



Community Health Implementation Plan 2025 – 2027

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Your Feedback Makes Us Better

We welcome your comments, ideas and questions about this report, and all Community Health Needs Assessment and Community Health Implementation Plan documents at Northwestern Medicine.

Please share your feedback by calling the Northwestern Medicine Community Affairs Department at 312.926.2301 (TTY: 711) or by emailing communityhealth@nm.org.

Please include your name, organization (if applicable) and any questions or feedback you have about the report content.

Public availability

This report and all Northwestern Medicine Community Health Needs Assessment and Community Health Implementation Plan documents are public information. You can access them at nm.org/about-us/nm-community-impact/reports.

You can also request reports at no cost by calling the Northwestern Medicine Community Affairs Department at 312.926.2301 (TTY: 711) or by emailing communityhealth@nm.org.



Northwestern Medicine is committed to:

- Delivering world-class care and experience regardless of the patient's ability to pay
- Deepening our relationships with our community to improve health equity
- Advancing discovery and medical knowledge

We are a nonprofit, integrated academic health system committed to serving a broad community. We provide world-class care at 11 hospitals and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the surrounding suburbs.

Our hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From collaborating with community organizations to serving as a major economic driver, Northwestern Medicine helps make communities stronger.

Northwestern Medicine is a strategic partnership between Northwestern Memorial HealthCare and Northwestern University Feinberg School of Medicine.



11 hospitals



200+ locations

Northwestern Medicine Marianjoy Rehabilitation Hospital

Located in Wheaton, Illinois., Northwestern Medicine Marianjoy Rehabiliation Hospital is an acute inpatient rehabilitation hospital with 125 licensed beds. Marianjoy Rehabilitation Hospital serves both adult and pediatric patients through inpatient and outpatient services. In fiscal year 2024, the medical staff of Marianjoy Rehabilitation Hospital treated patients through more than 2,900 inpatient admissions and more than 44,000 outpatient visits. Specialty programs include stroke, spinal cord injury, brain injury, pediatric conditions and orthopaedic/musculoskeletal and neuromuscular disorders.

Marianjoy Rehabilitation Hospital cares for those recovering from injury or illness or who need intensive therapy to regain their function and maximize independence.



Community Benefits Plan

Northwestern Memorial HealthCare and Northwestern Medicine Marianjoy Rehabilitation Hospital are guided by a Community Benefits Plan. The Community Benefits Plan includes comprehensive financial assistance and presumptive eligibility policies, as well as vast research, education and other community benefit activities. This Community Health Implementation Plan (CHIP) is aligned and coordinated with the Community Benefits Plan. Together, these strategies help to improve the health of the communities we serve.

About the Community Health Implementation Plan

In alignment with our mission and in accordance with the requirements of the Patient Protection and Affordable Care Act, Northwestern Medicine Marianjoy Rehabilitation Hospital works with community organizations every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the significant health needs of residents of the community it serves.

This CHIP is a companion document to the Marianjoy Rehabilitation Hospital 2024 CHNA, which can be accessed at nm-community-impact/reports. The goal of the CHIP is to use CHNA data to guide initiatives that improve the health of our community.

In this report, we summarize the significant health needs identified in the 2024 CHNA. We identify which of these needs we will prioritize over the next three years and explain why we will not be addressing other significant health needs identified in the 2024 CHNA.

In addition, for each priority health need, we will explain:

- · Actions or strategies planned to address the need
- · Anticipated impact of those strategies
- · Resources we intend to commit to those strategies
- Planned collaborations between Marianjoy Rehabilitation Hospital and other organizations to address the need

We rely on help from our community

Marianjoy Rehabilitation Hospital values input from local community members and uses their insights during development of the CHIP. One way we gather feedback is through our Community Engagement Council.

The Community Engagement Council is a diverse group of representatives from community-based organizations and Northwestern Medicine staff. Council members are people who have expertise in a broad range of areas and have demonstrated a strong, ongoing commitment to improving the health of the communities we serve. Council members were invited to participate based on their role within their respective organizations and their commitment to improving the health of the community.



