Marianjoy Rehabilitation Hospital
Wheaton Franciscan Healthcare

Community Health Needs Assessment for the Benefit of Community Members

Methodology

A Community Health Needs Assessment (CHNA) was conducted by Marianjoy Rehabilitation Hospital in Wheaton, Illinois during October 2013. The purpose of the CHNA was to better understand the health concerns and needs in the community we serve, especially for persons with disabilities and impairments. The information obtained from the CHNA was intended for use in the development of an action plan to help improve the health care and access to essential services in the community. Three purposive lists of individuals and organizations were used to disseminate the CHNA as follows:

1. People who were provided health care services within the Marianjoy Rehabilitation Hospital network in the past two years and had e-mail addresses available for assessment dissemination. The CHNA was disseminated to a total of 980 recipients who were formally patients (consumers) seen at one of Marianjoy's facilities.
2. People who registered with AbilityLinks, a nationwide, web-based community where qualified job seekers with disabilities connect and gain access to valuable networking opportunities. AbilityLinks is owned and operation by Marianjoy. This CHNA was disseminated to a total of 726 recipients who had registered with AbilityLinks within the past two years.
3. Organizations that provide services and resources to people with disabilities and are affiliated with Marianjoy for consumer referrals and seek assistance following return to the community. This CHNA was disseminated to a total of 49 organizations that Marianjoy uses for community referral.

The assessment disseminated to each group was sent via e-mail invitation through the secure, online survey company SurveyMonkey. Each invitation provided an introduction and purpose of the assessment. Recipients were provided a mechanism to opt out of the invitation through an e-mail reply to the SurveyMonkey link. A contact person and various connection details were provided for recipients to have direct interaction for discussion about the assessment.

The CHNA that was sent to the community of consumers and AbilityLinks members included questions that were divided into the following eight sections;

- Disability and Impairment,
- Access to Health Care Services,
- Transportation,
- Employment,
- Housing,
- Technology and Assistive Devices,
- Students, and
- Individual Background.

The CHNA that was sent to the community organizations where Marianjoy refers health care consumers, included questions that were divided into the following three sections;

- Organizational Profile,
- Perceived Challenges and Barriers, and
- Advocacy for the Disability Community.

Results

The CHNA was disseminated to a total of 980 recipients who were formally seen as patients at one of Marianjoy's facilities within the network over the past two years. A total of 194 recipients either opted out of participation or had an e-mail address that no longer existed and bounced back. These e-mail addresses were then removed from the distribution. Of the remaining 783 individuals, a total of 126 assessments were received and partially or completely filled out (16% return rate). Not all respondents completed every assessment question, therefore, the number of responses vary by question. The assessment data collection occurred over a two-week time period.

Disability and Impairment Questions

Participants were asked about **who completed** the assessment? The majority of respondents (67.59%) were able to complete the assessment autonomously and several had assistance (2.78%) from another person. An additional twenty-five percent of the assessments were completed by a parent or family member; several assessments (3.7%) were completed by the parents of minor children, and one person (0.93%) who completed the assessment was a paid caregiver for an adult person with a disability (Figure 1). Not all respondents completed every assessment question; therefore, the bar chart provides the number of responses (*n*) and the percent of total by classification of response options. The overall number of respondents is also provided within the figure. Each bar chart included in this report represents the responses in descending order of frequency.

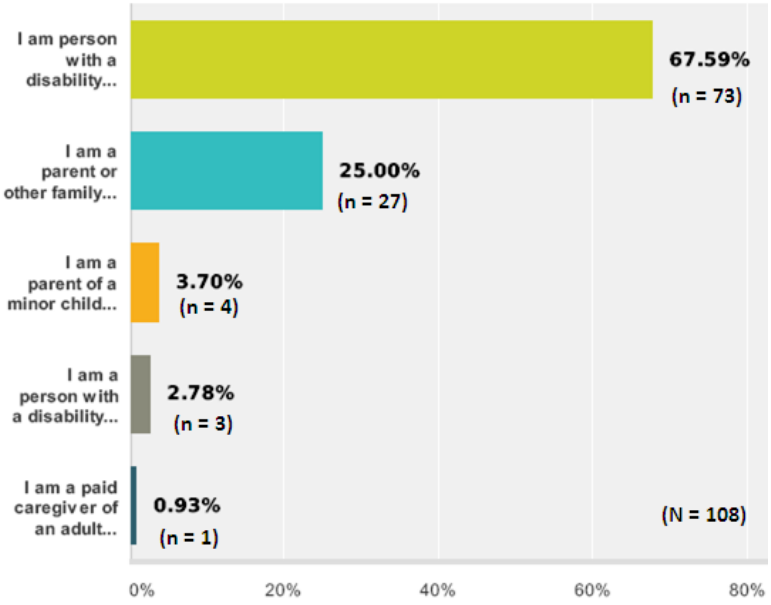


Figure 1. Bar chart representing the person completing assessment

Participants were asked to describe his/her **primary** health condition, impairment, disability, or functional limitation (Figure 2). The majority of respondents (59.43%) indicated the primary disability was due to physical mobility limiting the legs, arms, or hands. Another 11.32% classified their disability as "Other", which included various conditions such as cancer, spinal cord injury, orthopedic, and other diverse situations not fitting into the classification fields provided. An additional 5.66% of the respondents indicated their primary condition was considered a neurological disability, 5.66% classified themselves as having a chronic illness or health-related disability, another 5.66% indicated an acquired brain injury. The remaining primary conditions identified mental and emotional, learning or cognitive, visual, and auditory disabilities.

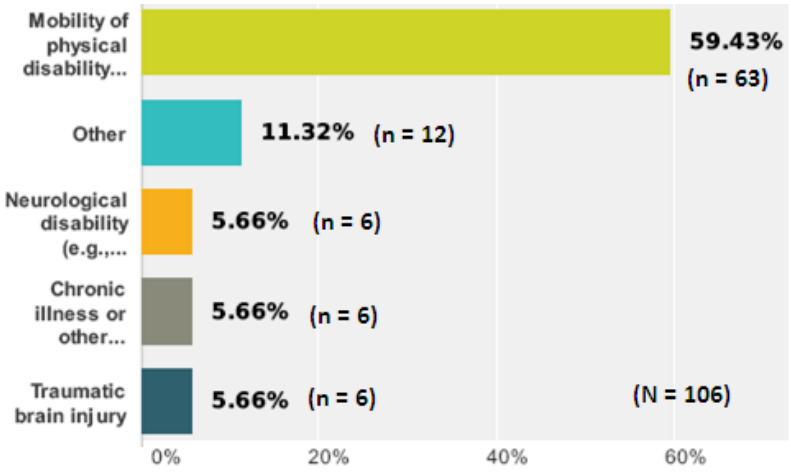


Figure 2. Primary health condition, impairment, disability, or limitation

Participants were then asked to describe their respective disability by **severity** using a four-point scale (Figure 3). The majority (35.45%) was classified as having a "moderate" disability and the smallest grouping was classified as "severe" (10%). The "mild" and "somewhat severe" disabilities were equally prevalent at 27.27%, each.

