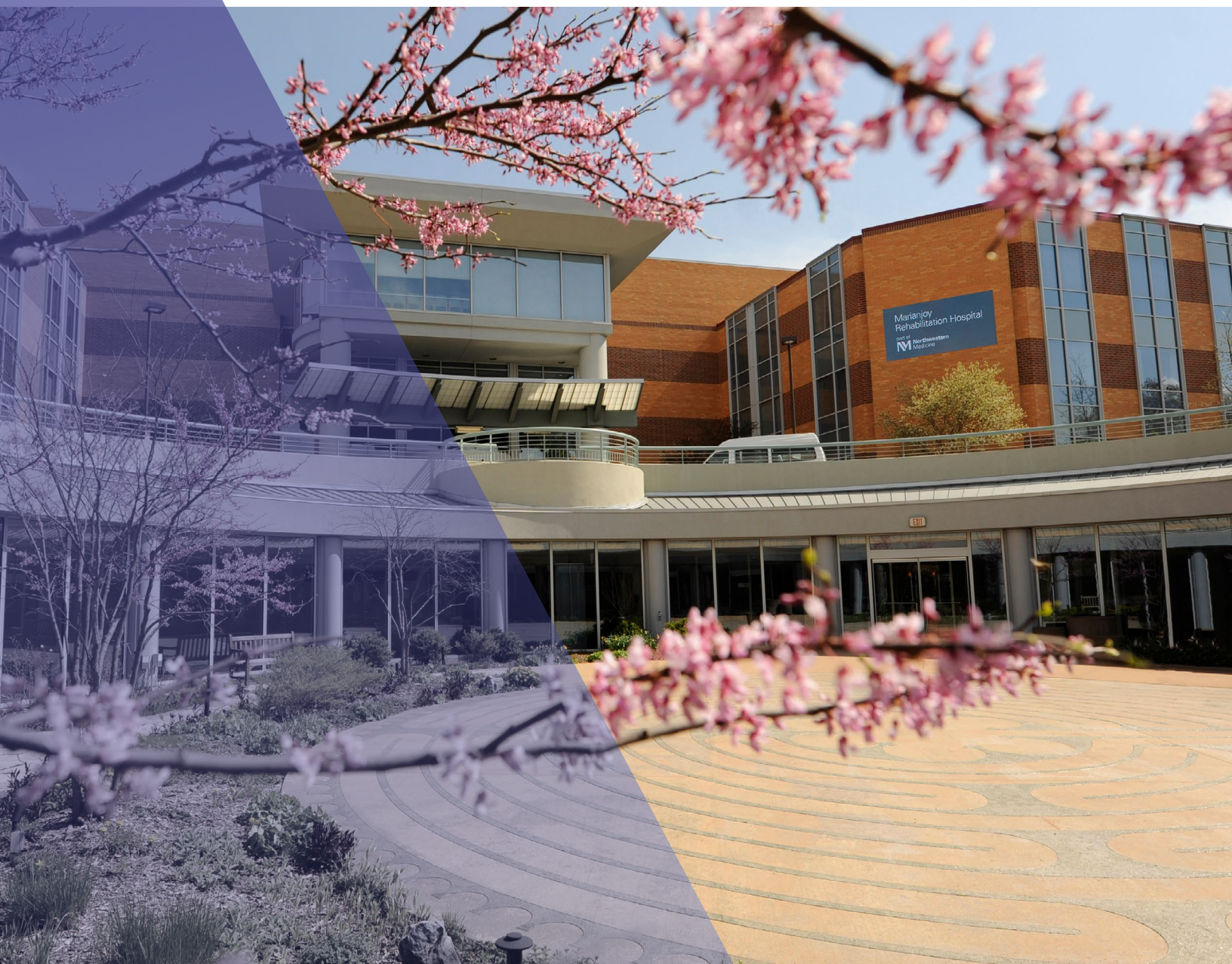


Marianjoy
Rehabilitation Hospital

part of
M Northwestern
Medicine

2022 Community Health Implementation Plan

Marianjoy Rehabilitation Hospital, Part of Northwestern Medicine



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Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of a patient's ability to pay; transforming medical care through clinical innovation, breakthrough research and academic excellence; and improving the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system committed to serving a broad community. NMHC provides world-class care at 11 hospitals, two medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the surrounding suburbs. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community organizations to serving as major economic drivers, NMHC strengthens our communities.

