Northwestern Medicine®

2024 Community Health Needs Assessment

Northwestern Medicine Marianjoy Rehabilitation Hospital

Your Feedback Makes Us Better

Northwestern Medicine is committed to building healthier communities. Your voice is important for helping us understand your lived experiences in your community.

Northwestern Medicine Marianjoy Rehabilitation Hospital encourages comments from the public regarding our Community Health Needs Assessment (CHNA) process or findings. Please submit comments to communityhealth@nm.org, and include your name and organization, if applicable.

This report was adopted by the Marianjoy Rehabilitation Hospital & Clinics, Inc. Board of Directors on August 26, 2024, and made available to the public on August 31, 2024. It was created in accordance with federal IRS regulations (26 C.F.R. § 1.501(r)-3).

Foreword

Our Commitment to Equity

The world has experienced dramatic change in the last few years. From the medical, social and economic challenges brought on by the COVID-19 pandemic, to the painful and increasing inequities that are affecting people across the country, now more than ever, we are called to be better.

Better is a philosophy that drives everything we do at Northwestern Medicine. Just as we are driven to provide better care, better treatments and better patient experiences, we also are relentless in our pursuit of building better communities.

Three pillars of community work

This Community Health Needs Assessment may be on a three-year cycle, **but our community work happens every day,** in every department. In short, this is who we are.

Three areas span our community pillars and touch every strategy we have for addressing the priority health needs of our communities.

Structural inequities and bias

We elevate initiatives that:

- Facilitate community engagement and cultivate new relationships
- Allow us to work with long-standing community allies to address health inequities
- Invest in disparity research
- Foster ongoing bias training for all employees and clinicians
- Ensure Northwestern Medicine is a safe and welcoming environment for all patients

Coordination and connection to community resources

We elevate initiatives that:

- Strengthen community-clinician relationships
- Lead to better care and coordination
- Connect patients with community resources

Promotion of independence and activity

We elevate initiatives that:

- Advocate for increased access to transportation through Safe Driver programs, or accessible public transportation or ride-share services
- Support plans to increase access to buildings, transportation and other public spaces for individuals who experience a disability
- Provide opportunities for physical activity at accessible fitness centers or programs, or with certified inclusive trainers

Every member of the Northwestern Medicine workforce is dedicated to our vision of a stronger, healthier and **better** life for those in the communities we are privileged to serve.

Table of Contents

Introduction to the Community Health Needs Assessment

Since 2013, Northwestern Medicine Marianjoy Rehabilitation Hospital has completed a comprehensive Community Health Needs Assessment (CHNA) every three years. This process helps us better understand who lives in the communities we serve as well as the biggest health issues they face.

Goals of our CHNA

The goals of the CHNA were to:

- Learn about the health needs of residents within the hospital's Community Service Area
- Identify which needs are most important to address
- Identify resources available to address those needs

Northwestern Medicine is committed to **improving the health of the communities we serve**. The CHNA process helps us achieve this mission.

How we achieved our goals

For the 2024 CHNA, Marianjoy Rehabilitation Hospital collaborated with Metopio to learn about the communities we serve and their health needs. Metopio is a software and service company that is grounded in the philosophy that communities are connected through places and people. Metopio uses data visualizations to reveal valuable, interconnected factors that influence outcomes in various locations.

Together with Metopio, we gathered information from a variety of sources, including direct community input through surveys, focus groups and key informant interviews. After we collected and analyzed this information, we interpreted the findings to identify the most significant health needs affecting the communities we serve. Then, we worked with community representatives to help identify which needs were the most important for Northwestern Medicine to address over the next three years.

We identified health needs among people across all:

- Socioeconomic groups
- Races and ethnicities
- Sexual orientations and gender identities
- Ages

While we assessed information across our entire service area, this report highlights health inequities and needs that disproportionately impact people in communities that have been historically under-resourced and have a higher percentage of people with barriers to health and wellness, such as a lack of medical insurance.

Priority health need

Many health needs were identified through the CHNA process. To identify which needs to address, we considered which were most widespread, severe and persistent. Then we considered which needs would be best addressed through a collaboration with community organizations. There is one priority health need that we will focus on over the next three years.

The priority health need for Marianjoy Rehabilitation Hospital in the 2024 CHNA is:

- Access to Health Care

Addressing the identified priority health need

Marianjoy Rehabilitation Hospital will use the information and insight gained through this assessment to guide our work on improving the health of the communities we serve. We will develop an implementation plan to detail how we will address the priority health need in collaboration with healthcare, social service, public health and policy organizations.

Drawing on our collective resources, **together we can address the priority health need of residents** in our defined Community Service Area.

Acknowledgments

We rely on voices within the communities we serve to help us better understand the needs and issues that affect the health of their residents. This CHNA and the work that will come out of it would not have been possible without discussions with key community collaborators, organizations and residents. We are grateful to everyone who dedicated their time to share their insights with us.

We also gratefully acknowledge Metopio for their collaboration and significant efforts in the completion of this CHNA.

Who We Are

Get to know Northwestern Memorial HealthCare

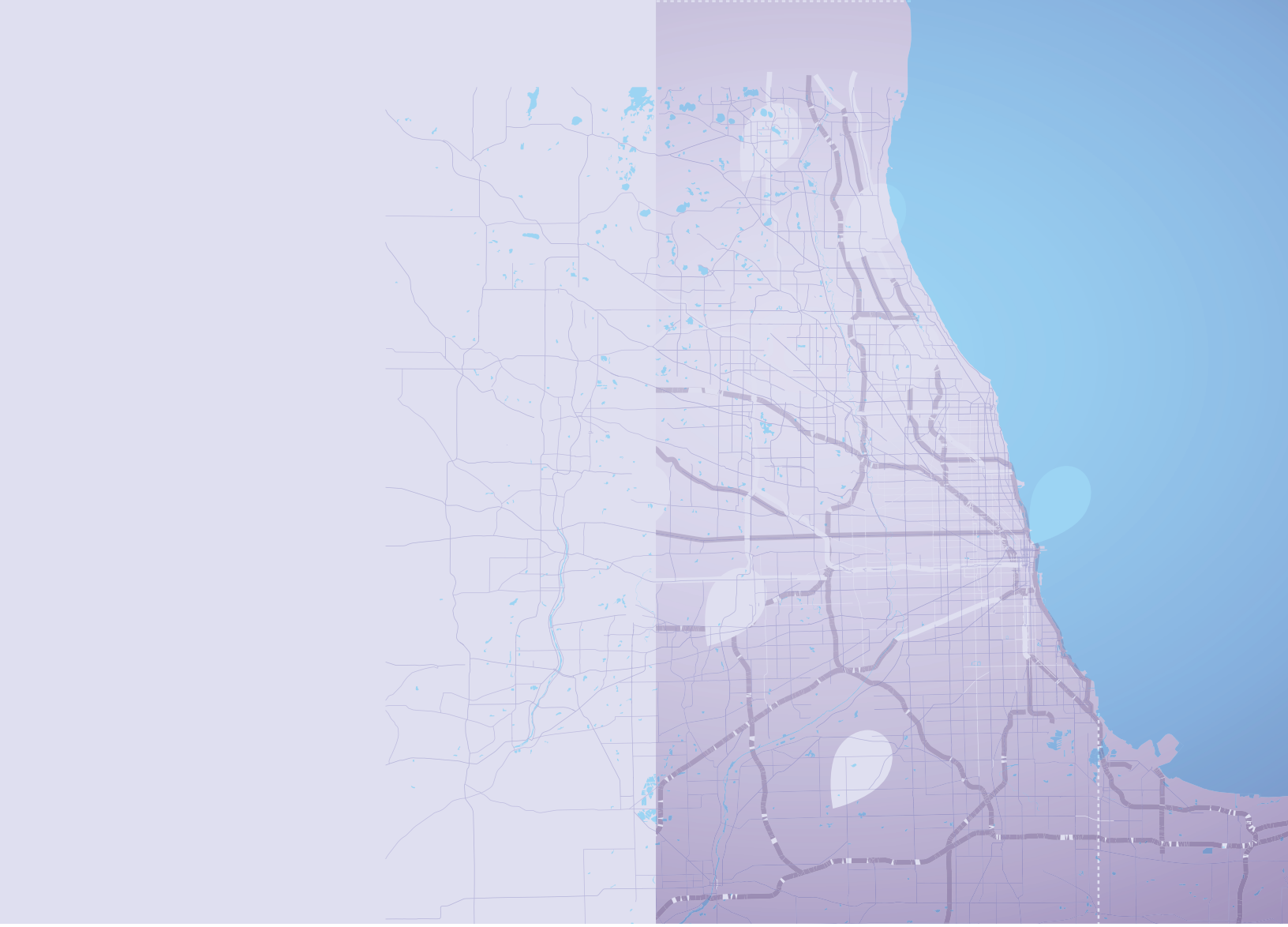
Who we are

Nonprofit | Growing, nationally recognized | World-class care

Who we serve

Rural | Suburban | Urban

People with a broad range of socioeconomic statuses and needs associated with social determinants of health



Our mission

Provide quality medical care regardless of the patient's ability to pay

Transform medical care through clinical innovations, breakthrough research and academic excellence

Improve the health of the communities we serve

About Northwestern Marianjoy Rehabilitation Hospital

How we achieve our mission

As pillars in their respective communities, Northwestern Medicine hospitals are uniquely positioned to lead efforts to positively impact community health.

- We provide culturally informed care to meet the needs of those who live in our communities.
- We maintain strong relationships with community allies that share our vision of building stronger, healthier communities.
- We are a major economic driver in the communities we serve.

Northwestern Medicine Marianjoy Rehabilitation Hospital has a rich history of caring for the community.

125
licensed acute inpatient rehabilitation beds

Inpatient & Outpatient
services

Located in **Wheaton**, Illinois

Adult & Pediatric
patients

100
physicians*

more than **2800**
inpatient admissions

18
physical medicine and rehabilitation residents in training annually

Care for those recovering from injury or illness or who need **intensive therapy** to regain their function and maximize independence.

Destination hospital
for residents of surrounding counties

Specialty programs: Stroke, spinal cord injury, brain injury, pediatric conditions, and orthopaedic/musculoskeletal and neuromuscular disorders.

Services: Comprehensive care teams trained and certified in the latest and most effective treatment approaches.

Community: Suburban

*Fiscal year 2023

Northwestern Medicine Marianjoy Rehabilitation Hospital

We work with trusted community-based organizations to identify and respond to priority health needs within the community and systematically reduce barriers to patient care services. Together, we have developed important initiatives to minimize risk factors and provide access to care.