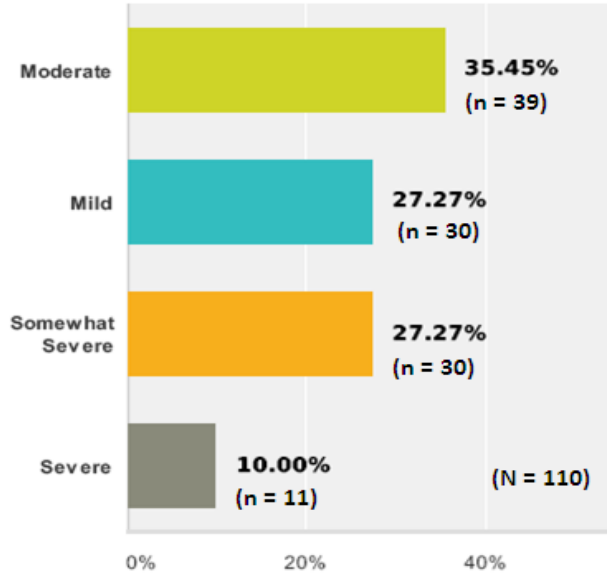


Figure 3. Severity of disability, health condition, impairment or limitation

For the question about whether the participant or the person being cared for was born with the disability, only 10% indicated "Yes". Participants were then asked to identify **all** major life activities that were limited by the respective health condition, impairment, or disability. The top six responses to this question are displayed in Figure 4. The most reported limitation was related to mobility, such as bending, walking, and climbing stairs (79.05%). Living independently, such as preparing meals, shopping for groceries, and doing housework was the second most reported life limitation at 37.14%. Working at a job as an employee was the third most prevalent life activity limitation by 35.24%. Self-care was reported as the next most limiting activity for daily living, followed by going outside the home alone for routine errands. Executive functions like remembering, concentrating, and self-management of finances were limiting to a lesser degree. The remaining categories that participants reported as life limiting included social engagements, opportunities to communicate with others, learning new skills, and independence in self-directing important decisions.

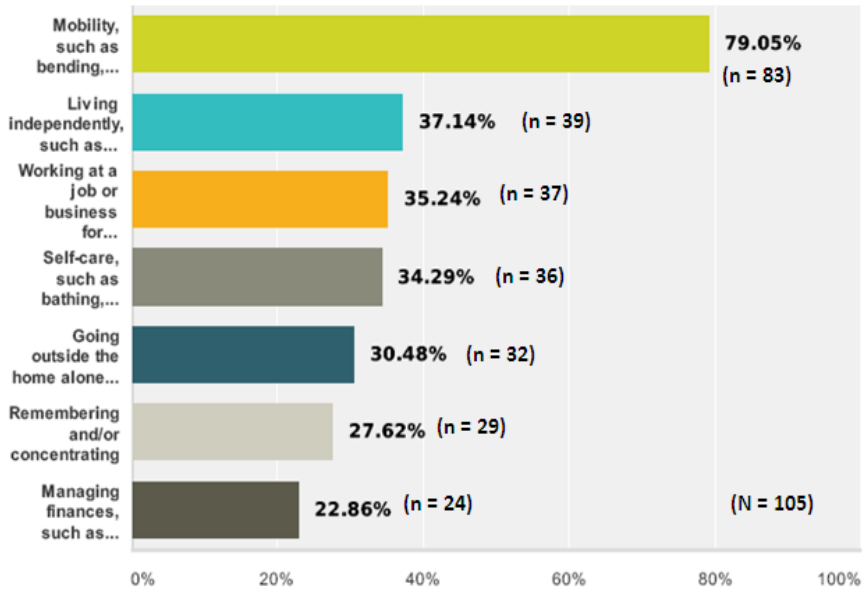


Figure 4. Most frequent responses for major life activity limitations

Participants were asked if help was ever required from someone else for basic needs. Approximately 40% responded "Yes". Of those who did require help or personal assistance from others, the majority responded that family members and/or friends were available to assist. A small number of responses indicated that others who helped were paid to do so.

The next question asked on a five point continuum from poor to excellent, at what level did the person consider his/her health to be overall? Figure 5 displays the array of responses for health status and the majority were in the middle of distribution, identified as "good", with approximately 34%. "Fair" and "Very Good" were the next most prevalent responses and the extremes of the range for poor and excellent, the least frequently reported.

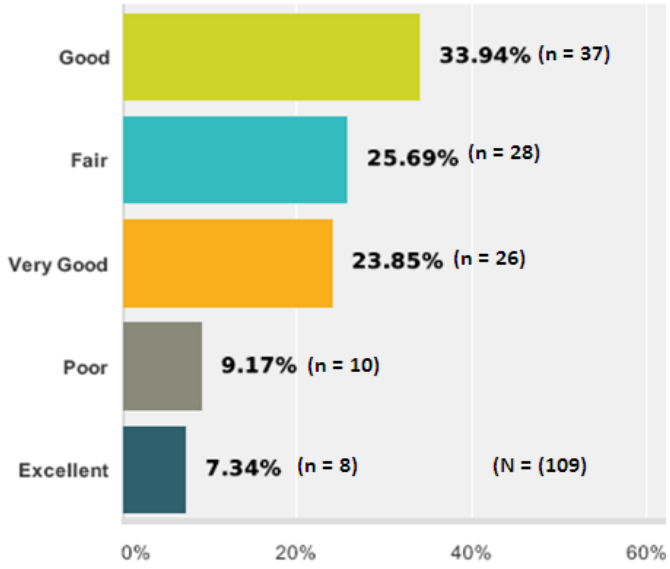


Figure 5. Perceived overall health status

Access to Health Care Services

Participants' most common sources of health insurance are displayed in Figure 6. Approximately 58% reported having Medicare coverage and represented the most frequent response. Twenty-two percent indicated they had insurance coverage that was bought by themselves or a member of their family. Another 20% had health insurance provided by their respective employer and 20% had health insurance coverage bought through somebody else's union or employer. An additional 10% reflected Medicaid, Medical Assistance, or a State program was paying health care coverage for them given their low income qualification. Health insurance provided by some other source was noted by 6%, 1% did not have any insurance coverage, and 1% didn't know if health insurance was in place. Some participants had more than one health insurance concurrently, but that delineation was not specified.

