



2010

# ANNUAL REPORT



Above: Photo of babies from PCC's CenteringPregnancy Program

*Storytelling*

Dear Friends,

At PCC Community Wellness Center, we continue to make differences in the lives of our patients. I am proud to showcase the stories of our patients and dedicated staff, in the pages that follow.

Over the past two years, PCC's Annual Report has featured a broad range of our comprehensive health care services. This year, we have decided to look in depth at a very important program within our full spectrum of care - PCC's Maternal and Child Health (MCH) Program.

Many families served by PCC face significant barriers to health. Pregnant women, new mothers and babies are affected by various disparities, including poor birth outcomes and low breastfeeding rates. PCC's knowledge of health barriers led us to develop a fully comprehensive MCH Program which is continuously developed to meet the specific needs of the communities we serve.

The story of PCC continues to reveal the remarkable services and programs we provide as a result of the dedication and hard work of our staff and generosity of our donors.

Sincerely,



*Robert J. Urso*  
*President & Chief Executive Officer*



Dear Friends,

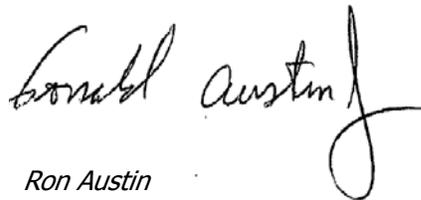
Part of PCC's mission is to provide high quality, affordable, and accessible primary healthcare to address unmet needs in our community. Oral healthcare is an essential component of one's overall health, yet this need often goes unmet.

To address the need for dental services in our community, PCC created its first Oral Health Program. In July 2010, PCC began providing dental care for residents of Chicago's Westside at PCC's Austin Family Health Center. This dental suite is a state-of-the-art facility that allows PCC to integrate comprehensive dental services with the primary care services we already provide.

We understand that the need for oral healthcare in our community is great. Therefore, in the coming year, PCC will open a second state-of-the-art dental suite in PCC's new South Family Health Center. The construction of the South Family Health Center was made possible through a \$4 million grant from the Facility Investment Program of the American Recovery and Reinvestment Act.

In the pages that follow, you can read more about the services and programs that we offer at PCC. On behalf of the Board of Directors, I want to thank all of the staff, volunteers, and our generous donors for your incredible support of PCC's mission.

Sincerely,



*Ron Austin*  
*Chairman of the Board of Directors*



## *Sharing the PCC Story*

PCC's story began in 1980 as the Parent Child Center, which consisted of a three-room clinic of West Suburban Hospital offering prenatal, postpartum and infant care for underserved women and children living in the Austin community. In 1992, PCC was incorporated as an independent, 501(c)(3) nonprofit organization and attained status as a Federally Qualified Health Center in 1994. Since then, PCC has grown to encompass ten health centers.

PCC's mission is to improve health outcomes for medically underserved communities by providing high quality, affordable and accessible primary healthcare and support services. Anchored with family medicine, we are committed to serving the needs of all people in all stages of life, while we continue to specialize in the delivery of comprehensive maternal and child health services to address this unmet need in our community.

As part of our mission, PCC is committed to addressing the barriers our patients face in obtaining healthcare and supportive services. PCC understands the social determinants of health (SDOH) perspective, which recognizes that the fundamental source of health outcomes is the circumstances in which one lives. PCC believes that the SDOH perspective has significant implications for community health centers and incorporation of SDOH concepts and principles are essential throughout an organization.

The pages in this annual report reflect on PCC's commitment to meeting the needs of our patients by maintaining a balance of PCC services and programs to address the barriers experienced throughout the communities we serve. Furthermore, we are proud to share some of the stories that represent PCC patients and staff who continue to make PCC a viable organization.

*“...maintaining a balance of PCC services and programs to address the barriers experienced throughout the communities we serve.”*



# Addressing Barriers with Care Coordination

Pregnancy is a time of major change in a family's life. It is also a flurry of activity, including a multitude of tasks related to preparing for a new baby and getting services that support health. The earlier a woman receives health care and resources, the more likely she will have a healthy pregnancy, birth and baby. Her family can proceed successfully into their next phase of life to pursue their goals and ideally avoid the burden of complications. Families served by PCC often do not have helpful resources in place when pregnancy occurs, thus PCC coordinates care to respond to common barriers and meet individuals' unique needs.