Defining the Community Service Area

How the Community Service Area was determined

Marianjoy Rehabilitation Hospital defined the Community Service Area (CSA) used in this CHNA by considering:

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

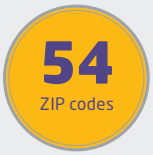
The defined CSA takes into account populations that are:

- Medically under-served
- Low-income
- Historically under-represented, minority populations

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

How the Community Service Area is defined

DuPage County
Illinois



342.2
square miles

998,558
residents

Predominantly
suburban

CSA Cities and ZIP Codes

City	ZIP Code	City	ZIP Code
Addison	60101	Hinsdale	60521, 60522
Aurora	60502, 60504, 60519 60569, 60598, 60599	Itasca	60143
Bartlett	60103	Lisle	60532, 60572
Bensenville	60106, 60399	Lombard	60148
Bloomingdale	60108, 60117	Naperville	60540, 60563, 60565 60566, 60567
Burr Ridge	60527	Oak Brook	60523
Carol Stream	60116, 60128, 60132 60188, 60197, 60199	Roselle	60157, 60172
Clarendon Hills	60514	Villa Park	60181
Darien	60561	Warrenville	60555
Downers Grove	60515, 60516	Wayne	60184
Elgin	60122	West Chicago	60185, 60186
Elmhurst	60126	Westmont	60559
Glen Ellyn	60137, 60138	Wheaton	60187, 60189
Glendale Heights	60139	Winfield	60190
Hanover Park	60133	Wood Dale	60191
		Woodridge	60517

Community Service Area map

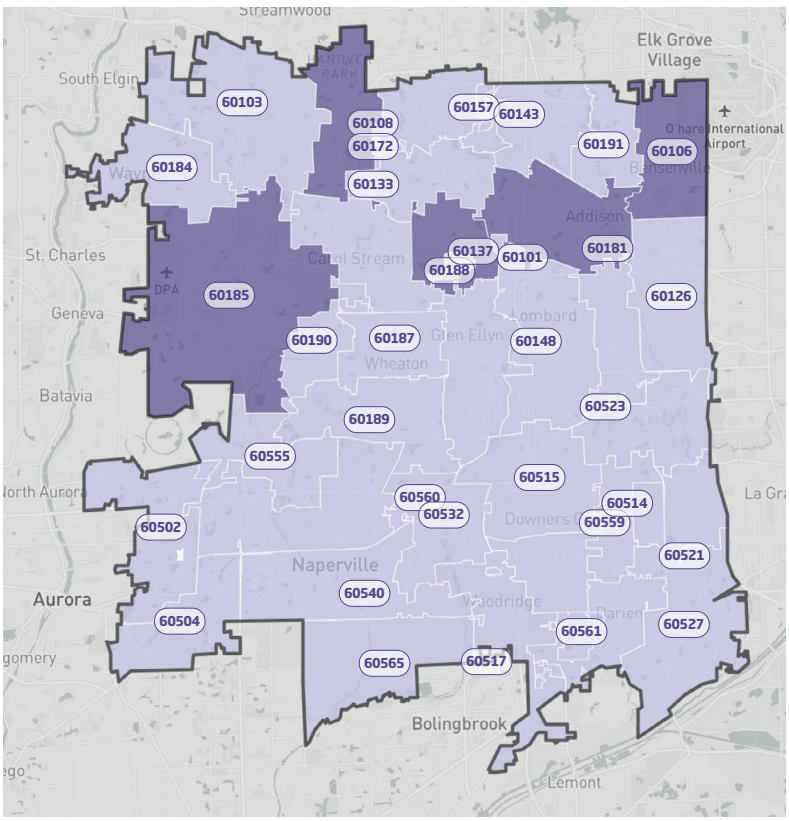
Once the CSA has been defined, we use the Socioeconomic Resource Index (SERI) to identify areas experiencing economic hardship. Under-resourced areas are identified based on multiple indicators, including:

- Unemployment (for individuals older than age 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 or older than 64 years)
- Poverty (income below 200% of the federal poverty level)

SERI:
Under-resourced areas

2023

CSA: **0.16**



Marianjoy Rehabilitation Hospital Community Service Area. Locations in dark purple have been identified as under-resourced communities by SERI.

- Addison - 60101
- Bensenville - 60106
- Hanover Park - 60133
- Glendale Heights - 60139
- West Chicago - 60185

Completing the Assessment

Marianjoy Rehabilitation Hospital performed the CHNA from October 2023 through April 2024. We worked with Metopio to plan for data collection and analysis, and we took an intentional approach to build on previous CHNAs.

We conducted surveys, focus groups and key informant interviews to gather primary data directly from those in the community. We also looked at secondary data, such as local health statistics. Taken together, the data allowed us to identify health trends and compare the health needs in our CSA to benchmarks at the city, county, state and national levels.

Once the data was collected, it was analyzed and reviewed by community health experts. Then, we presented it to key collaborators in the community and Marianjoy Rehabilitation Hospital leadership, who identified which needs should be prioritized.

Primary data

Community input is the most important data for the CHNA, as it provides real-time information about community health needs. This is particularly true in the context of the COVID-19 pandemic, as we were able to gain first-hand information from communities most impacted by inequities that lead to poorer outcomes from COVID-19.

Community input surveys at a glance

- Conducted between October 2023 and January 2024 by Metopio
- Insights collected from 3,604 survey participants within the defined CSA
- Intended to gain first-hand information from people who are typically under-represented in the assessment process, including people of color, immigrants, people who identify within the LGBTQ+ community, people with disabilities and people with low income
- Collected from individuals 18 years and older
- Available online or on paper
- Disseminated in English and Spanish
- 76 questions
- Asked about demographics, community health status, strengths, opportunities for improvement and COVID-19 effects
- Promoted widely through social media, email blasts and in-person events
- Also promoted in partnership with local community organizations (both paper and online versions)

Additional information regarding the survey can be found in Appendix D.

Focus groups at a glance

- Conducted in February 2024 by Metopio
- Four community focus groups within the CSA
- Participants were 18 years or older and represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- Northwestern Medicine recruited participants through hospital community collaborations
- One focus group was held with healthcare and social service providers
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 impacts, solutions to identified health needs and communication strategies

Additional information on focus group sessions can be found in Appendix D.

Key informant interviews at a glance

- Conducted between March and April 2024 by Metopio
- Interviews with 10 key informants from the CSA
- Participants represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- Northwestern Medicine recruited participants through hospital community collaborations
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 effects, solutions to identified health needs and communication strategies

Additional information on key informant interviews can be found in Appendix D.

Secondary data

With help from Metopio, secondary data was identified, compiled and analyzed. The following key topics were chosen for analysis:

- Social Determinants of Health
- Health Conditions
- Health Behaviors

Secondary data sources at a glance

- Peer-reviewed literature and white papers
- Existing assessments and plans focused on key topic areas
- Local data compiled by DeKalb County government agencies
- Local data compiled by community-based organizations
  - Feeding America
  - Mapping COVID-19 Recovery Initiative
- Illinois Health and Hospital Association/COMPdata: Hospitalization and Emergency Department rates
- State agencies:
  - Illinois State Board of Education
  - Illinois Department of Healthcare and Family Services
  - Illinois Department of Human Services
  - Illinois Department of Public Health
- Federal sources:
  - Centers for Disease Control and Prevention PLACES project
  - Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care
  - Environmental Protection Agency
  - Health Resources and Services Administration
  - Housing and Urban Development
  - United States Census Bureau American Community Survey
  - United States Department of Agriculture

Key Findings

The following describes the data we collected for Marianjoy Rehabilitation Hospital.

Who lives in the communities we serve

Demographics

Demographics affect each person's ability to be healthy. Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

Population[1]

998,558

residents

Sex[1]

504,470

(50.5%)
females

494,088

(49.5%)
males

Accurate and complete data for people who are transgender, nonbinary and gender-nonconforming in DuPage County is limited.

Age[1]

Age Group	Population in the CSA	Percentage in the CSA
17 and younger	225,431	22.6%
18 to 39	275,899	27.6%
40 to 64	333,406	33.4%
65 and older	163,822	16.4%

This information is important, as different age groups have unique health needs that must be considered when planning a response to community need.

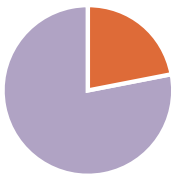
Race and ethnicity[1]

- Majority non-Hispanic white population
- The non-Hispanic Black, Hispanic/Latin American and Asian populations have increased over the last decade.

Race and Ethnicity	Population in the CSA	Percentage in the CSA
Non-Hispanic white	634,659	63.8%
Hispanic/Latin American	155,874	15.7%
Asian	125,787	12.6%
Non-Hispanic Black	47,602	4.8%
Two or more races	30,662	3.1%

Language[1]

Language skills affect the ability to access, understand and act on health information.



20.2%
of CSA residents were not born in the United States (as compared with 14.1% of residents in Illinois)

3.9%
of CSA residents speak limited English (equal to 3.9% of residents in Illinois)

Social determinants of health

Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, known as social determinants of health (SDOH).[2] SDOH relate to social and economic opportunities, community resources, quality education, workplace safety, environmental factors, and the nature of social interactions and relationships. SDOH help explain why some people in the United States are healthier than others.

Access to Health Care

Access to health care is broadly defined as the "timely use of personal health services to achieve the best health outcomes."[3] Within the CSA, 28.6% of respondents indicated access to health care and affordable medical providers was an important community issue.

Additionally, access to health insurance is essential for promoting and maintaining health, and preventing and managing disease. According to Healthy People 2030, people without health insurance are less likely to have a primary care provider, and they may not be able to afford the healthcare services and medications they need.[4] In the CSA, 30.0% of respondents indicated insurance accessibility and affordability was an important community issue.

Healthcare access and quality can vary between communities. Within the CSA, 5.5% of residents do not have medical insurance, which is lower than the state average of 7.0%.[1] However, health insurance is not the only factor affecting the ability to access health care. Even those with health insurance can face barriers to accessing appropriate and timely care due to:

- Ease of access to health clinics
- Insurance coverage and public benefit
- Immigration status
- Access to linguistically and culturally appropriate services
- Extensive paperwork and approvals before accessing care

Within the CSA, **38.3% of respondents** indicated medication affordability was an important community issue.

Community Input[23]

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

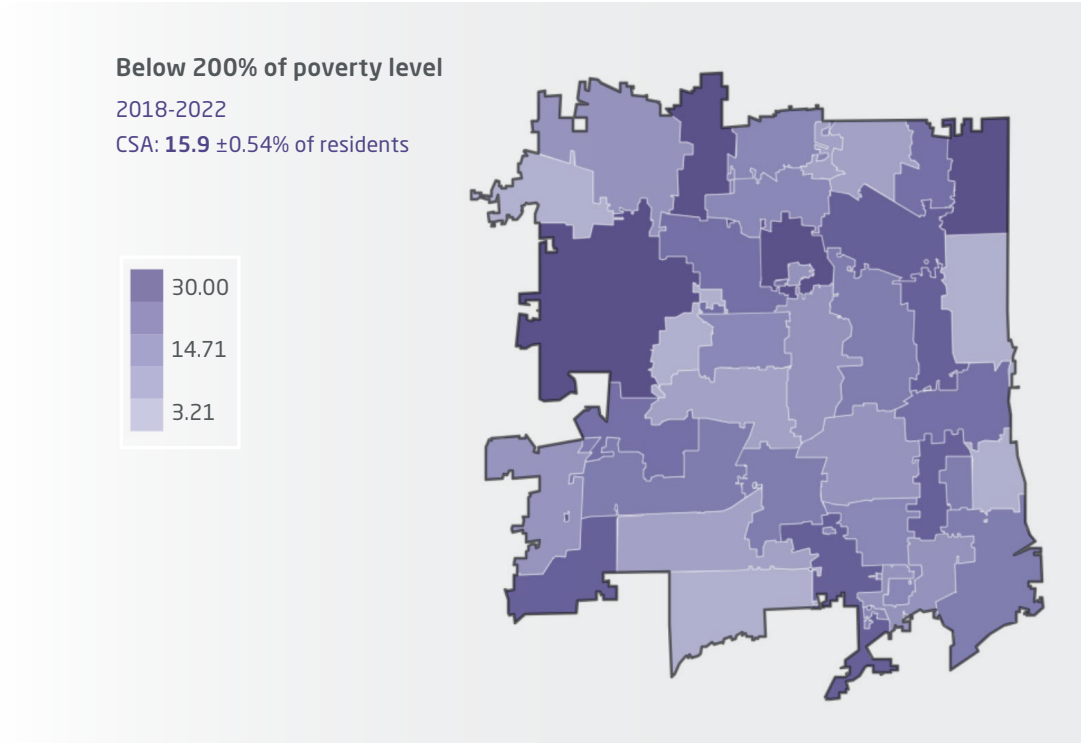
For individuals with disabilities accessing health care, focus group participants noted obstacles such as communication issues related to speech or cognitive disabilities.

