgage in the past year, 15.7% of individuals reported sometimes, 5.4% reported usually and 7.6% reported always. Further, 23.2% of individuals with a low income reported living in unhealthy or unsafe housing conditions in the past year.

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing Conditions in the Past Year (DuPage County, 2021)

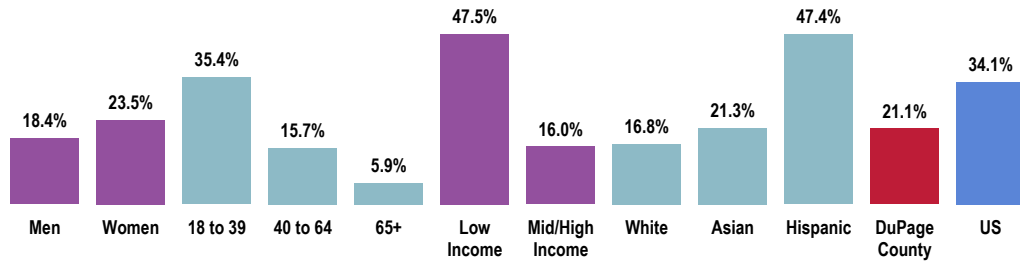


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food insecurity

When queried, 47.5% of low-income families reported concerns related to insufficient food or food not lasting until the next paycheck.

Food Insecurity (DuPage County, 2021)



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

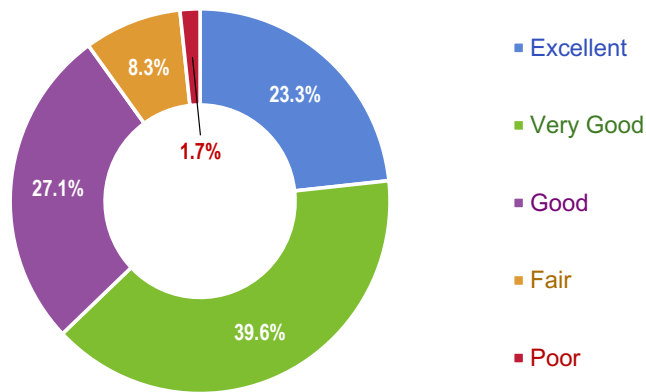
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Comprehensive findings and analysis - health status

Overall health perception

When interviewed, 39.6% of survey respondents described their overall health as very good in comparison to 27.1% who described their health as good and 23.3% as excellent.

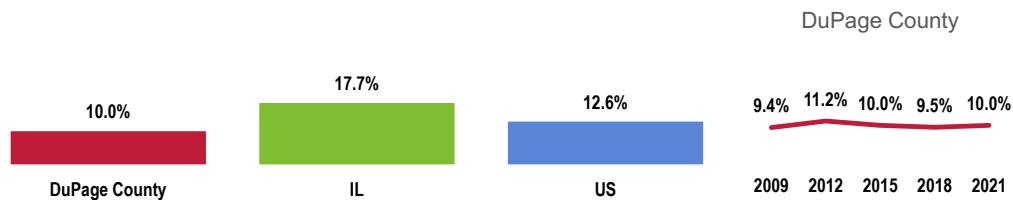
Self-Reported Health Status (DuPage County, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: ● Asked of all respondents.

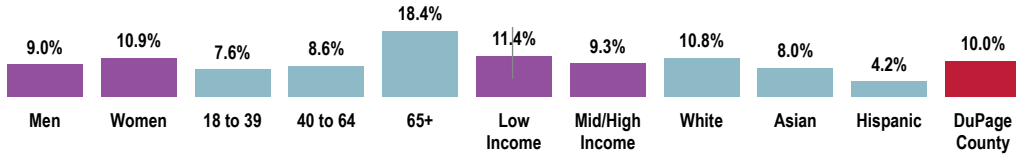
Further, 10.0% described their overall health as fair or poor. This was lower than both state and national data. It was also trending somewhat consistent over the last 12 years, up slightly from 2018.

Experience “Fair” or “Poor” Overall Health



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (DuPage County, 2021)



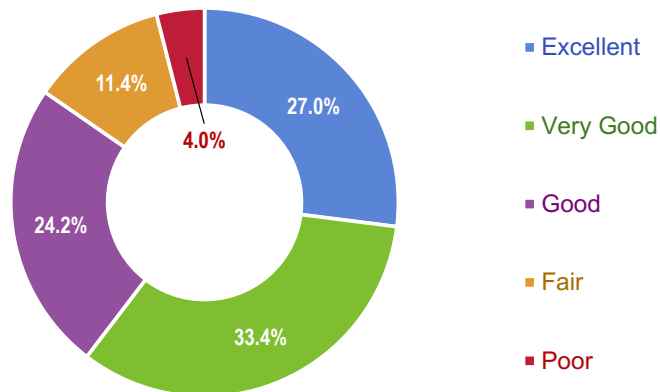
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: ● Asked of all respondents.

Comprehensive findings and analysis - mental health

Overall mental health perception and treatment

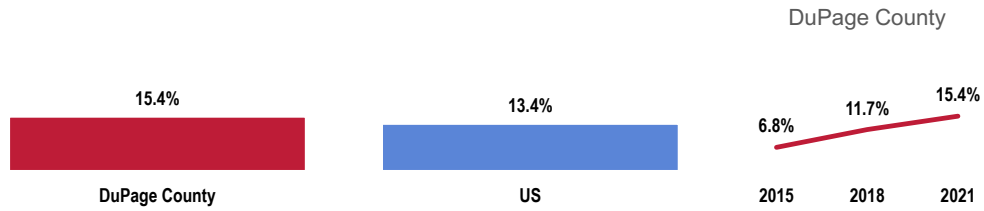
In the survey, 33.4% of respondents described their mental health as very good in comparison to 24.2% who described their mental health as good and 27.0% as excellent. Further, 15.4% described their mental health as fair or poor. This rate was higher than national data and a significant increase from 6.8% in 2015 to 15.4% in 2021. Among survey respondents, 17.8% described having been diagnosed with a depressive disorder, which is lower than both state and national data. Also, 43.7% of respondents with low income acknowledged having had two or more years in their life when they have felt depressed or sad on most days.

Self-Reported Mental Health Status (DuPage County, 2021)



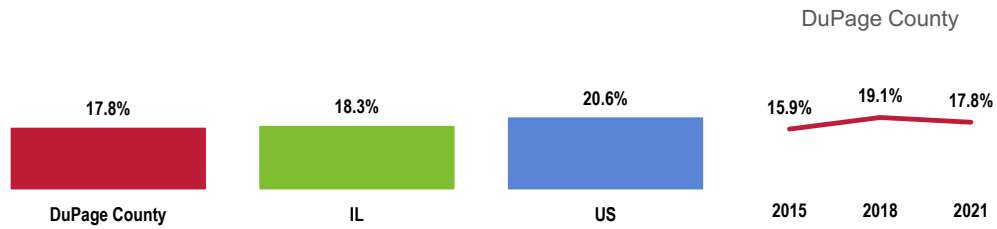
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
 Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



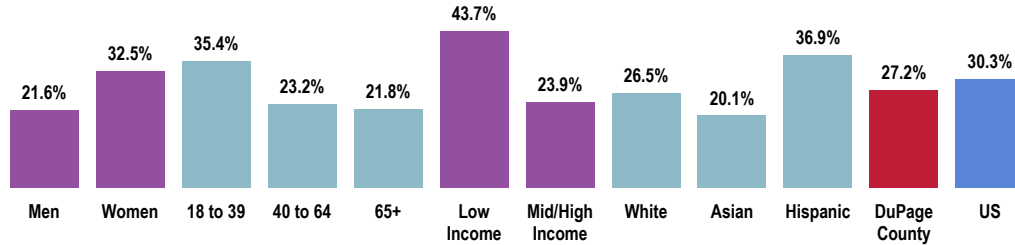
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

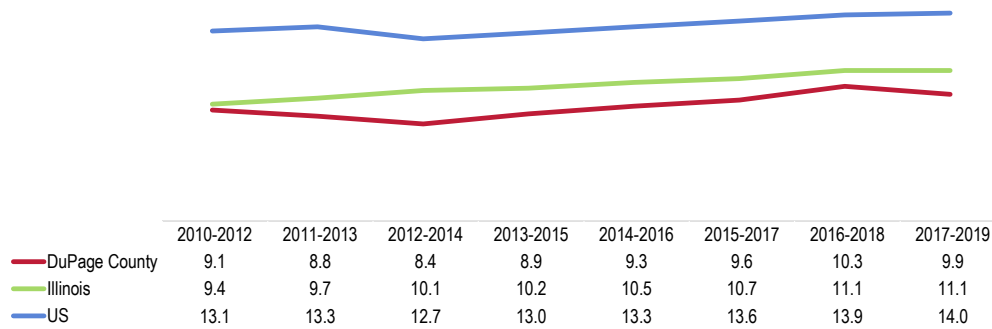
Have Experienced Symptoms of Chronic Depression (DuPage County, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

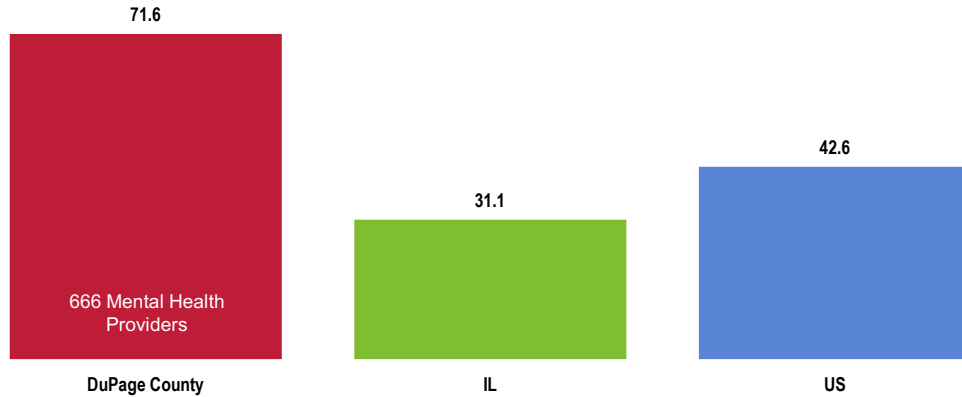
DuPage County reported age-adjusted suicide mortality trends that were lower than both state and national trends. The number of mental health providers (666) in DuPage County far exceeds both state and national reports. When interviewed, 16.1% of respondents in the MRH CSA stated they are currently receiving mental health treatment. This is up slightly from 11.7% in 2018. Among respondents with low income, 18.3% verbalized the inability to obtain mental health services in the past year. Notably, 59.1% of key informants perceived mental health as a major problem.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 ● US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2020)



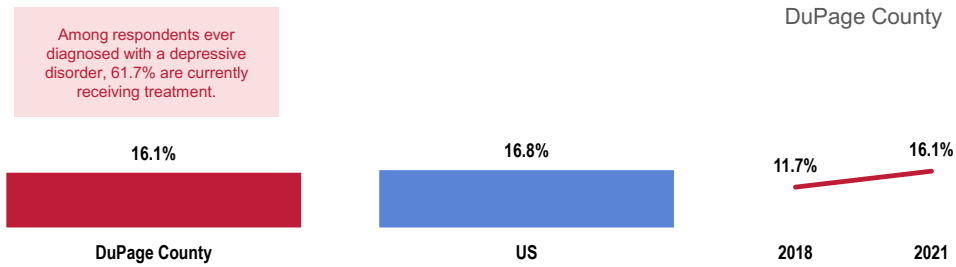
Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Mental Health Treatment



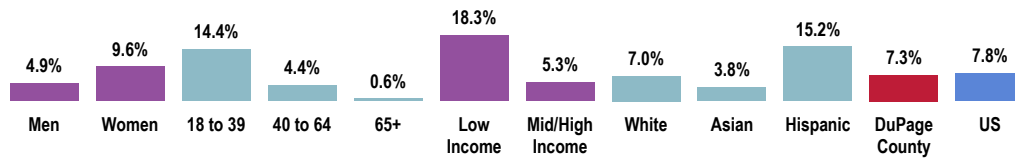
Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

Unable to Get Mental Health Services When Needed in the Past Year (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2021)



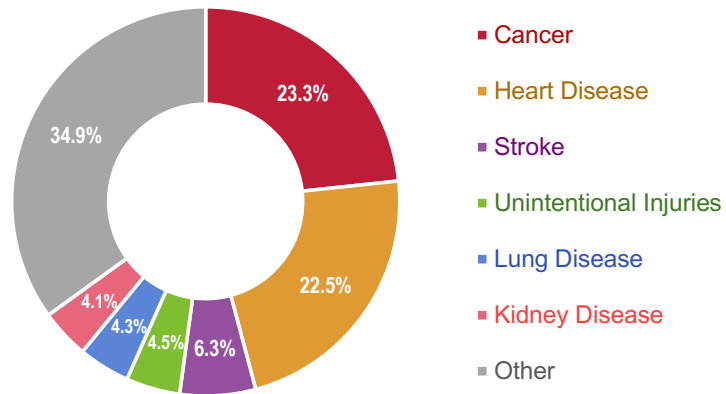
Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Comprehensive findings and analysis - morbidity, mortality and chronic conditions

Mortality data

Cancer and heart disease were the two leading individual causes of death in DuPage County, followed by “other” conditions. Age-adjusted mortality trends for heart disease and stroke were lower in DuPage County than state and national indicators.

Leading Causes of Death
(DuPage County, 2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes (2016-2018 Deaths per 100,000 Population)

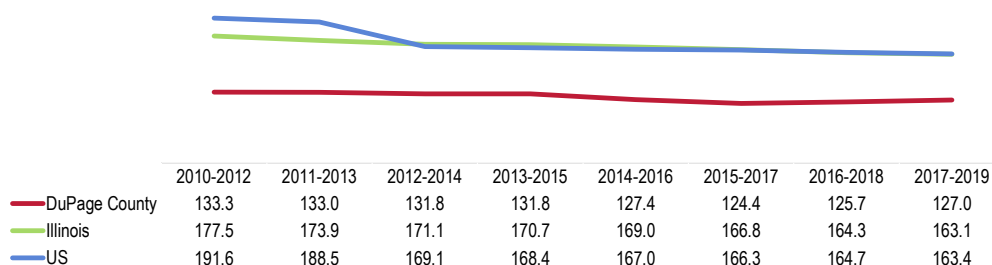
	DuPage County	Illinois	U.S.	HP2030
Malignant Neoplasms (Cancers)	129.1	154.4	149.3	122.7
Disease of the Heart	127	163.1	163.4	127.4*
Fall-Related Deaths (65+)	39.6	49.9	65.1	63.4
Cerebrovascular Disease (Stroke)	34.7	38.3	37.2	33.4
Unintentional Injuries	30.3	44.6	48.9	43.2
Chronic Lower Respiratory Disease (CLRD)	24.7	36.3	39.6	n/a
Alzheimer's Disease	23.2	25.1	30.4	n/a
Drug-Induced	14.9	19.7	18.8	n/a
Kidney Diseases	12.2	16.7	12.9	n/a
Diabetes Mellitus	11.7	18.6	21.5	n/a
Pneumonia/Influenza	10.8	15.1	13.8	n/a
Intentional Self-Harm (Suicide)	9.9	11.1	14.0	12.8
Cirrhosis/Liver Disease	6.3	9.5	11.1	10.9
Motor Vehicle Deaths	4.9	8.7	11.3	10.1
Firearm-Related	4.1	11.3	11.9	10.7
Homicide	2.0	8.4	6.1	5.5
HIV/AIDS	0.4	1.4	1.9	n/a

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2021. <http://www.healthypeople.gov>.
 Notes: • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart disease and stroke

The age-adjusted mortality trends for heart disease and stroke continue to remain lower than state and national trends. When interviewed, 5.8% of survey respondents in the MRH CSA related an affirmative history or prevalence of heart disease – slightly higher than state (5.7%) and slightly lower than national (6.1%) data. However, respondents related only a 1.3% history of stroke, lower than both state and national trends. Respondents in the CSA also related a lower prevalence of cardiac risk factors – elevated blood pressure and cholesterol – than state and national trends. Further, 77.3% of key informants perceived heart disease and stroke as a moderate problem in the community.