PCC's pregnancy testing service is both a responsive and proactive program. As soon as a woman thinks she may be pregnant, PCC can provide early prenatal care including options counseling. With the help of PCC's financial counselors, uninsured pregnant women can apply for Medicaid upon receiving a diagnosis of pregnancy.

PCC's providers are trained and supported in providing prenatal care. PCC's MCH fellowship program trains family physicians to provide high-risk care. We also retain advanced-trained attending physicians who are in-house 24 hours a day in collaborating hospitals so that these services are located in the communities where our patients seek care. PCC's multidisciplinary team meets weekly to review the care of prenatal patients at each site, ensuring ongoing peer review and individualized care plans reflecting the most current professional and evidence-based guidelines.

MCH teams at each clinic, led by nurses, ensure that services such as nutrition programs, on-site behavioral healthcare, referrals for testing, and consultations with specialists at high-risk centers, are proactively

coordinated with routine services offered at PCC. Care coordination continues after delivery as MCH teams schedule well-child visits, family planning services and other helpful referrals.

Seven percent of patients who received prenatal care at PCC in 2010 started care in the third trimester. At PCC we are proud that our team is equipped to provide care to any woman seeking care, regardless of her stage in pregnancy. We believe that prenatal care late is certainly better than none at all, which too often is a reality for women who face multiple barriers to care. Furthermore, behavioral health is integrated with primary care services at PCC. The maternal child health population represents a significant proportion of those served by PCC's behavioral health team, especially to address the prevalence of depression, both during and after pregnancy.

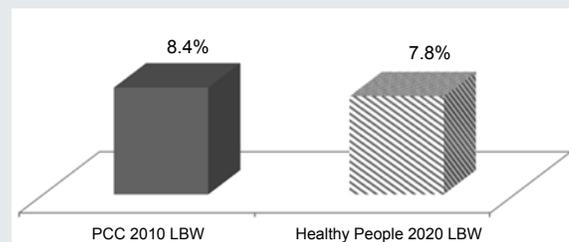
Many families in PCC's communities face the affordable housing crisis, which causes patients to move frequently and encounter periods without telephone service. Additionally, demands for financial resources sometimes mean families have to choose between necessities. PCC's MCH team employs thoughtful strategies to work around these barriers so that pregnant women do not also have to sacrifice access to care through challenging times.