About Marianjoy Rehabilitation Hospital

Marianjoy Rehabilitation Hospital (MRH), part of Northwestern Medicine, is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). MRH trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. Located in DuPage County, MRH is a destination hospital and also serves residents of surrounding counties. Advanced care is provided through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence.

MRH has 127 licensed acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective practices available. In fiscal year 2020, MRH had more than 2,700 inpatient admissions. Marianjoy clinicians specialize in stroke, brain injury and spinal cord injury programs, while also offering programs in orthopaedics, neuromuscular disorders and pediatrics.

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

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

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, MRH 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 Community Health Implementation Plan (Implementation Plan) is a companion document to the MRH 2021 CHNA, which can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment. The Implementation Plan uses CHNA data to guide new initiatives and enhance existing efforts that improve the health of our community.

In this Implementation Plan, MRH will respond to the significant health needs identified in its 2021 CHNA. MRH will explain which significant health needs it will prioritize over the next three years, as well as explain why it will not be addressing other identified significant health needs. For each priority health need, MRH will outline the actions, or strategies, planned to address the need; detail the anticipated impact of those strategies; outline the resources it intends to commit to those strategies; and discuss planned collaborations between MRH and other organizations.

This Implementation Plan is aligned and coordinated with the Community Benefits Plan and ongoing operations at MRH and throughout NMHC. The strategies outlined in this document have been developed to specifically respond to the priority health needs identified in the MRH 2021 CHNA, and are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies, as well as the vast research, education and other Community Benefit activities conducted across NMHC under our Community Benefits Plan. Together, these strategies help to improve the health of the communities we serve.

Community served by MRH

Defining the Community Service Area

To define the MRH Community Service Area (CSA), the following factors were considered: (1) geographic area served by MRH, (2) principal functions of MRH, (3) areas of high hardship (socioeconomic challenges related to education, housing, income, poverty, unemployment and dependents), (4) existing NM assets (NM-supported clinics and programs), (5) CSAs of other local hospitals, and (6) existing initiatives that address community needs.

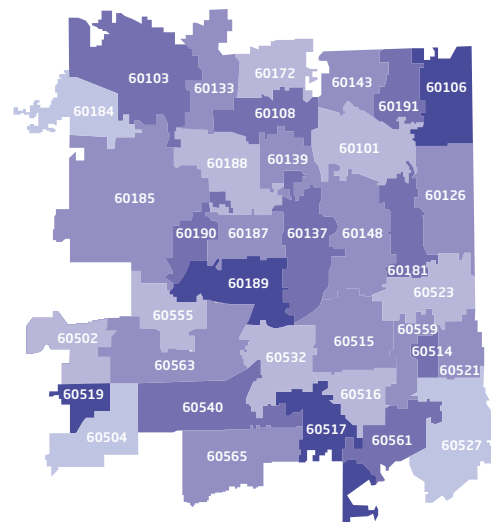
MRH Community Service Area

The MRH CSA is located approximately 30 miles west of Chicago. MRH is a destination center that provides comprehensive rehabilitative and specialty care for various people across the life span, including but not limited to adults, children, women, seniors and people with disabilities. The study area for the survey effort is based on patient origination and includes the 36 residential ZIP codes predominantly associated with DuPage County, Illinois. The MRH CSA includes medically underserved, low-income and minority populations with special consideration given to under-resourced communities. The ZIP codes that define the MRH CSA are below.

MRH CSA ZIP Codes

60190 Winfield	60189 Wheaton
60139 Glendale Heights	60502 Aurora
60181 Villa Park	60137 Glen Ellyn
60187 Wheaton	60505 Aurora
60555 Warrenville	60101 Addison
60172 Roselle	60565 Naperville
60108 Bloomingdale	60540 Naperville
60133 Hanover Park	60148 Lombard
60184 Wayne	60563 Naperville
60504 Aurora	60103 Bartlett
60532 Lisle	60185 West Chicago
60188 Carol Stream	

MRH Community Service Area Map



Implementation Plan overview

The MRH 2021 CHNA was conducted in collaboration with Professional Research Consultants, Inc. (PRC). Together, we completed a comprehensive analysis of the collected data. This included soliciting input from target populations such as medically underserved, low-income and minority populations. Once the data analysis was complete, community representatives were formally engaged to participate in the MRH prioritization process. Key stakeholders were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds provided diverse insight into prioritizing the identified health needs. These stakeholders used a structured process to inform prioritization, which included a review of guiding principles and CHNA data findings, as well as participation in robust conversations regarding community health needs for the MRH CSA.