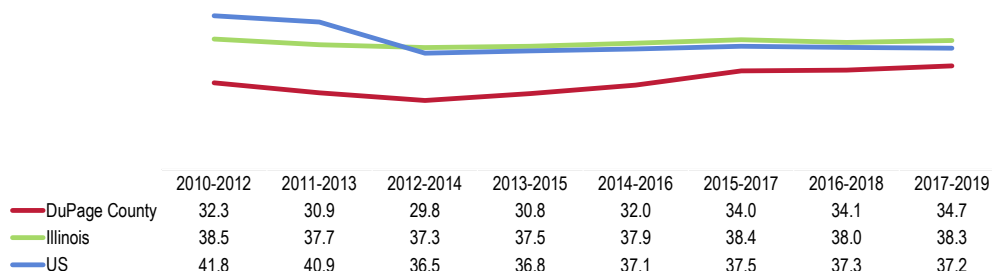
Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

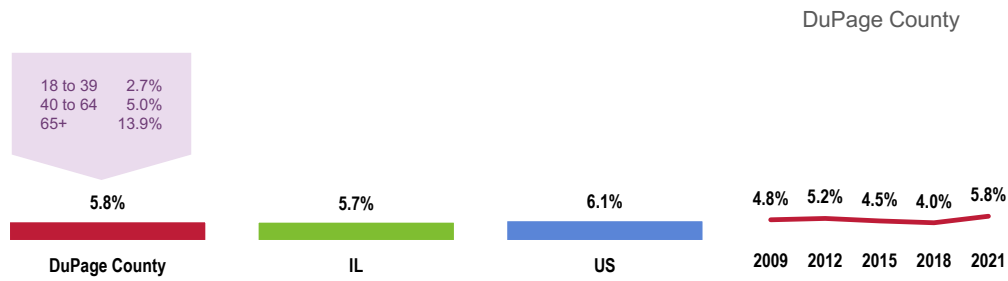
Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

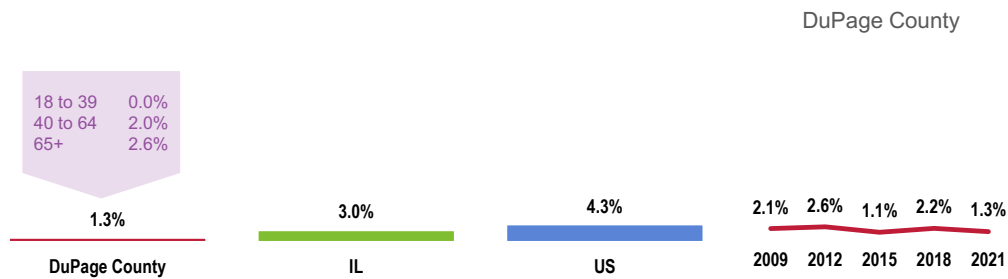
Prevalence of Heart Disease



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

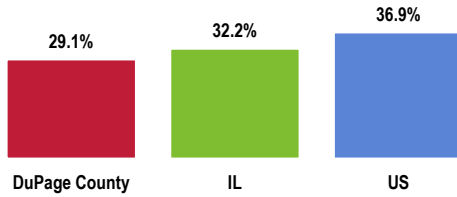


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

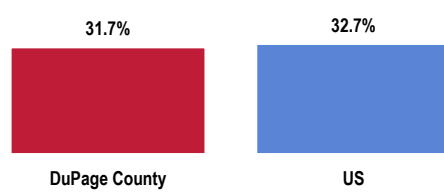
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

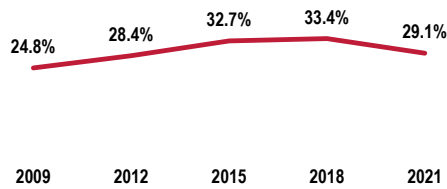


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

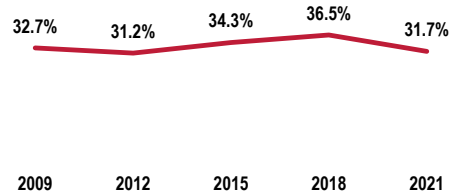
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (DuPage County)

Healthy People 2030 = 27.7% or Lower



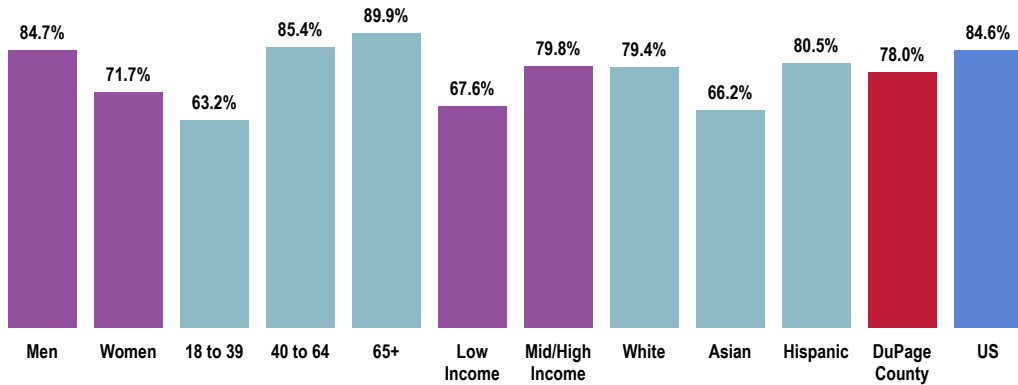
Prevalence of High Blood Cholesterol (DuPage County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

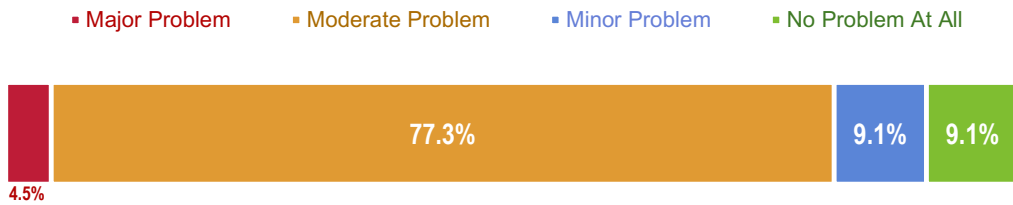
Notes: • Asked of all respondents.

Present One or More Cardiovascular Risks or Behaviors (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)

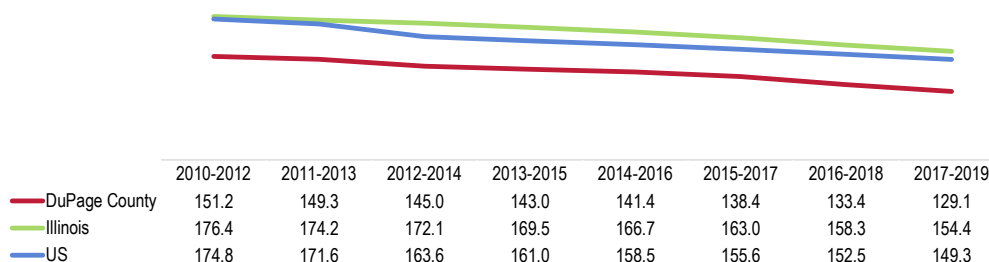


Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Cancer

Age-adjusted mortality trends related to cancer are lower for residents in DuPage County as compared to state and national data. Lung cancer was the leading cause of cancer deaths in the MRH CSA; the second leading cause was female breast cancer.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

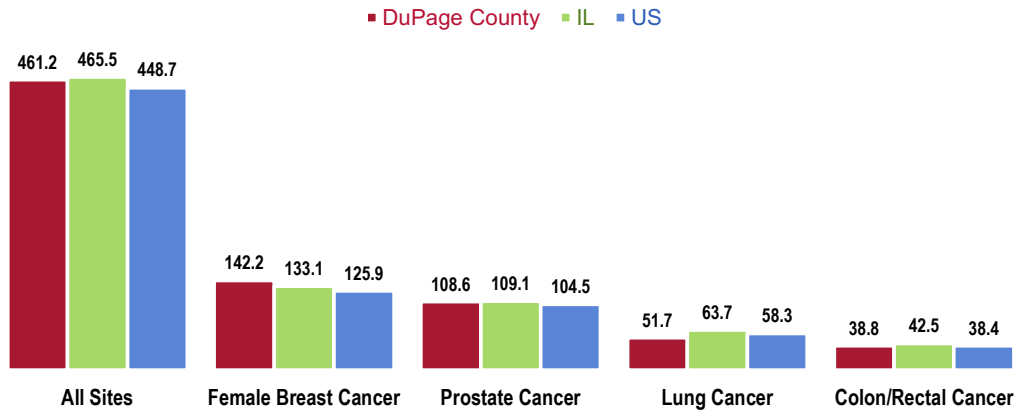
Age-Adjusted Cancer Death Rates by Site
 (2016-2018 Annual Average Deaths per 100,000 Population)

	DuPage County	Illinois	U.S.	HP2030
All Cancers	129.1	154.4	149.3	122.7
Lung Cancer	28.5	37.1	34.9	25.1
Female Breast Cancer	18.2	20.6	19.7	15.3
Prostate Cancer	16.0	19.2	18.6	16.9
Colorectal Cancer	11.5	14.3	13.4	8.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 Notes: • US Department of Health and Human Services. Healthy People 2030. August 202. <http://www.healthypeople.gov>.

Cancer incidence rates were similar among DuPage County residents and state and national rates. Cancer prevalence rates were slightly lower among CSA residents as compared to state data, but slightly higher than national rates.

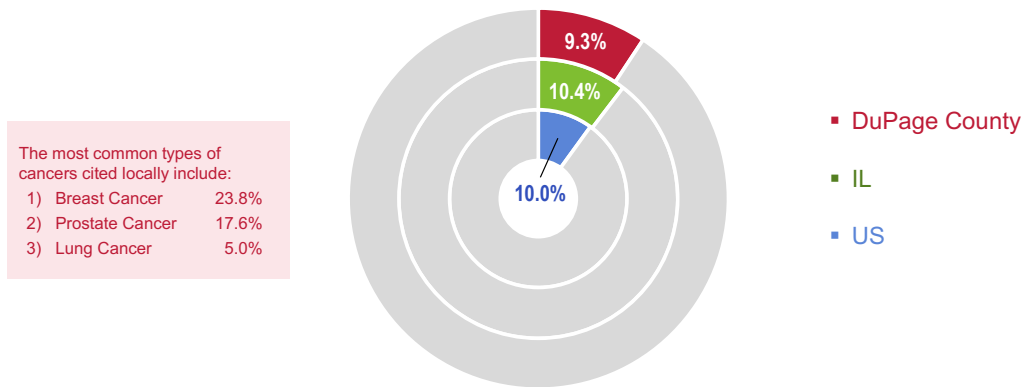
Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2013-2017)



Sources: • State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

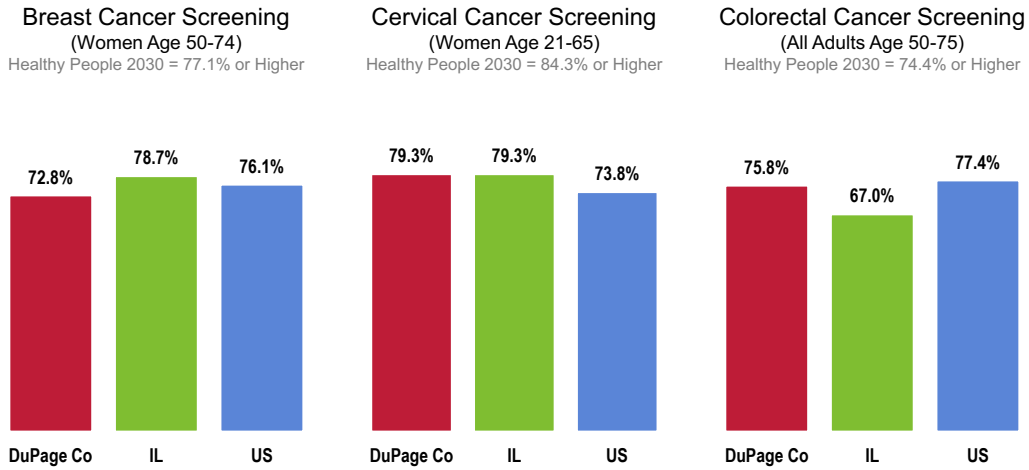
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer



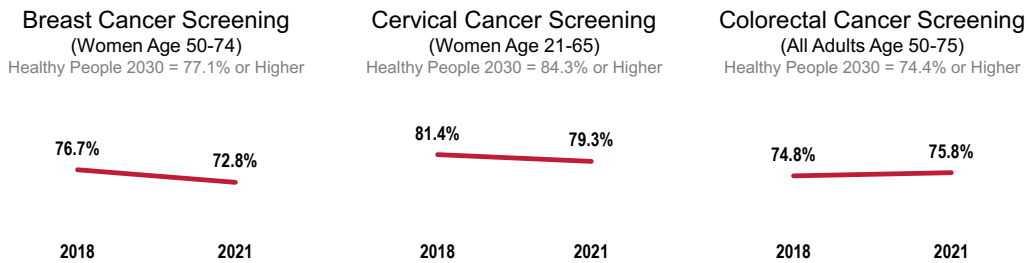
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116, 117, 118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.

Cancer screening rates are presented below and are similar among state and national rates, although cervical cancer screening had a decline from 81.4% in 2018 to 79.3% in 2021. Key informants surveyed perceived cancer as a moderate problem in the community.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116, 117, 118]
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among key informants rating this issue as a major problem, reasons related to the following:

Incidence/Prevalence

There seem to be more cases. - *Social services provider*

I feel that DuPage County has a high rate of diagnosis. - *Social services provider*

I know you addressed cancer, but I feel as though there should be a heightened awareness and funding to go into research for pancreatic cancer. - *Social services provider*

Screening

Cancer is a major incidence and mortality in the county. There are many screenings out there to prevent and detect cancer at an early stage and patients are not accessing these services. Additionally, the pandemic has caused a major decrease in cancer screenings, which will cause all the death trends to uptick over the next decade or two. - *Social services provider*

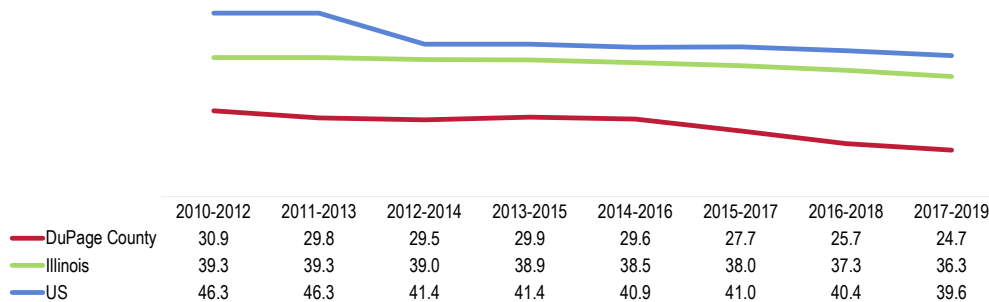
Environmental Contributors

I think there are environmental factors that are causing an increase in certain areas. One specific area of DuPage County, Darien, Illinois, has several people on the same street all diagnosed with the same type of leukemia. It is these situations that make it specific to our area. - *Social services provider*

Respiratory disease

Chronic lower respiratory diseases (CLRDs) are diseases affecting the lungs; the deadliest of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality trending for CLRD is illustrated in the charts that follow.

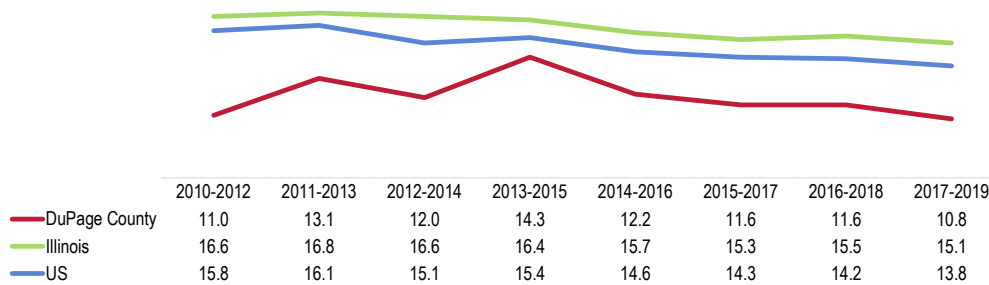
CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.

Notes: ● CLRD is chronic lower respiratory disease.

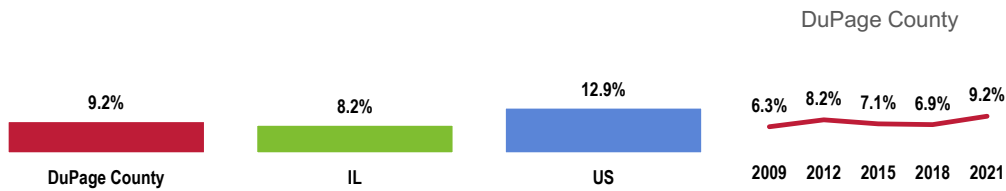
Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.

The overall prevalence of asthma is higher in the MRH CSA (9.2%) than state data, but lower than the national rate of 12.9%. The prevalence of asthma in children is lower in the MRH CSA (5.7%) than nationally.

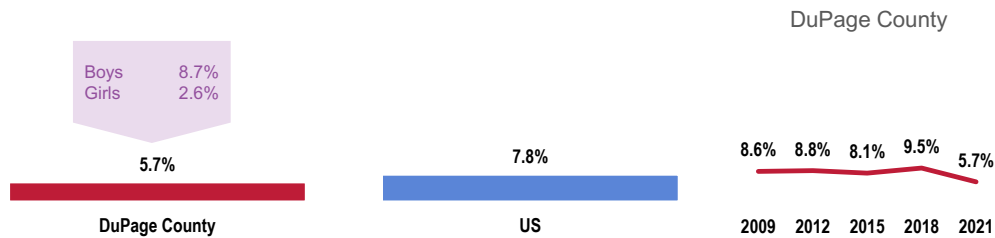
Prevalence of Asthma



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

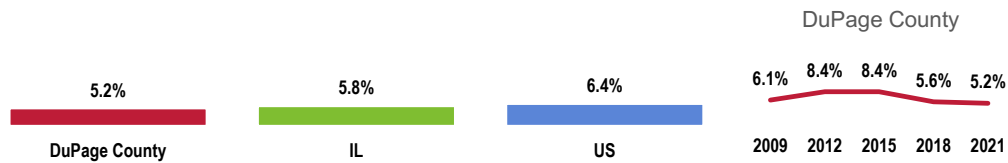
Prevalence of Asthma in Children (Parents of Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2020 PRC National Health Survey, PRC, Inc.

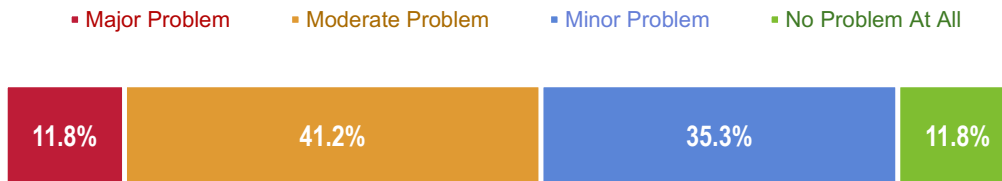
COPD, which includes bronchitis and emphysema, is also lower in the MRH CSA than state and national rates. Further, 41.2% of key informants perceived respiratory disease as a moderate problem in the community.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



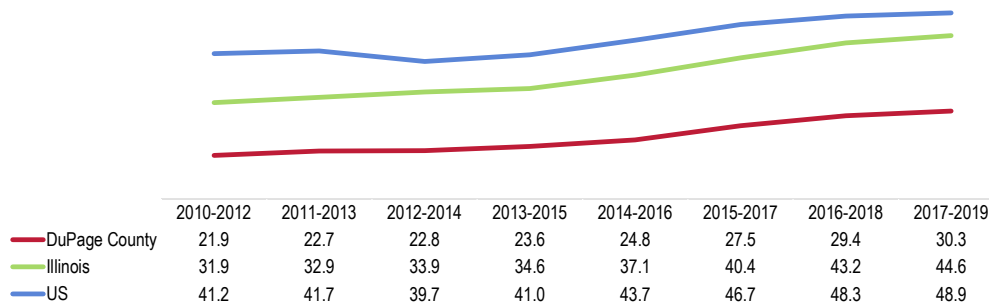
- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Injury and violence

Death related to unintentional injuries was lower in DuPage County than state and national trends. Leading causes of unintentional injury deaths included poisoning and drug overdose (46.6%), falls (22.4%), motor vehicle crashes (16.2%), and other causes, including suffocation (14.8%).