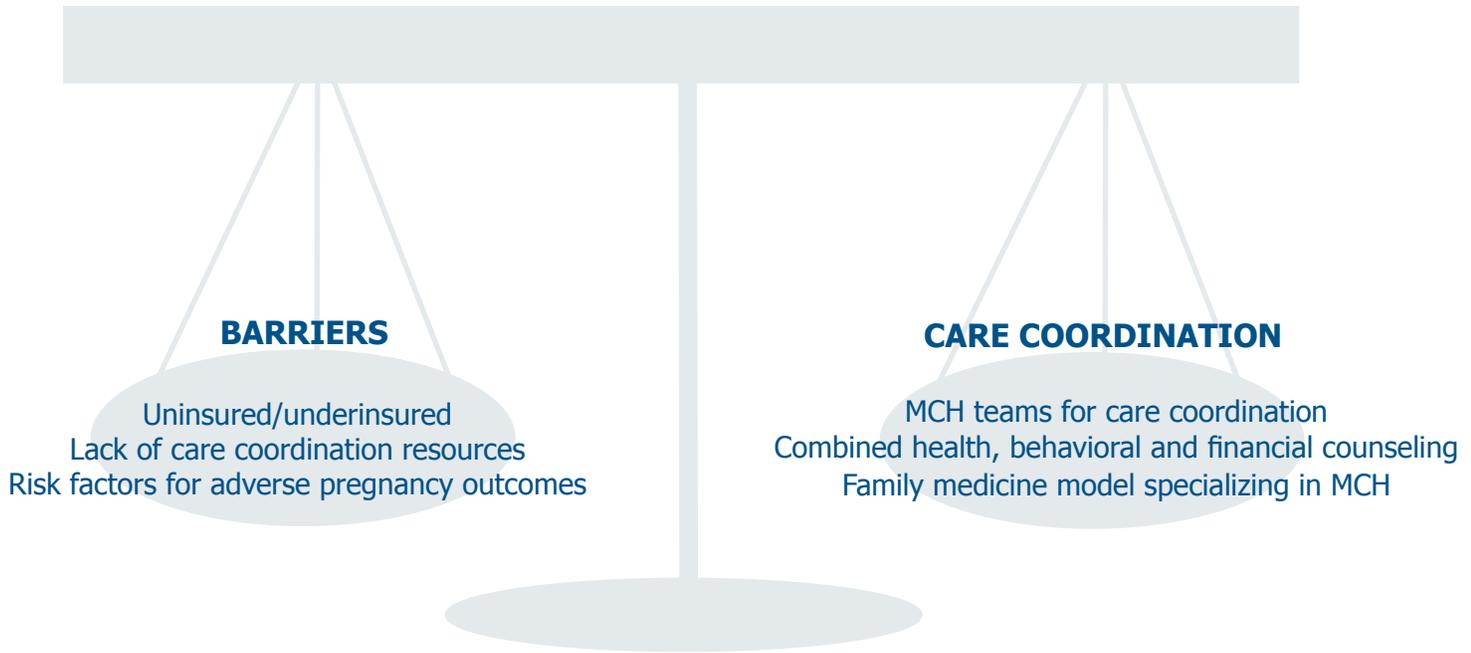


*PCC's multidisciplinary MCH team reviewing prenatal and postpartum patient charts through Electronic Health Records to discuss plans of care*

## Low Birth Weight (LBW)

*In 2010, 1,365 PCC prenatal patients gave birth. The entire MCH model aims to prevent low birth weight, other adverse outcomes and achieve Healthy People 2020 national targets.*





## Neatre's Story



Neatre became a PCC patient in 1999 when Dr. Staff delivered her oldest son at West Suburban Medical Center. Dr. Staff continued to provide care to Neatre at the PCC Austin Family Health Center for her other four pregnancies. Twelve years later, Dr. Staff remains the primary care provider for her five sons; Anthony, Dominic, Davion, Semaj and James. Two of Neatre's sons were born premature, so she knew that her most recent pregnancy was high-risk. As a result Dr. Staff and Jeanette Davis, a MCH nurse, helped Neatre throughout her pregnancy. "I had to come in every week to get a shot and see the nurse and the doctor" says Neatre.

"All the nurses and breastfeeding counselors always came in to talk to me to make sure that everything was going great with me and the pregnancy; everyone was very supportive to me" says Neatre. The coordination of care by the nurse allowed staff to integrate with Neatre's primary care visits, including Marsha Robinet, a PCC social worker. "Marsha was a very big part of my pregnancies. After my apartment fire, she helped me get an apartment; she gave me transportation to help me get to my appointments. She stops in even if I come for the kids' regular check-ups." Neatre's youngest son, James, was born full-term and she says he is ahead of her other sons when they were at that same age. "He likes for me to read to him - he likes for me to play with my hands when I talk to him."

Neatre started school in June 2011. "Once I finish going to school to be a chef, I want to go to school for business because I plan to open my own restaurant. That's my goal!" says Neatre. In addition to school, Neatre is very excited about starting her new job at a shelter in July 2011.

# Addressing Barriers with Breastfeeding Support

Breastfeeding is one of the healthiest choices mothers can make for their children and for themselves. Lifelong benefits of breastfeeding for children include decreased risk of acute and chronic illnesses and for mothers, enhanced recovery after birth and decreased risk of breast and ovarian cancers.

In the neighborhoods served by PCC, lower rates of breastfeeding initiation and continuation rates reflect the barriers mothers face. Lack of knowledge about breastfeeding norms and lack of support are widespread. PCC implements a variety of services to overcome barriers to ensure mothers are supported in their healthy choice to breastfeed.

**Clinic Breastfeeding Promotion:** Breastfeeding is a routine topic in prenatal visits and a running theme through prenatal classes and Centering sessions at PCC. PCC providers and staff promote breastfeeding as well as the services that mothers can use once the baby is born. The clinic conveys support through posters and photos of breastfeeding families visible in clinic waiting areas and support rooms for mothers to breastfeed in comfort.

**IBCLC:** PCC employs International Board Certified Lactation Consultants (IBCLC). Lactation consultants are experts in breastfeeding and usually work in hospitals or in private practice. PCC is proud to make this resource available to our patients in the community setting, including home visits at no charge to patients. Most importantly, the IBCLC is a resource for staff so that providers, staff and breastfeeding peer counselors can seek advice to provide front line breastfeeding support to their patients. This model maximizes the lactation consultant to serve a large population of breastfeeding mothers.