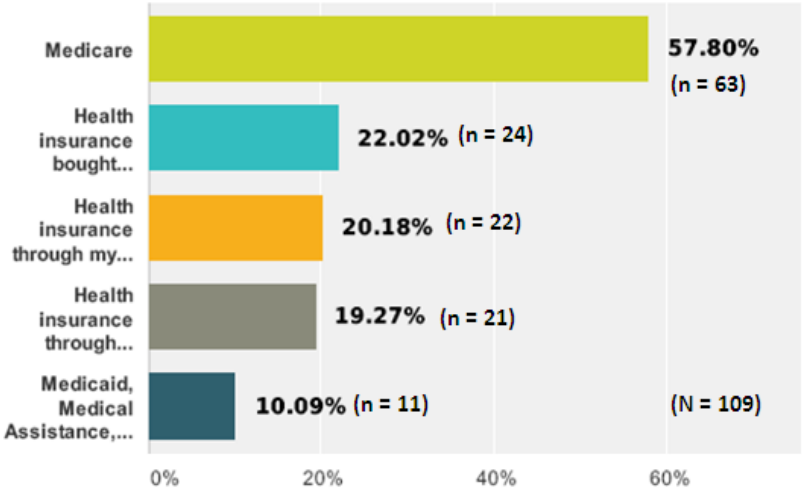


Figure 6. Sources of health insurance

The question was asked "What does access to health care services mean?" Participants were able to select all that applied. Responses were between 56% and 85% for the five options displayed in Figure 7, including ability to; see the doctor of choice, schedule an appointment when needed, access to ancillary services, having adequate insurance coverage, and limited co-payments.

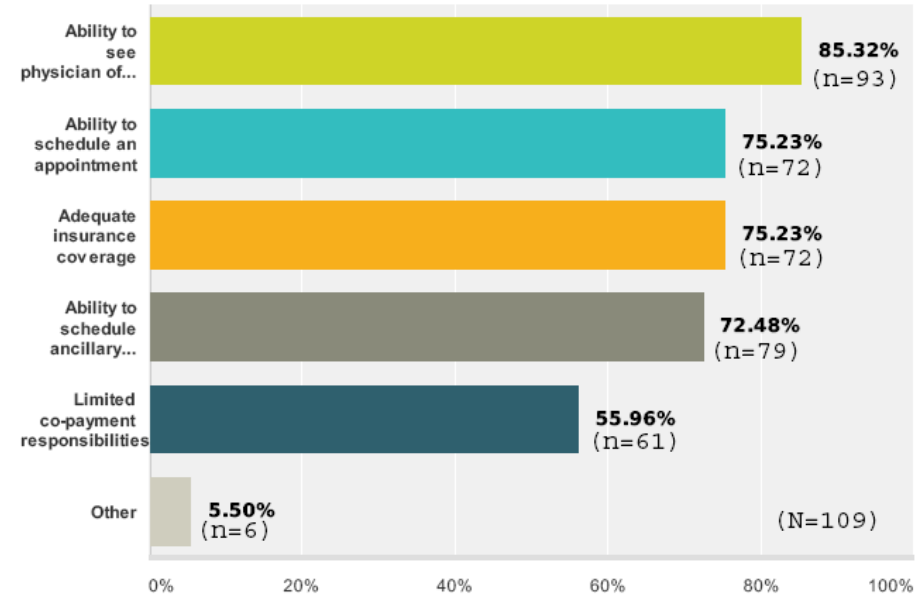


Figure 7. What does access to health care mean to you?

Participants were asked to share **if** there was a time in the past year when he/she needed medical care and was not able to get it, what was the main reason why? A total of 28 responses affirmed this situation had occurred at least once. Numerous reasons were cited, but the top explanations related to prohibitive costs and co-payments, could not find a doctor willing to accept the insurance coverage, could not get an appointment for an extended period of time, language barriers, fear factors, and difficulty with transportation access.

Participants were also asked a series of questions related to additional aspects of health care quality and access using a four-point scale; "very dissatisfied", "dissatisfied", "satisfied", and "very satisfied". Table 1 lists the questions posed to evaluate these perceptions about health care that was received. For this summary table, the very dissatisfied and dissatisfied classifications were grouped and the satisfied and very satisfied were grouped together.

Table 1. Elements of Quality Perceived by Participants

Element	Dissatisfied & Satisfied	Satisfied & Very Satisfied	Not Applicable	N
Access to services for rehabilitation therapy	10%	84%	6%	109
Quality of health care that I receive	3%	95%	2%	112
Quality of care that I receive from my caregiver	3%	66%	31%	107
Availability of care management services when I need them	3%	70%	27%	110
Access to medical services and health care	4%	93%	3%	110
Access to affordable and adequate health insurance	12%	83%	5%	109
Affordability of my prescriptions	16%	82%	2%	109
Access to information about fitness and exercise relevant to my health	8%	84%	8%	109
Knowledge and awareness of health services and resources that are available to me	12%	85%	3%	109

Transportation

Participants were asked several questions related to transportation availability and the degree of problems encountered related to that access. The first question under this section asked "How frequently do you need transportation, but are unable to obtain it?" Figure 8 displays the array of responses classified along a frequency of occurrence. The vast majority (approximately 84%) indicated that he/she never encountered transportation availability issues.