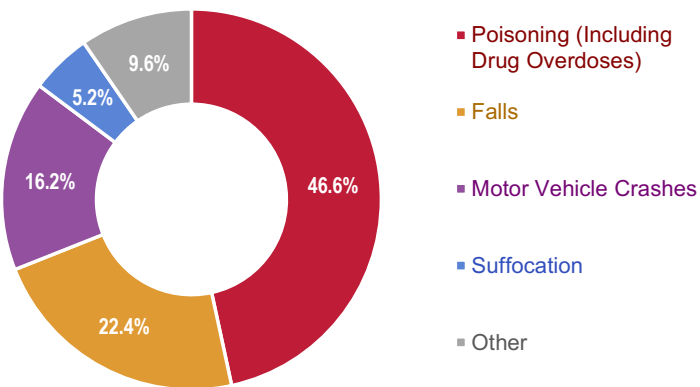
Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 43.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

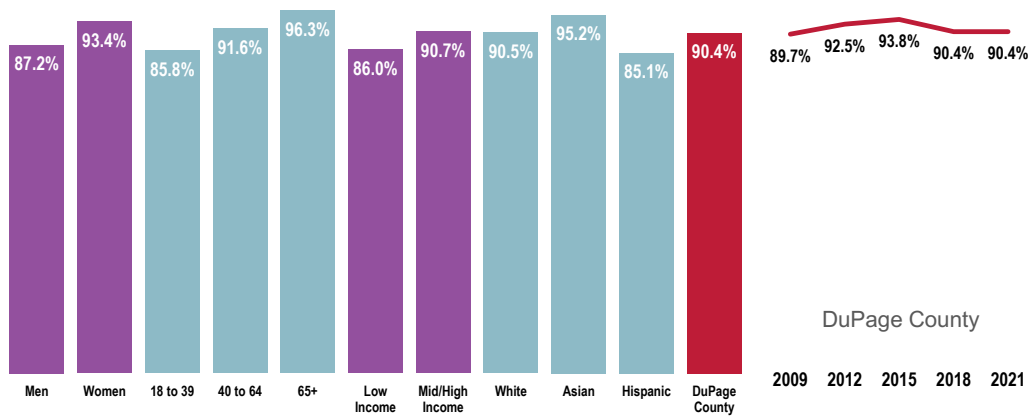
Leading Causes of Unintentional Injury Deaths (DuPage County, 2017–2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.

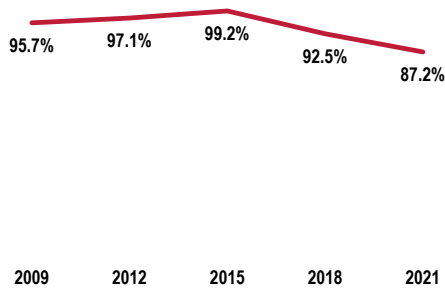
Seat belt or other appropriate restraint usage dropped from 93.8% in 2015 to 90.4% in 2021. Child helmet usage remained essentially unchanged at 46.2%.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

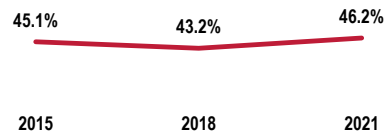


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 301]
 Notes: • Asked of all respondents.

Child “Always” Wears a Seat Belt or Appropriate Restraint (Parents of Children 0-17)



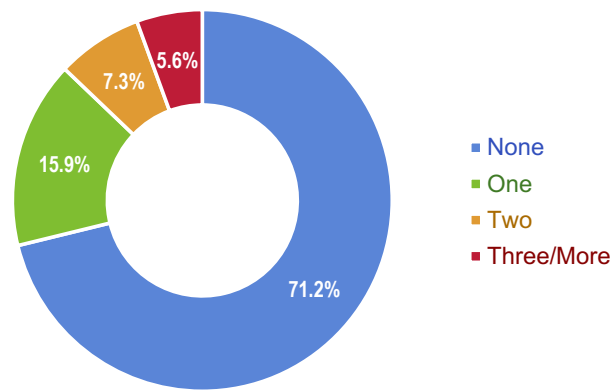
Child “Always” Wears a Helmet When Riding a Bicycle (Parents of Children 5-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 312-313]
 Notes: • Asked of all respondents with children under 18 at home.

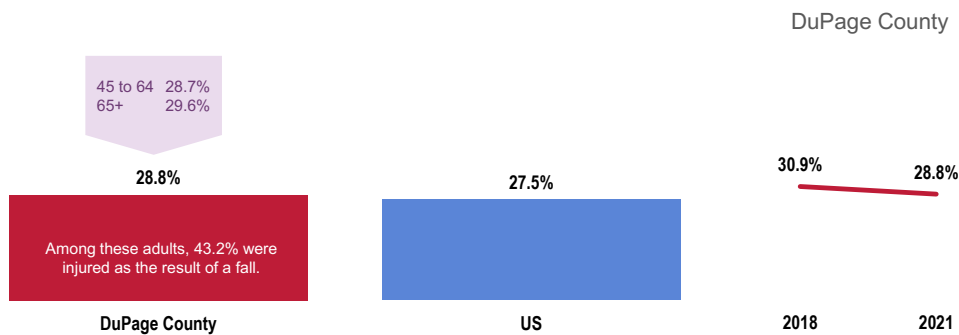
When queried, 28.8% of survey respondents 45 and older reported experiencing a fall within the past year, 43.2% of whom experienced injury as a result of the fall.

Number of Falls in Past 12 Months (Adults Age 45 and Older; DuPage County, 2021)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
 Notes: • Asked of all respondents age 45+.

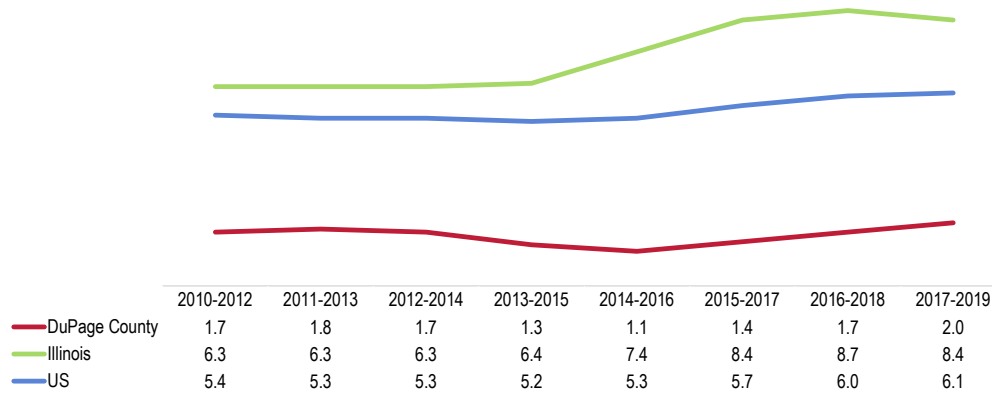
Fell One or More Times in the Past Year (Adults Age 45 and Older)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 303-304]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of those respondents age 45 and older.

Age-adjusted mortality rates due to homicide were significantly lower in DuPage County as compared to state and national rates. Violent crime was also significantly lower in DuPage County. Further, 14.8% of individuals surveyed acknowledged having been hit, slapped, pushed, kicked or hurt in any way by an intimate partner. This data is trending upward and exceeds the national percentage of 13.7%.

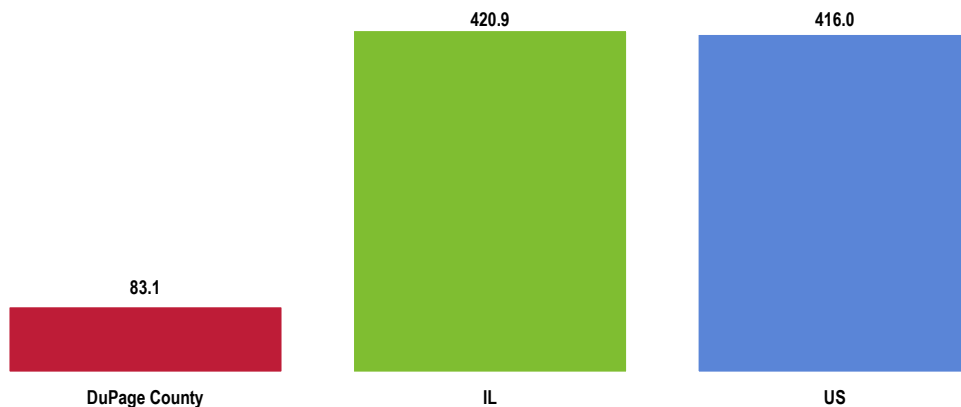
Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 5.5 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
- US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Violent Crime (Rate per 100,000 Population, 2015-2017)



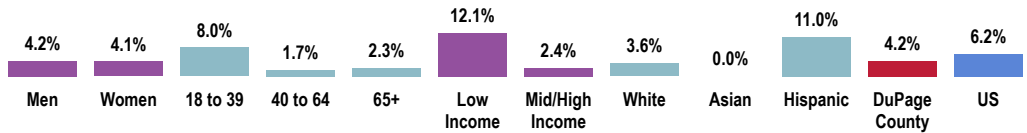
Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Notes:

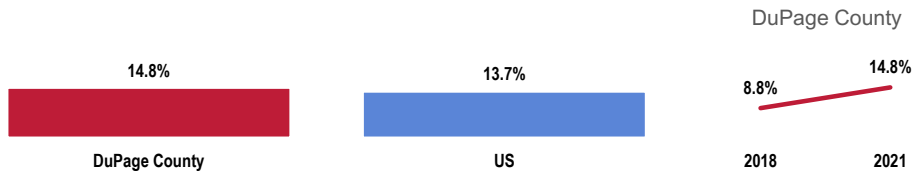
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Victim of a Violent Crime in the Past Five Years (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

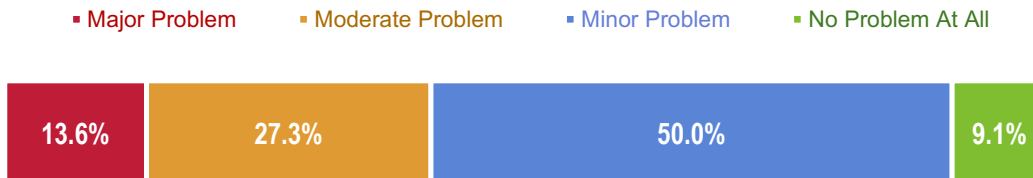
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Only 27.3% of key informants perceived injury and violence as a moderate problem in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)

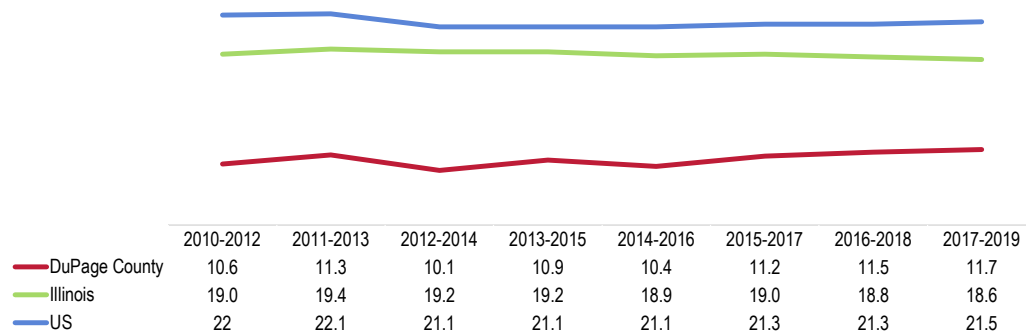


Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Diabetes

Diabetes is the seventh leading cause of death in the U.S. and affects more than 30 million people. Because of the impact of social determinants such as finance, education, access to health care, and more, and their resultant disparities among underserved populations and communities of color, some racial and ethnic minorities are more likely to experience the disease. Many people are unaware they have the disease. Because of the systemic complications of diabetes, morbidity is high and can affect multiple body organs. Age-adjusted mortality trends are shown in the chart below. DuPage County residents experience a lower rate of diabetes mortality than seen on state or national levels.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

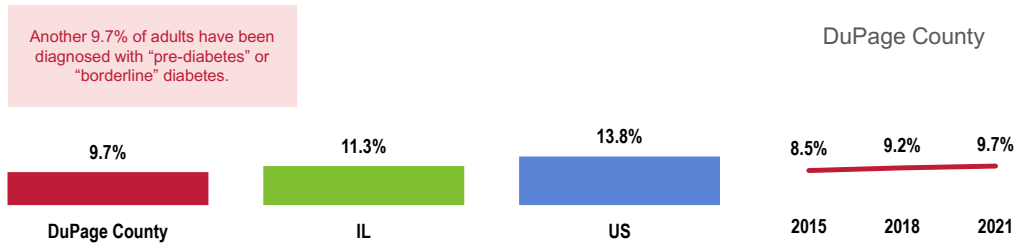


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

The prevalence rate of diabetes is less among MRH survey respondents than state or national data.

Prevalence of Diabetes

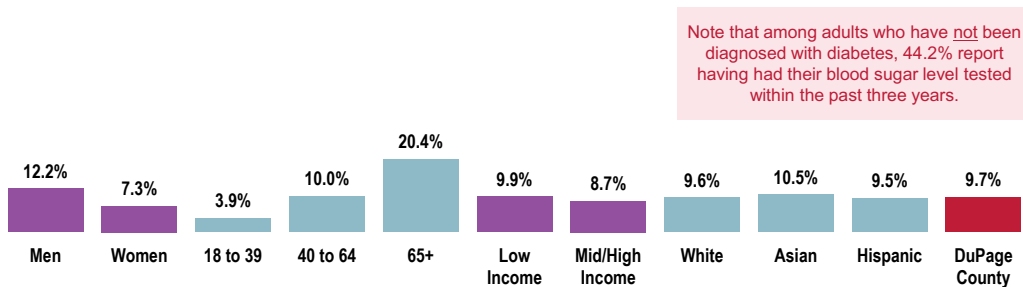


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among residents of the CSA, 20.4% of individuals 65 years and older have diabetes.

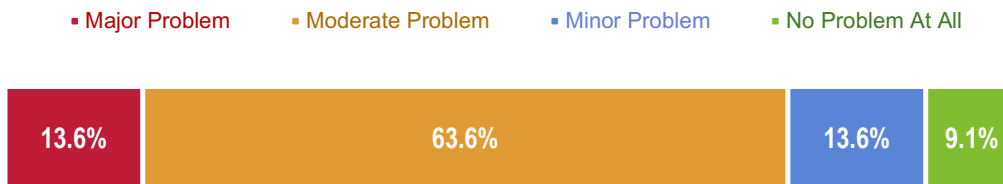
Prevalence of Diabetes (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Of the key informants surveyed, 63.6% rated diabetes as a moderate problem.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2021)

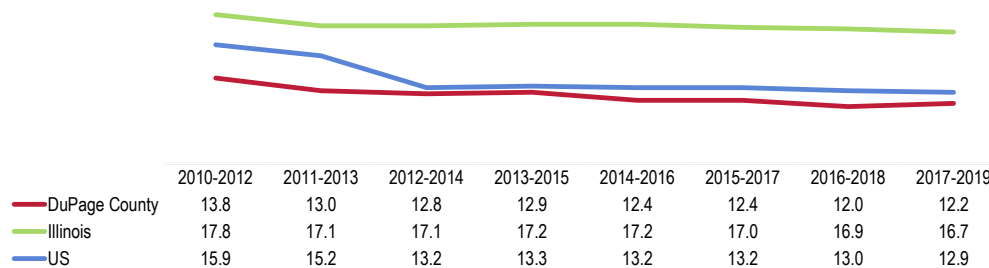


Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Kidney disease

Healthy People 2030 estimates that more than one in seven adults in the U.S. have kidney disease. Similar to diabetes, kidney disease is more prevalent in minority populations and underserved individuals because of the effects of social determinants and health disparities. People with chronic kidney disease (CKD) are more likely to experience heart disease and stroke.

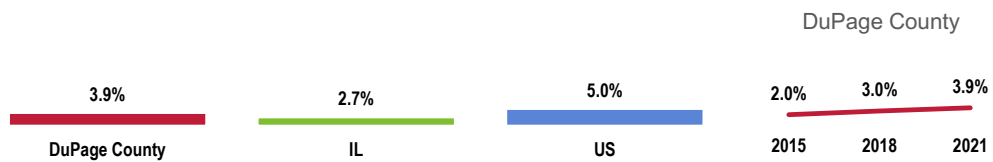
Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.

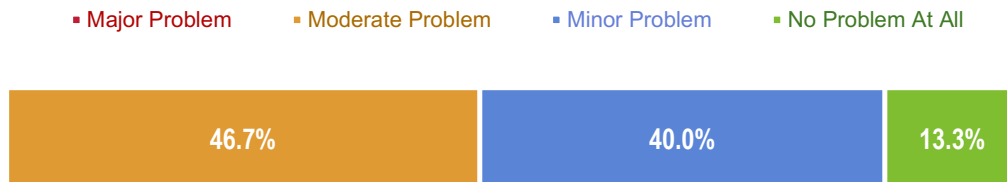
When queried, 3.9% of survey respondents reported having kidney disease, a slightly upward trend since 2012. Also, 46.7% of key informants identified CKD as a moderate problem.

Prevalence of Kidney Disease



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Comprehensive findings and analysis - potentially disabling conditions

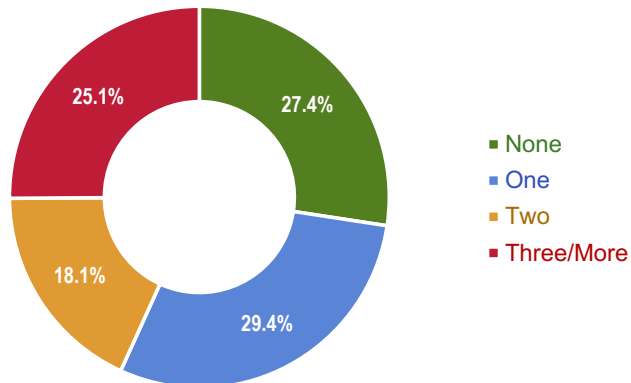
Multiple chronic conditions (or concurrent conditions)

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack and angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

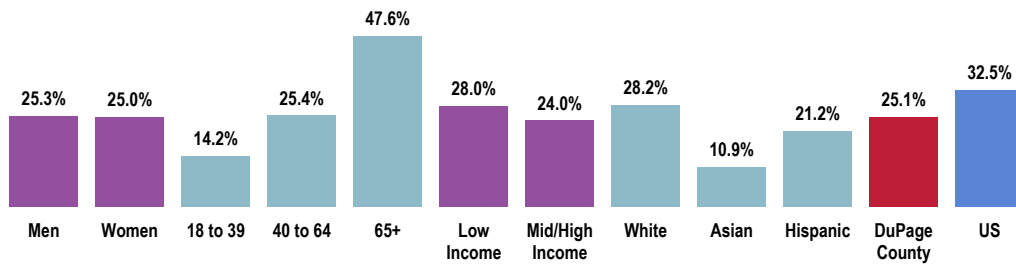
Number of Current Chronic Conditions
(DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Among survey respondents, 47.6% of individuals older than 65 said they experienced three or more chronic conditions.