Economic Stability

Poverty is a key driver of health status and outcomes, such as life expectancy, infant mortality and development of chronic health conditions. It creates barriers to accessing things that are important for good health, such as medical care and healthy food.

In Illinois, the median household income is $71,917, which is lower than the CSA's median household income at $102,647. However, within the CSA, Bensenville (60106) has a median household income of $70,076, which is lower than the state.[1]

Socioeconomic Status[1]	Percentage in the CSA
Persons Living at or Below the Federal Poverty Level	6.3%
Persons Living at or Below 200% of the Federal Poverty Level	15.9%

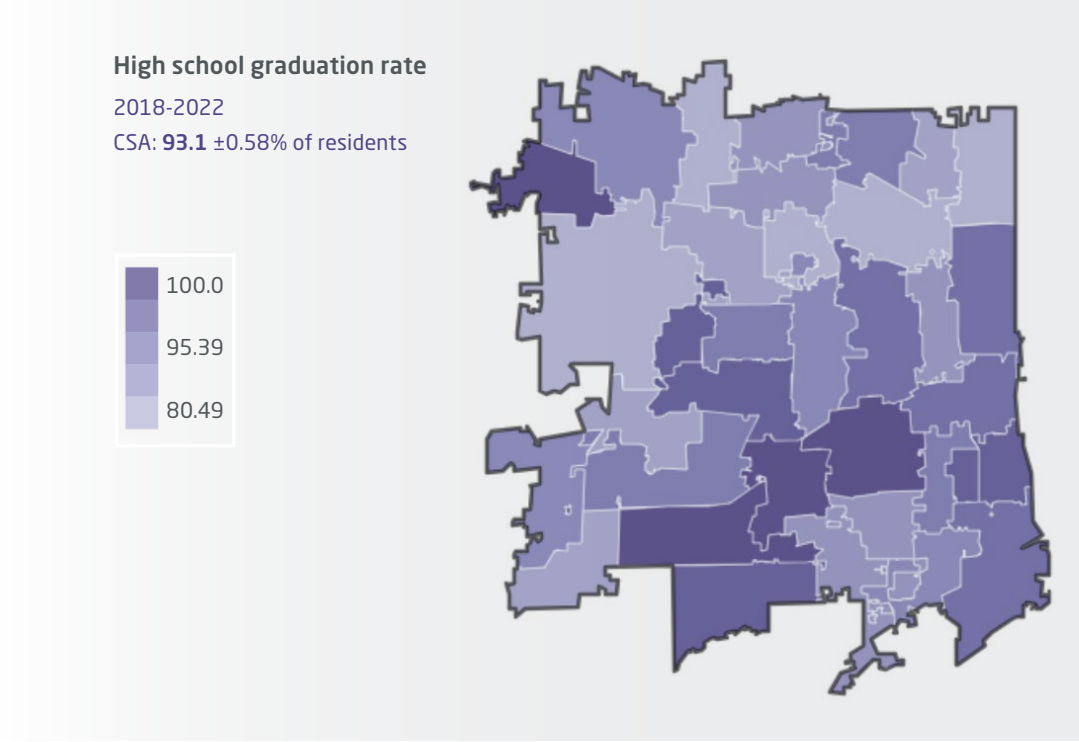


Education

Those with less education have higher rates of poverty, unemployment and underemployment.[5] Those with more education tend to have better health outcomes.

Within the CSA[1]:

- 93.1% of adults 25 years and older have a high school diploma (or equivalent).
- That number is 90.1% for the state of Illinois.



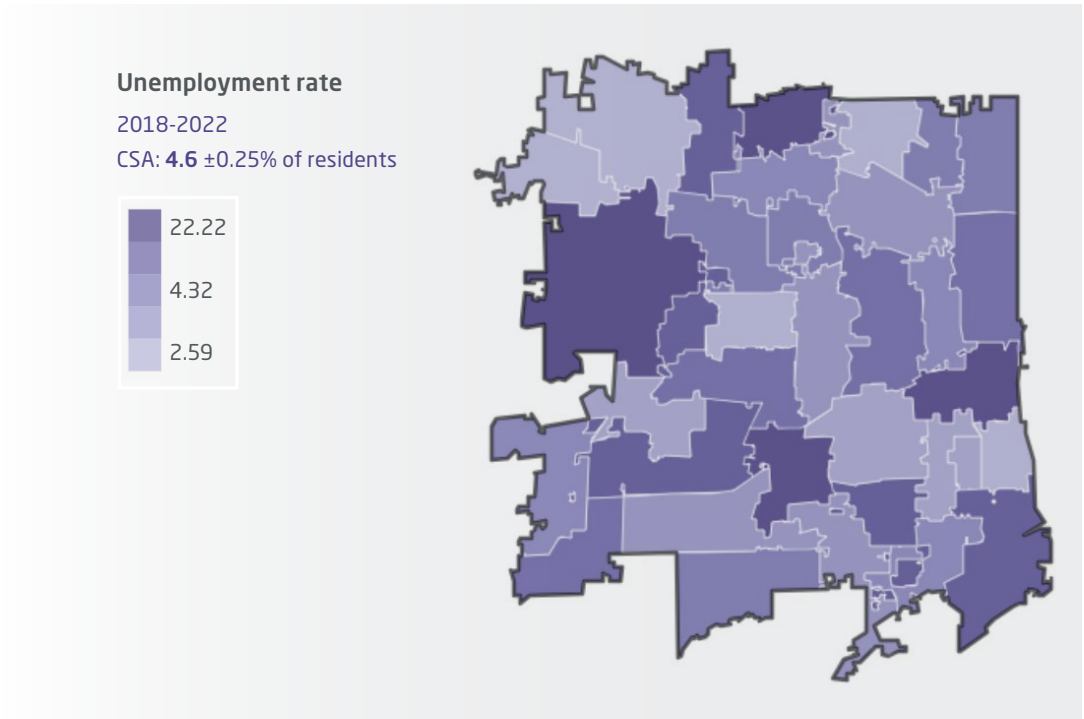
Employment

Financial security makes it easier for individuals and families to obtain resources for healthy living and serves as a predictor for positive health outcomes.

From 2018 to 2022[1]:

- The unemployment rate in the CSA averaged 4.6%, while the state of Illinois averaged 6.0%.
- West Chicago (60185) had the highest unemployment rate in the CSA at 10.5%.

A focus group participant highlighted the **importance of vocational counseling for individuals with disabilities, citing difficulties** in accessing training and gainful employment.[23]



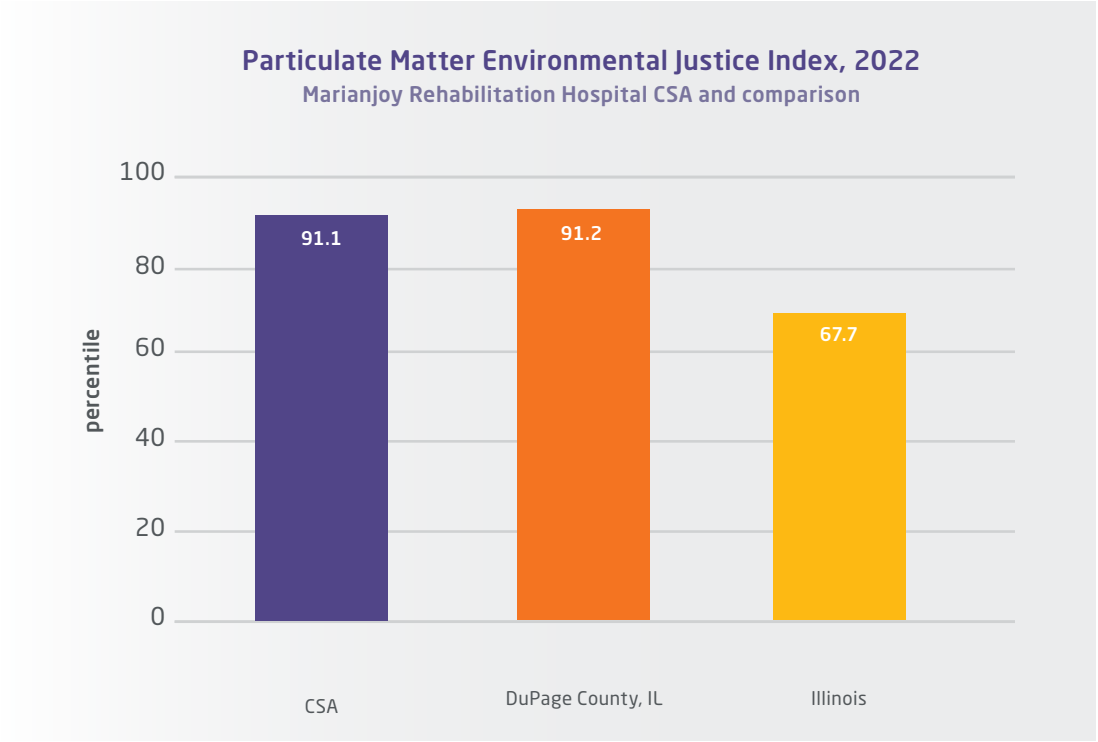
Environmental Equity

Another socioeconomic factor — a healthy or livable environment — refers to the surroundings in which one lives and interacts. The CSA has a wide range of environmental conditions, from denser suburbs to farms to forests and prairies.

A clean, safe and healthy environment is a significant contributor to the health of individuals and populations. The neighborhood environment can affect health outcomes in many ways. Particulate matter is one of the most dangerous pollutants because these particles can penetrate deep into the lungs and cause negative health effects. This includes premature death from cardiovascular disease or lung cancer, and increased health problems such as asthma attacks.

In the CSA, particulate matter was estimated in the 91st percentile, which is higher than the average for Illinois in the 67th percentile.[6] This rating is based on the Particulate Matter Environmental Justice Index, in which 0 is the lowest exposure and 100 is the highest exposure.

Additionally, research has shown that emissions from farms outweigh all other human sources of fine-particulate air pollution in much of the United States. Agricultural air pollution comes from ammonia from fertilizers and animal waste that combine in the air with industrial emissions to form solid particles.



Created on Metopio | metop.io/i/8yfzo658 | Data source: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening Particulate Matter Environmental Justice Index: Weighted index of vulnerability to particulate matter. Measures exposure to PM 2.5 in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 - lowest exposure, and 100 - highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Food Access and Security

A healthy food environment gives residents the ability to buy healthy foods close to where they live. Those who cannot afford or access healthy food are more likely to have a less healthy diet, which increases risk of illnesses such as cardiovascular disease, some cancers, obesity, Type 2 diabetes and anemia.

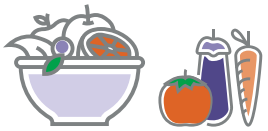
In addition, people who do not have enough food to eat may have a harder time learning, may not develop properly, and may have physical and psychological health challenges.

Inflation since the COVID-19 pandemic has significantly impacted the food environment. Families with children **are more likely to have experienced food and nutrition insecurity** since the start of the pandemic.

In the CSA, 29.8% of survey respondents indicated healthy eating was an important community issue, and 16.8% of respondents indicated access to affordable food was an important community issue.

