

Adventist Midwest Health Community Benefit Report



2004 Annual Report
2005 Community Benefit Plan



Table of Contents

Introduction

<i>Adventist Health System</i>	4
<i>Adventist Midwest Health</i>	5
<i>Adventist Midwest Health Mission</i>	6
<i>Six Guiding Principles</i>	7

Community Needs Assessment

<i>Background</i>	8
<i>Cook County Community Health Needs Assessment</i>	9-10
<i>DuPage Community Health Needs Assessment</i>	
<i>Will County Community Health Needs Assessment</i>	12
<i>Ten Essential Facts About Poverty in DuPage County</i>	13
<i>Adventist Midwest Health Planning Report</i>	14-18
<i>Adventist Health System 2005 Business Plan Healthcare Trends</i>	19

2004 Adventist Midwest Health Community Benefit Report

<i>Community Benefit Value (2004)</i>	20
<i>Charity Care</i>	21
<i>Language Assistance Services</i>	22
<i>Government Sponsored Indigent Healthcare</i>	23
<i>Bad Debt</i>	24
<i>Donations</i>	25
<i>Volunteer Services</i>	26
<i>Hospital-based Educational Programs</i>	27-28
<i>Research</i>	29



Table of Contents

<i>2004 Adventist Midwest Health Community Benefit Report (cont.)</i>	
<i>Subsidized Health Services</i>	30
<i>Other Community Benefits</i>	31
<i>Community Benefit Plan</i>	
<i>Projected Community Benefit (2005)</i>	32-36



Adventist Health System

Adventist Health System grows from a healthcare philosophy that has roots more than 140 years strong. In the 1860's, the Seventh-day Adventist Church developed an innovative approach to human need that combined compassion, preventative care, treatments and therapies, and a firm belief in the guidance and healing power of the Creator.

Today, with thirty-nine hospitals and over 6,200 licensed beds, Adventist Health System organizations bring to our communities the latest medical technologies and the highest level of care.

Adventist Midwest Health is the Midwest component of Adventist Health System. With four hospitals (Adventist Hinsdale Hospital, Adventist La Grange Memorial Hospital, Adventist GlenOaks Hospital and Chippewa Valley Hospital), a long-term care facility (Oakview Care Center), eleven owned physician practices, and many outpatient departments and treatment centers (including Adventist Bolingbrook Medical Center), the healthcare ministry of the Seventh-day Adventist Church is extended to Illinois and Wisconsin.



Adventist Midwest Health Beginnings

Not-for-profit health care organizations have a rich tradition of providing benefit to their communities. Adventist Midwest Health was established not because of economic opportunity, but because there was a need for health services in the community.

Imagine a 10-acre piece of property located on the edge of Hinsdale. The rolling hills have a brook running through them and are entirely wooded with fruit trees, berry bushes and shrubbery. This is the setting where the Hinsdale Sanitarium was built. C.B. Kimbell, a wealthy gentleman who lived in Hinsdale, offered to buy the land for Dr. David Paulson with the condition that Dr. Paulson repay him with 20 yearly installments without interest.

Dr. Paulson and his group started building with a good deal of enthusiasm in the fall of 1904. They broke ground and worked during the winter building Hinsdale Sanitarium with 17 bedrooms. The first patient came before the front steps were built, and within three weeks of dedication, every room was full.

Adventist Midwest Health, as a not-for-profit health care organization, continues this rich tradition of providing benefit to the community, with the ultimate goal of improving community health and increasing access to care. As a not-for-profit organization, all of the net income (profit margin) generated by our hospitals is reinvested back into our programs and services. This benefits the patients and communities we serve instead of individual owners or shareholders.

Member hospitals of Adventist Midwest Health continue the Adventist tradition of meeting patients' emotional and spiritual needs in addition to their physical needs. The mission reaches beyond the front doors, not only at Adventist Hinsdale Hospital, but also at Adventist GlenOaks Hospital in Glendale Heights, Adventist Bolingbrook Medical Center in Bolingbrook, Adventist La Grange Memorial Hospital, and Chippewa Valley Hospital/Oakview Care Center in Durand, Wisconsin. These healthcare entities partner with community organizations to provide health services, educational programs and support groups that promote better health.



Adventist Midwest Health Mission

Adventist Midwest Health is a Christian health-care leader committed to partnering with physicians and community to provide whole-person care and promote wellness.



Adventist Midwest Health employees draw motivation and direction from six strongly held principles. These principles guide the manner in which we treat each other and those we serve:

Christian Mission

We exist to serve the needs of our communities in harmony with Christ's healing ministry and incorporate Christian values at every level of service.

Quality and Service Excellence

We strive to meet or exceed both the service standards of the health care industry and the expectations of the patients we serve and measure our success through continuous surveying of patient satisfaction.

Compassion

We are sensitive to the needs of the individuals and families we serve and meet their needs with kindness and empathy.

Focus on Community Wellness

We commit time, talent and financial support to educate our neighbors in the principles of illness prevention and healthful living.

High Ethical Standards

We conduct our business with integrity, honesty and fairness. As responsible stewards, we use our financial resources wisely by choosing business practices which are cost-effective, productive and result in a fair return on investment.