Currently Have Three or More Chronic Conditions (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Activity limitations

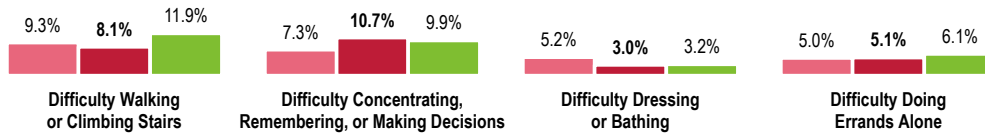
Studies have found that people with disabilities are less likely to get the preventive healthcare services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health. In addition, people with disabilities may have trouble finding a job, going to school or getting around outside their homes. And they may experience daily stress related to these challenges. According to Healthy People 2030, efforts to make homes, schools, workplaces and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

Survey respondents were asked a series of questions about various activity limitations, both mental and physical. A composite score was then calculated to illustrate the prevalence of at least one of these activity limitations among respondents. A composite score of 18.5% reported one or more disability limitations. The prevalence of composite score disability limitations has increased from 12.0% in 2018 to 18.5% in 2020.

Individual Activity Limitation Indicators (DuPage County)

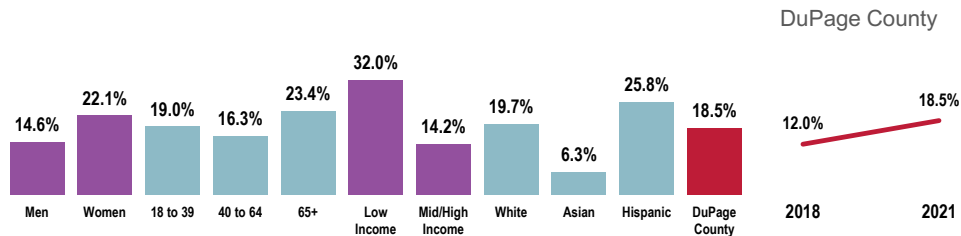
■ DuPage County 2018 ■ DuPage County 2021 ■ Illinois

A composite of 18.5% report one or more of the individual limitations.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 307-310, 314]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 Notes: ● Asked of all respondents.

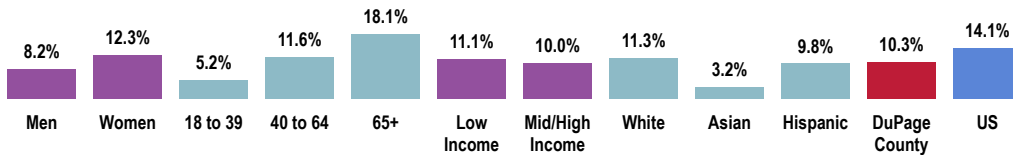
Prevalence of Activity Limitations (Composite)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 314]
 Notes: ● Asked of all respondents.
 ● This composite calculation illustrates the prevalence of at least one of the following activity limitations: difficulty concentrating, remembering, or making decisions; difficulty walking or climbing stairs; difficulty dressing or bathing; and/or difficulty doing errands alone.

Experience High-Impact Chronic Pain (DuPage County, 2021)

Healthy People 2020 = 7.0% or Lower



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: ● Asked of all respondents.
 ● High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

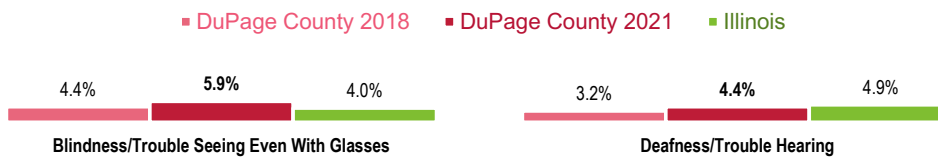
.Vision and hearing impairment

Many people in the U.S. will have a sensory or communication disorder in their lifetime. This includes problems with vision, hearing, balance, smell, taste, voice, speech or language. Healthy People 2030 focuses on preventing, diagnosing and treating these disorders in people of all ages. Sensory or communication disorders can have a major impact on social, emotional and physical well-being. Some groups have a higher risk of these disorders, including people with low incomes, people who work in certain industries and older adults. People who are diagnosed or treated later often have worse outcomes.

Preventive care like hearing screenings for newborns and comprehensive eye exams in adults are critical for finding and treating these disorders early. According to Healthy People 2030, implementing strategies to increase the use of eye and hearing protection can help prevent new cases.

Respondents were asked if they have ever had or been diagnosed with blindness or trouble seeing, even when wearing glasses. They were also asked if they have ever had or been diagnosed with deafness or trouble hearing.

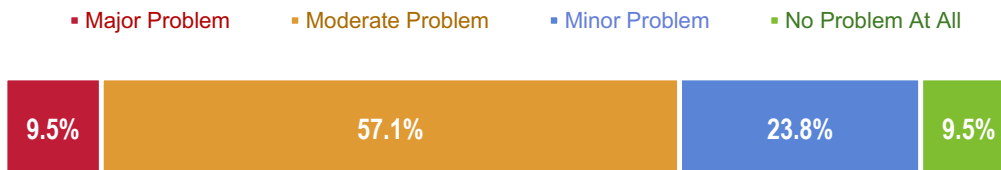
**Prevalence of Blindness/Deafness
(DuPage County)**



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 305-306]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 Notes: • Asked of all respondents.

The following chart outlines key informants’ perceptions of the severity of disability and chronic pain as a problem in the community. More than 57% perceived disability and chronic pain as a moderate problem.

**Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2021)**



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

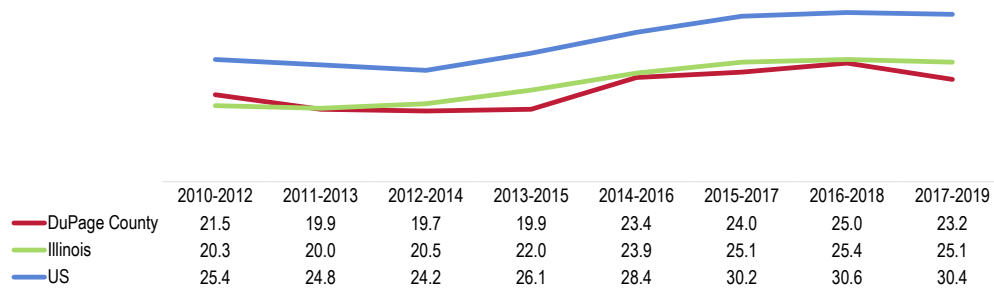
Alzheimer's disease and dementia

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults. Nearly 6 million people in the U.S. have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high healthcare costs.

While there is no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline – including memory loss – are diagnosed early can help improve health outcomes in people with dementia. According to Healthy People 2030, interventions to address caregiving needs can also help improve health and well-being in people with dementia.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

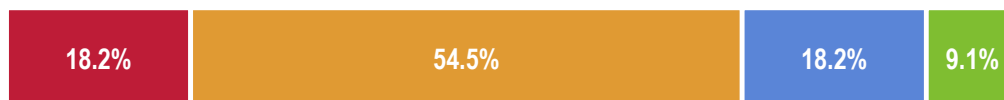


Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.

When queried regarding their perceptions of the severity of dementia and Alzheimer's disease, 54.5% of key informants reported perceiving the diseases as a moderate problem in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

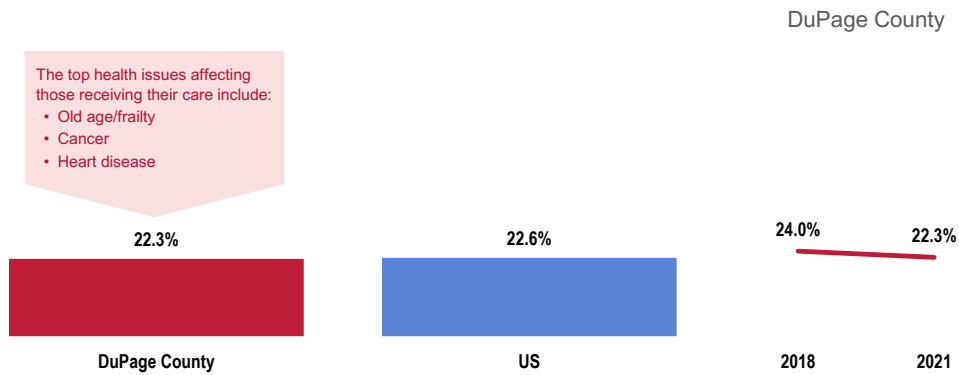


Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Friend or family caregiver

Survey respondents were asked to identify if they provided regular care or assistance to a friend or family member who has a health problem, long-term illness or disability within the last 30 days. They were also asked to identify the nature of the illness or disability.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

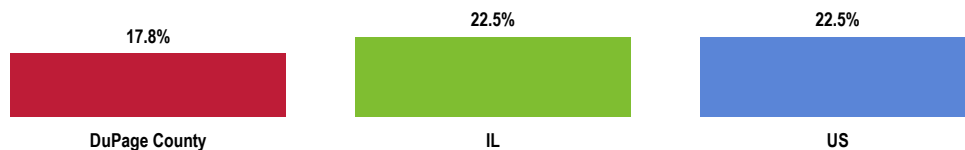


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Comprehensive findings and analysis - maternal infant health

Healthy People 2030 recognizes that keeping infants healthy starts with the provision of high-quality care during pregnancy. Factors such as lack of insurance, food insecurity, unsafe living environments, violence and substance use disorders put both mothers and babies at high risk for perinatal complications. Lack of insurance prevents or delays the onset of prenatal care at a critical time during fetal development. Early and continuous prenatal care is the best assurance of infant health and the prevention of premature birth complications such as cerebral palsy. When surveyed, 17.8% of DuPage County residents reported a lack of prenatal care during the first trimester.

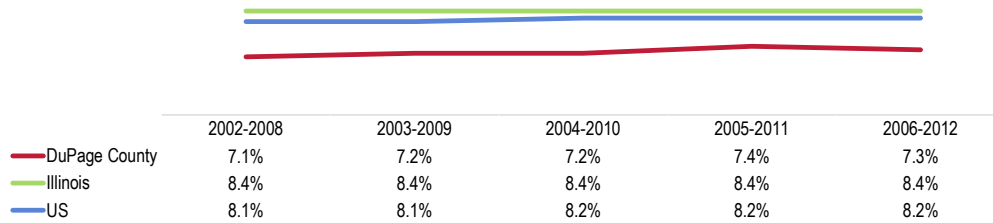
Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2017-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2021.
Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Frequently, as a result of receiving poor or inadequate prenatal care, many babies are born prematurely or experience low birth weight, a term used to describe inadequate weight gain during the pregnancy. Low birth weight is defined as infants weighing less than 5 pounds, 8 ounces, at birth.

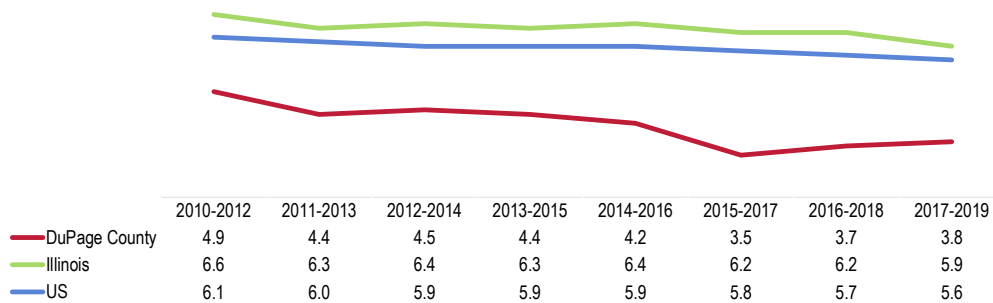
Low-Weight Births (Percent of Live Births)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2021.
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant mortality rates reflect deaths of children younger than one year per 1,000 live births.

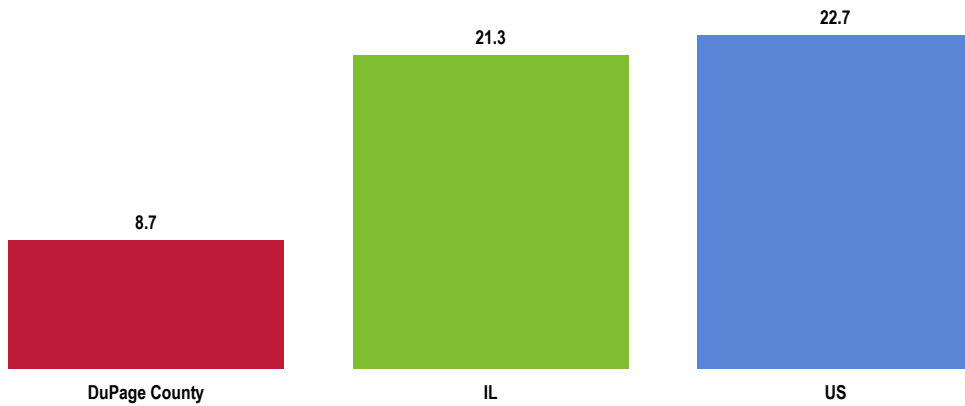
Infant Mortality Trends (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 = 5.0 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2021.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Healthy People 2030 estimates that nearly one half of all pregnancies in the U.S. are unintended. Unintended pregnancies are linked to poor outcomes such as preterm birth and postpartum depression. Adolescents are especially at high risk for unintended pregnancies. Linking adolescents to youth-friendly healthcare services is paramount to preventing unplanned pregnancies and sexually transmitted infections in this age group. The teen birth rate in DuPage County is notably lower than state and national rates.

Teen Birth Rate
 (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2012–2018)
 Healthy People 2030 = 31.4 or Lower



Sources:

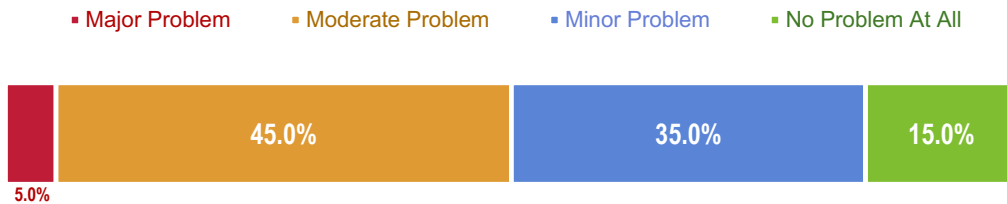
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Forty-five percent of key informants identified Infant Health and Family Planning as a moderate problem in the community.

**Perceptions of Infant Health and Family Planning
 as a Problem in the Community**
 (Key Informants, 2021)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Comprehensive findings and analysis - modifiable health risk factors

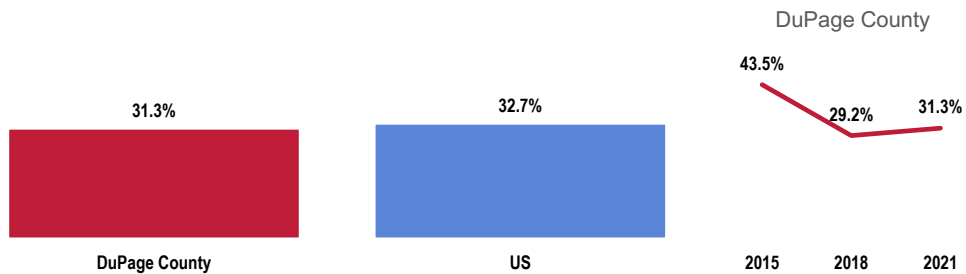
Risk factors are behaviors or activities that increase a person’s chances of developing disease or a poor health outcome. While some risk factors are hereditary and unmodifiable, many risk factors can be changed or modified to promote healthy behaviors and positive outcomes.

Nutrition

When people lack a continuous healthy diet, and instead eat foods high in fats and sugars, they are at greater risk for poor outcomes such as obesity, diabetes, heart disease and other health problems. Many times it is related to more than client choice and involves factors such as lack of education, lack of money to purchase healthy foods, residency in food deserts and food insecurity. It is recommended that a healthy diet include a minimum of five or more servings of fruits and vegetables per day.

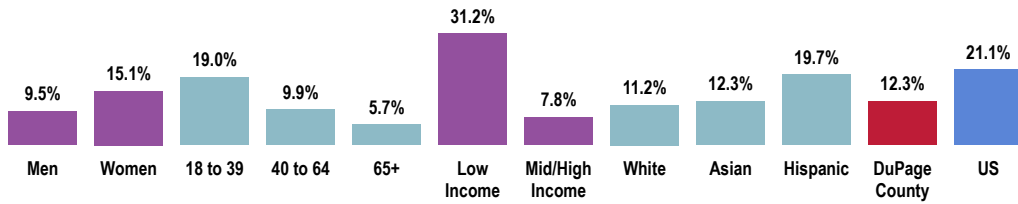
When surveyed, 31.3% of respondents in the CSA reported consuming five or more servings of fruits and vegetables daily. However, 31.2% of low-income residents found it very or somewhat difficult to purchase affordable fresh produce.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

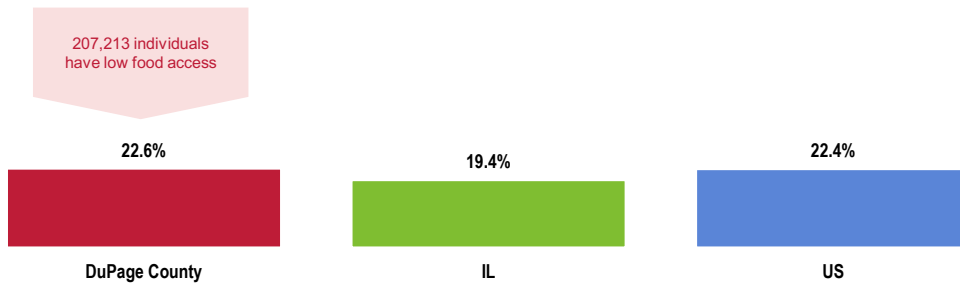
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Further, 22.6% of respondents surveyed identified low food access. Low food access is characterized as “far” distance from a supermarket or large grocery store. This percentage was noted as higher in the MRH CSA than both state and national data.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

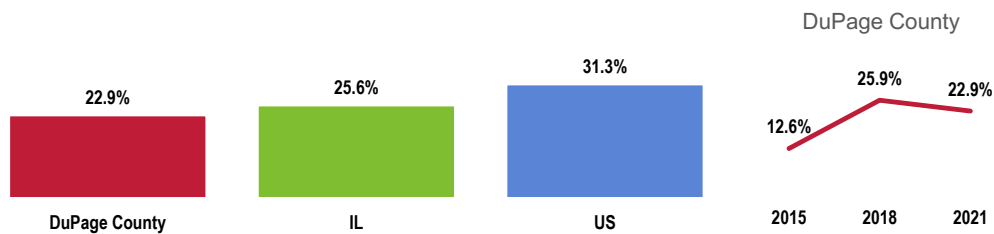
Physical activity

Physical activity is paramount to good health; it prevents disease, disability, injury and in some cases premature death. Healthy communities place a high emphasis on parks, bike paths, walkways and other areas that promote recreational activity.