Food Access and Security (continued)

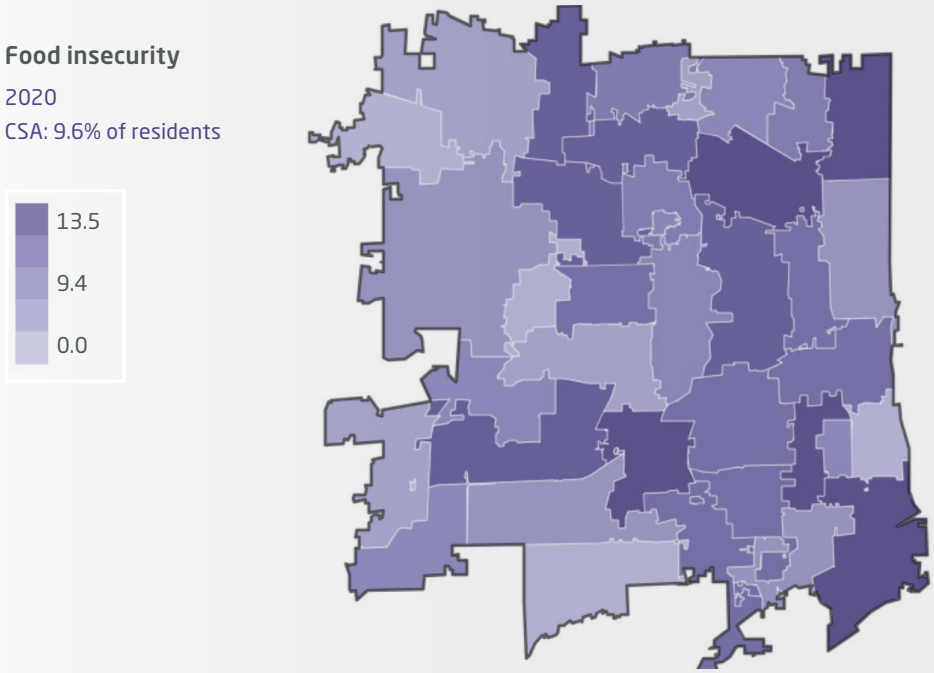
Food insecurity is defined as limited or uncertain access to adequate food and may be caused or exacerbated by cost or distance to a grocery store.



In the CSA, an estimated 9.6% of residents experience food insecurity, which is higher than the state (8.3%).[7]

In addition, 69.8% of residents in the CSA have low food access, meaning that those who live in urban areas live further than a half mile from the nearest supermarket, and those who live in rural areas live further than 10 miles from the nearest supermarket.[8]

Among households in the CSA, 7.1% receive Supplemental Nutrition Assistance Program (SNAP)* benefits, which is lower than the state at 13.0%.[1]



*SNAP is a federal nutrition program that improves access to food for those who are eligible. SNAP benefits can be used to purchase food at grocery stores, convenience stores and farmers markets. People without documented status are not eligible for federal assistance programs such as SNAP.

Homelessness and Housing Instability

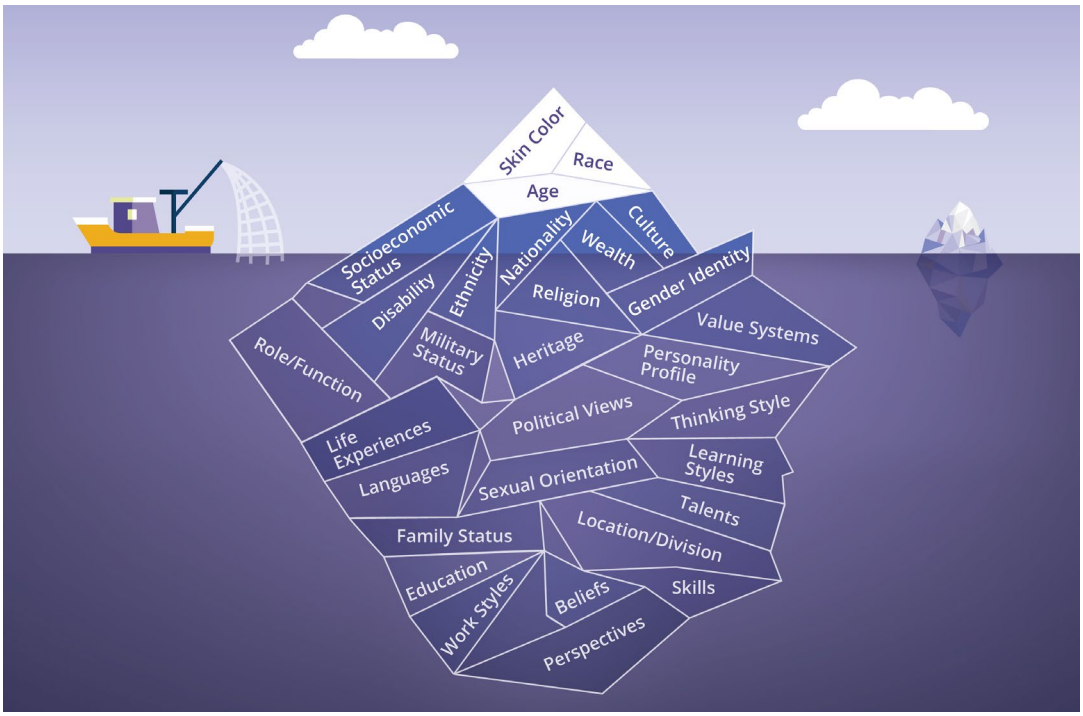
In the CSA, **26.9% of survey respondents said safe, affordable housing** was an important community issue. Homelessness was identified as both a root cause and a direct outcome of substance use disorders and chronic disease. Addressing housing issues offers a unique opportunity to address an important SDOH.[2]

In the CSA:[1]

- 27.9% of households spend more than 30% of their income on housing, classifying them as housing cost burdened
- 12.0% spend more than 50% of their income on housing costs, which is considered severely housing cost burdened

Housing cost burden **significantly affects the ability to pay for other necessities,** such as food, transportation and health care.

Structural Inequities and Bias



Northwestern Medicine is a community of caregivers who welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or military or veteran status.

Disability Cultural Responsiveness

The Americans with Disabilities Act (ADA) defines **disability** as a physical or mental impairment that limits one or more major life activities of an individual. Major life activities can include caring for yourself, speaking, thinking, walking or performing manual tasks.

Northwestern Medicine provides reasonable accommodations to patients with disabilities when requested or needed. Patients and companions with disabilities have a right to request reasonable accommodations, and they are provided at no cost.

LGBTQ+ Cultural Responsiveness

Providing a safe, affirming environment is essential to welcome patients from the LGBTQ+ community. There is evidence that sexual minorities (LGBTQ+) and transgender or gender-nonconforming patients can have significant difficulty in accessing appropriate care, developing trust in the care team, and receiving safe and effective health care throughout their lives.[22]

Structural Inequities and Bias (continued)

Structural Racism

Structural racism is defined as "the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources," reflected in history, culture and interconnected institutions.[9]

Structural racism, also known as systemic racism, is racial bias among institutions and across society.[9] It involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systemically advantage white people and disadvantage people of color.

Systemic or structural racism plays a large part in determining where people live and therefore have a downstream effect on health outcomes. These realities make it more likely that people from certain racial minority groups will live in areas that lack access to:

- Healthy food
- Transportation
- Housing
- Parks, playgrounds and other places to connect with community

Transportation

Safe and reliable transportation is essential to access healthcare appointments, social services, work, school and grocery stores. A lack of transportation is associated with adverse health outcomes. In the **CSA, 20.0% of respondents indicated transportation** was an important community issue.

Although most households in the CSA have access to a car, many people still lack access to reliable and affordable public transportation. The CSA does not have a large public transit network; only 5.2% of residents commute to work by public transportation.[1]

More specifically related to individuals experiencing a disability, focus group participants discussed challenges with transportation including late or non-existent transportation, and the need for more accessible options. One focus group participant stated:

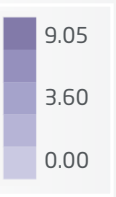
> ll just spoke with an individual yesterday who needs a new wheelchair, **but she was not able to make an appointment** because she was having difficulty arranging transportation.[23]

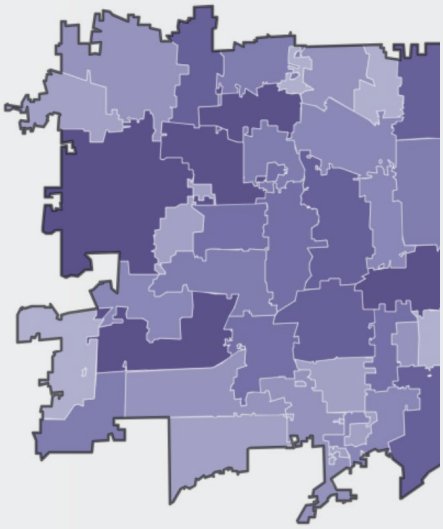
For those who do have a vehicle, the rising cost of gas has made it more difficult to use it to perform daily tasks such as driving to work, school, medical visits or grocery shopping. This is particularly concerning for individuals who cannot use public transportation for these necessary activities.

No vehicle available

2018-2022

CSA: **4.3** ±0.27% of households





Violence and Community Safety

The root causes of community violence are multifaceted and include issues such as:

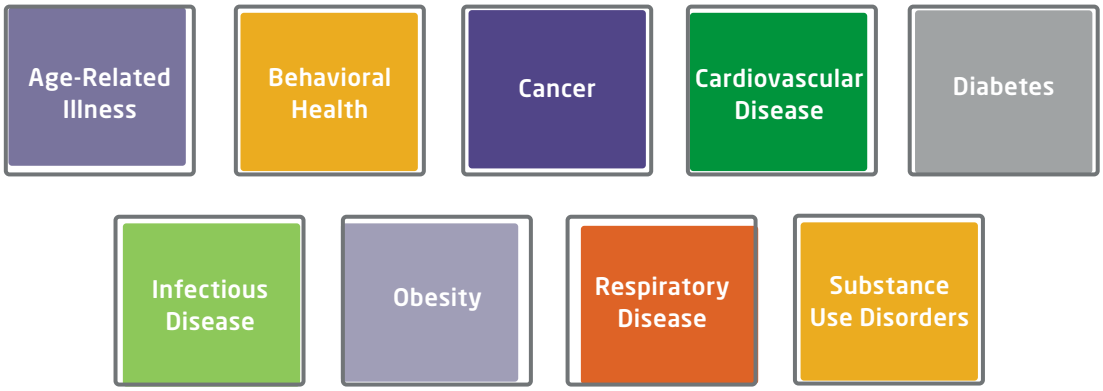
- Concentration of poverty
- Education inequities
- Poor access to health services
- Mass incarceration
- Differential policing strategies
- Generational trauma

Violent **crime has decreased** in DuPage County since 2019.[10]

However, COVID-19 has increased economic instability and stressors within communities, contributing to increased gun violence, interpersonal violence and child abuse.

Within the CSA, 20% of survey respondents report that safety is a top concern within the community.