Cultural Diversity

We value the diversity of our patients, employees, business colleagues and visitors and treat them with kindness and respect, regardless of their background, race, religion or culture.



Community Needs Assessment

Community benefit is a planned, managed, organized, and measured approach to both evaluating and providing those services identified as high priority by members of the participating community. Community benefits meet one of the following three criteria:

- ➔ *Generate a low or negative margin*
- ➔ *Respond to needs of special populations (minorities, elderly, persons with disabilities, mentally ill, etc.)*
- ➔ *Supply services or programs that would likely be discontinued if the decision were made on a purely financial basis*

Community needs assessment for Adventist Midwest Health is achieved by the following:

- ➔ *Cook County Community Health Needs Assessment and Plan: provides documentation of the population-based health needs of the Cook County Department of Public Health jurisdiction. This report was developed and approved for the years 1999-2004. The 2005 Plan is currently under development, with an anticipated publication date of July 2005. Six primary areas of health indicators are provided: (1) Demographic and economic; (2) General health; (3) Maternal and Child Health; (4) Infectious disease; (5) Chronic disease; (6) Injury control.*
- ➔ *DuPage County Community Health Plan: provides documentation of the population-based health needs (Illinois Project for the Local Assessment of Needs/IPLAN) of the DuPage County Health Department jurisdiction. IPLAN is a series of planning activities lead by the DuPage County Health Department. Demonstrates commitment to ten (10) essential public health services.*
- ➔ *Will County Community Health Needs Assessment*
- ➔ *Ten Essential Facts about Poverty in DuPage County (compiled April 2005 by the DuPage Federation on Human Services)*
- ➔ *Adventist Midwest Health Planning and Development (2004 Report/2005 Planning): Comprehensive assessment of service area demographics, identified needs, health care trends, market share, financial outcomes, capital needs, etc. This includes data reported by the Metropolitan Chicago Health Care Council, and the Health Care Advisory Board.*
- ➔ *Adventist Health System Business Plan (2005); Summary of key factors and trends impacting the delivery of health care.*



Cook County Community Health Needs Assessment Summary (based on 1999 study)

Demographic and Social Factors	African American population comprises 12.6% of population, with non-uniform distribution; Increase in Hispanic population to 10.9%; West district has 12.0% of persons below federal poverty level and 12.0% of persons without health insurance; Increase in persons receiving public assistance; Median age is 36.3 years; Dependency ration of 61.3 is lower than for IL or the US; High school drop out rates are highest in the West District at 6.6%.
General Health Factors	Decline in birth rate from 16.2/1000 to 14.9/1000; Hispanic birth rate is more than double the White birth rate, and African American birth rate is 50% higher than the White birth rate; Age-adjusted mortality rate is higher than for IL or the US; Three leading causes of death are (1) heart disease, (2) malignant neoplasms, and (3) Coronary artery disease.
Maternal and Child Health Indicators	Infant mortality rates is 8.2/1000 live births; South and West districts have higher rates of infant mortality, low birth weights, and teen pregnancy; 88.3% of new mothers began prenatal care within the first three months of their pregnancy; 8.5% of births were to teens; 3.8% of infants were reported as testing positive for cocaine; immunization coverage level among respondents was 67.4%; Hospitalization rate for asthma is considered a marker of access to primary care, and was 43.8/10,000.
Infectious Disease Indicators	The incidence of reported AIDS cases was 8.0/100,000 (lower than in IL and US); Chlamydia and Gonorrhea rates were 94.4/100,000 and below rates in both IL and the US; 84% decline in early Syphilis; Vaccine-preventable diseases (Diphtheria, Measles, Mumps, Polio, Pertussis and Rubella) have remained low; New cases of Hepatitis B have remained low; Food borne illness was noted with an outbreak of E.coli; in 1998, Cook County was host to the largest outbreak of illness in US history related to enterotoxigenic E. coli (6000 affected); Tuberculosis has declined, with an average rate of 6.4/100,000.
Chronic Disease Indicators	Cardiovascular diseases remain the most prevalent causes of death (41%); Cancer is the leading contributor to YPLL in Cook County; Lung and breast cancer are the leading single causes of cancer mortality; African American disease mortality was 85% higher than White mortality; Behavior risk factors prevalence for cholesterol, obesity and smoking remain above desired levels.
Injury Control Indicators	MVA are a major cause of premature mortality with an average of 25.6 years of potential life lost per death in Cook County; Violent causes of death predominate in the African American and Hispanic population, with homicide and firearm related deaths as the leading causes after the first year of life; Rates of suicide varied little across racial/ethnic groups.



Cook County Community Health Needs Assessment Summary (based on 1999 study)

Recurrent Themes

Low income is strongly associated with negative health indicators, although socioeconomic status itself is not expressed as disease, death, or disability.
Significant and alarming inequalities exist in the health status of local African Americans and Hispanics compared to whites, mirroring state and national trends.
Significant access to care issues include access to cultural linguistic service, mental health services, substance abuse counseling, physicians who consistently accept Medicaid and transportation.
Risk factors and contributing factors analyzed by the participants as root causes of poor health status and premature death make obvious the need to redistribute funding streams and equally support innovative primary, secondary and tertiary care.
The use and abuse of alcohol and other drugs was often identified as a contributing factor to several health problems (e.g. STD/HIV, low birth weight, intended and unintended injuries and heart disease).