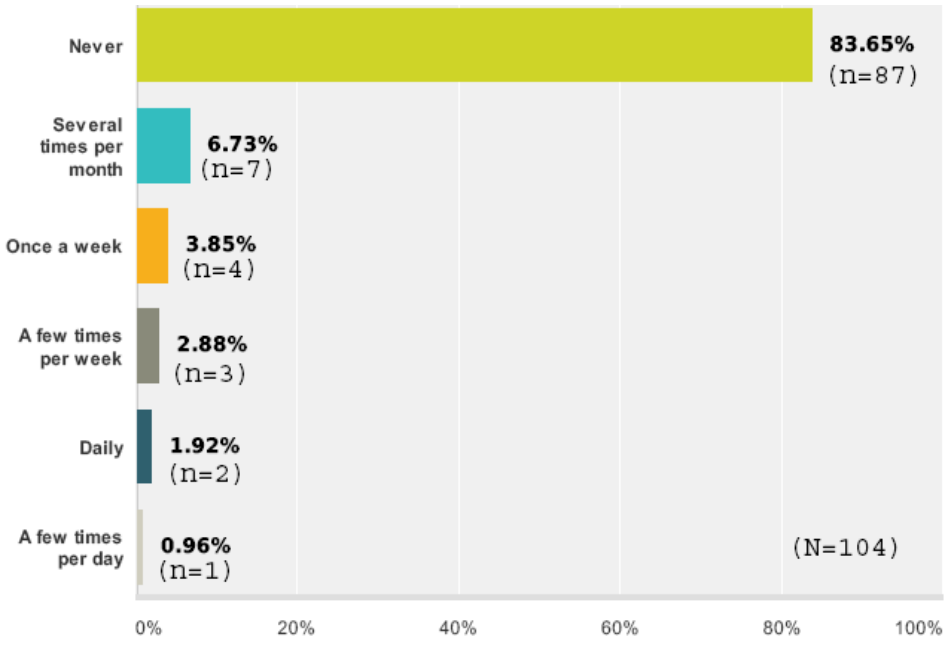


Figure 8. Relative availability of transportation

Participants were asked to identify the magnitude of transportation problems encountered. Here again, the majority of responses reflected that transportation was not a problem (71%), however, there were some people who indicated some level of transportation problems as seen in Figure 9. A few were unsure if a problem existed.

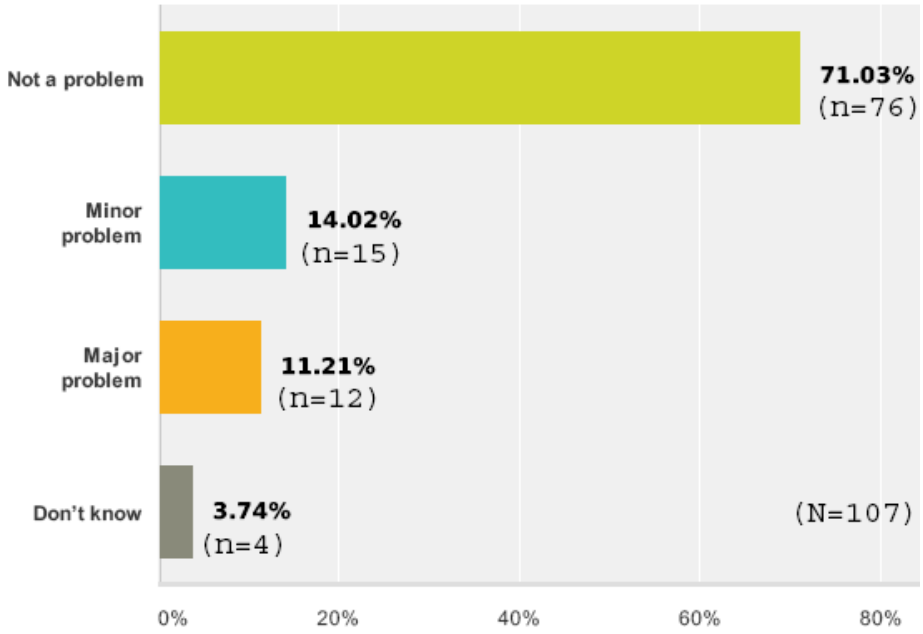


Figure 9. Magnitude of transportation problems encountered

The last question under the transportation section inquired about the difficulty of using a public transportation system due to his/her disability? The majority (54%) indicated this challenge was not a problem for him/her. Approximately 15% responded they disagreed or strongly disagreed using public transportation was a problem. The remaining 31%, however; declared they agreed or strongly agreed that public transportation was a problem given his/her respective disability.

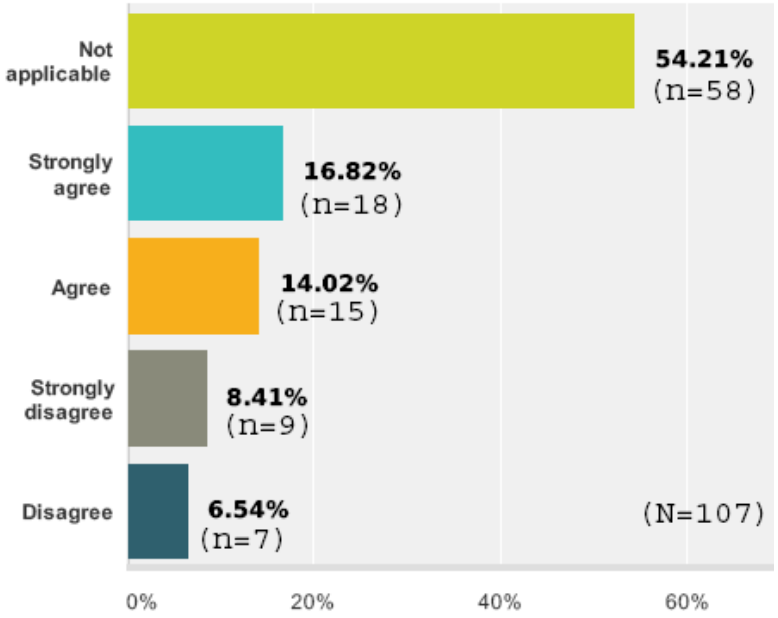


Figure 10. Degree of difficulty using a public transportation system due to disability

Employment

The next section of community health needs assessment questions related to employment status, challenges, and barriers. Participants were asked "What is your current employment status?" Fifty percent of respondents indicated they were retired and not working (Figure 11). Approximately 21% indicated they were working either full or part-time; another 6.8% were full-time homemakers, several stated they were students, and one person stated he/she was looking for employment. Those who were unemployed and the other classification really could have been combined, comprising of the remaining of almost 17%, because the "others" were unemployed from disability.