Health conditions



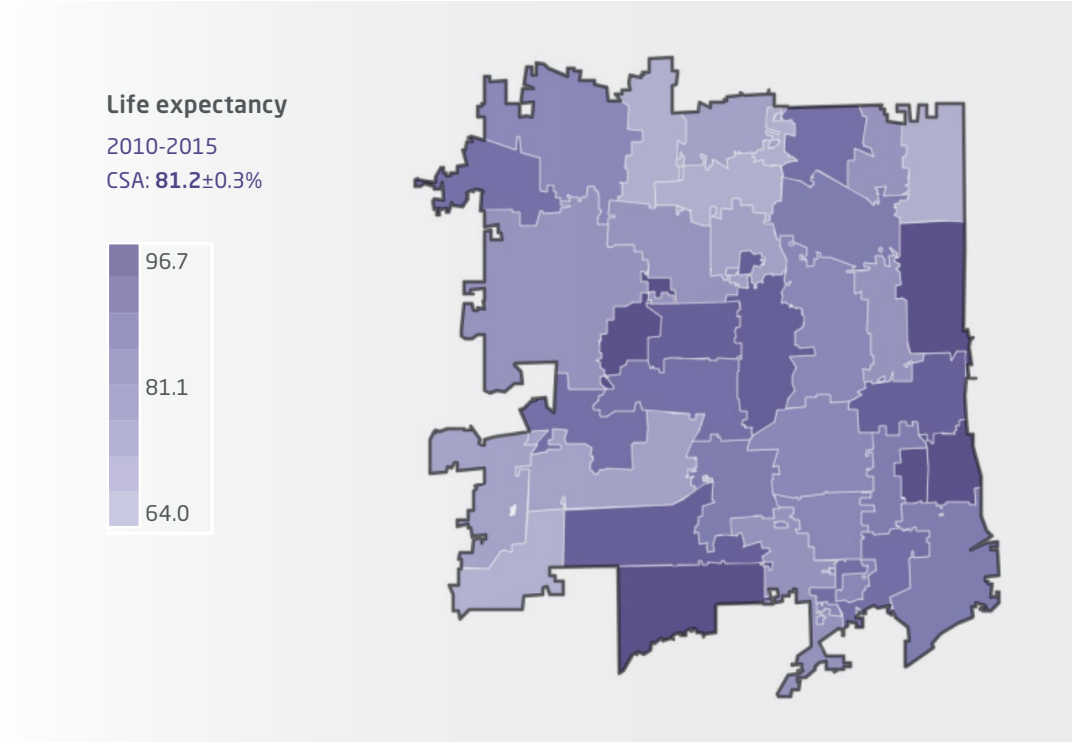
Overall, estimates of disease burden in the Marianjoy Rehabilitation Hospital CSA are similar or slightly lower than those reported for the state of Illinois.

Health Condition[11]	Prevalence in the CSA	Prevalence in Illinois
Obesity	31.1%	33.6%
High Blood Pressure	25.6%	29.0%
Asthma	9.0%	9.5%
Diabetes	8.3%	9.8%
Cancer (diagnosis rate per 100,000 residents)	560.9	570.7

Communities with a higher burden of disease than the average were interspersed throughout the CSA. However, higher rates of cancer diagnoses were more prevalent in the eastern and southern portions of the CSA.

Life expectancy in the CSA

Life expectancy is a core measure of the overall health of a community. It allows for comparisons between generations and to understand the long-term impact of macro changes in community conditions, such as an epidemic, or systemic poverty and a lack of access to resources. In the CSA, overall life expectancy is 81.2 years, whereas the state of Illinois is 78.7 years. Also in the CSA, there is a five-year gap between the communities with the highest life expectancy — Winfield (60190) and Clarendon Hills (60514) — and the lowest life expectancy, which includes Roselle (60172).[12]



Age-Related Illness

Survey respondents in the CSA reported age-related illness, especially Alzheimer's disease, as an important health issue. For the purposes of this report, age-related illness includes:

- Alzheimer's disease and dementia
- Arthritis
- Vision and hearing difficulty

Alzheimer's Disease Mortality

Annual Deaths per 100,000 Residents[13]

DuPage County:
25.2

Cook County:
21.8

Kane County:
16.5

Will County:
27.1

Illinois:
25.9

Arthritis[12]

CSA:
19.5% of adults

Illinois:
20.4% of adults

Vision Difficulty[1]

CSA:
1.4% of adults

Illinois:
2.1% of adults

Hearing Difficulty[1]

CSA:
2.4% of adults

Illinois:
3.0% of adults

Behavioral Health

Mental health disorders are common and affect people of all demographics. Conditions like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders.

According to survey respondents, within the CSA, adult mental health and adolescent mental health were two of the most important health-related challenges, at **33.5% and 30.9%** respectively.

Community Input:[23] Behavioral Health

Focus group participants frequently noted a top concern being social isolation for individuals with a disability. One focus group participant commented, **"I worry about my wife being isolated."**

Specifically related to individuals with disabilities, focus group participants highlighted the following needs:

- Additional options for social connection
- Community resources for education and support
- Improved access to accessible transportation

The suicide and self-injury hospitalization rate in the CSA is

41.8 per 100,000 residents

which is slightly lower than the state's rate of 45.6 per 100,000.[15]

The suicide mortality rate in DuPage County is 10.0 deaths per 100,000 residents, which is slightly lower than the rate in Illinois, which is 10.9.[13]

As of 2021, 17.3% of adults in the CSA reported having diagnosed depression, which is slightly lower than the Illinois rate of 18.2%.[11]

According to survey results, 21.7% of respondents indicated needing mental health treatment or counseling in the past 12 months. Of those respondents, 18.6% reported not receiving the help they needed.

Those who did not receive help cited these most common reasons:

- Cost – 33.3%
- Did not know where to get services – 29.2%
- Insurance did not cover enough – 22.2%

Cancer

In the CSA, **32.2% of community input survey respondents identified cancer** as an important health need in the community, ranking second on the list of most important health needs behind adult mental health. Focus group participants identified inadequate access to health services, insurance issues and environmental factors as contributors to the prevalence of cancer in the community.

In the CSA, 6.3% of adults report having ever had cancer, slightly higher than the Illinois rate of 6.0%. The cancer mortality rate in DuPage County is 132.4 deaths per 100,000 residents. This is lower than Illinois' rate of 155.4 deaths per 100,000 residents.[13]

Cancer Diagnosis Rates in the CSA (per 100,000 Residents)[16]

	CSA	Illinois
All invasive cancers	560.9	570.7
Invasive breast cancer (females)	175.8	161.5
Colorectal cancer	43.2	47.4
Lung cancer	57.8	73.3
Prostate cancer (males)	137.1	141.8
Other cancers	166.8	168.4

Prevention and Screening Rates in the CSA vs. Illinois[11]

76.8%

of females aged 50-74 had a mammography screening in 2020

Illinois: 74.9%

81.5%

of females aged 21-65 had a Pap smear within the previous 3 years for detection and prevention of cervical cancer

Illinois: 81.0%

69.4%

residents aged 50-75 were up to date* on colorectal cancer screenings in the past 10 years

Illinois: 67.4%

*Up to date meaning either 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Cardiovascular Disease

Heart disease represents the leading cause of morbidity and mortality in the CSA.[13] The burden of cardiovascular diseases was uniformly evident across the CSA.

Heart disease and stroke can result in poor quality of life, disability and death. Though both diseases are common, some risk factors like high blood pressure and high cholesterol **can be controlled through treatment**.

Rates of High Blood Pressure[11]
CSA:
25.6%
Illinois: 29.0%

Rates of High Cholesterol[11]
CSA:
30.0%
Illinois: 28.2%

The stroke hospitalization rate in the hospital CSA is lower than the state's rate: 204.2 per 100,000 residents in the CSA compared to 218.0 per 100,000 residents in Illinois. The rate is highest for the non-Hispanic Black population in the CSA (450.5 residents per 100,000), which is also higher than the state for this population (316.1).[15]

The heart attack hospitalization rate in the hospital CSA is 147.4 residents per 100,000, which is lower than Illinois (165.8). The rate is greatest for the non-Hispanic Black population (224.4) compared to the state (176.4).[15]

Heart Disease Mortality
Annual Deaths per 100,000 Residents[13]

DuPage County:
126.5
Illinois: 165.3

Stroke Mortality
Annual Deaths per 100,000 Residents[13]

DuPage County:
35.8
Illinois: 39.1

Making sure people who experience a cardiovascular emergency — such as stroke, heart attack or cardiac arrest — get timely recommended treatment is essential to reduce the risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.[4]

Diabetes

In the survey of CSA residents, 18.9% listed diabetes as a top health challenge in the community, and 19.7% of survey respondents have been told by a health professional they have diabetes.

Prevalence of Diagnosed Diabetes Among Adults[11]

CSA: **8.3%**

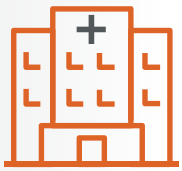
Illinois: **9.8%**

Emergency Department Visits for Uncontrolled Diabetes[15] per 100,000 residents

CSA: **108.2**

Non-Hispanic Black residents in CSA: **420.5**

Illinois: **188.5**



Infectious Disease

Review of infectious disease data primarily focused on rates of sexually transmitted infections (STIs), influenza and COVID-19.

The STI prevalence for DuPage County

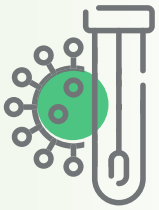
429.5 cases per 100,000 residents compared with 1,161.4 in Illinois.[17]

COVID-19 hospitalization rate in the CSA

157.1 per 100,000 residents compared with 194.4 in Illinois.[15]

The pneumonia and influenza hospitalization rate in the CSA

148.0 per 100,000 residents compared with 197.7 in Illinois.[15]



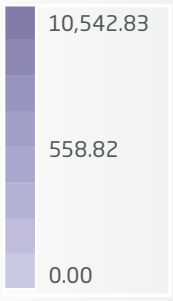
44.6% of survey respondents indicated they received a flu vaccine in the last 12 months.

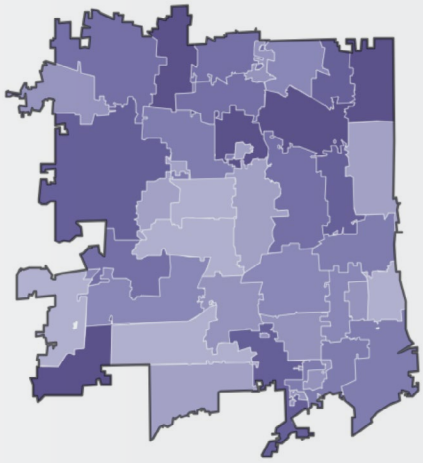
Vaccination rate in the CSA

80.7% of residents compared with 78.0% in Illinois.[18]

94.7% of survey respondents indicated they received at least one COVID-19 vaccine.

Hospitalization rate
2018-2022
CSA: **157.1**±3.05%





Obesity

Obesity is linked to many serious health problems, including:

- Cancer
- Heart disease
- Stroke
- Type 2 diabetes

30.0% of CSA survey respondents recognized obesity as a health-related challenge, placing it among the top five health concerns polled.[11]

Rates of Obesity[11]

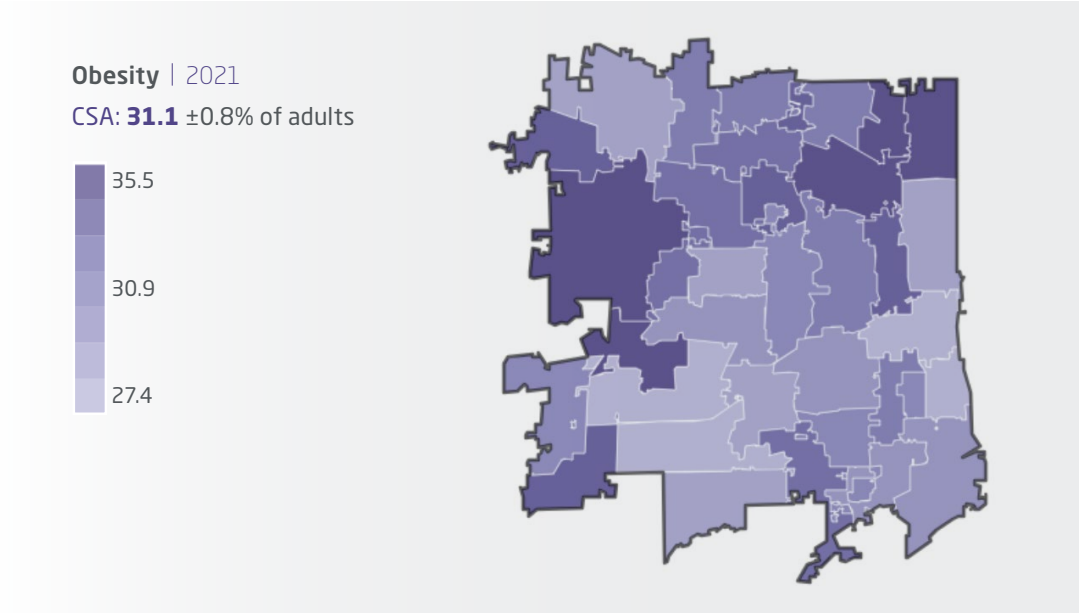
CSA:

31.1% of adults

Illinois: 33.6%

Focus group participants recognized the adverse impact of obesity on other chronic diseases.