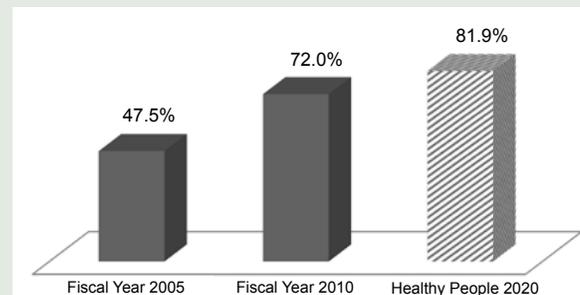
**Breastfeeding Peer Counselors:** Mothers who have experience breastfeeding their own children visit new moms in the hospital and during clinic and home visits. Through AmeriCorps service, the peer counselors also earn a living stipend and an educational award to support their own future studies and career goals.

**Community Health Nurses:** This team of nurses makes daily “rounds” to visit new moms and babies at the hospital and provide hands-on support to help mothers with breastfeeding. The nurses arrange for additional support when the family goes home, including home visits, phone follow-up or referral to breastfeeding peer counselors. PCC’s breastfeeding support line is available seven days a week so that a mother can seek real-time information for questions or concerns about breastfeeding her baby.

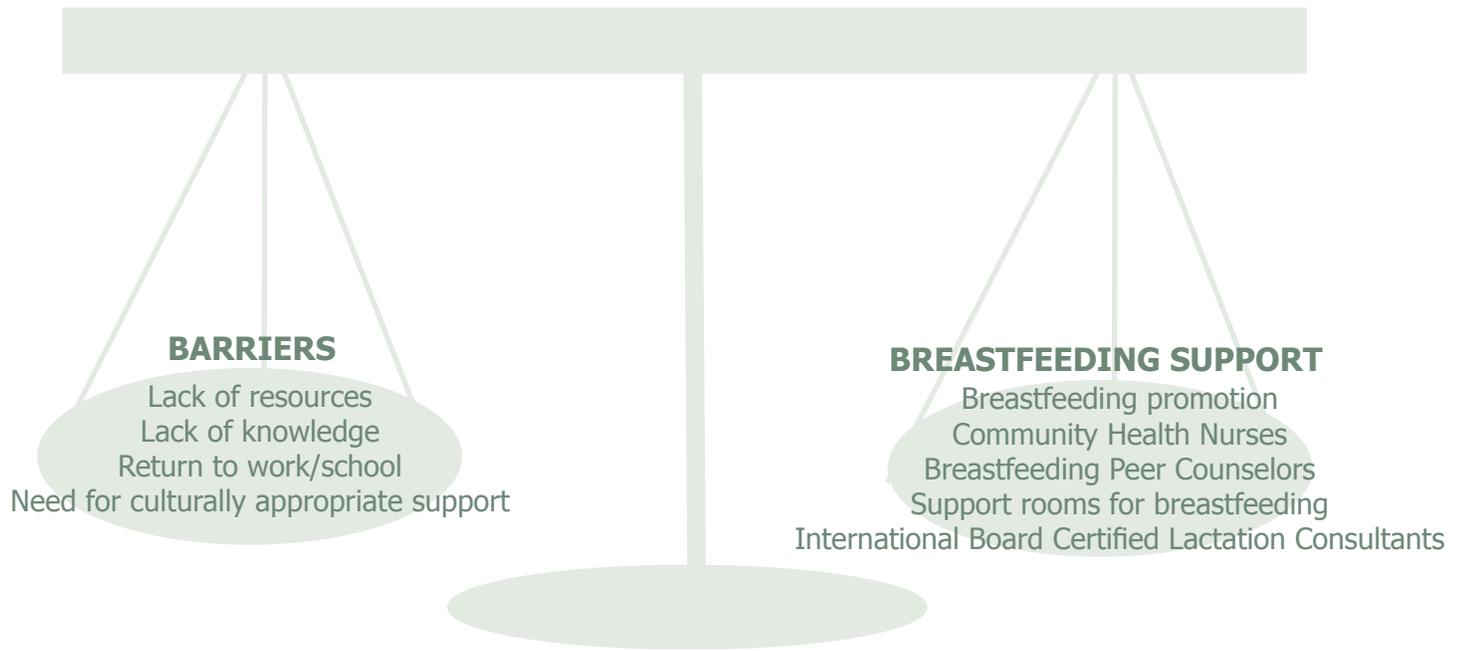


*The support room at the PCC Austin Family Health Center which is available for PCC patients and staff who are breastfeeding*