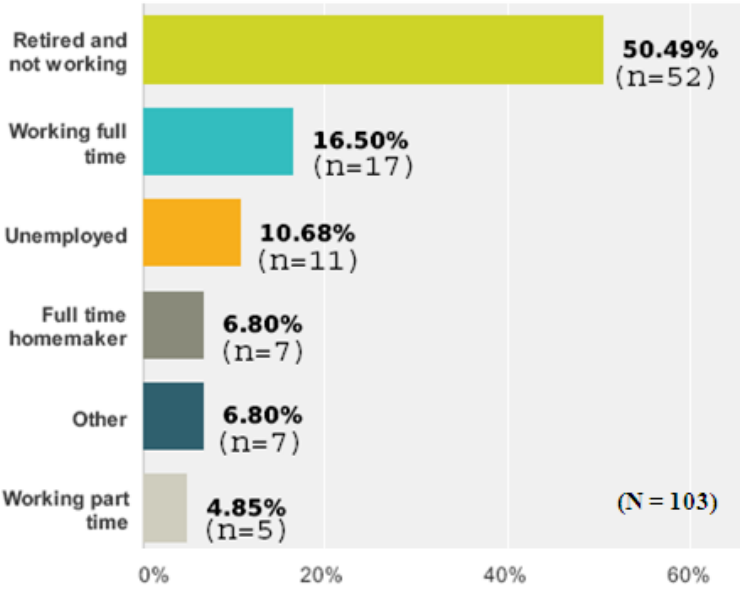


Figure 11. Current employment status

People were asked if having a disability was perceived as an employment barrier. Approximately 44% indicated employment was not applicable to his/her life situation, which is assumed to be the same pool of people who were retired and not working as identified in the Figure 10 above. However, almost 49% declared they agreed or strongly agreed their disability was a barrier to employment opportunities (Figure 11). The remaining 7% disagreed or strongly disagreed there was not an employment barrier due to disability.

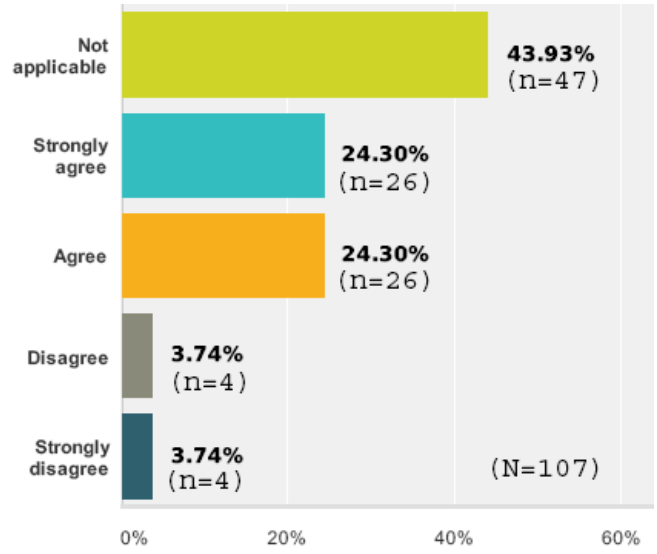
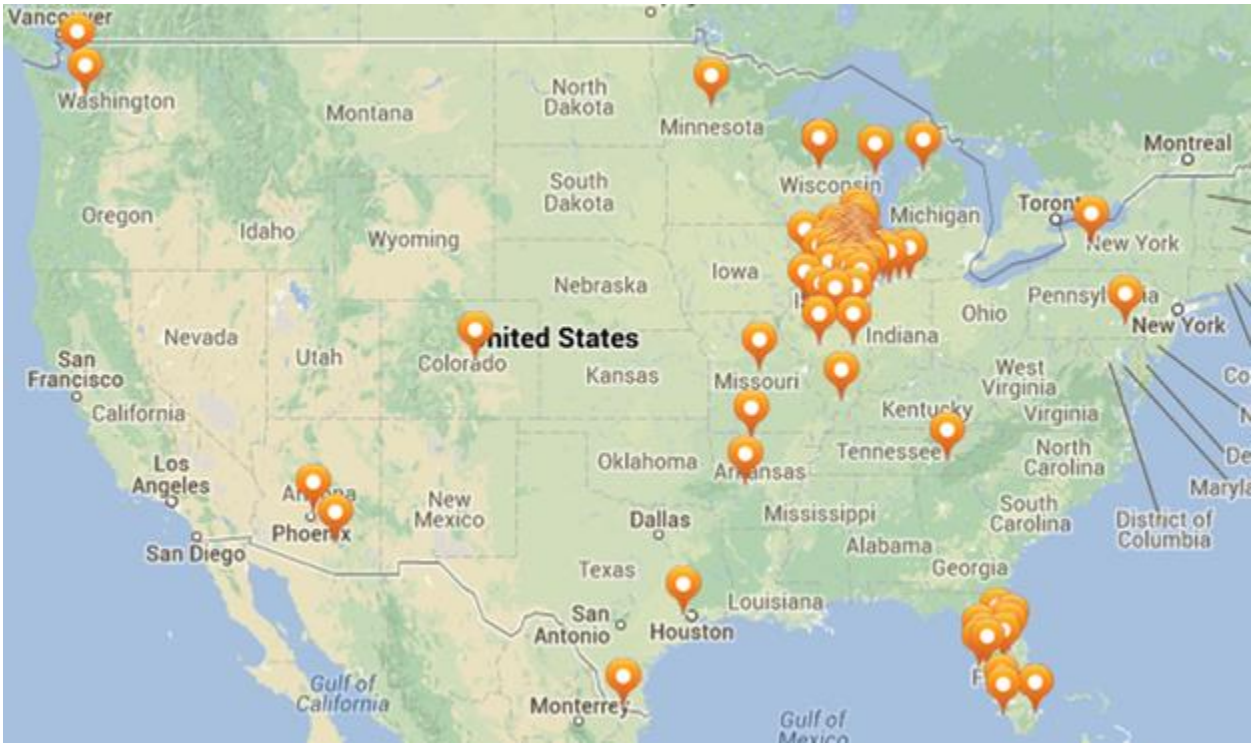


Figure 12. Perception about having a disability on employment

Marianjoy Rehabilitation Hospital dispersion of patient discharges
http://topo.ly/map.aspx?mapId=60357



IMPLEMENTING FINDINGS OF COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA):

The purpose of the CHNA was to gain better insight into the health concerns and needs of the specific communities served by the Marianjoy network, focusing on those members of the community with disabilities and impairments. This information was used to guide a number of strategies and tactics focused on the overall improvement of health and access to essential services for this population.