When queried regarding leisure-time physical activity in the past month, 22.9% of CSA respondents identified no leisure-time activity in the past month. This reflected almost a doubling of no leisure-time activity since 2015 and exceeds the Healthy People 2020 target of 21.2% or lower.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 21.2% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

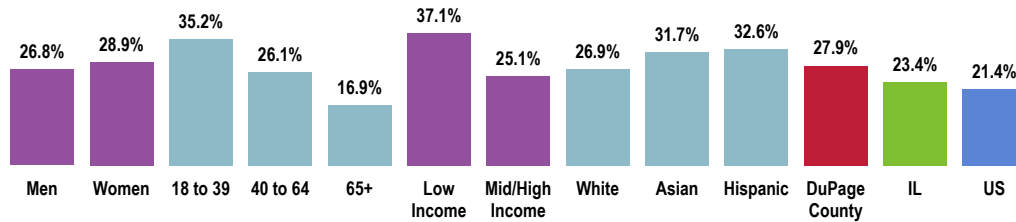
Notes:

- Asked of all respondents.
- Note that seasonal differences likely influenced the disparity in results between the prior 2015 (summer) and 2018 (winter) survey administrations.

The U.S. Department of Health and Human Services recommends that adults complete 150 minutes a week of moderate-intensity activity (such as walking) or 75 minutes a week of vigorous activity.

Meets Physical Activity Recommendations (DuPage County, 2021)

Healthy People 2020 = 28.4% or Higher

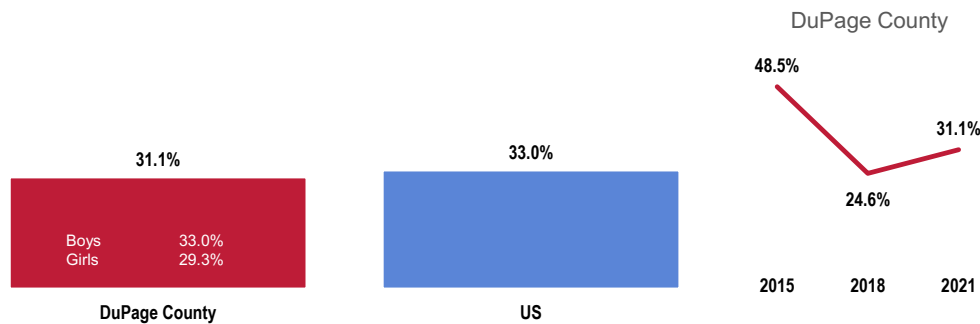


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children and adolescents should plan and execute 60 minutes or more of physical activity daily.

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 • Note that seasonal differences likely influenced the disparity in results between the 2015 (summer) and 2018 (winter) survey administrations.

Overweight and obesity

Obesity has been linked to several chronic health conditions, including heart disease, diabetes, cancer and stroke. Several racial/ethnic groups are more likely to experience obesity. Social determinants such as finances, access to healthy foods, education, living in a food desert and access to safe recreational activities can have a negative impact on preventing obesity. When surveyed, 29.6% of individuals in the MRH CSA reported being obese. Individuals are considered obese when presenting with a body mass index (BMI) greater than or equal to 30 kg/m.

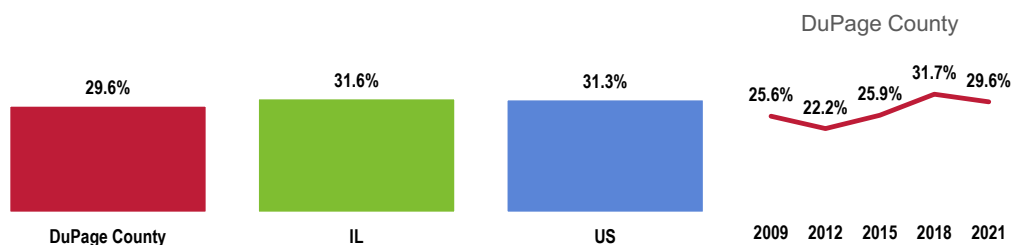
Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Prevalence of Obesity

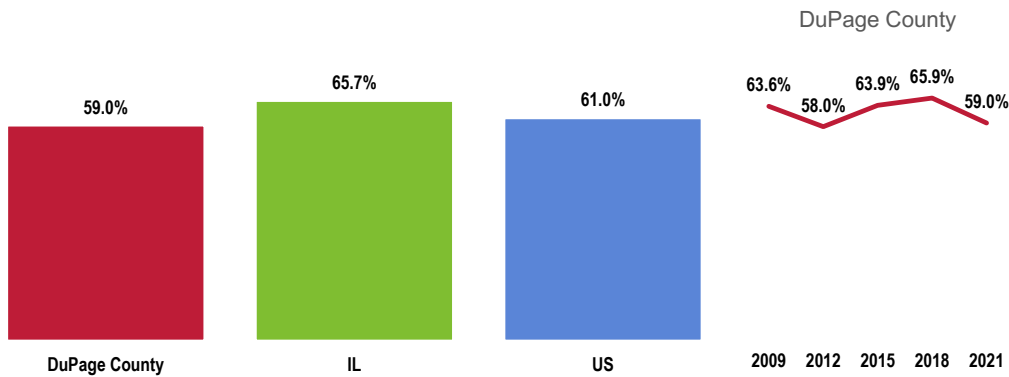
Healthy People 2020 = 36.0% or Lower



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Individuals are deemed overweight when presenting with a BMI of 25.0 - 29.9 kg/m. 60.5% of survey respondents identified themselves as overweight.

Prevalence of Total Overweight (Overweight and Obese)

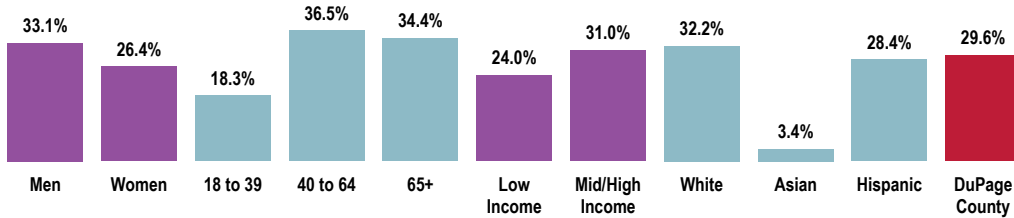


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity (DuPage County, 2021)

Healthy People 2020 = 36.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

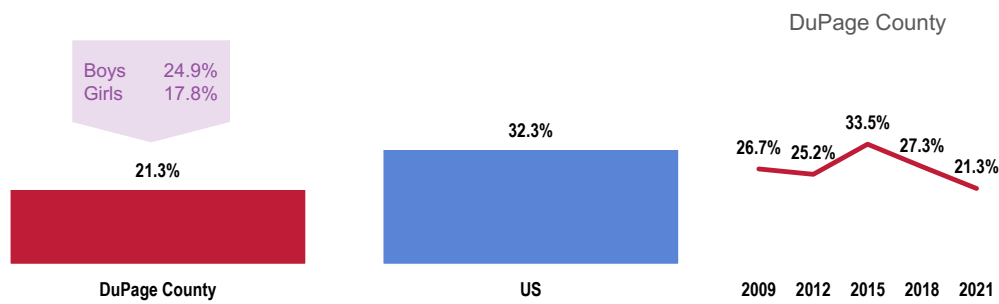
Childhood obesity

The CDC notes that childhood obesity continues to be a serious problem in the U.S., with childhood obesity now affecting one in five children and adolescents. The causes of excess weight gain in young people are similar to those in adults, including behavior and genetics. Obesity is also influenced by a person’s community because it can affect the ability to make healthy choices. Behaviors that influence excess weight gain include eating high-calorie, low-nutrient foods and beverages, medication use and sleep routines. Not getting enough physical activity and spending too much time on sedentary activities, such as watching television or other screen devices, can lead to weight gain.

In contrast, consuming healthy foods and being physically active can help children grow and maintain a healthy weight. Balancing the energy or calories consumed from foods and beverages with the calories burned through activity plays a role in preventing excess weight gain. In addition, eating healthy foods and being physically active helps prevent chronic diseases such as Type 2 diabetes, some cancers, and heart disease. (Source: cdc.gov/obesity/childhood/causes.html.)

CHNA data reveals that 21.3% of children ages 5 to 17 in the MRH CSA are overweight.

Prevalence of Overweight in Children (Parents of Children Age 5-17)

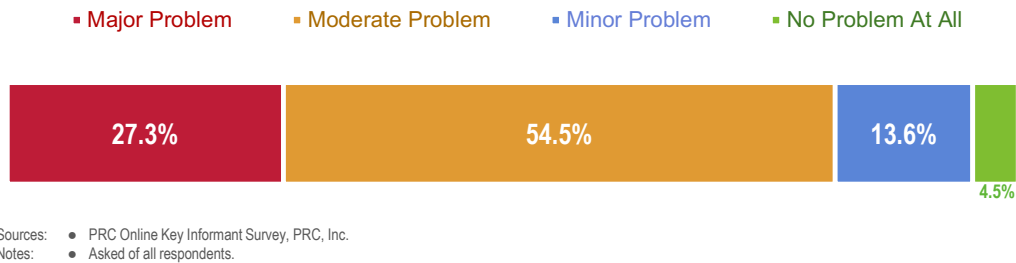


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Nutrition, physical activity and weight were identified as a moderate problem by 54.5% of key informants.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2021)



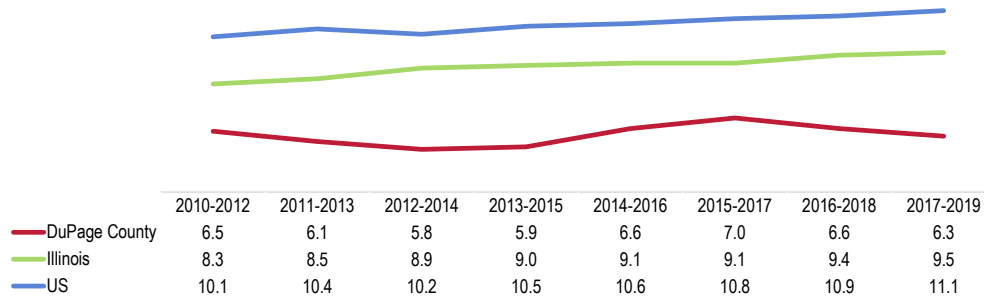
Comprehensive findings and analysis - substance use disorders

Alcohol consumption

More than 20 million adults and adolescents in the U.S. have had a substance use disorder in the past year. Substance use disorders can involve illicit drugs, prescription drugs or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths. Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use – especially in adolescents – and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths. (Source: [health.gov/healthypeople.](https://www.health.gov/healthypeople/))

Data regarding age-adjusted cirrhosis and liver disease death indicated that DuPage County falls below mortality rates noted in state and national data.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

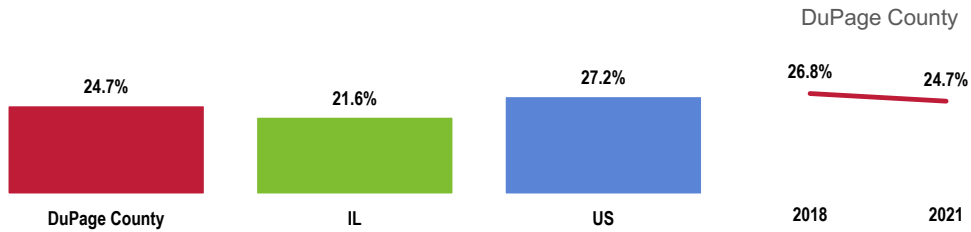
Excessive drinking is defined as heavy or binge drinking:

Heavy drinking is defined as two or more alcoholic drinks per day for men or one or more alcoholic drinks per day for women in the month preceding the interview.

Binge drinking is defined as five or more alcoholic drinks for men or four or more alcoholic drinks for women on any single occasion during the past month.

A total of 24.7% of survey respondents reported excessive drinking.

Excessive Drinkers



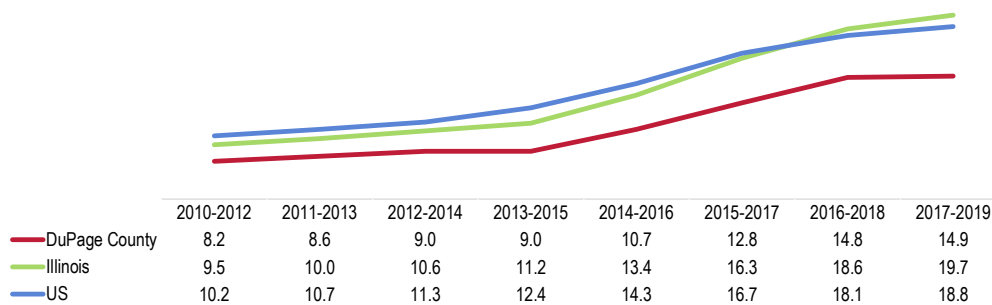
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Substance misuse

Unintentional drug-related deaths include all deaths other than suicide for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

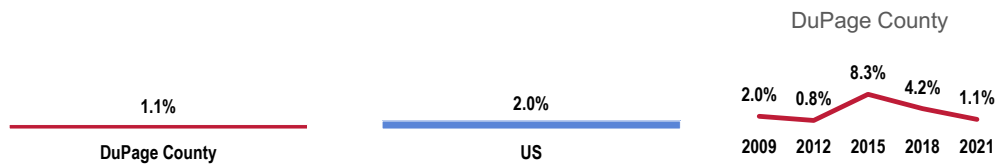


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2021.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

The data below reflect respondents' use of illicit drugs. It is suggested that this data might be underreported given the nature of illegal use.

Illicit Drug Use in the Past Month

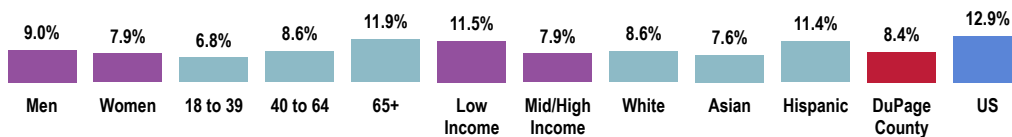
Healthy People 2020 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Use of prescription opioids such as morphine, codeine, hydrocodone, oxycodone, methadone and fentanyl was surveyed, and responses indicated that 8.4% of MRH CSA residents used a prescription opioid in the past year. Further, 11.5% of low-income respondents surveyed indicated use of an opioid within the last year.

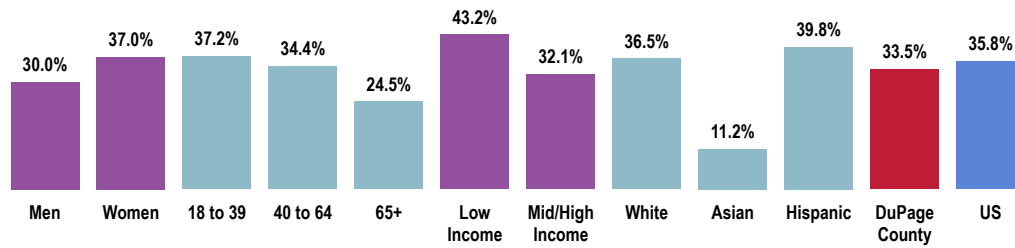
Used a Prescription Opioid in the Past Year (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

When queried, "To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?" Responses are noted in the table below. More than 43% of respondents with low income affirmed that their life had been negatively affected by substance use.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (DuPage County, 2021)



Sources:

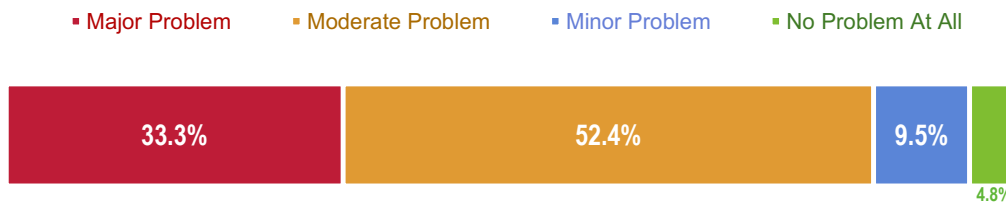
- 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
- 2020 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Perception of substance use disorders as a problem in the community was noted by 85.7% of key stakeholders with saying it is a major problem and 52.4% saying it is a moderate problem.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

Tobacco use

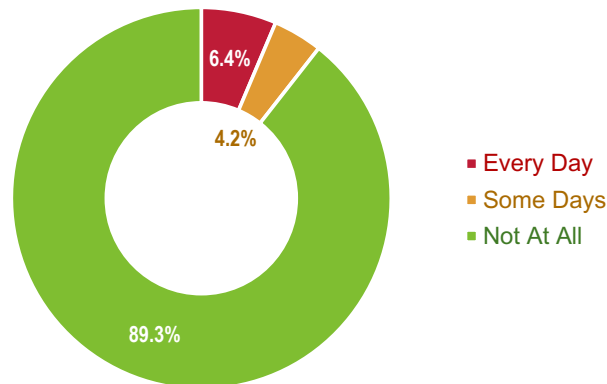
More than 16 million adults in the U.S. have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year. Most deaths and diseases from tobacco use in the U.S. are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases and many types of cancer.