Following the prioritization process, MRH applied a systematic approach to develop strategies to address the priority health needs. Working with the MRH Community Health Council, a multidisciplinary committee of internal stakeholders, the team identified actions, resources, anticipated impacts and planned collaborations to have the greatest possible effect. In developing these strategies, MRH was mindful of its own strengths and those of other organizations in our CSA. Identified strategies supplement and work in tandem with existing Community Benefit strategies and operations at MRH and NMHC.

This Implementation Plan will be reviewed annually during the three-year life span of the MRH 2021 CHNA and updated as needed to ensure viability and impact. MRH efforts will be communicated regularly to reporting agencies and our community.

Identified significant health needs

The following significant needs were identified through the MRH 2021 CHNA and represented areas to consider for prioritization and action.

Access to healthcare services

- Barriers to access
 - Inconvenient office hours
 - Appointment availability
 - Finding a physician
- Emergency department utilization
- Eye exams
- Routine checkups (adults)

Cancer

- Leading cause of death

COVID-19

Diabetes

- Blood sugar testing (people without diabetes)

Heart disease and stroke

- Leading cause of death

Injury and violence

- Unintentional injury deaths
- Seat belt/car seat use (children)
- Violent crime experience
- Domestic violence experience

Mental health

- Fair or poor mental health
- Receiving treatment for mental health
- Stress

Nutrition, physical activity and weight

- Fruit and vegetable consumption
- Overweight and obesity (adults and children)
- Leisure-time physical activity
- Children's physical activity

Potentially disabling conditions

- Activity limitations
- Blindness or trouble seeing

Substance use disorders

- Unintentional drug-related deaths
- Sought help for alcohol/drug issues

Tobacco use

- Environmental tobacco smoke exposure at home (including among households with children)

Oral health

- Regular dental care (adults)
-

Significant health needs addressed by MRH

Through a systematic, data-driven approach, MRH has prioritized the following identified significant health needs to address over the next three years. These needs will be referred to as priority health needs throughout the remainder of this Implementation Plan.

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

MRH worked collaboratively to develop strategies and identified resources, collaborations, and anticipated impact of these efforts.

MRH priority health needs

Priority health need: Access to Health Care and Community Resources

Introduction

Access to comprehensive, quality healthcare services and community resources is important for the achievement of optimal health and increased quality of life. It affects overall physical, social and mental health status, including prevention of disease and disability, detection and treatment of health conditions, preventable death, and life expectancy. Improving access to healthcare services and community resources depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and lower overall health care costs.

Preventive care reduces the risk for diseases, disabilities and death. Unfortunately, millions of people in the U.S. do not receive recommended preventive healthcare services like screenings, dental checkups and vaccinations. Barriers include cost, not having a primary care physician, living too far from healthcare facilities and a lack of awareness about recommended preventive services.

A notable 39.6% of people surveyed in the MRH CSA experienced difficulties or delays in receiving needed health care in the past year, which exceeded national rates and shows a trend upward since the previous CHNA. This percentage increased to 58.5% for low-income survey respondents.

Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Support efforts that increase access to healthcare services and community resources by investing in resources and collaborating with community-based organizations.</p>	<p>Focus NM equity, quality and patient engagement interventions in areas identified by the community.</p> <p>Improve defined outcomes (patient experiences, quality, processes and equitable experience) as appropriate to each intervention.</p>	<p>MRH will provide staff to engage community members.</p>	<p>Community-based organizations</p> <p>Social service agencies</p> <p>Faith-based organizations</p> <p>Schools</p> <p>FQHC* and other community care sites</p>
<p>Outpatient Transportation</p> <p>Provide transportation services for outpatients in need of medical or therapy appointments, utilizing non-emergency transportation resources.</p>	<p>Increase access to care for patients with limited or no transportation resources.</p> <p>Reduce no-show appointments.</p>	<p>MRH will provide staff to help coordinate patient transportation, a screening process for patients and funding for transportation benefits.</p>	<p>Transportation company</p>

*FQHC indicates Federally Qualified Health Center.