A review of the results from the initial CHNA offers insights into the overall perceptions of the availability of, and access to, health services in DuPage County. Initial findings appeared positive in terms of overall accessibility and availability of needed services; however, a number of opportunities for improvement were identified:

- Transportation assistance to health services
- Employment opportunities for individuals with disabilities
- Awareness of health education and information

These issues were consistent with the type of essential health services identified and defined by the federal, state, and county health and human services agencies serving DuPage and surrounding counties in Illinois. Data from federal, state, and county agencies have consistently highlighted the aforementioned services as targets for community-focused providers. Specifically, there are a number of published reports detailing strategically significant services needed to support the health of communities served by the Marianjoy network. The following priorities were determined to best align with the operational competencies of Marianjoy associates:

- Monitor health status to identify community health problems
- Inform, educate, and empower people about health issues
- Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable
- Ensure a competent public and personal healthcare workforce
- Research for new insights and innovative solutions to health problems

The primary focus of community benefits planning activity at Marianjoy is to align community-focused initiatives with identified health goals. The data obtained from the Illinois Department of Public Health (IDPH) and the Illinois Project for Local Assessment of Needs (IPLAN) for DuPage County, as well the Marianjoy 2013 CHNA primary research detailed above, are instructive to these overall planning efforts. The objective of these reporting activities is to identify health disparities and establish workable solutions to aid in improving the health of the community served by the Marianjoy network. By understanding the health priorities of the larger community, leaders from Marianjoy identified the needs of at-risk populations within the communities they directly serve. With this knowledge the leadership team at Marianjoy was able to outline specific community benefit strategies and tactics to be included in the annual Marianjoy strategic plan, which guides the overall direction of organization during the year. In FY 2015, the Marianjoy CHNA provided a more specific direction for how the specialty competencies available at Marianjoy can be leveraged to meet the needs of those at risk in the communities served.

TARGETING PERSONS WITH DISABILITIES REQUIRING PHYSICAL REHABILITATION:

According to "*Americans with Disabilities: 2012 Household Economic Studies,*"[1] the number of people with disabilities increased at the same rate as the general population; however, the chance of having a disability increases with age. According to the Centers for Disease Control (2015)[2], in Illinois, the numbers of individuals with disabilities across the adult population increase across age cohorts:

Age Cohort	Total People with Disability	% Population
18-44	503,314	10.5
45-64	661,611	20.6

[1] Brault, M.W. (2010). *Americans with Disabilities: Current Population Reports*. P70-131. U. S. Census Bureau, Washington, DC, 2012.

[2] CDC. *How Many People Have Disabilities*. Retrieved from http://www.cdc.gov/ncbddd/documents/Disability%20tip%20sheet%20_PHPa_1.pdf on 10.2.2015

65+	538,408	34.0

The physicians and clinicians at Marianjoy are trained in the provision of specialty treatments and rehabilitation for individuals with disabilities resulting from injuries, accidents, illnesses, or congenital defects. In general, individuals in these categories 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.

MARIANJOY COMMUNITY BENEFITS STRATEGIC CROSSWALK:

The Illinois Department of Public Health[3], in their action plan addressing the health needs of individuals with disabilities, stated:

> *People with disabilities often encounter inaccessible medical offices and equipment, transportation barriers, communication barriers, and attitudinal barriers. Consequently, people with disabilities in Illinois face an increased risk of developing additional health conditions. Health promotion programs must be developed and refined to be more inclusive for people with disabilities to ensure that they have equal access to these services. Reducing barriers and expanding access to health services and health promotion programs are critical steps in supporting the independence of people with disabilities.*

This is consistent with the findings of the 2013 CHNA, providing validation for the areas of focus identified by the leadership of the organizational. Since the initial survey, community-targeted efforts have focused on:

- Transportation-related concerns:
  - Findings from the CHNA demonstrated transportation to medical appointments is seen as a barrier to both health and community-based services
    - 17% reported frequent problems with transportation
    - 21% agreed that the public transportation system is difficult to navigate due to their disability
- Employment-related concerns:
  - Respondents to the CHNA and users of the AbilityLinks service consistently note the presence of a disability is perceived as a barrier to accessing meaningful employment
    - 48% perceived their disability as being an impediment to employment at the level they would like
- Fitness and wellness-related concerns:
  - A need exists for improved awareness of and access to health and fitness services targeted to individuals with disabilities resulting from stroke, brain injury, or other congenital or acquired disabilities
    - 10% reported dissatisfaction with information about fitness and exercise related to their specific health condition
    - 12% reported dissatisfaction with knowledge and awareness of health services and resources

[3] Illinois Department of Public Health. (2012). *Illinois Disability and Health Action Plan 2012-2017*. Retrieved from http://www.idph.state.il.us/idhp/documents/Disability_Health_Plan_2012-2017.pdf

These insights have been incorporated into the annual strategic planning and implementation process for FY 2015, and they serve as a driver for the creation of integrated business and community-focused strategies for FY 2015 and beyond.

As a member of Wheaton Franciscan Healthcare, Marianjoy leadership participates in an annual exercise to determine overall strategic priorities for the system and individual business units (e.g., Marianjoy). Since completing the initial CHNA a consistent set of organizational strategies were identified to specifically align with the opportunities to provide a benefit to the community served by Marianjoy. These include:

- ***Patient and Family Experience (PE)***
  - Consistently deliver a superior and compassionate patient and family experience across the continuum of care, distinguishing us as the provider of choice in the communities we serve
- ***Clinical Excellence (CE)***
  - Achievement of outstanding clinical outcomes through innovation and care transformation resulting in the greatest value for our patients and customers across the continuum of care
- ***Total Health Management (THM)***
  - Our care delivery system is positioned to compete and succeed in a changing environment, focusing on better care, better health, and lower costs

Table 4 demonstrates, via a simple crosswalk, the alignment of the assessment areas identified in the Marianjoy CHNA with the categories of community benefits defined by the State of Illinois, and the strategic goals of Marianjoy as they relate to those community needs.

Table 4. Marianjoy Community Benefits Strategic Crosswalk

Identified Community Needs	Category of Community Benefit	Aligned Marianjoy Strategic Goal
Transportation to Health Services	• Community Health Improvement Services	• Patient and Family Experience • Clinical Excellence • Total Health Management
Access to Employment	• Financial and In-Kind Contributions	• Patient and Family Experience • Clinical Excellence • Total Health Management
Awareness of Health & Wellness-Related Services	• Health Profession Education • Community Health Improvement Services	• Patient and Family Experience • Clinical Excellence • Total Health Management

This crosswalk demonstrates the integration of community needs as an essential component to the overall strategies that annually guide the work of Marianjoy physicians and associates. As in prior years, due consideration is given to the latest available community data during the annual strategic planning process. Each year, additional resources are evaluated to ensure the most urgent community needs are being both identified and met. Further, Marianjoy associates continuously monitor and report on their community-directed activities, as required by state and federal regulations.