Although smoking is widespread, it's more common in certain groups, including men, American Indian/Alaska Native people, people with behavioral health conditions, LGBTQ people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases and health education campaigns that target large audiences. Counseling and medication can also help people stop using tobacco. (Source: [health.gov/healthypeople.](https://www.health.gov/healthypeople/))

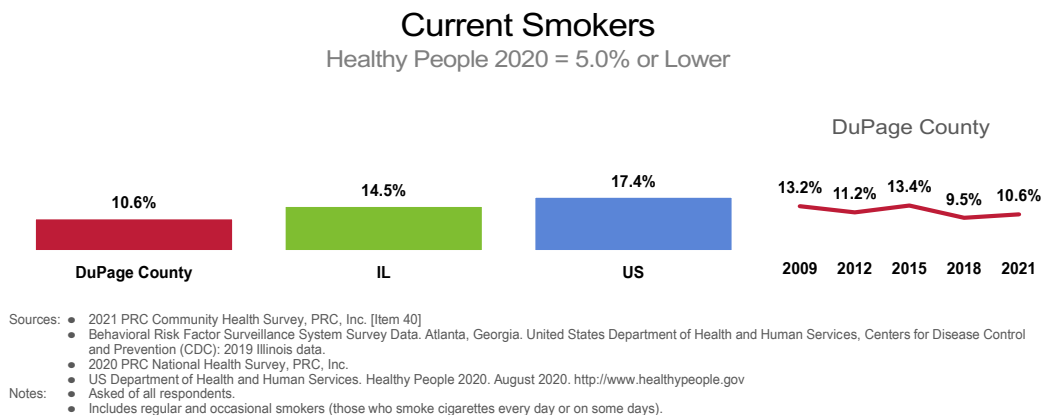
When queried regarding cigarette smoking, 89.3% of survey respondents said they did not smoke.

Cigarette Smoking Prevalence (DuPage County, 2021)

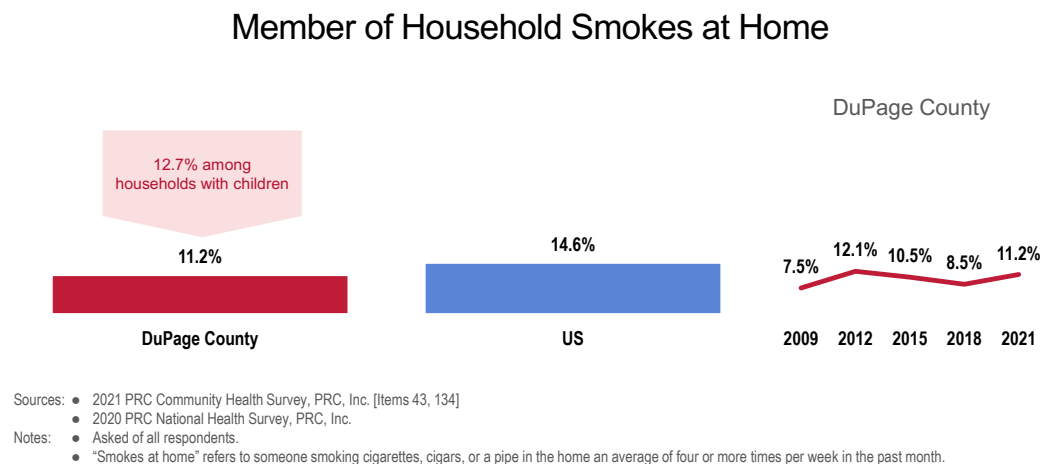


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

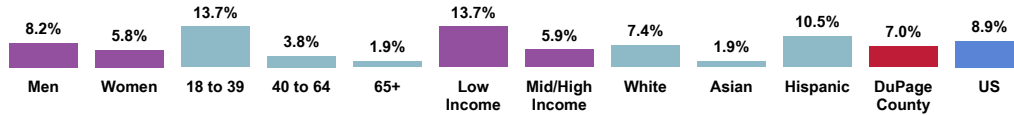
When queried regarding current smoking, 10.6% of respondents within the CSA say they currently smoke.



Within the MRH CSA, 11.2% of individuals surveyed stated that they resided in a home where a member of the household smokes. Within that group, 12.7% were among households with children.



Currently Use Vaping Products (DuPage County, 2021)



Sources:

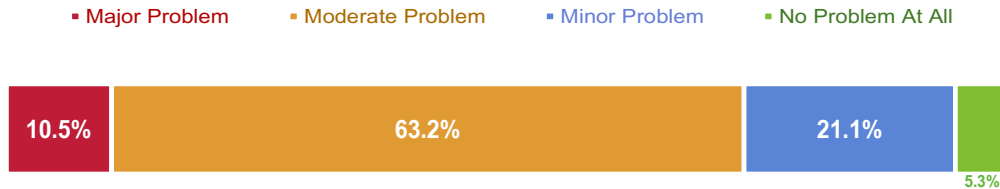
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
- 2020 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Perception of tobacco use as a moderate problem was noted by 63.2% of key informants.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2021)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

Comprehensive findings and analysis - sexual health

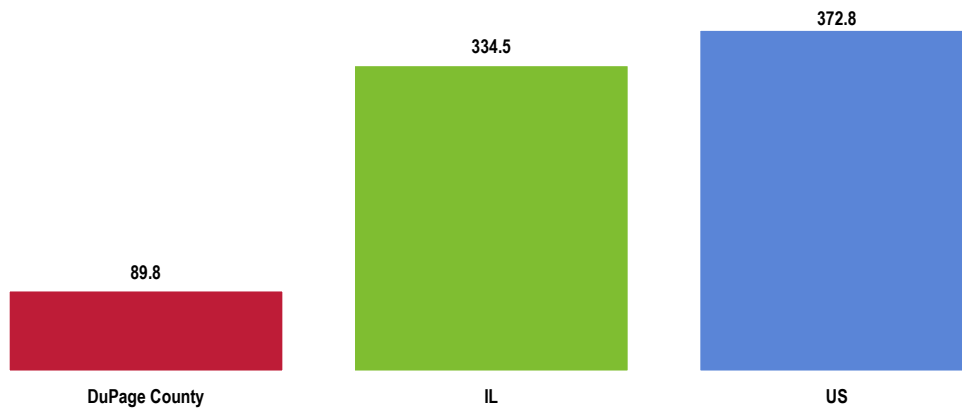
Although many sexually transmitted infections (STIs) are preventable, an estimated 20 million new cases occur in the U.S. each year, and rates are increasing. In addition, more than 1.2 million people in the U.S. are living with HIV (human immunodeficiency virus).

Adolescents, young adults and men who have sex with men are at higher risk of getting STIs. People who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can identify people’s risk of getting an STI and help people with STIs get treatment, thereby improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from an STI, but it doesn’t prevent HIV from spreading. (Source: [health.gov/healthypeople.](https://www.health.gov/healthypeople/))

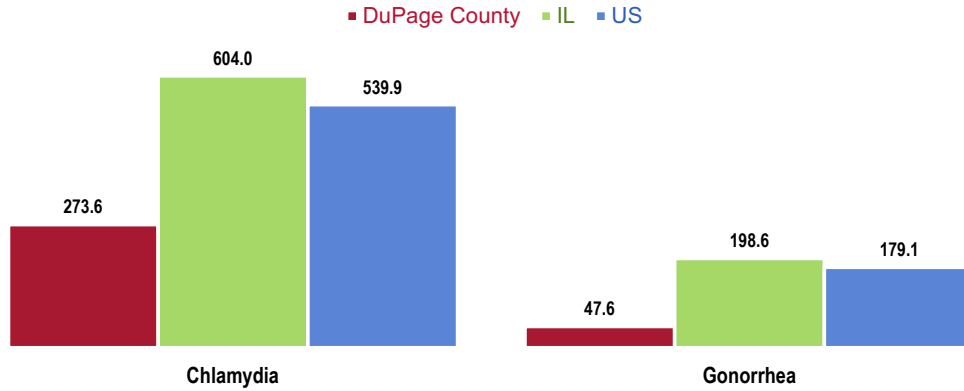
The following charts outline the prevalence of HIV and the incidence of STIs per 100,000 population in the county.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

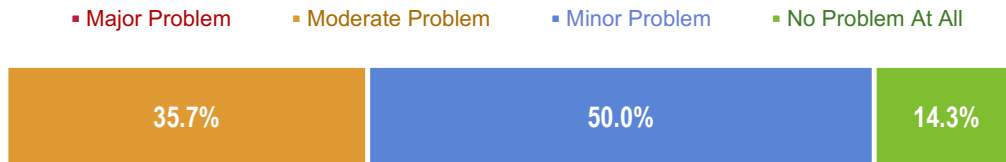
Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
 Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Sexual health issues were perceived by 85.7% of key informants as a moderate (35.7%) or a minor (50.0%) problem.

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2021)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Comprehensive findings and analysis - access to health care

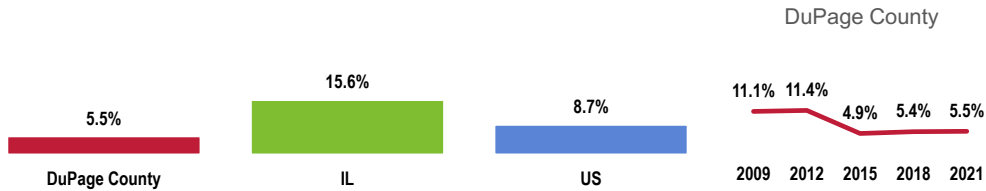
Access to health care means having “the timely use of personal health services to achieve the best health outcomes. (Source: Institute of Medicine, 1993.) Healthy People 2020 identifies four components related to achieving access to health care:

- Availability of healthcare coverage
- An available service delivery model
- Timeliness: the ability to receive health care when the need is recognized
- Capable, qualified and culturally competent workforce

Survey respondents ages 18 to 64 were asked a series of questions to determine whether they had healthcare insurance coverage. Of the CSA respondents surveyed, 5.5% lacked healthcare coverage, lower than both state and national data.

Lack of Health Care Insurance Coverage (Adults Age 18-64)

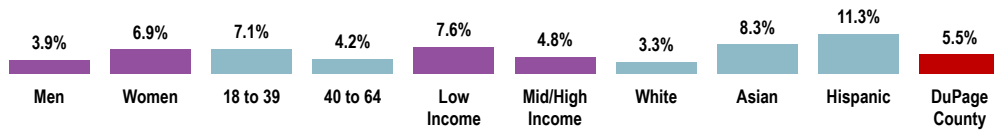
Healthy People 2020 = 7.9% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 138]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; DuPage County, 2021) Healthy People 2020 = 0.0% (Universal Coverage)



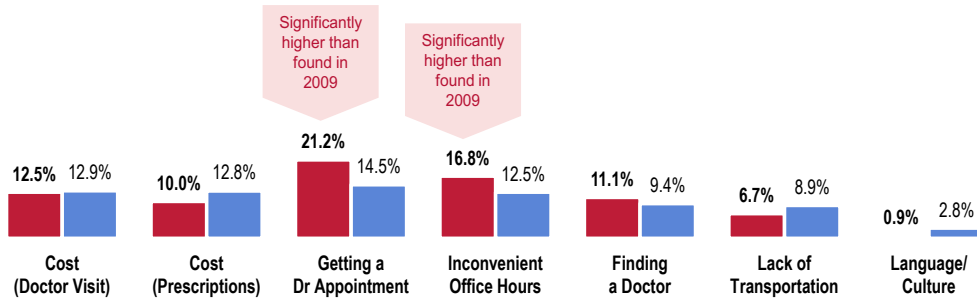
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.

Barriers to obtaining health care were then subsequently assessed. The two most notable barriers were (1) obtaining an appointment and (2) inconvenient office hours – both barriers greater than noted in the 2009 CHNA. Further, 9.4% of adults verbalized having skipped doses or stretched a needed prescription in the past year to save costs.

Barriers to Access Have Prevented Medical Care in the Past Year

■ DuPage County ■ US

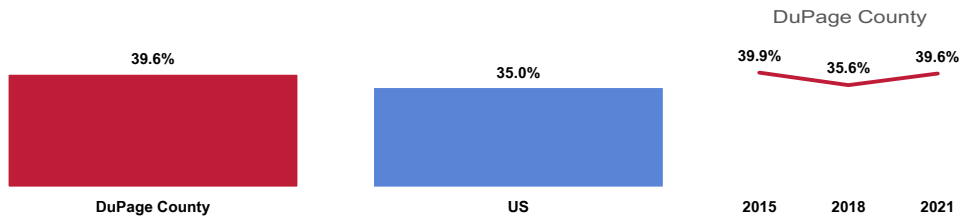
In addition, 9.4% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 7-14]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

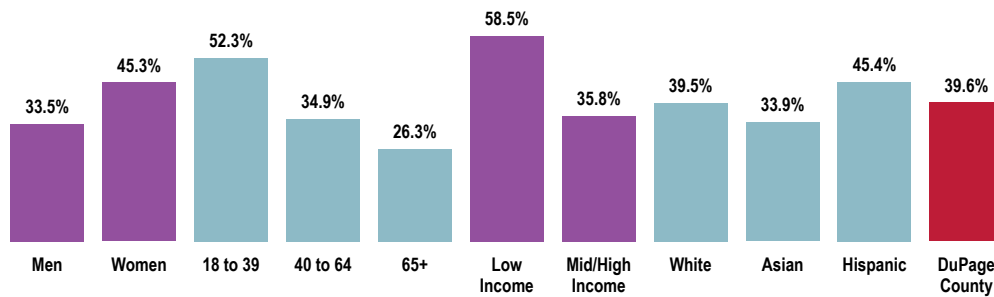
The following charts reflect the composite percentage of the total population who experienced problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked about), again regardless of whether they needed or sought care. A notable 39.6% of individuals surveyed experienced difficulties or delays in receiving needed health care in the past year, exceeding national rates and trending upward since the previous CHNA. This percentage jumped to 58.5% for low-income respondents who were surveyed.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

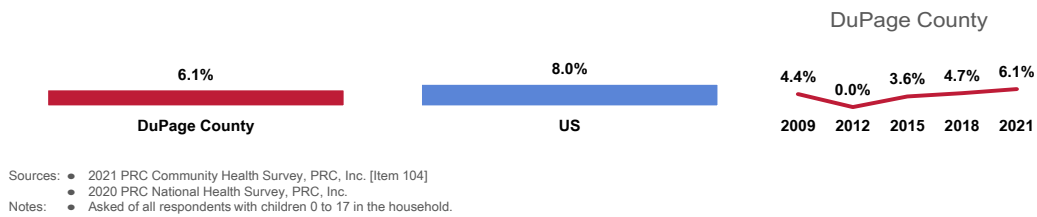
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (DuPage County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

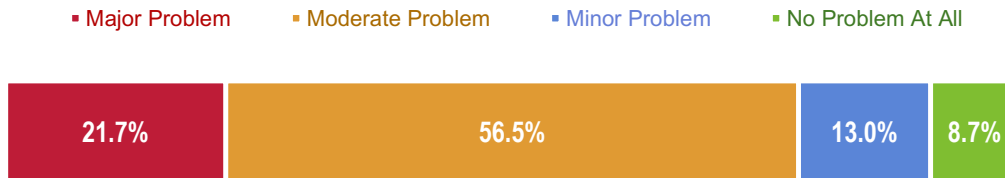
Parents were also asked if, within the past year, they experienced any trouble receiving medical care for a child in their household, with 6.1% responding affirmatively. While still lower than the national rate, this number is higher than any of the previous surveys conducted by PRC for the MRH CSA since 2009.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



The following chart outlines key informants' perceptions of the severity of Access to Health Care Services as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



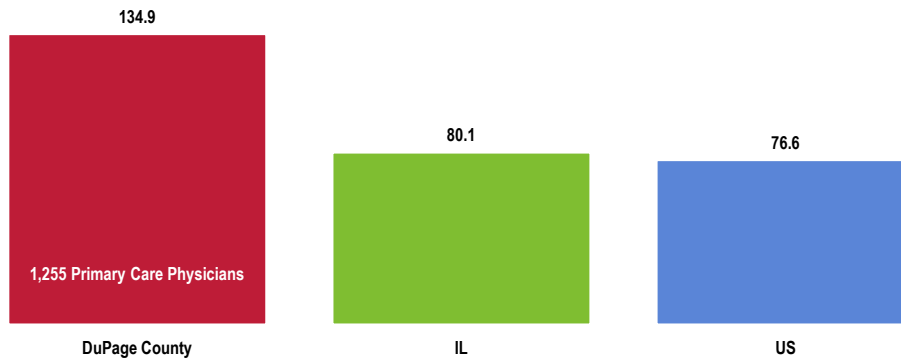
Access to primary care services

Getting preventive care reduces the risk for diseases, disabilities and death, yet millions of people in the U.S. don't get recommended preventive healthcare services. Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat.

Services like screenings, dental checkups and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers and lack of awareness about recommended preventive services. Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services. (Source:health.gov/healthypeople.)

The following chart assesses the availability and compares the number of primary care physicians. The number of primary care physicians in DuPage County far exceeds state and national numbers.

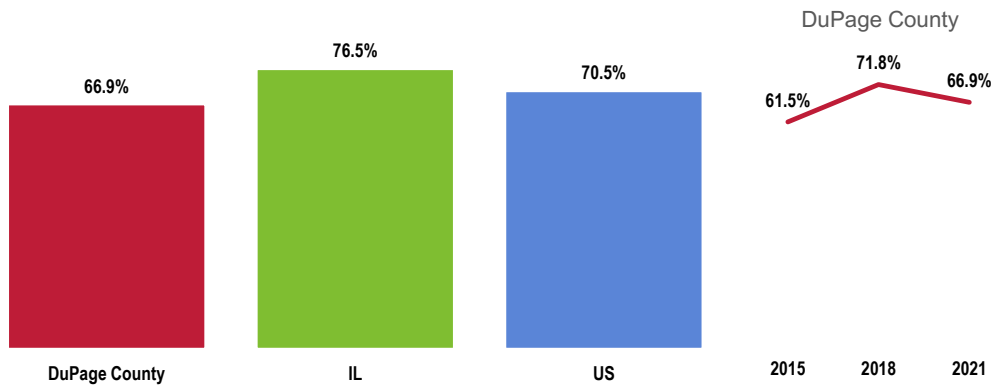
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

The following chart shows the utilization of primary care services; however, the effect of COVID-19 on this data is an important consideration.