## Breastfeeding Initiation



*In fiscal year 2010, PCC’s breastfeeding initiation rose to 72%. PCC is striving to meet the Healthy People 2020 national target of 81.9%.*



## Janelle's Story



*Janelle was always passionate about maternal child health. Her career started after college, when she was hired as an obstetric nurse in Oregon. Janelle then earned her Master's degree to become a nurse-midwife, moved to Chicago and, after years of work helping mothers and babies, had a family of her own.*

*Four children and nearly two decades of nursing and midwifery later, Janelle became an International Board Certified Lactation Consultant (IBCLC). Shortly thereafter, she began her work at PCC, providing nursing home visits to new moms and babies. "This is what I really love doing," reflects Janelle.*

*Nowadays, Janelle is more committed than ever. When it comes to breastfeeding, "many PCC patients have not had a role model," she says. She enjoys helping moms learn to initiate and sustain breastfeeding and provides guidance to PCC's Breastfeeding Peer Counselors (BPCs). Working to educate other medical staff and the community while providing a personal level of support to moms, Janelle and the BPC team have seen breastfeeding rates among PCC patients increase dramatically.*

*"I look at a mom giving the gift of breastfeeding to her baby, for whatever length of time she chooses," Janelle relates. "This is how I'm making a difference in the world."*

# Addressing Barriers with Enhanced Primary Care

PCC recognizes that every visit to the clinic is an opportunity to enhance primary care and to close the gaps between resources our patients lack. Therefore PCC implements innovative models of care to maximize each family's visit to the clinic and promote holistic approaches to achieve optimal health.

**CenteringPregnancy:** In an evidence-based model of prenatal care, PCC's CenteringPregnancy Program provides pregnant women the option to receive care out of the exam room and instead in supportive groups of other pregnant women with due dates within the same month. Centering patients experience clinical and psychosocial benefits, because group care is uniquely suited to provide social support and empowerment as it offers women the opportunity to actively participate in their own care.

**Prenatal Classes:** PCC's childbirth education classes allow pregnant women to thoroughly explore topics related to their pregnancy, birth and care of their infant. Classes are open to the public including mothers to be, their partners and support persons. Classes are also offered both in English and Spanish. Multimedia, role-play and hands-on educational techniques provide families with important learning opportunities while allowing them to achieve support in a group setting.



*A PCC CenteringPregnancy group with pregnant women, their support persons and PCC facilitators (family physician and MCH nurse)*

**Healthy Lifestyle Promotion:** The childhood obesity epidemic in our service area has escalated far beyond national levels, and multi-level strategies are needed to address this issue and its health implications. PCC's AmeriCorps Healthy Lifestyle promoters support families with their fitness and nutrition goals by meeting with PCC patients as part of the patient visit, as well as enrolling individuals in an Intensive Support Program.