FOCUS OF ACTIVITIES BENEFITING COMMUNITIES SERVED BY MARIANJOY:

The two primary objectives of community-focused activity at Marianjoy are: 1) to provide quality cost-effective healthcare services to patients in need of Physical Medicine and Rehabilitation services, regardless of their ability to pay; and 2) to serve as a community resource for improved community health and those issues impacting persons with disabilities. These goals are integrated into the larger charitable mission, vision, and values of the organization and its parent healthcare system.

Leaders at Marianjoy are challenged to find new and innovative channels to reach the high-risk populations of persons with disabilities and their families who live within the communities served by the Marianjoy network. Individuals with disabilities are often at higher risk for secondary healthcare needs related to joint care and arthritis; diabetes and the prevention of lower-extremity amputations; foot care; fall prevention; nutrition; safety;

high blood pressure; stroke and heart disease prevention; and pain control. As a leader in Physical Medicine and Rehabilitation, Marianjoy serves as a critically important community resource for individuals with disabilities and others from the community. The leaders, clinicians, and associates of Marianjoy are aware of the important role the organization plays in helping to maintain healthy communities. As such, as part of the annual strategic planning process at Marianjoy, community benefit objectives are evaluated and updated as needed. The following objectives have served to drive organizational community-directed activity:

1. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
    - Marianjoy operational policies call for the provision medically necessary healthcare services to people in the communities it serves, regardless of their ability to pay, as called for by the organization's mission/vision/values, and those of its sponsoring organization
    - Marianjoy supports community efforts to increase employment equality among people with disabilities through its "AbilityLinks.org" web-based employment network. The goal of this initiative is to connect potential employers and job-seekers with disabilities. Components of this program include vocational counseling for job-seekers, virtual job fairs, employment expos, and a variety of educational programs for businesses interested in employing individuals with disabilities. In FY 2015 (continuing into FY 2016), Marianjoy has taken a leadership role in the promotion of disability awareness through activities associated with the ADA25 Chicago celebrations highlighting the 25th anniversary of the passage of the Americans with Disabilities Act. This ongoing program can be tied to nearly 1000 job seekers gaining employment in the fifteen years this program has been in operation.
2. Research new insights and innovative solutions to rehabilitation focused health problems
    - Researchers and clinicians at Marianjoy conduct and promote applied and behavioral research in the field of Physical Medicine and Rehabilitation with the goals of improving the recovery and/or treatments for people with disabilities. Each year, dozens of poster and podium presentations are offered at regional and national medical conferences, highlighting the findings of Marianjoy associates.
3. Monitor health status to identify community health problems
    - Through a number of innovative new programs, associates from Marianjoy are helping patients reduce environmental barriers at home, school, work, or within the community by advancing the use of assistive devices and technology for people with disabilities. The Marianjoy Assistive Rehabilitation Technology Institute was opened in FY 2015 to help patients achieve the highest level of independence possible via the utilization of assistive devices and/or technology. This level of therapy helps patients achieve a successful return to their home setting.
4. Inform, educate, and empower people about health issues
    - In addition to providing transportation for individuals who lack access to sources of mobility, Marianjoy maintains and hosts support groups for individuals with specific disabilities. The goal of these programs is provide ongoing support for individuals and families impacted by disability.
    - A number of classes are offered annually, designed to improve the health of the community and help prevent secondary conditions. Education and support services address joint care and arthritis; diabetes and the prevention of lower-extremity amputations; foot care; fall prevention; nutrition; safety; high blood pressure; stroke and heart disease prevention; and pain control. Marianjoy will provide a variety of free community education programs, including health assessments, as well as other educational activities to improve health literacy. These courses are driven by the identified needs of the community gathered through formal and informal means (eg, evaluation surveys, anecdotal requests of patients and service providers).

5. Monitor health status to identify community health problem

    - Fitness and wellness programs tailored to people with disabilities and other health issues help ensure these vulnerable populations are engaged in moderate physical activity designed to improve strength and increase flexibility, to protect against further disability and enhance functional independence. The additional of the Marianjoy Fitness Center has opened new opportunities for individuals who may not have felt physically able or comfortable in other exercise setting. A full schedule of classes based on the expressed needs of adult and pediatric patients has been put into effect starting early in calendar year 2016, and is continually being updated to meet specific patient populations.

The following is a list and brief description of some of the specific program components of the *Marianjoy Community Benefit Plan*. These actions are designed to optimize the competencies of the physicians and clinicians of Marianjoy in a manner that best benefits the community at large.

Marianjoy Community Care Program: Marianjoy 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. Marianjoy follows the Wheaton Franciscan System's Payment for Services Policy (the policy is attached for reference). The Community Care Program, outlined in the policy, provides sliding scale discounts on healthcare services for uninsured patients with income up to 400% of the federal poverty guidelines. The policy also provides a standard set of procedures for the collection of payment for the healthcare services it supplies and renders for all patients.

Charitable Assistance for Assistive Devices Program: Marianjoy provides charitable support to individuals who do not have access to assistive devices or technology. This program is operated out of a center located in Wheaton, Illinois, where patients can practice on and learn how to use assistive technology for diverse rehabilitation needs.

Professional Training, Education, and Clinical Research Activities: Marianjoy professional educational programming includes a Physical Medicine and Rehabilitation (PM&R) residency program, as well as clinical experiences for students in nursing, allied health professionals, social workers, pharmacists, and dieticians. For the fiscal year ending June 30, 2015, Marianjoy trained 15 residents (five per program year). Marianjoy clinicians continue to support multi-disciplinary research projects and share evidence-based best practices with clinicians across the nation in order to cultivate a culture of quality and excellence. The program continued in 2016, again serving 15 medical residents. Due to a recent change in market needs, the program is being expanded to 18 medical residents (six per program year).

In addition, clinical staff at Marianjoy is engaged in the provision of ongoing education and professional development of both practicing professionals and aspiring students, in order to serve all patients in need of Physical Medicine and Rehabilitation Services better. Annually, through the Marianjoy Professional Learning Institute, multiple international, national, and locally known clinical experts present courses at Marianjoy that focus on the latest evidence-based best practices. Marianjoy is able to award contact hours to nurses, therapists, other clinicians seeking continuing education. Annually, approximately 75% of our participants were clinicians external to Marianjoy. To date, 99% of our course participants report satisfaction with their Marianjoy learning experience, as well as their likelihood to return to future Marianjoy programs for their educational needs.