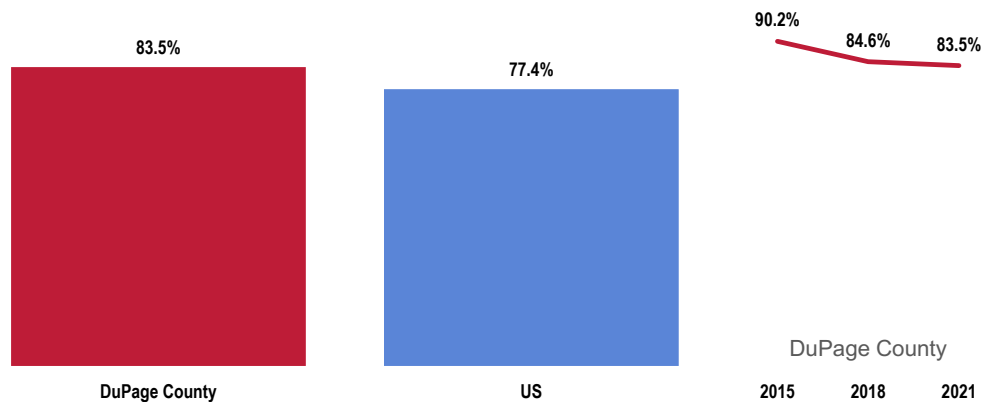
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

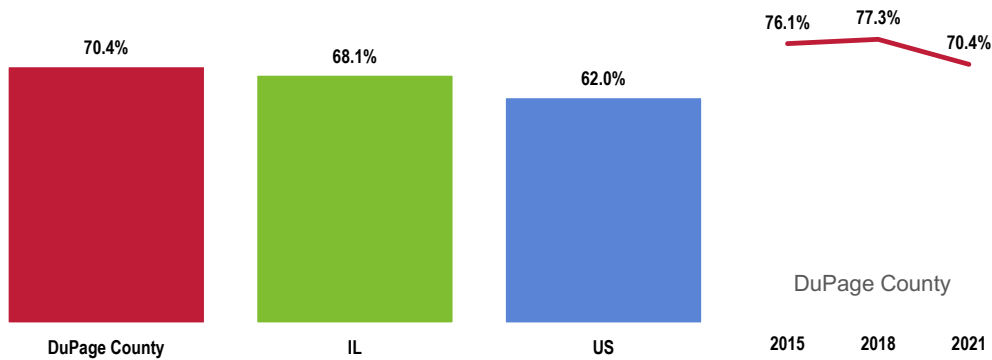
Oral health

Tooth decay is the most common chronic disease in children and adults in the U.S. Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems. (Source: health.gov/healthypeople.)

Have Visited a Dentist or Dental Clinic Within the Past Year

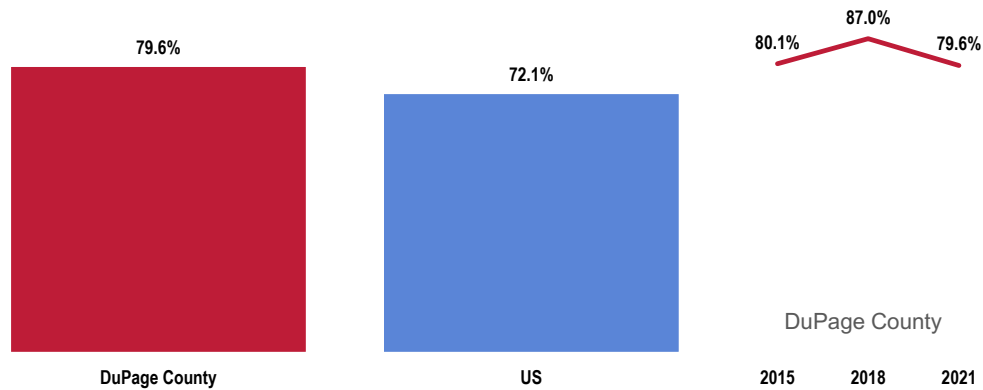
Healthy People 2020 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

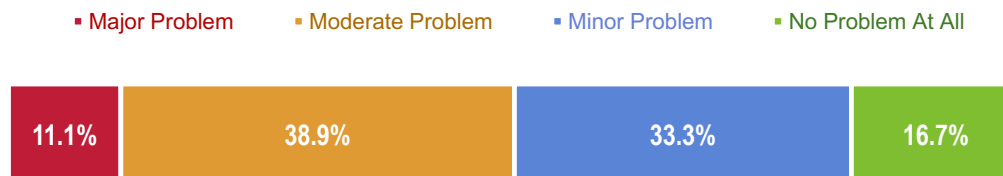
Healthy People 2020 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.

The following chart outlines key informants' perceptions of the severity of Oral Health as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

The Community Health Needs Assessment: Primary and secondary data synthesis and analysis of significant need

Findings from the primary and secondary data were analyzed and synthesized to identify the significant community health needs in the MRH CSA.

Criteria for determining significant health needs

This assessment used three separate sources of data to help identify community health needs: secondary data, key informant interviews and a community survey. Health needs were determined to be significant if they met certain criteria in at least one of the three data sources.

The significant health needs were determined after further consideration of various criteria, including:

- Standing in comparison with benchmark data (particularly national data)
 - Identified trends
 - Preponderance of significant findings within topic areas
 - Magnitude of the issue in terms of number of persons affected
 - Potential health impact of a given issue
-

These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Significant health needs identified through this assessment

Access to healthcare services	<ul style="list-style-type: none"> • Barriers to access <ul style="list-style-type: none"> – Inconvenient office hours – Appointment availability – Finding a physician • Emergency room utilization • Eye exams • Routine checkups (adults) • Key informants: Access to health care ranked as a top concern
Cancer	<ul style="list-style-type: none"> • Leading cause of death
COVID-19	<ul style="list-style-type: none"> • Key informants: COVID-19 ranked as a top concern.
Diabetes	<ul style="list-style-type: none"> • Blood sugar testing (people without diabetes)
Heart disease and stroke	<ul style="list-style-type: none"> • Leading cause of death
Injury and violence	<ul style="list-style-type: none"> • Unintentional injury deaths • Seat belt/car seat use (children) • Violent crime experience • Domestic violence experience
Mental health	<ul style="list-style-type: none"> • Fair/poor mental health • Receiving treatment for mental health • Stress • Key Informants: Mental health ranked as a top concern
Nutrition, physical activity and weight	<ul style="list-style-type: none"> • Fruit/vegetable consumption • Overweight and obesity (adults) • Overweight and obesity (children) • Leisure-time physical activity • Children’s physical activity • Key informants: Nutrition, physical activity, and weight ranked as a top concern
Potentially disabling conditions	<ul style="list-style-type: none"> • Activity limitations • Blindness/trouble seeing
Substance use disorders	<ul style="list-style-type: none"> • Unintentional drug-related deaths • Sought help for alcohol/drug issues • Key informants: Substance use disorders ranked as a top concern
Tobacco use	<ul style="list-style-type: none"> • Environmental tobacco smoke exposure at home <ul style="list-style-type: none"> – Including among households with children
Oral health	<ul style="list-style-type: none"> • Regular dental care (adults)

Prioritization of community need: Process and methodology

After the assessment period, MRH conducted a systematic, data-driven evaluation and prioritization process of the identified significant health needs. The prioritization process involved the establishment of an Internal and External Community Health Council (CHC). The External CHC comprised members from the community stakeholders (including representatives from public health and medically underserved, low-income and minority populations).

Internal Community Health Council

Following completion of the CHNA, MRH leadership convened the Internal CHC to review the findings. This multidisciplinary committee was made up of key internal stakeholders who were selected based on strong administrative or clinical expertise along with an organizational commitment to improve the health of the community, including medically underserved, minority and low-income populations. The varied backgrounds of the committee members provided diverse insight into the process of prioritizing identified health needs. Departments represented and rationale for inclusion are outlined in the table below.

Department	Rationale	Member	Position
External Affairs	Community relationships, knowledge, data and hospital resources	Ann Hall	Vice president
		Karin Podolski	Director
		Sandy Alvarado	Lead outreach specialist
Analytics	Patient data, information systems, and analytics	John Parker	Director
		Dijana Icitovic	Manager
Case Management	Social determinants of health, patient barriers and communities	Larisa Lahey	Manager
Hospital Operations	Hospital and staff operations	Susan Brady	Vice president
Human Resources	Diversity and inclusion strategies	Alison Bodor	Director
Medical Staff	Medical staff operations and knowledge	Mahesh Ramachandran, MD	Vice president, CMO, MRH
Regional Medical Group Clinical Operations	Physician operations	Lindsay Bjork	Director
Nursing	Patients, barriers and community nursing	Anne Hubling	Senior vice president, CNE
Philanthropy	Community outreach programming and fundraising opportunities	Catherine Wierz	Director
Quality	Hospital quality data and resources	Brigette DeMarzo	Director
Strategy	Business development and strategies	Jessica Szafron	Program manager

External CHC and community stakeholders

The following community organization represent the assessed community area (including those who serve medically underserved, low-income and minority populations) and were formally engaged to participate in the MRH prioritization process. These key stakeholders were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds in providing diverse insight into prioritizing the identified health needs.

External Stakeholders	Populations Served and Social Determinants Addressed
Batavia Park District	General recreation, health and fitness
Family Shelter Services	Family support
Common Threads Organization	Healthy food and nutrition education
DuPage County Health Department	Community health, underserved populations, mental health, environmental health
NAMI DuPage	Suicide prevention
VNA Health Care	Health care, underserved populations, Federally Qualified Health Center
DuPage Community Foundation	Community
West Chicago Library	Education, reading
Senior Services Association	Seniors
Secretary of State	Driving programs, transportation
DuPagePads	Homelessness
Carol Stream Police Department	Public safety
St. Charles Park District	General recreation, health and fitness
Association for Individual Development	Disabilities
R.R. Ryall YMCA of Northwestern DuPage County	General recreation, health and fitness
Winfield in Action	Community
Winfield Township	Community
Benedictine University	Education, public health expertise
Edward Hines VA Hospital	Veterans, health care, support services
Humanitarian Service Projects	Service projects
West Chicago Park District	General recreation, health and fitness

External Stakeholders	Populations Served and Social Determinants Addressed
Access DuPage	Access to care for underserved populations
Catholic Charities	Low-income and underserved populations
West Chicago Schools	Education
Northern Illinois Food Bank	Food insecurity
Wheaton Park District	General recreation, health and fitness
Glen Ellyn Park District	General population, health and fitness
Western DuPage Special Recreation Association	Outdoor recreation, health and fitness
Donka, Inc.	Physical, visual and learning disabilities
World Relief	Immigrants, refugees
CASA of DuPage County	Abused, neglected and foster children
DuPage Senior Citizens Council	Seniors
Winfield Park District	General recreation, health and fitness
West Chicago YMCA	General recreation, health and fitness
Mutual Ground	Domestic violence
Meier Clinics	Mental health
Kensington International	Children, education, development
ProActive Kids	Children, health and education
Warrenville Park District	General recreation, health and fitness
SPR Consulting	Community leader
Almost Home Kids	Children, ventilator support
Bartlett Police Department	Public safety
DuPage Easter Seal	Disabilities
People's Resource Center	Social services
DuPage Health Coalition	Health, underserved populations
Samara Care	Counseling

Prioritization process and methodology

A structured process was used to inform both councils regarding the MRH prioritization process of the identified health needs. The MRH Internal CHC was engaged to review guiding principles, examine CHNA findings, apply the prioritization factors when completing the Pairwise Survey Tool, and participate in robust conversations regarding potential priority health needs for the MRH CSA. The External CHC also received the 11 significant health needs and were asked to input feedback regarding the topic priorities via use of the Pairwise Survey Tool.

It should be noted that communication with both councils was held via online methodologies because of COVID-19. The Pairwise Survey Tool was selected for its quality and design, but also ease of use.

The prioritization process was also reviewed by the Internal CHC with regards to alignment with Northwestern Medicine's guiding principles in response to community need, including:

- Importance of the problem to the community:
 - Is there a demonstrated community need?
 - Will action impact populations who are disproportionately affected?
 - Does the identified health need impact other community issues?
 - Availability of tested approaches or existing resources to address the issues:
 - Can actionable goals be defined to address the health need?
 - Does the defined solution have specific and measurable goals that are achievable in a reasonable timeframe?
 - Opportunity for collective impact:
 - Can the need be addressed in collaboration with community or campus partners to achieve significant long-term outcomes?
 - Are organizations already addressing the health issue?
 - Applicability of MRH as a change agent (partner, research, educator, or the role of knowledge sharing in providing direct funding):
 - Does MRH have the expertise or resources to address the identified health need?
 - Estimated resources, time frame and size of impacted population
-

A data book was developed to detail findings of each area of opportunity, including prevalence, morbidity, and mortality of the condition, for easy comparison across needs. This data book was distributed to the Internal CHC outlining the

following prioritization factors for objective analysis:

- **Magnitude:** How many people in the community are and will be impacted?
- **Seriousness and impact:** How does the identified need impact health and quality of life?
- **Feasibility:** What capacity and assets currently exist to address the need?
- **Consequences of inaction:** What impact would inaction have on the population health of the community?
- **Trend:** How has the need changed over time?

Pairwise Prioritization Tool

The Pairwise Prioritization Ranking Survey Tool uses a machine-optimized process to display items two at a time. Respondents are asked to pick one of the two items. Using a dynamic lookup model, the Pairwise ranking process then optimizes for orthogonality first. This means that all the items are randomly divided into groups of two each and presented to the respondent. After that, the selected items are again recursively grouped two at a time, again randomized until the final item is reached.

This process then deterministically defines the best option, and a tree is created. Once the tree is created, the system can then rank all the items based on the respondent's input. This model allows for a simple and effective mobile-friendly process, where users swipe left and right, to determine the efficacy of an item. It can order a respondent's preference without resorting to a complex cognitive load.

Prioritization timeline

First meeting with Internal CHC to review findings	April 28, 2021
First prioritization survey sent to Internal CHC	April 28, 2021
Second prioritization survey sent to Internal CHC	May 13, 2021
First prioritization survey sent to External CHC	May 13, 2021
Results compiled	May 20, 2021
Second meeting, to present data	May 26, 2021
Prioritization voting complete and priorities finalized	June 2, 2021

Prioritized significant health needs identified

MRH has prioritized four significant health needs that will enable us, in partnership with the community, to maximize the health outcomes generated by our collective resources over the next few years. In selecting these priorities, we considered the degree of the community need, capacity and available resources to meet the need, and the suitability of our own expertise to address the need. In particular, we identified health needs that would be best addressed through a coordinated response from a range of healthcare and community resources. We believe these health needs will be impacted through the integrated efforts of our organization and our community partners. Key themes were also included and integrated into the determination of our priority needs as many times they served as contributing factors and/or root causes of the priority need.

A deeper dive into the primary data findings and secondary data indicators for each of these topics as presented previously in this report was made in the consideration and determination of the 2021 prioritized health needs. This information highlights in detail how each issue became a high-priority health need for MRH. Through this process, the 2021 MRH priority significant health needs were identified as shown in the following table.

MRH Prioritized Health Needs
Access to Health Care and Community Resources
Promoting Independence and Activity
Social Determinants of Health
Promoting Wellness and Preventing Injury

Non-prioritized health needs

As discussed previously, MRH has identified four priority health needs that we believe we are best positioned to impact based on our expertise and resources. However, MRH also commits staff, expertise and financial resources to work collaboratively within the community to impact the remaining health needs. The table below lists areas in which MRH serves and interacts with outside community organizations in support of the non-prioritized health needs.

Activities in Support of Non-prioritized Health Needs	
Cancer	
MRH	Offers evidence-based support programs in the areas of chronic disease management programmatic venues, including but not limited to self-help and support groups
COVID-19	
NMCDH/NMDH	Community COVID-19 Vaccination Clinics
Injury and Violence	
MRH	Driver Rehabilitation Program will work with clients using specialized equipment to promote the ability to drive for individuals with disabilities
MRH	GoBabyGo program enhances mobility and socialization for children with disabilities
MRH	Fall risk assessment, balance, and falls prevention
Nutrition, Physical Activity and Weight	
MRH	Offers aquatic programs in a group class for adults and children
MRH	Offers Core Yoga to increase strength and balance in individuals with disabilities
Oral Health	
NMDH	Supports Tri-Cities Dental Clinic
Potentially Disabling Conditions	
MRH	Offers a variety of programs, both through inpatient and outpatient services, to support and promote the independence of disabled individuals
Tobacco Use	
NMDH	Promotes referral patterns of physicians and ancillary staff to smoking cessation resources

Summary of progress since previous MRH Community Health Needs Assessment

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and implementation strategy. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

The CHNA Cycle



Priority health needs from the preceding MRH CHNA

In response to a comprehensive CHNA, MRH identified four priority health areas for 2018-2020:

- Access to Healthcare Services
 - Chronic Disease Management and Rehabilitation
 - Promoting Independence in Individuals with Disabilities
 - Injury Prevention
-

Highlights of progress with priority health needs

The following sections include notable highlights from a few of the initiatives implemented since the last CHNA to address the priority health needs. A more detailed and comprehensive delineation of MRH's initiatives, responses and outcomes is included in the 2020 Community Health Improvement Report (CHIP-R) and is available on request.

MRH identified priority health needs that would be best addressed through a coordinated response from a range of healthcare and community resources. Specific ways in which MRH is addressing the significant needs identified in its most recently conducted CHNA are below.

Priority Need 1: Access to Healthcare Services

MRH ensures that residents of our community have access to high-quality medically necessary healthcare services in the most appropriate setting. Dedicated to the delivery of physical medicine and rehabilitation, MRH offers specialty programs for adult and pediatric patients recovering from injury or illness in both the inpatient and outpatient settings. MRH is committed to developing and maintaining programs that address the affordability and accessibility of healthcare services. Further, MRH offers a comprehensive financial assistance program to patients who are unable to afford the cost of necessary medical care. MRH seeks to engage and maintain a multicultural workforce of primary care providers, specialists, midlevel practitioners, registered professional nurses and other specialties committed to working in an evidence-based practice setting by providing a clinical site for educational experiences.

The development and implementation of the DuPage County Access to Health Services Action Plan is led by the DuPage Health Coalition. Formerly known as Access DuPage, the coalition is a collaborative effort by thousands of individuals and hundreds of organizations in DuPage County to provide access to medical services to the county's low-income, medically uninsured residents. The DuPage Health Coalition also operates the Silver Access Program, which provides financial help to lower-income families purchasing health insurance through the Affordable Care Act Healthcare Marketplace. In early 2017, the DuPage Health Coalition will open the DuPage Dispensary of Hope, a new free pharmacy program in Wheaton, offered in partnership with DuPage County. MRH leadership and staff work collaboratively with the DuPage Health Coalition to promote affordable access to care for all residents of DuPage County.

MRH will continue to support national and local efforts to increase access to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county. In conjunction with DuPage Health Coalition's Access DuPage and independent medical providers, MRH will support the maintenance of an efficient and effective continuum of care for individuals with disabilities, offering inpatient and outpatient rehabilitation services to those in need.

1.1: MRH will offer financial assistance policies that are easily accessible, user-friendly and respectful, and meet all regulatory requirements.