Health Improvement Priorities

Cancer: Improve the health status of Suburban Cook County residents by reducing disease, disability, and death from lung cancer. Risk factors include lack of early diagnosis and treatment and tobacco use/smoking.
Cardiovascular Disease: Increase the span of health life among residents by reducing morbidity and mortality from cardiovascular diseases. Risk factors include dietary practices (high fat/sodium, low fiber diet, marketing, lack of health food, low educational attainment, and strong psycho-social affects of food), a sedentary life style (lack of physical activity, and poor health).
Infant Mortality: Improve pregnancy outcomes in Suburban Cook County by reducing the rate of infant mortality during the neonatal and post neonatal periods. Risk factors include low birth weight/preterm labor (lack of prenatal care, poor maternal nutrition, substance abuse), teen births (early sexual activity, family cycle, self-esteem).



DuPage County Community Health Needs Assessment Summary (based on 2004 study)

Rank Order of Strategic Health Issues

Obesity and Overweight: Second leading cause of premature death in the US. Priority is “How can the health problems of overweight and obese individuals be prevented and treated in DuPage County?”. Risk factors include improper nutrition and physical inactivity. Outcome objective: by 12/31/10, increase the proportion of DuPage County residents who are at a healthy weight to 60 percent.

Mental Health: Depression and anxiety disorders affect a large number of DuPage County residents, both adults and children. 118,913 DuPage County adults were affected by mental illness in 2000. Priority is defined as the following: “How can DuPage County develop the capacity to meet the mental health needs of county residents?”. Risk factors include insufficient screening; insufficient treatment services; low community awareness; and stigmatization. Outcome objective: by 12/31/10, increase the proportion of DuPage County adults and children with mental health problems who receive treatment to 30 percent.

Access to Essential Health Services: Having access to quality health services may be the single most important determinant of health status. According to DuPage County residents, health care access is one of the most important factors for creating a healthy community. Use of clinical preventive services, such as early prenatal care, can serve as indicators of access to quality health care services. Priority is defined as the following: “How can DuPage County assure access to essential health services for low-income, uninsured county residents?”. In 2000, 5.3% of the adult population and 3.7% of the child population in DuPage County had no health insurance. Additionally, 12.3% of the adult population had no usual source of health care. Risk factors include: lack of health insurance; poverty; unemployment; minority race or ethnicity; employed in service and trade industries; employed in firms with fewer than 100 employees; generosity/inclusiveness of public insurance programs; overall HMO penetration; Medicaid managed care penetration; communities underserved by primary care physicians. Outcome objective: by 12/31/10, DuPage County will have the capacity to provide access to essential health services outside of the current mainstream health system to 30,000 low-income residents in DuPage County.



Will County Community Health Needs Assessment Summary

Three Healthcare Priorities

➔ Teenage Pregnancy and STDs

➔ Heart Disease

➔ Violence



Summary of Ten Essential Facts about Poverty in DuPage County

The number of low income residents in DuPage County is steadily increasing: 14% of the DuPage County residents are at or below 200% of the Federal Poverty Level. This represents a 38% increase since 2000.

In Illinois, poverty is moving to the suburbs. In Suburban Cook County, the poverty population has increased 44% since the 1990 census. In DuPage County, the poverty population has increased 138% since the 1990 census.

DuPage County is becoming increasingly diverse. There is a 96% increase in African Americans, a 122% increase in the Asian population, and a 184% increase in the Hispanic or Latino population since the 1990 census.

Nearly all of the population growth in DuPage County is among the immigrant, low income and minority populations.

Unemployment in DuPage County, though low by national standards, remains at a relatively high level compared to historical trends. In Cook County, the current unemployment rate is 6.6%. In DuPage County, the current unemployment rate is 4.9%.

DuPage County is the only metropolitan Chicago county where median income is declining. In DuPage County, there has been a .56% average decrease in median income. In Cook County, there has been a 4.36% average increase in median income since 2000.

Use of Food Stamps, Medicaid and Kid Care is growing. There has been a 43% increase in households receiving food stamps, and a 48% increase in households receiving Medicaid.

The number of people with limited English proficiency is significantly increasing. The number of people speaking English "less than very well" has increased 168% since 1990.

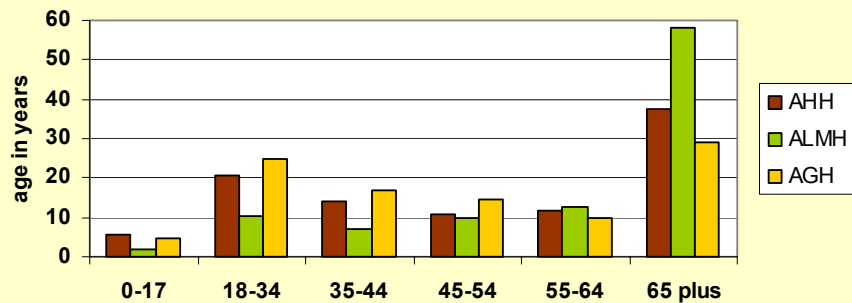
The number of households paying more than 30% of their income for rent has increased to 3.6% since the 2000 census (a 51% increase).