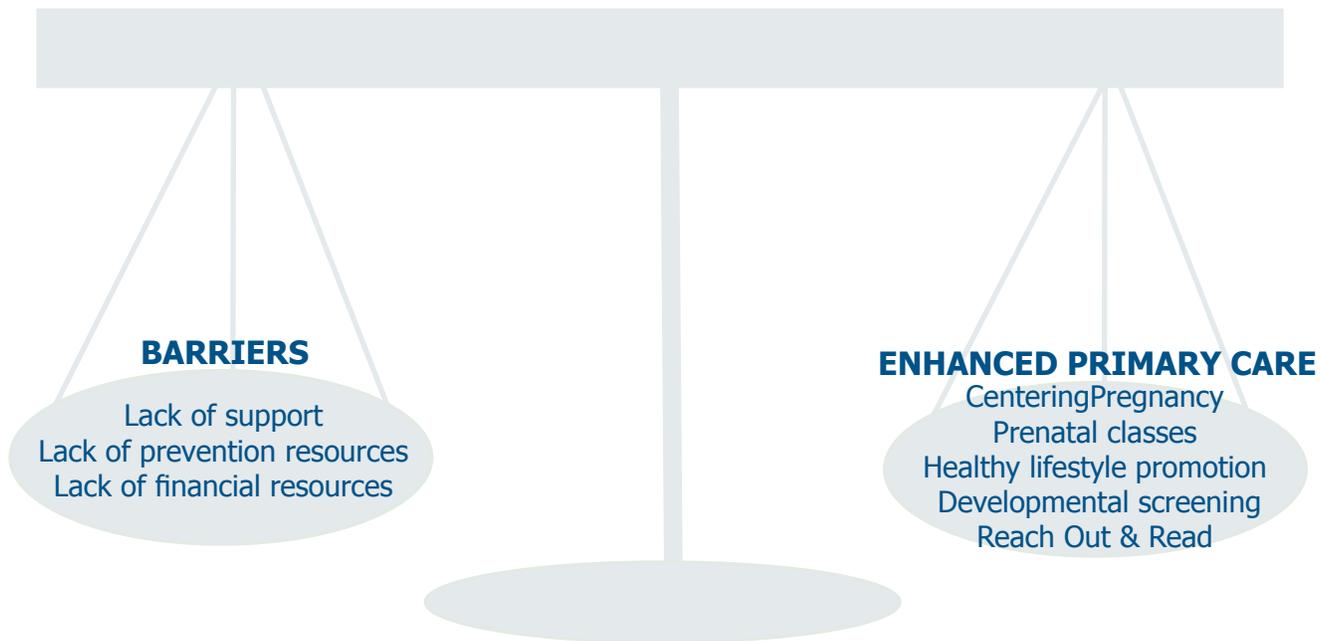
**Developmental Screening:** The American Academy of Pediatrics recommends universal developmental screening of children at 9, 18 and 30 months. The barriers faced by our patient population may cause families to be inconsistent with well-child care, thus at PCC, we administer a validated development screen at every well-child visit from two months to five years of age. By doing so, PCC's providers work with parents of young children to promote healthy development at all stages and identify problems so that early intervention has the best impact.

**Reach Out & Read Program:** PCC's Reach Out and Read Program makes early literacy a part of pediatric primary care. At every well-child visit, providers encourage parents to read to their young children, offer age-appropriate tips, and give a new book to the child. In addition, community volunteers read to children in the waiting areas of PCC sites.

## PCC Facts

### In 2010...

- *PCC's Centering program was offered at three PCC sites*
- *2,748 patients received prenatal care at PCC*
- *19,084 well-child visits were provided at PCC*
- *6,372 books were given to children at well-child visits through PCC's Reach Out and Read Program*



## Shakeille's Story



Shakeille became a patient at PCC in 2006. In 2010, when Shakeille discovered she was pregnant her doctor recommended PCC's CenteringPregnancy Program, which provides pregnant women with the option to receive prenatal care in a supportive group setting. Shakeille eagerly joined the program and enjoyed the fact she did not have to wait in the waiting room before her prenatal visits. "I was able to arrive at the center and go straight into the Centering program," she says.

Through PCC's Centering program Shakeille was able to gain more support during her pregnancy and establish friendships with other pregnant women. "It was fun to hear their stories and hear their babies' heartbeats," says Shakeille. "I learned so much more about my pregnancy and what to expect during labor and delivery." Although Shakeille felt she knew about babies, she says "It was really hard because it was my baby." PCC's Centering program increased her knowledge about eating healthy and encouraged breastfeeding. "I always knew I wanted to breastfeed because I want what's best for my baby," says Shakeille. Not only did Shakeille participate in Centering she attended prenatal classes at PCC and received home visits from a PCC Breastfeeding Peer Counselor.

In November 2010, Shakeille gave birth to a healthy baby boy named Jaylen. Shakeille recently graduated from Oak Park River Forest High School in June 2011 and plans to attend college to be an ultrasound technician.

# Addressing Barriers with Specialized Outreach

For some families, medical problems, psychological illness, addiction, or family stress, including unstable housing circumstances or relationship crises, can increase the risks for mothers and their babies. PCC's routine services are comprehensive but may require even more support to help the highest-risk mothers achieve the healthiest possible outcomes for their pregnancies. PCC's specialized programs reach out to these families, especially through home visits, to provide individualized, intensive support in response to their unique and evolving circumstances.