Some people in certain racial and ethnic groups are at higher risk of obesity because they live in communities with a lack of access to healthy food and easy availability of fast food, and other SDOH that increase their risk of chronic diseases.[4]



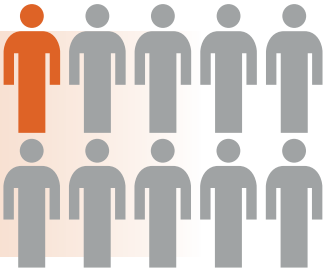
Respiratory Disease

Lung diseases did not emerge as a high priority in surveys and focus groups conducted in the CSA. Rates of asthma and chronic obstructive pulmonary disease (COPD) in the CSA are both lower than the state average.

Rates of Asthma[11]

CSA: **9.0%**

Illinois: 9.5%



Rates of COPD[11]

CSA: **4.8%**

Illinois: 5.6%

Substance Use Disorders

If use of a substance cannot be controlled and continues despite harmful consequences and impairment in day-to-day functioning, it is termed substance use disorder.[20] A substance use disorder is a complex condition.

The COVID-19 pandemic not only highlighted the increasing burden of substance use disorders, but it also led to an increase in substance use. As of June 2020, the Centers for Disease Control and Prevention estimated that 13% of people in the United States started or increased substance use to cope with the stress and uncertainty of the pandemic.[20]

Drug Overdose Mortality Rate[13]
Annual Deaths per 100,000 Residents

DuPage County:
16.4

Illinois: 22.3

Binge-Drinking Rate[11]
Among adults

CSA:
16.3%

Illinois: 17.2%

Health behaviors

Research has shown that a person's health is not solely defined by their socioeconomic status or available resources. In fact, a person's health is influenced by their health behaviors, such as food choices, physical activity and substance use.[22]

Negative behaviors correspond with a higher burden of disease in many of the same communities and highlight structural inequities that contribute to poor health.

Health Behaviors by ZIP Code in the CSA in the Past 12 Months

Nutrition

Eating healthy was considered an important community issue by **29.8% of survey respondents,** and access to affordable food was considered an important community issue by **16.8% of survey respondents.**

Some people do not have the information they need to choose healthy foods, while others do not have access to healthy foods or cannot afford to buy enough food. In fact, 33,549 residents in the CSA live in food deserts.[8]

Many communities across the CSA, particularly in more rural areas, have an elevated level of food insecurity. Without access to affordable, healthy foods in safe and accessible locations, individuals cannot make good nutritional choices for themselves and their families.

When investing in healthy food options for a community, it is important to understand the history and culture of that community. Programs should make every effort to take a culturally informed approach to create sustainable change in nutrition access.

9.6% of CSA residents live with food insecurity[7]

Illinois: 8.3%

7.1% of CSA households receive SNAP benefits[1]

Illinois: 13.0%

Physical Activity

Regular physical activity can improve the health and quality of life of people of all ages. People who are inactive enjoy health benefits even with small increases in physical activity.

Among survey respondents in the CSA, 82.3% participated in some form of exercise in the past month. Guidelines recommend at least 150 minutes of moderate aerobic activity per week.

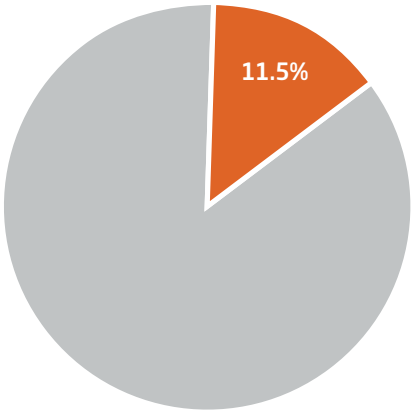
Personal, social, economic and environmental factors all play a role in physical activity levels among youth and adults, including older adults. Among survey respondents who reported not exercising in the past month, 24.4% reported it is because they have a physical disability.

Understanding barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Focus group participants expressed a desire for more accessible exercise options, including exercise that can be done from a wheelchair.

Smoking Cigarettes

People Age 18 or Older in the CSA Who Use Tobacco[11]



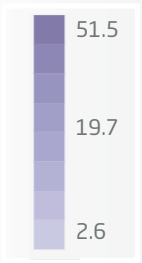
In the CSA, 11.5% of adults reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.[11]

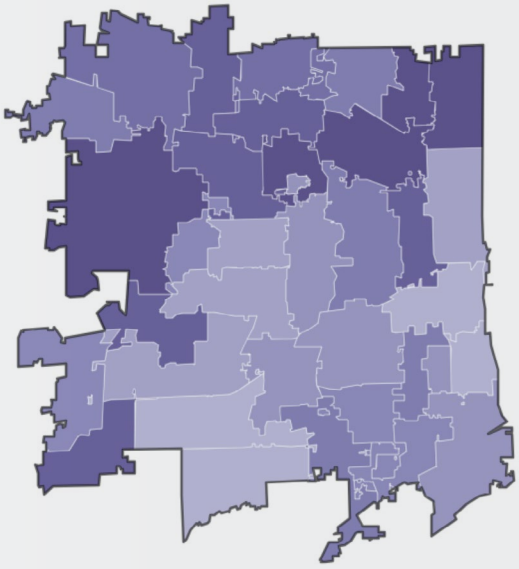
There is an ongoing gap in Illinois for county-level data on youth health behaviors.

Cigarette smoking rate

2021

CSA: **11.5** ±0.3%





Reflections on our data analysis

The CHNA process challenges us to explore data through multiple lenses, including understanding where an issue might be more severe because of community conditions and who might be more impacted because of population characteristics. As the data was collected and analyzed, several themes emerged.

1 ACCESSIBILITY

Focus group participants and key individuals frequently noted transportation as a barrier to accessing services and community events.

2 AFFORDABILITY

The cost of living has been increasing, but not all residents can afford it, which means they may have to choose between rent, healthy food and medical visits.

3 AGE

Consider age as an important stratification when prioritizing populations. The data shows emergency department visits for suicide and substance use, including opioids, are more common for those 18 to 39 years old.

4 CULTURAL COMPETENCY

At 15.7% of the population, the Hispanic and Latino population is the second-largest group in the Marianjoy Rehabilitation Hospital CSA.

5 PROMOTING INDEPENDENCE

Promoting independence among individuals with disabilities requires making sure that adequate policies and practices are in effect in a community or organization. This enables participation in a wide variety of activities, including employment, accessing resources like transportation and social services, and activities to promote health and wellness. Therefore, this should be a consideration incorporated into any health or social priorities for the CSA.

Significant health needs

Based on local data, benchmark data, the number of people affected and focus group input, we identified the following to be significant health needs within the Marianjoy Rehabilitation Hospital CSA. Our collaborators considered these needs when identifying which should be priority health needs for Northwestern Medicine to address.

- Access to Health Care
- Behavioral Health
- Cancer
- Cardiovascular Disease
- Diabetes
- Food Access
- Homelessness and Housing
- Obesity
- Substance Use Disorders
- Transportation

Priority Health Needs

Once significant health needs are identified, it is important to engage individuals from a variety of backgrounds to share their insights. This helps ensure that data is being interpreted with the community voice at its core, and guides decisions about which needs should be a priority for Northwestern Medicine.

To that end, Marianjoy Rehabilitation Hospital engaged with community members and organization representatives, along with Northwestern Medicine employees, through their Community Engagement Council.

Community Engagement Council

The Community Engagement Council is a diverse group of representatives from across DuPage County and employees of Northwestern Medicine. Council members have shown a strong, ongoing commitment to improving the health of the communities we serve. Their diverse backgrounds helped ensure we considered a full range of perspectives when prioritizing identified health needs.

The following community organizations participate on our Community Engagement Council:

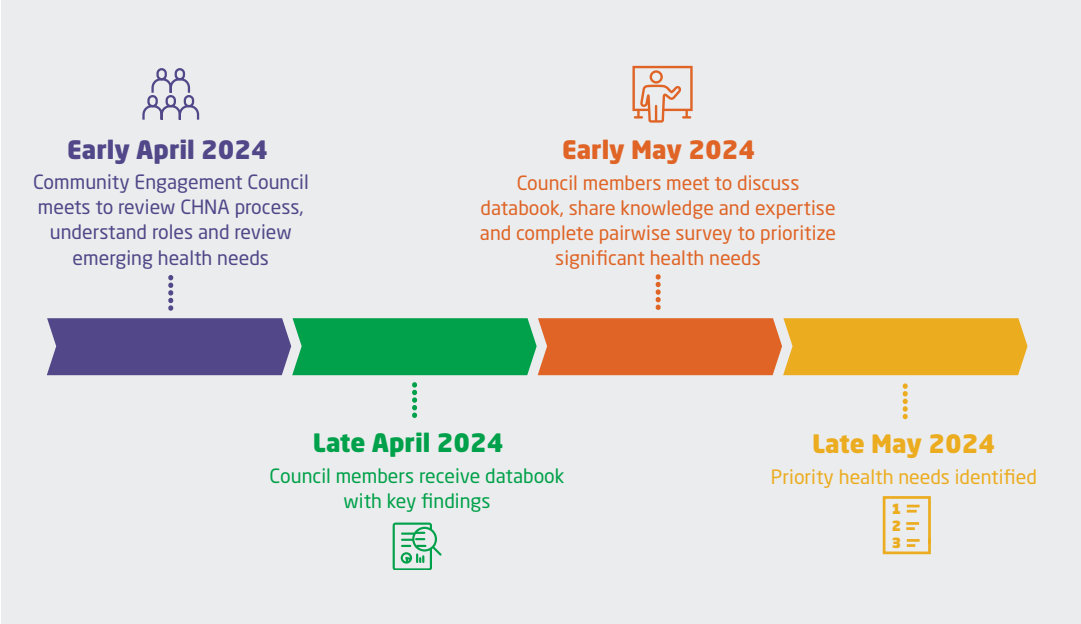
Community Organizations	
Access DuPage	Visiting Nurse Association
DuPage County Senior Services Program	Western DuPage Special Recreation Association
Illinois Department of Human Services – Department of Rehabilitation Services	

The following is a list of Northwestern Medicine departments represented and why they were chosen for inclusion.

Hospital Department	Knowledge Area
Administration	Hospital operations and decision-making
Case Management	Coordination of patient care, including medical and social needs
Nursing	Direct patient care
Rehabilitation Services	Direct patient care

How we chose priority health needs

Following completion of data analysis, leaders from Marianjoy Rehabilitation Hospital convened our Community Engagement Council to review the findings.



The prioritization of health needs took place over a series of meetings with the Community Engagement Council.