Homelessness is a serious problem in DuPage. Significant percentages of the Homeless are working. There has been a 115% increase in the number of persons receiving homeless prevention services since 2001.

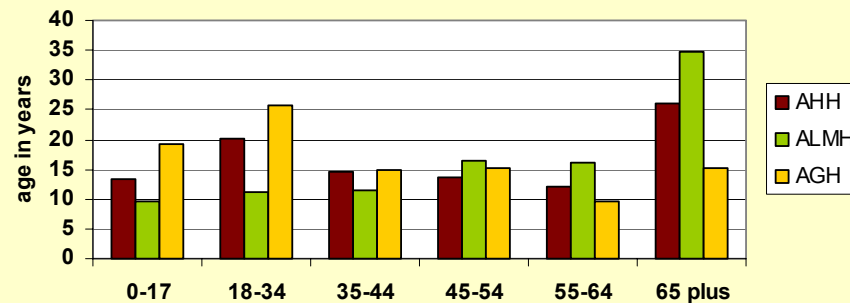


Adventist Midwest Health Planning Report: Average Age

2004 IP Volume by Age



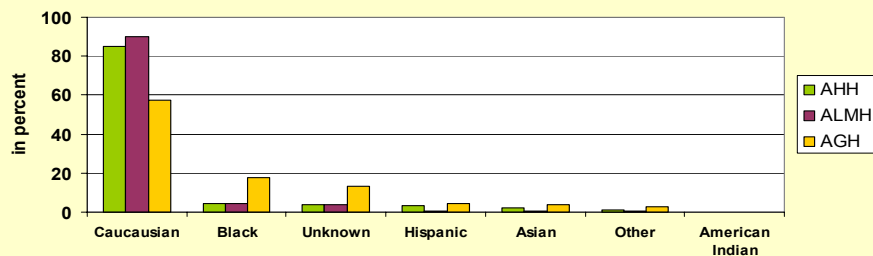
2004 OP Volume by Age



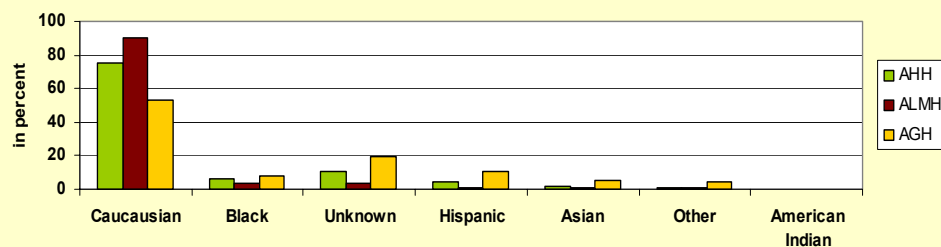


Adventist Midwest Health Planning Report: Ethnicity

IP Volume by Ethnicity 2004



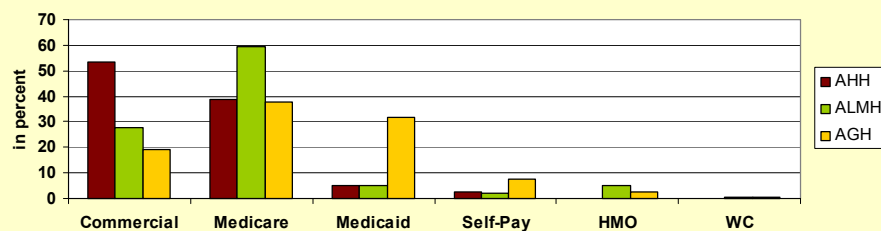
OP Volume by Ethnicity 2004



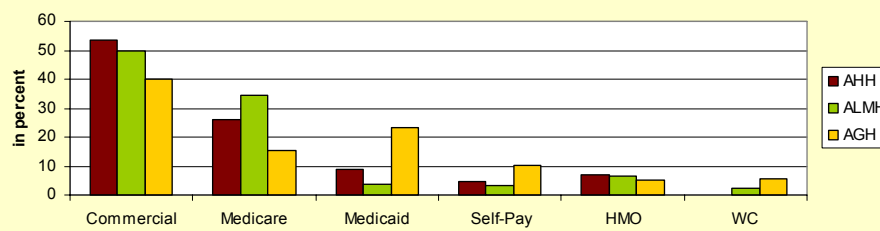


Adventist Midwest Health Planning Report: Payor

IP Volume by Payor 2004



OP Volume by Payor 2004





Adventist Midwest Health Planning Report: Metro Chicago

General Trends

- ➔ *In 2007, the first wave of baby boomers will be over age 65*
- ➔ *Obesity is the #1 cause of preventable death*
- ➔ *Incidence of diabetes has increased by 33% since 1990.*
- ➔ *Since the 1980s, the annual death rate has declined by 16%, life expectancy has increased 3.2 years, and disability rates for those 65 and older have decreased nearly 60%.*
- ➔ *One-third of all Chicago area hospitals are showing negative operating margins.*