The Northwestern Medicine Marianjoy Rehabilitation Hospital Community Service Area (CSA) covers 54 ZIP codes in northern Illinois.

a.,			
City	ZIP Code	City	ZIP Code
Addison	60101	Itasca	60143
Aurora	60502, 60504, 60519 60569, 60598, 60599	Lisle	60532, 60572
Bartlett	60103	Lombard	60148
Bensenville	60106, 60399	Naperville	60540, 60563, 6056 60566, 60567
Bloomingdale	60108, 60117	Oak Brook	60523
Burr Ridge	60527	Roselle	60157, 60172
Carol Stream	60116, 60128, 60132 60188, 60197, 60199	Villa Park	60181
Clarendon Hills	60514	Warrenville	60555
Darien	60561	Wayne	60184
Downers Grove	60515, 60516	West Chicago	60185, 60186
Elgin	60122	Westmont	60559
Elmhurst	60126	Wheaton	60187, 60189
Glen Ellyn	60137, 60138	Winfield	60190
Glendale Heights	60139	Wood Dale	60191
Hanover Park	60133	Woodridge	60517
Hinsdale	60521, 60522		

How the Community Service Area is defined











The Marianjoy Rehabilitation Hospital CSA was determined by:

- Geographic area served by the hospital
- Main functions of the hospital
- Areas that have been historically under-resourced
- Areas where we are currently working to address priority health needs, including work with community partners

The defined CSA takes into account populations that are:

- Medically underserved
- Low income
- Historically underrepresented, minority populations

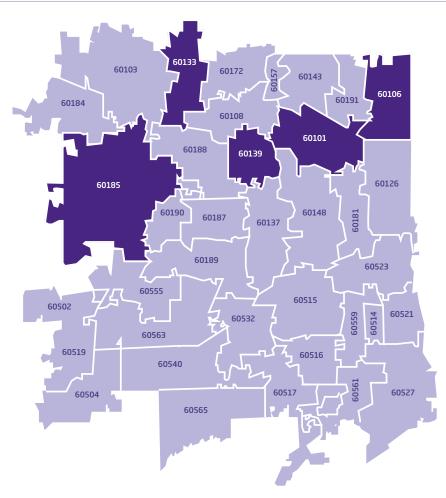
Our CSA definition does not consider how much patients or their insurers pay for care or whether patients are eligible for financial assistance through Northwestern Medicine.

Identifying communities with economic hardship

Once the CSA has been defined, Northwestern Medicine uses the Socioeconomic Resource Index (SERI) to identify areas experiencing economic hardship. Under-resourced areas are identified based on multiple indicators, including:

- Unemployment (for individuals older than 16 years)
- Education (those older than 25 years without a high school diploma)
- Per capita income level
- Crowded housing (more than one person per room)
- Dependents (younger than 18 years or older than 64 years)
- Poverty (income below 200% of the federal poverty level)

The strategies identified in this report focus on these under-resourced areas in an effort to address health disparities within the CSA.

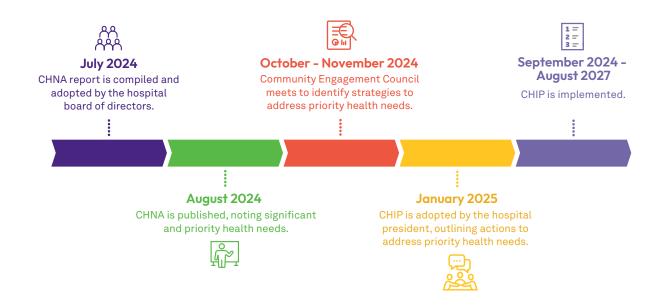


Northwestern Medicine Marianjoy Rehabilitation Hospital Community Service Area. Locations in dark purple (ZIP codes 60101, 60106, 60133, 60139 and 60185) have been identified as under-resourced communities by SERI.





CHIP Timeline



CHIP Development Process

CHNA: Identify significant health needs

Northwestern Medicine Marianjoy Rehabilitation Hospital collaborated with Metopio to create the 2024 CHNA. Together, we completed a comprehensive analysis of the collected data. Analysis included getting input from people in targeted under-resourced populations.

Prioritization: Select priority health needs



Once the CHNA data analysis was complete, we convened the Community Engagement Council to help identify the highest-priority health needs.

To help us prioritize, council members reviewed guiding principles and CHNA data findings and participated in robust conversations regarding community health needs for the Marianjoy Rehabilitation Hospital CSA.

Strategy development: Identify actions to address the priority health need



Following the prioritization process, we had conversations with community organizations and internal teams to identify potential strategies. We then worked with the Community Engagement Council to identify actions, resources, anticipated impacts and planned collaborations to address the selected priority health need over the next three years. In developing these strategies, we were mindful of our own strengths and those of other organizations in our CSA.

This work is the basis for the CHIP.

Adoption: Three-year plan



This CHIP was adopted in January 2025 by the hospital president and will be active until August 31, 2027, in alignment with our fiscal year calendar.

Implementation: Implement strategies to address the priority health need



As we work to address the priority health need over the three-year CHIP span, the report will be reviewed and updated as needed to ensure it remains viable and to maximize our impact. We will regularly share our efforts with reporting agencies and our community.