- The council convened in early April 2024 to receive an overview of the CHNA process, including the data collection process within the defined CSA. In these meetings, council members received a preview of the emerging significant health needs identified through the data analysis.
- In late April 2024, council members were given a databook that highlighted key findings.
- In early May 2024, the Community Engagement Council again reviewed the data collected from the community and prioritized health needs based on data and their own knowledge and expertise.
- During this meeting, council members were encouraged to ask questions and offer additional data points based on their areas of expertise. This process was meant to ensure we were interpreting the data based on the voice of the community.

- Once the data was reviewed, council members participated in a pairwise survey through OpinionX. Through this process, participants were asked to consider multiple prioritization factors.
  - The survey assessed 10 significant health needs.
  - Participants were given two needs at a time and asked to select which was the priority. After making their selection, participants were presented with the next pair and so on.
- After prioritizing the list of top 10 needs, the Community Engagement Council was able to view and compare their results. The idea behind this methodology is to put an emphasis on the community voice while also recognizing that hospital employees can provide the perspective on what Marianjoy Rehabilitation Hospital can feasibly accomplish over the next three years in this CHNA cycle.

Prioritization Factors Considered to Establish Priority Health Needs

Prioritization Factors	Related Questions
Consequences of Inaction	• What impact would inaction have on individuals and on population health? • Are there other organizations who will act to address the need? • Do the inputs needed to take action create challenges to act in other important areas, recognizing that Northwestern Medicine resources are limited?
Feasibility of Influencing	• What capacity already exists to address the need? Can Northwestern Medicine action add value? • Is there already a foundation for collaboration? Is it local? • Could the role of Northwestern Medicine complement that of other collaborators?
Magnitude and Inequity	• How many people in the community are impacted? • Are there inequalities by race, income or location? • Where is the magnitude the greatest?
Severity and Impact	• How does the need impact health and vitality (focusing on people most impacted by needs related to social determinants of health)?
Trend	• Is there a pattern in the data? • Has the data gotten significantly worse or better over time?

Identified priority health need

Marianjoy Rehabilitation Hospital has identified one priority health need in the 2024 CHNA. In selecting this priority, we considered:

- How big the need is in the community
- The capacity and resources available to meet the need
- The suitability of our own expertise to address the need

Priority health needs are selected based on their ability to be addressed through a coordinated response from a range of healthcare and community resources.

Marianjoy Rehabilitation Hospital 2024 Priority Health Need

Development of a Plan to Address the Priority Health Need

To address the priority health need identified, Marianjoy Rehabilitation Hospital will continue to work with the community to develop a comprehensive Community Health Implementation Plan (CHIP). The CHIP will detail strategies to address the priority health need and anticipated impacts, resources and planned collaborations.*

Northwestern Medicine remains committed to providing culturally informed care that is responsive to the needs of the communities we serve. By creating a CHIP with community organizations, including health and social service organizations, we will develop community-based health initiatives designed to address the identified priority health need.

This work is ultimately intended to improve health equity, remove health disparities and build healthier communities in alignment with the Northwestern Medicine mission.

Existing resources

We recognize that a significant number of healthcare facilities and organizations within the CSA respond to health needs and support health improvement efforts. A list of resources potentially available to address priority health needs is included in Appendix B.

*The CHIP will also specify significant health needs identified through the CHNA that we did not prioritize, together with the reason that they will not be addressed.

Northwestern Medicine roles

To address the priority health need, Marianjoy Rehabilitation Hospital can serve in a variety of roles.

Civic Leader

- Collaborator/convener
- Employer
- Advocate
- Funder

Educator

- Training
- Youth programs
- Health promotion
- Knowledge transfer

Researcher

- Medical/biomedical research
- Community-based evaluation
- Outcomes data
- Proof of concept

Care Provider

- Financial assistance
- Medicaid
- Safety net collaborators

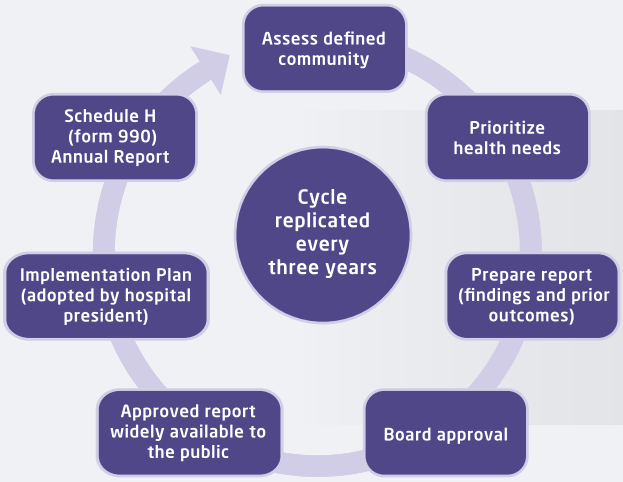
Appendix A: Evaluation of Impact

Actions taken to address Northwestern Medicine Marianjoy Rehabilitation Hospital 2021 priority health needs

Marianjoy Rehabilitation Hospital last completed a CHNA in 2021. We worked with PRC Custom Research to determine significant health needs through a comprehensive assessment that included analysis of community voice, data and the potential health impact of a given issue.

Our community councils met to identify priority health needs for the CSA based on CHNA findings. In selecting priorities, we considered the following criteria:

- Ability to impact
- Magnitude
- Risk of inaction
- Scope and severity
- Trend



The final step before beginning a new CHNA report is evaluating the impact of the strategies started as a result of the previous CHNA.

Through the 2021 CHNA process, we identified four priority health needs to be addressed through collaborative planning and coordinated action with organizations that impact health services in the community:

1. Access to Health Care and Community Resources
2. Promoting Independence and Activity
3. Social Determinants of Health
4. Promoting Wellness and Preventing Disease

The hospital and key community organizations collaborated to address the identified priority health needs. This Evaluation of Impact report summarizes the progress of community strategies outlined in the hospital's 2021 Community Health Implementation Plan (CHIP). This evaluation shows change over time and indicates how well these strategies addressed the priority health needs of the community.

Priority Health Need 1: Access to Health Care and Community Resources

Goal: Improve access to quality health care and community resources to help ensure that under-resourced populations in the CSA have the services and support needed to live healthy lives.

Priority Health Need Strategy 1.1: Community Engagement: Support efforts that increase access to healthcare services and community resources by investing in resources and collaborating with community-based organizations.

This strategy focused on supporting efforts to increase access to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county. A few of these community organizations are listed below.

- DuPage Health Coalition/Access DuPage
- Center for Speech and Language Disorders
- Easterseals of DuPage and Fox Valley
- Ray Graham Association for People with Disabilities
- Spectrios Institute for Low Vision

In collaboration with the DuPage County Health Department and other community organizations, committees and relationships have organically been developed to increase initiatives focused on promoting access to care, especially with under-resourced communities and those with low income.

Marianjoy Rehabilitation Hospital also provided funding through the Community Benefit Donations, Sponsorships and Grants Initiative to support strategies and organizations that address access to healthcare services and community resources:

- FY22, five grants, total amount of $24,375
- FY23, seven grants, total amount of $64,707
- FY24, eight grants, total amount of $163,471
- Easterseals of DuPage & Fox Valley: Funding to provide psycho-social support, tools and wrap-around services for children and parents as they cope with the challenges that accompany disabilities
- Ray Graham Association for People with Disabilities: Funding to provide quality, affordable and timely health care for people with disabilities by providing telehealth services
- Spectrios Institute for Low Vision: Funding to provide comprehensive visual rehabilitation for people with irreversible vision impairment, with the hope of improving their quality of life

Impact of Strategy

These community collaborations allowed us to increase access to multiple disciplines of care, improve community outreach and increase collaboration with leading organizations across all the settings in our CSA. These committees show the variety of ways we can enhance the collaboration of organizations already impacting patients in the community.

Over the last few years, the need for access to health care for the community has increased significantly. Through the financial support of high-quality, trusted community organizations, we have been able to expand access in the county. We plan to increase the budget allocation for the Marianjoy Rehabilitation Hospital FY24 Donations, Sponsorships and Grants Initiative.

Priority Health Need Strategy 1.2: Outpatient Transportation: Provide transportation services for outpatients in need of medical or therapy appointments, utilizing non-emergency transportation resources.

This strategy focused on determining the barriers of transportation and the approaches that would need to be taken to reduce transportation gaps for patients. Leadership was aware that transportation was one of the top barriers for patients, and a plan to consider this barrier was taken under advisement. Upon further discussion, it was found that the costs associated with this strategy are extremely high and an unsustainable option without philanthropy support. Another challenge that was identified is that many of the patients needing transportation had limited mobility, thus narrowing the options for transportation companies such as Lyft and Uber, which both have limited availability of vehicles that can accommodate persons in wheelchairs.

Impact of Strategy

Based on the information gathered, leadership determined that outpatient transportation would not be implemented, but that this strategy would stay top of mind.

Priority Health Need 2: Promoting Independence and Activity

Goal: Promote independence of individuals with disabilities by offering programs to support and promote independence among disabled individuals.

Priority Health Need Strategy 2.1: Fitness Center: Provide access to classes and training at Marianjoy Rehabilitation Hospital Fitness Center that focus on increasing independence and activity.

Marianjoy Rehabilitation Hospital Fitness Center is a place where people of all fitness and ability levels have opportunities to exercise and access to certified inclusive trainers.

To increase the awareness of the center, we identified community organizations that would be potential allies to refer their clients. Additionally, we identified opportunities to track the impact on individual participants. The SMART Goals dashboard was developed to measure key metrics and patient goals. Due to unforeseen staffing challenges, the piloting of the SMART Goals dashboard was delayed, and reportable data will not be shared until next year.

Impact of Strategy

Fitness Center services reduced access barriers, impacted the health and wellness of people with disabilities, and increased the quality of life. Additionally, the efforts taken to identify community organizations resulted in a community collaborator list being developed and a planned approach to engage them was initiated.

Priority Health Need Strategy 2.2: Safe Drivers Education: Provide community education for teenagers and older adults on safe driving.

Marianjoy Rehabilitation Hospital provides community education for teenagers and older adults on safe driving through their Safe Driver Program. Specially trained occupational therapists assess participants with disabilities or health issues that hinder safe driving. The Safe Driver Program helps participants understand their challenges, and identify and implement solutions to help them drive safely.

Impact of Strategy

Number of teen and adult evaluations:

- FY22, 350
- FY23, 296
- FY24, 151 (through May 2024)

Studies have found that people with disabilities are less likely to get the preventive healthcare services they need to stay healthy and may have trouble finding a job, going to school or getting around outside their homes. The Safe Driver Program offers the opportunity for those eligible to drive and gain driving independence so that driving is not a barrier.

Priority Health Need Strategy 2.3: Aphasia Center: Provide services and interactions among individuals with communication disorders (aphasia). Support families and caregivers as part of outreach efforts.

The Northwestern Medicine Aphasia Center at Marianjoy is designed for people experiencing aphasia who would like to improve their communication skills. A speech-language pathologist specifically trained in language disorders leads small group sessions and 1:1 sessions.

Impact of Strategy

- FY22, 89 unique clients and 526 registrations
- FY23: 87 unique clients and 659 registrations
- FY24: 79 unique clients and 634 registrations (as of May 2024)

The eight-week sessions provide a comfortable and supportive environment for clients to practice skills through real-life activities. Focus topics include math, interactive games, technology, conversation, writing, book club and music.

Priority Health Need 3: Promoting Wellness and Preventing Disease

Goal: Promote wellness and prevent disease among individuals with disabilities through support and evidence-based programming.