Health Care Coverage Trends

- ➔ *Continued rise of uninsured (1.8 million uninsured in IL)*
- ➔ *22% of all Chicago families earning more than \$75,000 have one family member without health insurance*
- ➔ *80% of the country's uninsured are in working families*
- ➔ *15.2% of the US population is uninsured and is projected to grow from 45 million to 52 million by 2006*



Adventist Midwest Health Needs Assessment and Planning Projected Growth for 2005

Product Line	Solucient Projections for Primary and Secondary Service Area (percent growth)	Inpatient Advisory Board Forecast (percent growth)
Open Heart	10.55%	0-1%
Cardiology	7.2%	2-5%
Orthopedics	6.85%	0-2%
Oncology/Hematology	6.78%	0-2%
General Surgery	5.84%	0-2%
Neurosurgery	5.65%	2-5%
Gastroenterology	5.50%	2-5%
Neurology	5.35%	0-1%
General Medicine	4.76%	n/a
Rehab	4.33%	n/a
Gynecology	2.74%	0-1%
Psych/Drug Abuse	2.02%	n/a
Obstetrics	-3.45%	0-2%



Adventist Health System 2005 Business Plan: Health Care Trends

→ **Demand for services continues to rise, while revenue growth stalls:** Aging population continues to drive demand, however growth will be sustainable only if several insurance-related factors are realized.

→ **The Uninsured, the Underinsured and Unpredictable Assistance Programs:** Number of uninsured Americans has reached 45 million, and millions more are underinsured, thus increasing the percentage of self-pay patients. With the federal deficit continuing to widen and many state budgets still not balanced, Medicare and Medicaid likely will have to reduce or eliminate benefits.

→ **Impact of Consumerism on Healthcare:** Mercer's National Survey of Employer-Sponsored Health Plans of 2004 found that the average total cost of health benefits rose 7.5% in 2004. Employers will have an increasing need to modify the plans and shift more of the decision-making and cost burden to the employees.

→ **Limited Availability of Professionals:** Severe workforce shortages continue to exert hardships for hospitals and other healthcare providers. The government estimates that if no actions are taken, the shortfall of registered nurses will climb above 800,000 by 2020. To address the shortage of physicians, providers have intensified recruitment efforts and expanded employment options. The lack of specialty physicians, in particular, has created loss of certain services in communities across the nation.



Adventist Midwest Health Community Benefit Value (2004)

Community benefit value is calculated in two categories: (1) Benefit for the poor and underserved and (2) Benefit for the broader community.

Benefit for the Poor and Underserved	2004 Value	Benefit for the Broader Community	2004 Value
Charity Care: Care for which the provider does not expect to receive payment from the patient or a third party. Does not include bad debt or the unreimbursed cost of Medicare, Medicaid and other federal, State or local indigent health care programs.	\$3,324,341	Donations: Cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other community health care providers, social service agencies and organizations.	\$388,588
Language Assistance Services: Unreimbursed actual costs pertaining to language assistance services offset by any revenue received for these services (interpreters, translators, language line, salaries/benefits for program coordination)	\$116,428	Volunteer Services: Voluntary activities provided by hospital employees and volunteers in connection with a hospital's Community Benefits Program that take place as the result of a formal hospital initiative to organize or promote voluntary participation in the activity.	\$433,160
Government-sponsored Indigent Health Care: Unreimbursed cost of Medicare, Medicaid and other federal, state, or local indigent health care programs, eligibility for which is based on financial need.	\$1,727,366	Education: Costs incurred for hospital-based educational programs such as medical residency and internships and nursing, radiology tech and physical therapy programs (reduced by direct medical education funding from third-party payer reimbursement, fees charged, etc.)	\$6,358,165
Subsidized Health Services: Services for which the hospital, in response to community need, must subsidize from other revenue sources.	\$975,313	Research: Cost of research activities conducted primarily to advance medical or health care services (costs not covered by grant funding, etc.)	\$350,678
Bad Debt: The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.	\$32,108,323	Other Community Benefit:	\$1,621,260



Charity Care

When the sick and hurting sought help from Jesus, He never turned them away. We believe He expects the same from us today.

With a *higher* demand for services and the number of uninsured or underinsured *increasing*, greater expectations are placed on non-profit healthcare entities to respond. In 2004 alone, over \$3.3 million dollars of free or discounted health services were provided by Adventist Midwest Health Hospitals. Charity care was reduced to *costs* using an expense-to-charge ratio. The resulting number is lower than uncompensated care *deductions* or *charges* sometimes used in reports on hospital uncompensated care.

Comprehensive charity care policies are in place to address the financial needs of those individuals in our community who are unable to pay for necessary healthcare services. Financial counselors are available at each Adventist Midwest Health member hospital, and prepared to assist patients who qualify for free or discounted care.