Priority health need: Promoting Independence and Activity

Introduction

Disability is part of human existence, occurring at any point in life, with conditions ranging from mild to severe even among those with the same diagnosis. To be healthy, all people with or without disabilities must have opportunities to take part in meaningful daily activities that add to their growth, development, fulfillment and community contribution. This principle is central to all objectives outlined in the care of individuals with disabilities. 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 (according to Healthy People 2030, People with Disabilities Objective).

Efforts to make homes, schools, workplaces and public places easier to access can help improve quality of life and overall well-being for people with disabilities (according to Healthy People 2030). In the MRH CSA, the prevalence of at least one of these activity limitations among respondents has increased from 12.0% in 2018 to 18.5% in 2020.

Goal

IPromote independence of individuals with disabilities by offering programs to support and promote independence among disabled individuals.

Action	Anticipated Impact	Resources	Collaboration
<p>MRH Fitness Center</p> <p>Provide access to classes and trainings at MRH Fitness Center that focus on increasing independence and activity.</p>	<p>Increase the number of people with greater independence. .</p>	<p>MRH will provide Fitness Center staff to support programs.</p>	<p>Illinois Department on Aging Community-based organizations Hospitals and clinical groups</p>
<p>Safe Drivers Education</p> <p>Provide community education for teenagers and older adults on safe driving.</p>	<p>Increase the number of teenagers who receive safe driving education among those who identify as having neurodiversity, mental illness, ADHD, congenital illness and other conditions.</p> <p>Increase the number of older adults who receive safe driving education.</p>	<p>MRH will provide staff to support programs.</p>	<p>DuPage County Sheriff’s Office High schools Illinois Department on Aging IDHS* Division of Rehabilitation Services Community-based organizations</p>
<p>Aphasia Center</p> <p>Provide services and interactions among individuals with communication disorders (aphasia).</p> <p>Support families and caregivers as part of outreach efforts.</p>	<p>Increase the number of people who learn strategies to effectively communicate.</p>	<p>MRH will provide staff to support programs.</p>	<p>Illinois Department on Aging Community-based organizations Hospital and clinical groups</p>

*IDHS indicates Illinois Department of Human Services.

Priority health need: Promoting Wellness and Preventing Disease

Introduction

According to the Centers for Disease Control and Prevention, chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's \$3.8 trillion in annual healthcare costs. Among people older than 65 years in the MRH CSA, 47.6% said they experienced three or more chronic conditions.

Furthermore, leading causes of unintentional injury deaths in the MRH CSA included poisoning and drug overdose (46.6%), falls (22.4%), motor vehicle crashes (16.2%) and other causes. When queried, 28.8% of CSA survey respondents 45 and older reported experiencing a fall within the past year, 43.2% of whom experienced injury as a result of the fall.

Goal

Promote wellness and prevent disease among individuals with disabilities through support and evidenced-based programming.

Action	Anticipated Impact	Resources	Collaboration
<p>Community Programming</p> <p>Offer evidence-based community health and wellness programming for chronic disease management, rehabilitation, and overcoming the limitations of chronic disabilities.</p>	<p>Increase knowledge related to chronic disease management.</p> <p>Increase self-management of chronic disease.</p> <p>Improve patient outcomes related to chronic disease and disabilities.</p>	<p>MRH will provide staff and funding to support classes.</p>	<p>Illinois Department on Aging</p> <p>Community-based organizations</p>
<p>Support Programs</p> <p>Offer evidence-based support programs, including but not limited to self-help and support groups.</p>	<p>Increase the number of individuals who receive peer support, education and knowledge and awareness of community resources with a group of people with the same lived experience..</p>	<p>MRH will provide staff to support programs.</p>	<p>Illinois Department on Aging</p> <p>Community-based organizations</p> <p>Hospital and clinical groups</p>
<p>Injury Prevention</p> <p>Offer injury prevention programming, including child passenger safety interventions.</p> <p>Implement programming with content provided by the ThinkFirst National Injury Prevention Foundation.</p>	<p>Increase the number of households with car seats.</p> <p>Increase education on correct car seat installation and usage to reduce the risk of child passenger injury.</p> <p>Increase the number of children who receive bicycle helmets and provide education for school-age children and families to reduce risk of head injury while riding bicycles.</p> <p>Increase the number of people of all ages who receive education on safe practices to reduce the risk of unintentional injuries.</p>	<p>MRH will provide staff and funding to support classes.</p>	<p>Illinois Department of Transportation</p> <p>Schools</p> <p>Community-based organizations</p>