The following significant health needs were identified through the Northwestern Medicine Marianjoy Rehabilitation Hospital 2024 CHNA. Of these, one (highlighted in orange) was selected as a priority health need.

Among the significant health needs not identified as priority health needs, many are being addressed through the ongoing, comprehensive services and programs at Marianjoy Rehabilitation Hospital, in collaboration with our community allies, and across Northwestern Medicine.

Health Need Identified in the 2024 CHNA	Our Response	
Access to Health Care	This need has been identified as a priority health need. See <u>pages 14-17</u> for our plan to address it.	
Behavioral Health	This need is addressed through the hospital care delivery system.	
Cancer	This need is addressed through the hospital care delivery system.	
Cardiovascular Disease	This need is addressed through the hospital care delivery system.	
Diabetes	This need is addressed through the hospital care delivery system.	
Food Access	This need is better addressed by community organizations specializing in this field.	
Homelessness and Housing	This need is better addressed by community organizations specializing in this field.	
Obesity	This need is addressed through the hospital care delivery system.	
Substance Use Disorders	This need is better addressed by community organizations specializing in this field.	
Transportation	This need is better addressed by community organizations specializing in this field.	

Indicates priority health need



Priority Health Need for Northwestern Medicine Marianjoy Rehabilitation Hospital

The following was identified as the priority health need to be addressed by Northwestern Medicine Marianjoy Rehabilitation Hospital over the next three years.



Our commitment to health equity

To achieve equity for those we serve, Northwestern Medicine continually works to:

- Overcome structural inequities and bias
- Improve coordination and connection to community resources
- Provide culturally and linguistically appropriate care

These three areas are integrated in every strategy we have for addressing the priority health needs of our community. These are foundational issues that Northwestern Medicine is addressing both within the organization and across our communities. The long-standing resolve to address them is embedded throughout the work of Northwestern Medicine.



Community Health Implementation Plan



Goal: Increase access to comprehensive, high-quality healthcare services.

Access to Health Care was identified as a priority health need in the Northwestern Medicine Marianjoy Rehabilitation Hospital CSA. From survey results to in-depth interviews with persons who represent the broad interests of the community, the need for access continuously emerged in our findings. It was elevated in conversations as a concern that impacts individual health and significantly influences the overall well-being of the community.

Specific themes included the affordability of medical professionals, insurance and medication, as well as access to transportation.

We heard you

Focus group participants indicated difficulty with access to health care due to a decreased number of available medical professionals, difficulty accessing transportation and financial constraints.²

For individuals with disabilities accessing health care, focus group participants noted obstacles such as communication issues related to speech or cognitive disabilities.²

Survey respondents identified these important community issues

38.3%

Access to affordable medication



30.0%

Access to affordable insurance



28.6%

Access to affordable medical professionals



20.0%

Access to transportation



Focus group participants identified the following as factors that could improve access to health care



More options for accessible transportation



More accessible options for individuals with disabilities to make appointments



Action 1: Capacity

Provide more support for federally qualified health centers (FQHCs) and free and charitable care clinics.

Anticipated Impact

• Increased number of patients able to receive care at community sites

Resources

Funding

Collaborations

- FQHCs
- Free clinics

Action 2: Grants and Donations

Provide funding to community organizations and programs that provide healthcare services and resources to populations that have historically had limited access to these resources.

Anticipated Impact

- Increased funding to organizations
- Increased collaboration with community-based organizations

Resources

Funding

Collaborations

Community organizations

Action 3: Community Education and Programs

Deliver community-based screenings and educational programs.

Anticipated Impact

- Increased number of community-based programs
- Increased number of participants using available programs

Resources

- Staff time
- Educational materials

Collaborations

• Community organizations



Community Health Implementation Plan Adoption

The adoption of this plan was authorized through a board resolution at the August 26, 2024, meeting of the Marianjoy Rehabilitation Hospital & Clinics, Inc. Board of Directors.

The Northwestern Medicine Marianjoy Rehabilitation Hospital 2025 – 2027 Community Health Implementation Plan was adopted by the president of Northwestern Medicine Marianjoy Rehabilitation Hospital by January 15, 2025.

Appendix: References

- U.S. Department of Commerce. (2022). U.S. Census Bureau 2018-2022 American Community Survey 5-year Estimates. U.S. Department of Commerce. https://www.census.gov/newsroom/press-kits/2022/acs-5-year.html.
- 2. Community input represents information and beliefs obtained from CHNA focus groups and from persons representing the broad interests of the community, including people who are uninsured, have low incomes and belong to certain minority groups.



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