Language Assistance Services

We value the diversity of our patients and visitors, treating them with kindness and respect regardless of their background, race, religion or culture.

The quality of communication between our patients and our healthcare providers can have a considerable impact on how patients and their families access and respond to health care services. More than ten million U.S. residents speak English poorly or not at all, constituting a language barrier in the healthcare system. Adventist Midwest Health assumes responsibility for providing language assistance to our patients, in order to assure equal access to care, optimal medical outcomes, and positive patient experiences. Service options continue to grow to meet the changing needs of our patient population.

- ➔ Adventist Midwest Health is home to many bilingual employees who provide care. The benefit of patients receiving care while communicating directly with the care provider in their native tongue is immeasurable.
- ➔ 2004 brought an opportunity for seven Adventist Midwest Health bilingual employees to complete a 40-hour course in Interpreter Training. These employees are on-hand to lend immediate support to patients with limited English proficiency.
- ➔ Video-conferencing systems are now available in each Adventist Midwest Health Hospital, so that a “live” interpreter may be made available to patients and families in a moment’s notice.
- ➔ Documents vital to patient participation in care have been translated to accommodate patient language needs.
- ➔ Contracts are in place with several interpreter service agencies, as well as over-the-phone interpreter services to assure easy and ongoing access to competent language and sign language interpretation.
- ➔ Cultural competency is a primary leadership focus for Adventist Midwest Health, with leadership educational requirements, service-line modifications and employee cultural celebrations.



Government-Sponsored Indigent Health Care

Mission in Action.

State and Federal healthcare reimbursement programs do not cover all service needs of individuals with limited resources. Services provided at many Adventist Midwest Health entities are non-covered by Medicaid or may not be billed to Medicaid because of the site in which the hospital service was provided. Consequently, services are provided to individuals with defined financial need, with limited or absent reimbursement by Medicaid. In 2004, this accounted for over 1.7 million dollars of unreimbursed care at Adventist Bolingbrook Medical Center Emergency Department alone.



Bad Debt

**Our mission of saving lives and improving life is not taken lightly,
nor is it accomplished easily.**

Bad debt is uncollectible charges from those unwilling, as opposed to unable, to pay for services rendered. Hospital services differ from providing other services in that focus is necessarily placed on providing needed healthcare rather than attempting to obtain payment. Other industries can check the customer's credit rating or ask for payment in advance and do it at a time when the individual is not in a health crisis. This is often not the case with healthcare. When healthcare providers later attempt to collect payment, and find the patient unwilling to pay, options are limited given the nature of the service provided and the inability to repossess the service.



Donations

We devote our resources to His mission of care and compassion.

Adventist Midwest Health extends the healing mission to the community by providing cash and in-kind donations. These donations help to support community initiatives that promote wellness. Programs and services that benefit include the Hinsdale Community House, the Wellness House, Access DuPage, LaGrange Community Nurse and the Robert Crown Center.



Volunteer Services

In the service of others, compassion flows freely from the heart.

Volunteer Service Programs enrich the culture and enhance the ability of Adventist Midwest Health entities to accomplish the mission of partnering with the community to promote whole-person care. Community members are integrated into the fabric of healthcare by providing many hours of service in clinical and non-clinical areas, alike. At Adventist Hinsdale Hospital alone, more than 2,317,315 cumulative hours of service have been selflessly given by volunteer community members since the program's inception in 1952. Adventist La Grange Memorial Hospital has been home to over 8,200 volunteers since 1955, when the program began. The Adventist GlenOaks volunteer program has been in place for 20 years, and currently supports eighty volunteers.

Volunteers come from a wide variety of backgrounds and are grateful for the opportunity to give back to the community and participate in a benevolent social network that might otherwise not be available to them. From the youngest volunteers to those volunteers that choose to give of themselves late in life, the benefits of these *Community Ambassadors* are immeasurable. Our longest serving volunteer has been "on-duty" for over 46 years. Amazingly, one of the Adventist GlenOaks volunteers has extended trust and security to our patients for more than 18,000 hours of service in just seventeen years (this equates to almost nine full-time years of service)!

Adventist St. Thomas Hospice supports a growing volunteer program. In 2004, volunteers put in over 25,000 hours of service (and about 20,000 miles on their cars). It is the care and commitment of the volunteer workforce that truly make a difference for patients in the community in their greatest time of spiritual and emotional need.



Hospital-based Educational Programs

When Christ was training His disciples to carry on His mission, one of His instructions was to heal the sick. His was a mission of action, and their duty was to “go” and “do”.

Adventist Midwest Health supports a strong commitment to education and training of healthcare professionals. Our hospitals provide an enriching clinical setting to further the skill and competence of our future healthcare leaders.

Residency Programs

Both Adventist Hinsdale and Adventist La Grange Memorial Hospitals have Residency Programs. In total, 354 Medical Students have graduated from these three-year Residency Programs since they began in 1975. Many of these graduates continue to serve on our Medical Staff today. Students rotate through several specialty areas including Emergency Medicine, Gastroenterology, Dermatology, Surgery, Internal Medicine, Otolaryngology, and OB/GYN. Ninety-eight Adventist Midwest Health employees support the Residency Programs, including mentoring physicians, registered nurses, and administrative support personnel.