Priority health need: Social Determinants of Health

Introduction

Taking care of ourselves (including eating well, staying active, not smoking and making regular visits to the doctor) influences our health. Our health is also determined in part by access to social and economic opportunities, community resources, quality education, workplace safety, environmental factors and our relationships. These conditions in which we are born, live, learn, work, play, worship and age are known as social determinants of health (SDOH). Following are examples of associations between having a disability and specific SDOH:

- People with disabilities are far less likely to be employed. In 2017, 35.5% of people with disabilities aged 18 to 64 years were employed, while 76.5% of people without disabilities were employed, about double the rate of people with disabilities.
- Adults 18 years and older with disabilities are less likely to have completed high school compared to their peers without disabilities (22.3% compared to 10.1%).
- People with disabilities are more likely to have income of less than \$15,000 compared to people without disabilities (22.3% compared to 7.3%).

Data cited here is from the Annual Report on People With Disabilities in America for 2018 (disabilitycompendium.org/sites/default/files/user-uploads/Annual_Report_2018_Accessible_AdobeReaderFriendly.pdf) and the Disability and Health Data System (DHDS), Centers for Disease Control and Prevention.

Goal

Improve access to employment opportunities across the CSA.

Action	Anticipated Impact	Resources	Collaboration
<p>NM Disability Employee Resource Group</p> <p>Leverage the NM Disability Employee Resource Group to promote NM employment opportunities to people with disabilities.</p>	<p>Increase awareness of NM employment opportunities via targeted outreach</p> <p>Increase the number of people with disabilities who work at NM.</p>	<p>MRH will provide staff to support programs and engage community members.</p>	<p>Schools</p> <p>Workforce development and training programs</p> <p>Disability associations</p>
<p>Pipeline Programs</p> <p>Evaluate and determine the role of MRH in job preparedness programs (such as NM Project Search) that can be implemented for young adults and adults with disabilities.</p>	<p>Increase the number of individuals who receive workforce training.</p> <p>Increase the number of persons who gain employment.</p>	<p>MRH will provide staff to support programs.</p>	<p>NM Project Search</p> <p>Workforce development and training programs</p> <p>Community-based organizations</p> <p>School districts</p> <p>Illinois Division of Rehabilitation Services</p>

Significant health needs not addressed by MRH

MRH has determined that it will not create programs to specifically address certain significant health needs over the next three years. Although these needs were not identified as priority health needs, many are being addressed through the comprehensive services and Community Benefit operations at MRH and throughout NMHC. Specific reasons for not addressing these needs are outlined below.

Identified Health Need	Rationale for not addressing them
Cancer	Although not individually called out as a priority, this need is being addressed through the Promoting Wellness and Preventing Disease strategy.
COVID-19	This need is addressed through the MRH care delivery system.
Diabetes	Although not individually called out as a priority, this need is being addressed through the Promoting Wellness and Preventing Disease strategy.
Heart disease	Although not individually called out as a priority, this need is being addressed through the Promoting Wellness and Preventing Disease strategy.
Mental health	This need is addressed through the MRH care delivery system.
Nutrition, physical activity and weight	Although not individually called out as a priority, this need is being addressed through the Promoting Wellness and Preventing Disease strategy.
Substance use disorders	This need is better addressed through external community agencies who provide services to address it.
Tobacco use	This need is addressed through the MRH care delivery system.
Oral health	This need is better addressed through external community agencies who provide services to address it.

Implementation Plan adoption

The adoption of the Implementation Plan was authorized through a board resolution at the July 28, 2021, meeting of the Northwestern Medicine Marianjoy Board of Directors.

The MRH 2021 Community Health Implementation Plan was reviewed and adopted by the president of Marianjoy Rehabilitation Hospital on January 14, 2022.

Feedback

The community is encouraged to provide feedback on this Implementation Plan and all NMHC Community Health Needs Assessment documents by calling 312.926.2301 (TTY: 711) or 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 Implementation Plan and all NMHC Community Health Needs Assessment documents are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Reports can also be requested, at no cost, by calling 312.926.2301 or by emailing communityhealth@nm.org.

Please contact the NM Community Affairs Department with any questions by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org.



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