Priority Health Need Strategy 3.1: Community Programming: Offer evidence-based community health and wellness programming for chronic disease management, rehabilitation, and overcoming the limitations of chronic disabilities.
Marianjoy Rehabilitation Hospital promotes chronic disease management and prevention through community outreach and education offerings, including healthy eating classes taught at the Northwestern Medicine Leishman Center for Culinary Health. Culinary instructors, registered dietitians and clinicians developed virtual and in-person classes that would teach clients how food can help prevent diseases, manage medical conditions and help maintain a healthy weight. A re-occurring class schedule was developed and promoted to community organizations.

Impact of Strategy

Results:

- FY22, 146 classes and 1,618 participants
- FY23, 185 classes and 2,294 participants
- FY24: 100 classes and 2,502 participants (as of May 2024)

Classes are designed for people of any skill level, and participation promotes knowledge and self-management of chronic disease, as well as overall wellness.

Priority Health Need Strategy 3.2: Support Programs: Offer evidence-based support programs, including but not limited to self-help and support groups.

Marianjoy Rehabilitation Hospital staff facilitate evidence-based support groups for educational support, emotional support, in-person support, online support and social support for clients, caregivers and family members. Small groups included:

- Lives in Motion (Spinal Injury Cord)
- Teen and Young Adult Brain Injury
- Stroke
- Multiple Sclerosis (MS)
- Amyotrophic Lateral Sclerosis (ALS)
- High Hopes (Adult Brain Injury)

Impact of Strategy

Support groups offer people the opportunity to share individual experiences and feelings, and experienced staff can provide education and awareness of resources and treatment options. With the uniqueness of Marianjoy Rehabilitation Hospital client needs, the support groups have provided a space for clients, family members and caregivers to receive firsthand information on their specific condition.

Priority Health Need Strategy 3.3: Injury Prevention: Offer injury prevention programming, including child passenger safety interventions. Implement programming with content provided by the ThinkFirst National Injury Prevention Foundation.

As a chapter of the ThinkFirst National Injury Prevention Foundation, the Northwestern Medicine Injury Prevention Team offers injury prevention programming through educational programs and child passenger safety interventions, including car seat evaluations and car seat donations.

With several diverse types of child restraint systems to help protect children, the use of the right system can save a child's life. Due to the unique needs of Marianjoy Rehabilitation Hospital clients, staff from the Northwestern Medicine Injury Prevention team have gone through specialized training to be able to evaluate the unique needs of each client who requires a car seat. The individualized evaluations include recommendations of an appropriate car seat. For clients unable to purchase the appropriate car seat, the Marianjoy Rehabilitation Hospital team assists them by providing a letter of medical needs for specialized car seats. In some cases, if the client does not need a specialized car seat, the Northwestern Medicine Injury Prevention team will provide one at no cost.

Impact of Strategy

Results:*

- FY22:
  - 423 school presentations and 21,338 participants
  - 4,931 participants in community events
  - 5,595 helmets donated
  - 786 car seats checked
  - 625 car seats donated
- FY23:
  - 183 school presentations and 8,281 participants
  - 6,342 participants in community events
  - 931 helmets donated
  - 227 car seats checked
  - 161 car seats donated
- FY24:
  - 68 school presentations and 2,607 participants
  - 422 participants in community events
  - 13 helmets donated
  - 227 car seats checked
  - 128 car seats donated

Properly fitted car seats that consider the unique support and restraint needs for children with special needs not only provide body support and promote proper seating positions but also ensure a lower incidence of traumatic injury. Injury prevention programming is designed to educate families about safety and help increase safety practices in the community.

*Data is for the Marianjoy Rehabilitation Hospital and Northwestern Medicine Central DuPage Hospital area in Chicago's west suburbs. It is not specific to Marianjoy Rehabilitation Hospital clients.

Priority Health Need 4: Social Determinants of Health

Goal: Improve access to employment opportunities across the CSA.

Priority Health Need Strategy 4.1: NM Disability Employee Resource Group: Leverage the NM Disability Employee Resource Group to promote NM employment opportunities to people with disabilities.

The Northwestern Medicine Champion Network Disability Chapter is a workforce-led resource group for members and allies to promote diversity, equity and inclusion, and engender a sense of community. The Disability Chapter works with key departments to enhance workforce development opportunities and bring diverse talents across the organization.

The Disability Chapter, Talent Acquisition and Human Resources collaborated to develop a plan to increase awareness of Northwestern Medicine employment opportunities for people with disabilities and to provide focused education and resources for departments that have staff with accommodations. The Office of Diversity has since been established, and a strategic plan to engage and continue this work is being developed.

Impact of Strategy

Northwestern Medicine strives to be the workplace of choice for people with disabilities. At this time, the work being done is individualized. Accommodations are made for all new and current employees upon request, and education of staff and department leadership is provided. Once a process is established that will be automatically implemented for all new hires, Northwestern Medicine will then focus on targeted outreach to community organizations.

Priority Health Need Strategy 4.2: Pipeline Programs: Evaluate and determine the role of Marianjoy Rehabilitation Hospital in job preparedness programs (such as NM Project SEARCH) that can be implemented for young adults and adults with disabilities.

Northwestern Medicine is the host of four Project SEARCH sites. The Project SEARCH Transition-to-Work Program is a unique, business-led, one-year employment preparation program that coaches young people with significant disabilities to be successful in competitive integrated employment. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration and hands-on training through worksite rotations.

Though Marianjoy Rehabilitation Hospital is not one of the Project SEARCH sites, our role was to provide appropriate resources and education as accommodations are identified for Project SEARCH interns.

Impact of Strategy

After investigating the feasibility of implementing this strategic plan, it became clear that addressing staffing accommodations is imperative. But due to staffing constraints, it could not be done by Marianjoy Rehabilitation Hospital. Consequently, Northwestern Medicine is undertaking a comprehensive review to accommodate all staffing needs across the health system. This initiative aims to enhance disability inclusiveness for all staff members. This commitment ensures all staff, including interns, are provided with an environment and the resources to be successful.

Appendix B: Resources Available to Address Significant Health Needs

The following healthcare facilities and community organizations may be available to address significant health needs identified in this CHNA.

Category	Resource	Description	Link
Health Care	Northwestern Medicine Central DuPage Hospital	Hospital	nm.org
	VNA Health Care	Free clinic	vnahealth.com
Nonprofit, Faith-Based Organizations	Wheaton Bible Church	Church	wheatonbible.org
	St. Andrew Lutheran Church	Church	standrewlutheran.net
Social Service Organizations	Western DuPage Special Recreation Association	Social and recreational programs for children, teens and adults with special needs	wdsra.com
	Easterseals DuPage and Fox Valley	Outpatient rehabilitation center for children with developmental delays and disabilities, and audiology services for all ages	easterseals.com/dfv/
	Ray Graham Association for People with Disabilities	Provides recreational, residential, employment, and life skills services and resources to people with special needs	raygraham.org
Education	School Association for Special Education in DuPage County	Special education school cooperative	sased.org
	Mid Valley Special Education Cooperative	Special education school cooperative	mvse.org
Government-Based Organizations	DuPage County Health Department	Health department	dupagehealth.org
	DuPage County Government	County government	dupagecounty.gov

Appendix C: Timeline for the 2024 CHNA for Northwestern Medicine Marianjoy Rehabilitation Hospital

Phase	Description	Date
Assessment and Analysis	Overall	October 2023 to April 2024
	Community input survey	October 2023 to January 2024
	Focus groups	January to February 2024
	Key informant interviews	March to April 2024
Prioritization	Overall	May 2024
	Community Engagement Council	May 20, 2024
Approval	Marianjoy Rehabilitation Hospital & Clinics, Inc. Board of Directors	August 26, 2024
Report Made Widely Available to the Public	Website	August 31, 2024
	Paper copy available at no charge on request	August 31, 2024
Public Comment	Northwestern Medicine Marianjoy Rehabilitation Hospital 2024 CHNA	August 31, 2024, through August 31, 2030
	Northwestern Medicine Marianjoy Rehabilitation Hospital 2021 CHNA	August 31, 2021, through August 31, 2027

Appendix D: A Closer Look at Data

Community Input Summary

Metopio collected 3,604 survey responses from people in the CSA. The following issues were selected as the most important health needs in the community by 25% or more of the survey respondents who identified as having a disability or someone in their household having a disability:

1. Adult mental health (40.1%)
2. Cancer (32.0%)
3. Obesity (30.0%)
4. Adolescent mental health (31.1%)
5. Heart disease (27.7%)
6. Chronic Pain (27.3%)
7. Alzheimer's Disease and Dementia (26.8%)

The following factors that support improvements in health needs were selected by 25% or more of the survey respondents who identified as having a disability or someone in their household having a disability:

1. Medication affordability (48.2%)
2. Access to health care/affordable medical providers (37.7%)
3. Affordable and safe housing (37.5%)
4. Insurance access and affordability (34.4%)
5. Senior care (34.0%)
6. Healthy eating (29.5%)
7. Transportation (29.5%)

Community focus groups and key informant interviews

Metopio facilitated five focus groups in the CSA and conducted 10 key informant interviews. Focus groups took place with priority populations such as older adults, caregivers and adults with disabilities.

Most focus groups were 90 minutes with an average of 10 participants. Groups were conducted virtually using the Zoom platform or held in person. A trained facilitator moderated each session. Sessions were recorded, and recordings were stored securely on a server at Metopio.

Key informant interviews lasted 30 minutes and were done with a trained interviewer. Sessions were held over the Zoom platform. Notes were captured in a Word document.

The following themes were identified during focus group sessions and key informant interviews for the Northwestern Medicine Marianjoy Rehabilitation Hospital CSA:

Accessibility

- Access to inclusive health care
- Accessible transportation for medical appointments
- Behavioral health support
- Providers who can treat comorbidities and unique diagnoses
- Social isolation and opportunities for social connection
- Vocational counseling and support

Appendix E: References

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22. Institute of Medicine (U.S.) Committee on Health and Behavior: Research, Practice, and Policy. (2001). *Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences.* National Academies Press (U.S.). https://ncbi.nlm.nih.gov/books/NBK43732/

23. 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.

Appendix F: Disclaimers

Information gaps

Northwestern Medicine Marianjoy Rehabilitation Hospital made efforts to comprehensively collect and analyze CHNA data to assess the health of the community. However, there are limitations to consider while reviewing the findings.

- Data is presented for the most recent years available for any given source. Due to variations in data collection time frames across various sources, some datasets are not available for the same time spans.
- Data availability ranges from census track to national geographies. The most relevant localized data is reported.
- Persistent gaps in data exist for certain community health issues, such as homelessness, behavioral health, crime, environmental health and education.

Northwestern Medicine is investigating strategies for addressing information gaps for future assessment and implementation processes.

Public dissemination

The 2024 CHNA report for Northwestern Medicine Marianjoy Rehabilitation Hospital is available to the public at no charge and can be accessed in the following ways:

Online: https://www.nm.org/about-us/nm-community-impact/reports

Phone: 312.926.2301 (TTY: 711)

Email: communityhealth@nm.org

In person: Please visit the main customer service desk at:

Northwestern Medicine Marianjoy Rehabilitation Hospital
26W171 Roosevelt Road
Wheaton, Illinois 60187

Public comment

As of May 2024, Northwestern Medicine Marianjoy Rehabilitation Hospital has not received comments from the public. Northwestern Medicine will continue to use its website as a tool to encourage public comments and ensure that these comments are considered in the development of future CHNAs.

Extensive input from the broader community was gathered through surveys and focus groups for this report. This input, in conjunction with any public comments received, was considered when identifying and prioritizing the significant health needs of the community.

Marianjoy Rehabilitation Hospital welcomes comments from the public regarding the CHNA. Please submit comments to communityhealth@nm.org, and include your name, organization (if applicable) and any feedback you have regarding the CHNA process or findings.

Notes:

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