Through the Family Practice Residency Programs, medical students provide an array of primary care services which include health maintenance, preventative care, psychological care, urgent care, sports medicine, women's health, newborn and pediatric services, obstetrical care, and geriatric services. A network of specialists is available for individuals receiving public aid. *The Family Practice Residency Program at Hinsdale is one of the largest healthcare providers for public assistance in DuPage County and provides care for individuals receiving public aid who might otherwise not have access.* Additionally, sports and school physicals are provided to the Primary and Secondary schools in the area, and a community flu shot campaign is held every year.



Hospital-based Educational Programs

Clinical Affiliations

Adventist Midwest Health provides a comprehensive practicum site for nursing students and allied health field practitioners. There are over 60 student nurse rotations annually, with approximately 33,000 hours of practical experience provided. Adventist Midwest Health is particularly proud to support this invaluable experience to the future nurses of America, in light of the current and predicted nursing shortages.



Research

Helping researchers conduct important studies in a way that protects the rights and welfare of community participants.

Adventist Midwest Health supports research in two important ways: (1) through the Institutional Review Board; and (2) through the Cancer Data Management Program.

Institutional Review Board

The Institutional Review Board is a hospital board comprised of Physicians, Clinicians, Pastoral Care Staff, Community Members, and other Administrative staff with the sole purpose of protecting the safety and welfare of human subjects in research. The federal government is very involved in the regulation of the research process in healthcare. In order for research to occur at any Adventist Midwest Health entity, a thorough review and approval process is required by an Institutional Review Board. Through the commitment and expertise of physicians, Adventist Midwest Health Staff, and community members, there are over 167 active research studies in progress today, with 59 new protocols in 2004 alone.

Cancer Data Management

Operational since 1983, the Cancer Data Management Program collects and reports information from nearly all cancer patients who enter an Adventist Midwest Health entity for cancer treatment. Through formal accreditation by the American College of Surgeons, Adventist Midwest Health is able to conduct cancer research that is affiliated with the National Cancer institute, supporting ongoing need for systematic study of and improvement in cancer treatment.



Subsidized Health Services

We commit time, talent and financial support to educate our neighbors in the principles of illness prevention and healthful living.

Community need drives service provision. Adventist Midwest Health supports many health services, despite a negative margin, simply because they are needed in the community. These services are subsidized by other Adventist Midwest Health revenue sources. Cardiac Rehabilitation Phase III, cochlear implant procedures, Muscular Dystrophy Clinic, Access DuPage services, Access to Care services, LaGrange Community Nurse services, immunization programs, health screenings, health education for disease prevention, support groups, and physician referral services all help define a commitment to Mission that is core to healthcare provision at Adventist Midwest Health.



Other Community Benefit

Strength and Growth have little virtue unless they work to benefit others.

Patients come to Adventist Midwest Health with the security of our Mission. *We are committed to partnering with physicians and community to provide whole-person care and promote wellness.* Other Community Benefits provided by Adventist Midwest Health include the following:

- ➔Public Aid Services: Patients who are not currently approved for Medicaid can expect comprehensive assistance (at no charge) to complete all necessary application processes to be considered for Medicaid Services.
- ➔Discharge Needs: Patients leaving our care who have limited resources for transportation home or medications required immediately upon discharge may qualify for assistance.
- ➔Pastoral Care services to patients, families, staff and the broader community



Community Benefit Plan (2005)

Community benefit goals and objectives are calculated in two categories: (1) Benefit for the poor and underserved and (2) Benefit for the broader community. Pages 33-35 delineate Benefit for the Poor and Underserved; Pages 36-37 delineate Benefit for the broader community.

Benefit for the Poor and Underserved	Rationale
<p>Charity Care:</p> <p>(Goal) Provide free or discounted care to individuals who qualify.</p> <p>(Objective) Implement use of Charity Care guidelines with 100% of those individuals who have identified need.</p>	<ul style="list-style-type: none"> ➔ Mission ➔ DuPage County Health Needs Assessment Data: In 2000 5.3% of DuPage County adults had no health insurance. Access to Essential Health Services is the third, in rank order, of strategic health initiatives of the DuPage County Health Department. ➔ Top 10 Essential Facts about Poverty in DuPage County: 14% of DuPage County residents are at or below 200% of the Federal Poverty Level. Since the 1990 census, the number of persons at or below the Federal Poverty Level has increased 138%. In Suburban Cook County, the poverty population has increased 44% since the 1990 census. ➔ Cook County Community Needs Health Assessment indicates that 12% of Western Cook County residents are below the Federal Poverty Level. While not surprising, their findings that low-income is strongly associated with negative health indicators, points to the need for comprehensive and equitable consideration in the provision of charity care.