MRH integrated the promotion and availability of the financial assistance program within registration, billing and all patient financial interactions.

1.2: MRH will continue to provide medically necessary inpatient and outpatient hospital services to uninsured and underinsured patients in accordance with the hospital's financial assistance policies.

MRH tracked the number of individuals and the amount of rendered financial assistance annually. In FY20, 133 patients had services provided, in the amount of \$919,063 of community care.

1.3: MRH will continue to address the needs of individuals identified as potentially eligible for public health insurance by facilitating their application for government-sponsored healthcare coverage via trained in-person staff who will assist in facilitating enrollment.

In FY20, MRH maintained 99% approval rate of applications submitted.

1.4: MRH leadership will continue representation on various task forces and work groups related to the collaborative work occurring on access to care issues.

In FY20, MRH continued coordination of monetary support of Access DuPage services.

1.5: MRH will provide low-cost transportation to outpatient appointments.

In FY20, MRH provided 8,834 rides through MRH transport services.

1.6: MRH will continue to provide free inpatient and outpatient care to all Access DuPage clients in accordance with presumptive eligibility and existing MRH financial assistance policies. Opportunities to promote coordinated care to needed services for Access DuPage will be evaluated.

In FY20, 133 patients had services provided, in the amount of \$919,063 of community care.

1.7: MRH will serve as a training center for physicians, nursing and other allied health professions.

Quantitative data, such as the number and types of internships and staff time commitment, was tracked throughout FY20; MRH maintained a 100% approval rate of applications submitted.

1.8: MRH will provide trained professional healthcare interpreters and offer language assistance programs.

In FY20, MRH provided a total of \$491,726 in interpreter services for MRH patients, including \$414,384 on phone interpretation and the remainder on in-person interpretation.

Priority Need 2: Chronic Disease Management and Rehabilitation

In general, individuals with disabilities tend to experience higher percentages of health disparities than the larger population. These added challenges can result in further impaired mobility, nutritional deficits and an increased susceptibility to chronic medical conditions. Common precursors of chronic diseases, including physical inactivity, obesity, hypertension and high cholesterol, are more prevalent among persons with disabilities than those without. Despite increased health risks, people with disabilities are rarely targeted by specific health-promotion and disease-prevention efforts. Given the increasing prevalence of disability as the population ages, the need for community health services focusing on the rehabilitation needs of those served will likely increase at a proportional rate.

A broad range of intervention exists to address the issue of chronic disease, including health education, health screenings, supporting linkages to medical homes, and chronic disease management programs. MRH takes a collaborative, evidence-based approach to prevention, screening and chronic disease management aimed at reducing and eliminating many of the prominent contributors to mortality in the U.S. Programs such as Access DuPage and Engage DuPage ensure access to routine health care, screening, primary care providers, specialists, medications and medical homes. MRH offers a comprehensive financial assistance program to individuals unable to afford the cost of their acute medical care. In addition, the hospital offers a comprehensive array of community education programming and services to support both primary and tertiary interventions.

2.1: MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation, overcoming the limitations of chronic disabilities.

In FY20, MRH staff developed curriculum for the four courses listed below. However, the curriculum was either shortened or not initiated due to COVID-19:

- Pediatric Oncology
- Relaxation and Meditation
- Balance and Fall Risks
- Behavioral Coaching

2.2: MRH will provide access to the Emerging Fitness Center, including specialty group classes for individuals with specific exercise needs.

In FY20, 2,300 sessions were held in the MRH Fitness Center for individuals with disabilities. Many of the participants were prior MRH patients or family members.

2.3: MRH will offer evidence-based support programs in the areas of chronic disease management programmatic venues, including but not limited to self-help and support groups.

In FY20, MRH provided the following support groups (due to COVID-19, total sessions for the year were reduced or cancelled):

- Amputee (four sessions; 34 participants)
- Parkinson's Disease (two sessions; 14 participants)
- Caregiver Support (nine sessions; 27 participants)
- Stroke (three sessions; 24 participants)
- ALS (0 sessions; 0 participants)
- Aphasia (0 sessions; 0 participants)
- Connections - Pediatrics (three sessions; 42 participants)
- High Hopes - Brain Injury (two sessions; 40 participants)
- Lives in Motion - Spinal Cord Injury (five sessions; 80 participants)
- Multiple Sclerosis (three sessions; 42 participants)

Priority Need 3: Promoting Independence in Individuals With Disabilities

The physicians and clinicians at MRH are trained in the provision of specialty treatments and rehabilitation for individuals with disabilities resulting from injuries, accidents, illnesses or congenital defects. Fitness and wellness programs tailored to people with disabilities and other health issues help ensure these disproportionately affected populations are engaged in moderate physical activity designed to improve strength and increase flexibility, to protect against further disability and to enhance functional independence. The addition of the Marianjoy Fitness Center has opened new opportunities for individuals who may not have felt physically able or comfortable in other exercise settings.

Throughout the year, MRH offers a variety of free and public classes and lectures (focused on health and wellness) to support and promote the independence of disabled individuals. Further, MRH sponsors a variety of support groups at no cost and open to the public including groups for amputation, aphasia, brain injury, chronic pain and stroke. MRH works closely with its community partners to promote independence of disabled individuals. Partners include but are not limited to the DuPage County Health Department, DuPage Federation on Human Service Reform, local school districts, Office of the Illinois Secretary of State and DuPage Workforce Board.

3.1: MRH will provide aquatic programs in a group class setting for adults and children.

In FY20, MRH provided 88 patient sessions. Individual goals were established, and Protected Health Information documented progress towards goal attainment. Aquatic therapy ceased for community groups in March 2020 because of COVID-19.

3.2 MRH will provide services through the Tellabs Center for Neurorehabilitation and Neuroplasticity (TCNN), an innovative rehab technology designed to support a wide range of patient conditions that benefit from the creation of lasting neuro-pathway changes derived through repetition.

In FY20, MRH provided 3,044 scheduled visits using the mobility and upper extremity robotic equipment available in the TCNN. In addition, patients were assessed by therapy experts and individual goals were established.

3.3: The Marianjoy Driver Rehabilitation Program will work with clients using specialized equipment to promote the ability to drive for individuals with disabilities. Participants are provided with a comprehensive appraisal of ability to drive safely. The Driver Rehabilitation Program also provides behind-the-wheel training for students who qualify, and assists in obtaining the requirements for a driver's license.

In FY20, MRH evaluated or provided driver training to 121 students. In addition, a self-reported tracking process was implemented.

3.4: MRH will provide the GoBabyGo program, where therapists and engineers collaborate to retrofit powered toy vehicles to meet the needs of children with disabilities.

In FY20, the annual event was postponed because of COVID-19. The program continues to identify community needs for future planning of serving the population to meet these needs.

3.5: MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation, overcoming the limitations of chronic disabilities, including but not limited to the following topic: life after an amputation.

In FY20, MRH staff developed curriculum for the four courses listed below. However, the curriculum was either shortened or not initiated because of COVID-19.

- Pediatric Oncology
- Relaxation and Meditation
- Balance and Fall Risks
- Behavioral Coaching

3.6: MRH will offer evidence-based support programs in the areas of promoting independence in programmatic venues, including but not limited to self-help and support groups.

In FY20, MRH provided the following support groups (because of COVID-19, total sessions for the year were reduced or cancelled):

- Amputee (four sessions; 34 participants)
- Parkinson's Disease (two sessions; 14 participants)
- Caregiver Support (nine sessions; 27 participants)
- Stroke (three sessions; 24 participants)
- ALS (0 sessions; 0 participants)
- Aphasia (0 sessions; 0 participants)
- Connections - Pediatrics (three sessions; 42 participants)

- High Hopes - Brain Injury (two sessions; 40 participants)
- Lives in Motion - Spinal Cord Injury (five sessions; 80 participants)
- Multiple Sclerosis (three sessions; 42 participants)

Priority Need 4: Injury Prevention

MRH offers a variety of programs, both through inpatient and outpatient services, to address injury prevention. Evidence-based community health and wellness programming are offered by MRH in the areas of chronic disease management and rehabilitation, and overcoming the limitations of chronic disabilities. Some topics include core yoga to increase strength and balance in individuals with disabilities; understanding, identifying and preventing running injuries; and how aging affects your balance. These programs address the prevention of injury for both persons with or without disabilities.

MRH offers the program Police Interaction Course for Drivers With Special Needs, focusing on enhancing communication between people with autism and first responders.

MRH works closely with its community partners to address the issue of injury prevention. Partners include but are not limited to the DuPage County Health Department, NMCDH and local school districts.

4.1: MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation, overcoming the limitations of chronic disabilities.

In FY20, MRH developed three courses, but only one was implemented for a partial year because of COVID-19:

- Yoga (six five-week sessions, 52 participants)
- Aging and Balance (0 courses, 0 participants)
- Therapeutic Golf Program (0 adult sessions, 0 participants)

4.2: MRH will offer the program Police Interaction Course for Driver With Special Needs. Sessions will give people with autism the skills to respond calmly and communicate effectively during a traffic stop.

In FY20, the program was not offered because of multiple changes within the sheriff's department and the COVID-19 pandemic.

4.3: MRH will collaborate with NMCDH to offer evidence-based community-based injury prevention programming.

In FY20, programs were marketed in the NMCDH shared brochure for the first quarter; however, because of COVID-19, courses were cancelled.

Needs that are not being addressed

The CHNA report identified areas of opportunity for health improvement for which MRH and the External Steering Committee (ESC) determined it would not prepare an implementation plan and strategy. These areas of opportunity and the reasons for not addressing them are below.

Mental health and substance use disorders

The DuPage Behavioral Health Collaborative was formed in response to the mental health findings and needs noted in the DuPage County IPLAN. The mission of the group is to work collaboratively to identify and implement data-driven strategies that improve the 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 collaborative is composed of two teams: the treatment leadership team (behavioral health) and the prevention leadership team (substance use disorders). NMCDH leadership and staff serve as integral members of both teams working both independently and collaboratively to address mental health and substance use disorders in DuPage County. Both teams comprised members from local hospitals, public health, private and community sectors and represent a broad cross-section of the community united to respond to both issues.

Further, the DuPage County Health Department Crisis Intervention Unit is a mental health support system that deals with mental health emergencies on a 24-hour basis. This unit deals with urgent mental health issues that require immediate attention such as suicidal thoughts, homicidal threat, and symptoms of serious mental illness, including depression, schizophrenia, bipolar disorder, anxiety and other issues that may require hospitalization. Individuals can contact the unit at any time and set up an appointment either by phone or in person. The crisis program also has a 10-bed respite unit available for short-term stabilization. Psychiatric evaluations and short-term crisis counseling intervention are also available on a scheduled basis as needed.

In the area of inpatient care, NMCDH offers immediate help, providing short-term psychiatric care for adults and teens (13 and older) in a hospital setting. Short-term inpatient care is provided in three secure hospital psychiatric units to help people who pose a risk to themselves or others and those who are unable to care for themselves. Following stabilization, NMCDH offers a full range of treatment, including outpatient partial hospitalization, individual and family therapy, group therapy and follow-up services in the community. NMCDH also offers a full range of substance use disorder services, including inpatient detoxification, residential treatment and rehabilitation services, along with continued counseling to support long-term recovery.

Immunization and infectious disease

The DuPage County Health Department is responsible for monitoring the incidence of infectious diseases and providing childhood and adult immunizations. Immunization services are offered at the Central Public Health Center (Wheaton), Southeast Public Health Center (Westmont), and East Public Health Center (Lombard) offices. Childhood immunizations are available for all children who do not have insurance, or who have insurance that does not cover immunizations, through the state of Illinois Vaccines for Children (VFC) program. Further, immunizations and selected testing are also offered by the county's Federally Qualified Health Centers (FQHCs), thereby providing multiple opportunities for residents to receive screening and immunizations.

Access to health promotion activities

MRH works collaboratively to support the provision of health promotion and health education sessions to clients residing in the community. It is widely recognized that the most effective way to address chronic disease is to address the problem across its life span in a coordinated effort. Health education programs are offered by NMCDH and MRH in an effort to focus on health promotion and disease prevention. Local primary care providers and FQHCs provide medical homes and routine care aimed at screening, early detection and prompt treatment of disease and other health concerns. Local hospitals provide immediate and emergently needed acute care. Programs such as Access DuPage and Engage DuPage ensure access to routine health care, screening, primary care providers, specialists, medications and medical homes.

Nutrition, physical activity and weight

The problems related to poor nutrition, inadequate physical activity and overweight/obesity are included within the broader category of chronic disease within our implementation plan. These factors are considered key root causes of chronic disease and were included in the causal analysis and response.

Guided by the ESC, MRH will continue to support and work collaboratively with existing local organizations who are providing affordable primary health care to individuals experiencing the remaining healthcare issues noted above, as we believe they are best positioned to lead the provision of these services.

Community feedback from preceding CHNAs and implementation plans

- The MRH CHNAs and implementation plans for 2016-2018 and 2018-2020 were made available to the public and open for public comment via the website nm.org/about-us/community-initiatives/community-health-needs-assessment.
 - No comments were received on either document at the time this report was written.
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Note: Reports are available at no charge. The public may request the report in the following ways:

- Visit: Marianjoy Rehabilitation Hospital
Main Entrance Welcome Desk
26W171 Roosevelt Road
Wheaton, Illinois 60187
- Online: nm.org/about-us/community-initiatives/community-health-needs-assessment
- Call: 312.926.2301 (TTY: 711)
- Email: communityhealth@nm.org

Appendix A

Community Resource List

Acute Care Hospitals and Emergency Rooms

Advocate Sherman Hospital
Alexian Brothers Medical Center Adventist
Captain James A. Lovell Federal Health Care Center
Community Hospital of Ottawa
Edward Hospital
Edward-Elmhurst Health Center
GlenOaks Hospital Advocate
Good Samaritan Hospital
Kindred Hospital - Sycamore
Linden Oaks Hospital at Edward Hospital
Mendota Community Hospital
Mercyhealth Javon Bea Hospital
Morris Hospital and Healthcare Centers
Northwestern Medicine Central DuPage Hospital
Northwestern Medicine Delnor Hospital
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital
OSF St. Anthony Medical Center - Rockford
Presence Mercy Medical Center
Rochelle Community Hospital
Rush-Copley Medical Center
Swedish American Hospital

Federally Qualified Health Centers and Other Safety Net Providers

Access Community Health Network
Access DuPage
DuPage Federation Health Services
DuPage Health Coalition
VNA Health Care

Home Health Care

Addus HomeCare
Advocate Home Health Services
ALC Home Health Care
Always Best Care
Amedisys Home Health Care
Assisting Hands Naperville
BrightStar Care Central DuPage - Wheaton
Elite Care Management
Family Home Health Services
Home Instead Senior Care
Lexington Healthcare Center of Lombard
LMR Home Health Care
ManorCare Health Services - Westmont
Metro Home Health Care
Pearl Health Care Services

Hospice Care

Compassionate Care Hospice
CovenantCare Hospice - St. Charles
First Hospice Care
Seasons Hospice & Palliative Care

Mental Health Services and Facilities

Advanced Behavioral Centers of DuPage
Aunt Martha's Aurora Community Health Center
Crisis Intervention Unit
DuPage County Health Department
DuPage Mental Health Services
Ecker Center for Behavioral Health
Good Samaritan Hospital Outpatient Behavioral Health
Interfaith Mental Health Coalition
Linden Oaks Outpatient Center
Meier Clinics
NAMI
Northwestern Medicine Behavioral Health Services

Nursing Homes/Adult Care/Long-Term Care

Abbingtion Rehab & Nursing Center
Brighton Gardens of St. Charles
Brookdale Lisle
Cordia Senior Residence
DuPage County Convalescent
Franciscan Village
Friendship Village of Schaumburg
Lemont Nursing and Rehabilitation Center
Lombard Place Assisted Living & Memory Care
ManorCare Health Services - Naperville
Meadowbrook Manor - Naperville

Oak Trace
Park Place of Elmhurst
Presence Pine View Care Center
Rehab Care Group
Rosewood Care Center
The Holmstad
Wynscape Health and Rehabilitation

Health and Human Service Community Programming (Addressing Health Disparities and Social Determinants of Health)

Ability Links
Almost Home Kids
ALS Association
Amputee Coalition
Alzheimer's Association
American Academy of Pain Management
American Academy of Physical Medicine & Rehabilitation)
American Chronic Pain Association
American Heart Association
American Pain Foundation
American Stroke Association
Angel Wheels Transportation
Anixter Center
Arthritis Foundation
Association of Academic Psychiatrists
Association of Rehabilitation Nurses
Banyan Treatment Center
Brain Injury Association
Brain Injury Association of Illinois
Brain Research Foundation
Cancer Treatment Centers of America

College of DuPage	Naperville School District 203
Commission on Accreditation of Rehabilitation Facilities	NAMI DuPage
Defense and Veterans Brain Injury Center	National Fibromyalgia Association
Donka, Inc.	National Institutes of Health
DuPage Care Center	National Multiple Sclerosis Society
DuPage County Health Department	National Osteoporosis Foundation
DuPage Federation on Human Services Reform	National Parkinson Foundation
DuPage Health Coalition	National Rehabilitation Information Center
DuPage Medical Group	Normal Moments
DuPagePads	Northwestern Medicine Central DuPage Hospital Cancer Center
DuPage Workforce Board	Northwestern Medicine Proton Center
Edwards Hospital	Office of the Illinois Secretary of State
Fitness Now Center	Paralyzed Veterans of America
Gateway	People's Resource Center (PRC)
Guillain-Barré Syndrome Foundation	Ray Graham Association for People
Haymarket Center of DuPage	Senior Services Associates
Healthy West Chicago	Serenity House
Illinois Breast and Cervical Cancer Program	Special Spaces
Illinois Department of Veterans' Affairs	Superior Ambulance Service Elmhurst
Illinois Health and Hospital Association	Traumatic Brain Injury
The Joint Commission	Uber Health
Kane Senior Council	U. S. Department of Veterans' Affairs
Les Turner ALS Foundation	The Veterans' Assistance Commission
Lifetime Pool	Village of Addison
Meier Clinics	VNA Health Care
Metropolitan Family Services	Western DuPage Special Recreation Association
Midwest Shelter for Homeless Veterans	World Relief Refugee Wellness Program
Midwestern University Multispecialty Clinic	
Multiple Sclerosis Foundation	

Marianjoy Rehabilitation Hospital

part of
 **Northwestern**
Medicine

Marianjoy Rehabilitation Hospital

26W171 Roosevelt Road
Wheaton, Illinois 60187

630.283.7130

TTY: 711

nm.org