In addition to these educational programs, students from over 40 leading universities from across the United States participated in clinical internship training in the fields of physical therapy, occupational therapy, speech-language pathology, nursing, pharmacy, and dietary sciences. These students gain firsthand experience under the supervision of physicians and clinicians from Marianjoy.

The leadership of Marianjoy also embraces and supports multi-disciplinary research projects. Each year, physicians and clinicians from Marianjoy share evidence-based best practices with colleagues across the nation, to cultivate a culture of quality and excellence. This ongoing commitment to research and education provides a vehicle to meet the changing medical needs of patients to reduce hospitalizations and maintain independence, thereby supporting the goals of the community/population health and the "Triple Aim" initiative. This sharing of information among

rehabilitation professionals is accomplished through multiple channels, such as publications, scientific presentations, and other educational offerings, in order to serve the larger rehabilitation community with the establishment of best practice patterns designed to promote neurologic recovery. During fiscal year 2015, researchers from Marianjoy self-published the Marianjoy Rehabilitation Research Compendium 2011–2014, which was designed for the physician reader as a comprehensive report to share research conducted at Marianjoy with the entire Physical Medicine & Rehabilitation community, in order to advance quality rehabilitation care, improve overall patient satisfaction, and demonstrate optimal treatment outcomes. A copy of the Marianjoy Research Compendium 2011–2014 is available at http://www.marianjoy.org/eCompendium.aspx.

Advocacy: Marianjoy advocates for our patients, the community, and the other individuals living with a disability through a variety of programs, which are designed to encourage those we serve to continue working, living independently, and pursuing education. These programs and activities include:

1. **Disability Advocacy –** In July of 2015, the nation commemorated the 25th anniversary of the Americans with Disabilities Act (ADA). Community leaders throughout the greater Chicago area worked together to sponsor a yearlong celebration of this milestone legislation under the banner of ADA25 Chicago. Marianjoy President and CEO Kathleen Yosko served on the Board of Directors for the ADA25 organization. Furthermore, one of the first events of this initiative was a business breakfast sponsored by Marianjoy and the AbilityLinks service. Approximately 100 business professionals and service providers attended this event held in the Marianjoy Education and Conference Center.

2. **Vocational Assistance through AbilityLinks.org –** Marianjoy sponsors AbilityLinks.org, an award-winning job-networking website designed to help individuals with disabilities find employment. This program provides job-seekers with a single point of contact to reach both employers and employment programs. Annually AbilityLinks.org sponsors up to three virtual job fairs and webinars targeted toward job-seekers with disabilities and employers seeking to recruit them. On average approximately 90 jobseekers and 30 employers participate in each of the job fairs. Webinars are gathering audiences of approximately 35 job seekers and 40 employers per event. The total number of job-seekers self-reporting success finding employment averages between 60-70/year.

3. **Driver Rehabilitation Vehicle Modification Program** –This program provides individuals with a disability, living at or below the poverty level, the opportunity to drive again. All participants are initially unable to drive a regular vehicle. Through this program, participants are provided with necessary adaptive devices or conversions required to make their vehicle accessible and drivable. The program provides services to approximately 750 individuals annually.

4. **Transportation –** Marianjoy Rehabilitation Hospital provides transportation for clients who have little to no means to travel to therapy. The transportation department services a large geographical area and provides services for a nominal fee. Annually drivers from Marianjoy provided nearly 16,000 one-way trips using 10 transport vehicles from both the Wheaton and Oakbrook Terrace locations. In 2015 a grant in the amount of $110,790 was awarded to provide transportation, medication, and medical equipment to low-income patients. This grant provided assistance for uninsured or underinsured patients; 141 medical equipment and 14 medication purchases; and 168 transport services. The total annual estimated value of services provided is calculated to be nearly $650,000.

5. **Advancing Continuing Education for Students with Physical Disabilities** – Each year the Marianjoy Scholarship Program awards more than $60,000 in scholarships to deserving young men and women with disabilities from the Chicagoland area pursuing post–high school education. This program has awarded over $900,000 since 1997.

6. **Community Support Groups** -- Marianjoy sponsors a variety of support groups, where former patients, their families, and caregivers can share experiences, learn about resources, and network. Some of the groups include amputation, aphasia, Guillain-Barre, brain injury,

chronic pain, and stroke. Beginning in 2012, the recently formed “Moms and Dads for Marianjoy” group began hosting educational and service-oriented programs to help parents of children with disabilities identify needed resources and network as a community on behalf of children with special needs. These free programs are open to the general community.

7. **Community Education Programs:**

- Multiple free events targeted to specific needs of patients utilizing Marianjoy services, including “Achieving Your Running Goal”; “Avoiding Food Fights”; “Friends and Family CPR”; “Give Your Heart a Rest”; “Understanding Blood Pressure”; “Walking the Labyrinth”; and “Journey of Renewal.”
- Library access for patients and families seeking additional information and resources, including *InformationConnections.org*, a website that offers families reliable health information for children with disabilities, and *DisabilityandRehabilitation.org,* a website that offers adults and caregivers with current and accurate information.
- Tools and education to assist people with disabilities in monitoring medications and dosage requirements properly.
- Preventive classes that promote strength and flexibility to protect against disability and enhance functional independence.
- Medicaid Task Force of the Illinois Health Association
- Transforming Illinois Health Care Committee of the Illinois Hospital Association
- American Hospital Association Region 5 Advisory Board
- Provide collaborative support to nonprofits, foundations, and government agencies who reach the disabled and other high-risk populations. A number of the groups supported include:
    - American Medical Rehabilitation Providers Association (AMRPA)
    - Metropolitan Chicago Health Council (MCHC)
    - Illinois Hospital and Health Systems Association (IHA)
    - Economics Club of Chicago
    - The Beryl Institute
    - Almost Home Kids
    - DuPage County Workforce Board
    - DuPage Health Coalition Board
    - Student Advisory Board – Midwestern University
    - Midwest Chapter – Association for Drivers Rehabilitation Specialists
    - American Speech-Language-Hearing Association
    - Illinois Speech-Language-Hearing Association

Associates across the Marianjoy network are committed to providing exceptional, compassionate, and cost-effective rehabilitation medicine and related healthcare services that promote the dignity and well-being of those in the communities served. They are specifically interested in ensuring those who are most at-risk have access to the care and information they need to maintain a healthy and meaningful life. The actions identified as part of the Community Benefits strategy of Marianjoy should serve to enrich the communities and patients we serve. This is consistent with the mission of Wheaton Franciscan Healthcare and Marianjoy, Inc.