Community Benefit Plan (2005)

Benefit for the Poor and Underserved	Rationale
<p>Language Assistance Services:</p> <p>(Goal) Assure equal access to service for individuals with limited English proficiency.</p> <p>(Objectives) (1) Continued contractual relationships with interpreter service providers; (2) Implementation of automated voice menus in Spanish at all AMH Hospitals; (3) Promotion of (and increased use of) videoconferencing services through contractual relationship with <i>Deaf Talk</i>; (4) Participation on the DuPage Federation for Healthcare, with initiation of a written agreement and use of Federation resources; (5) Continued evaluation and translation of prioritized documents in Spanish; (6) Ongoing staff education; (7) Annual monitoring and auditing of Cultural and Linguistic Services; (8) Provision of interpreter training for six additional AMH employees; (8) Translated signage at ALMH.</p>	<ul style="list-style-type: none"> ➔ Mission ➔ DuPage County Health Needs Assessment Data: Access to Essential Health Services is the third, in rank order, of strategic health initiatives of the DuPage County Health Department. ➔ Top 10 Essential Facts about Poverty in DuPage County: DuPage County is becoming increasingly diverse. There is a 96% increase in the African American population, a 122% increase in the Asian population, and a 184% increase in the Latino population. The number of people speaking English “less than very well” has increased 168% since 1990. ➔ Cook County Community Needs Health Assessment indicates that significant access to care issues are related to access to cultural and linguistic services. ➔ Literature supports the need for comprehensive access to interpreters to promote health outcomes.



Community Benefit Plan (2005)

Benefit for the Poor and Underserved	Rationale
<p>Government-sponsored Indigent Health Care: (Goal) Provide care to patient's with health needs for whom government funding is not available. (Objective) Provide unreimbursed care (following provision of services that cannot be reimbursed by Medicaid) for patients with financial need for identified sites and services within Adventist Midwest Health.</p>	<ul style="list-style-type: none"> ➔ Mission ➔ DuPage County Health Needs Assessment Data: In 2000 5.3% of DuPage County adults had no health insurance. Access to Essential Health Services is the third, in rank order, of strategic health initiatives of the DuPage County Health Department. ➔ Top 10 Essential Facts about Poverty in DuPage County: 14% of DuPage County residents are at or below 200% of the Federal Poverty Level. Since the 1990 census, the number of persons at or below the Federal Poverty Level has increased 138%. In Suburban Cook County, the poverty population has increased 44% since the 1990 census.
<p>Subsidized Health Services: (Goal) Provide services in response to community need, which must be subsidized from other revenue sources. (Objectives) (1) Provide ongoing health screenings and health education classes as defined by community need; (2) Continue support of the Bone Lab, the Cochlear Implant Program, Cardiac Rehab Phase III; Configare; Community Health Care Services; MD Clinic; and Center for Hearing Research.</p>	<ul style="list-style-type: none"> ➔ Cook County Community Needs Health Assessment indicates that 12% of Western Cook County residents are below the Federal Poverty Level. While not surprising, their findings that low-income is strongly associated with negative health indicators, points to the need for comprehensive and equitable consideration in the provision of charity care.



Community Benefit Plan (2005)

Benefit for the Broader Community	Rationale
<p>Donations:</p> <p>(Goal) Provide cash and in-kind donations to assist other community healthcare providers, social service agencies and organizations.</p> <p>(Objective) Continue to support Community Wellness Programs and other agencies that support community need via ongoing evaluation and continuation of donations.</p>	<p>↪ Mission</p>
<p>Volunteer Services:</p> <p>(Goal) Continue to provide resources and expertise necessary to promote a comprehensive volunteer program that benefits community members at each Adventist Midwest Health Hospital.</p> <p>(Objective) Maintain or increase the number of volunteer hours supported from community members (approximately 135,000 hours for the Region).</p>	<p>↪ Mission</p> <p>↪ DuPage County Community Health Needs Assessment</p>
<p>Education:</p> <p>(Goal) Provide resources necessary to assure continuation of comprehensive, hospital-based educational programs.</p> <p>(Objective) (1) Support 48 Residents in the AHH and ALMH Residency Programs in 2005; (2) Support student nurses via job shadowing and educational experiences (goal of 31,000 hours for the Region); (3) Define tracking mechanism to capture other educational offerings to students in allied health fields.</p>	<p>↪ Mission</p>



Community Benefit Plan (2005)

Benefit for the Broader Community	Rationale
<p>Research:</p> <p>(Goal) Support research activities conducted primarily to advance medical or healthcare services through Institutional Review Board and Cancer Data Management functions.</p> <p>(Objective) IRB and Cancer Data Management support of 170 active research studies, with a minimum of 60 new protocols in 2005.</p>	<p>↪Mission</p>
<p>Other Community Benefit</p> <p>(Goal) Ongoing evaluation of the Community Benefit Program for Adventist Midwest Health, with prioritization and provision of service based on identified need.</p> <p>(Objective) Provide unsubsidized support for the following: (1) Public Aid Assistance; (2) Discharge medications to indigents; (3) Transportation services for individuals with identified needs; and (4) Pastoral care services to patients, family, staff and the broader community.</p>	<p>↪Mission</p> <p>↪DuPage County Health Needs Assessment Data: In 2000 5.3% of DuPage County adults had no health insurance. Access to Essential Health Services is the third, in rank order, of strategic health initiatives of the DuPage County Health Department.</p>