**Targeted Intensive Prenatal Case Management (TIPCM):** PCC's TIPCM Social Worker provides intensive support to women in the Austin community who have high risk pregnancies. On a monthly basis program participants receive two face-to-face visits, at least one in the home, health education, support, and community referrals throughout pregnancy until six weeks postpartum. *2010 Funder: Illinois Department of Human Services*

**Healthy Start:** PCC's Healthy Start staff work with pregnant women, mothers and their children until their youngest child is two years old. Consistent with federal Healthy Start guidelines, families are eligible if they have risk factors for maternal-child health problems. Monthly visits with Healthy Start staff provide families with care coordination, health education, referrals, development screening and support. As part of Westside Healthy Start, PCC's program benefits from partnership with other agencies in the Healthy Start Executive Committee, consortium and educational forums. *2010 Funder: Sub-contract from Access Community Health Network, which is funded by the U.S. Department of Health and Human Services, HRSA Maternal and Child Health Bureau*

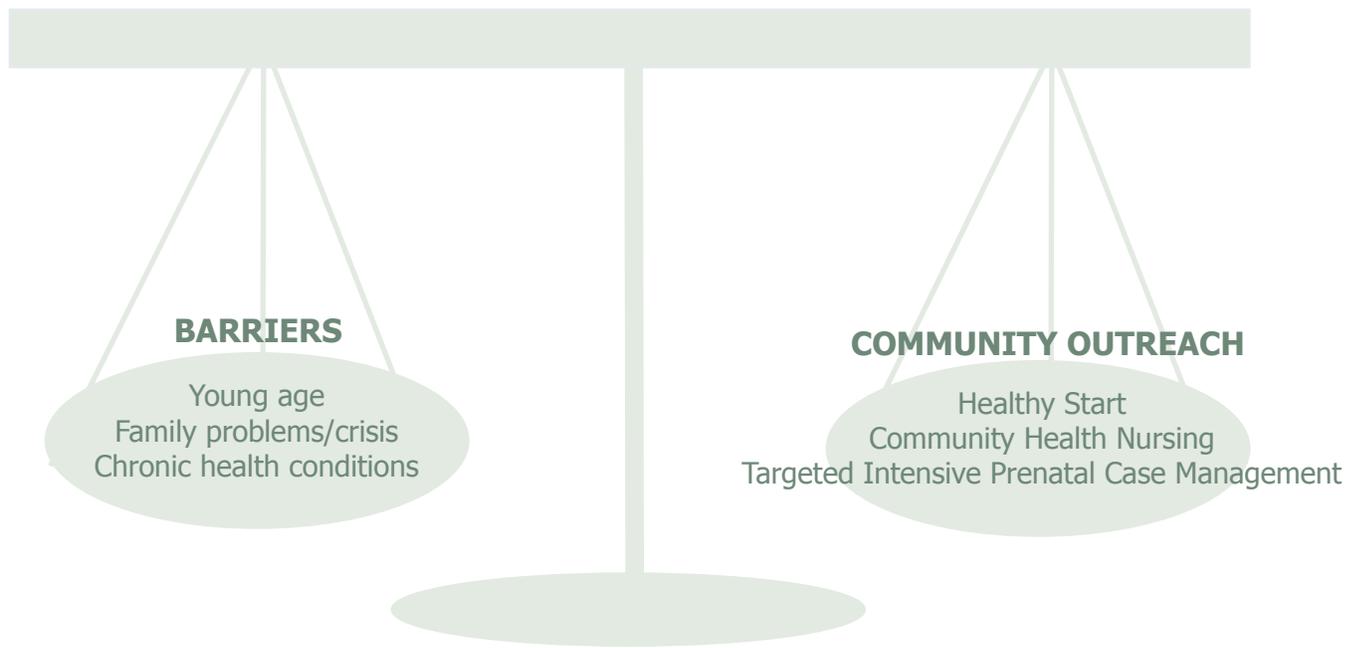
**Community Health Nursing:** Community Health Nurses make home visits to mothers and babies with medical risk factors, such as high blood pressure or premature birth, or other risk factors if they are not enrolled in Healthy Start or TIPCM. Experienced bilingual nurses complete assessments for moms and babies in the comfort of their own homes, which allows them to best identify and address patients' strengths and needs. *2010 Funders: Michael Reese Health Trust and VNA Foundation*



*A PCC patient greeting a Community Health Nurse for a home visit*

## Moving Beyond Perinatal

*The Michael Reese Health Trust has partnered with PCC in a three year Core Grant project to extend PCC's MCH model beyond the traditional six-weeks postpartum to six months postpartum for all mothers and babies. Through Beyond Perinatal, preconception care will be targeted interconceptionally (after one pregnancy but at the earliest point before a future pregnancy). A variety of evidence-based interventions will be incorporated into primary care to improve the health of women before future pregnancies.*



## Angela's Story



While walking past the PCC Salud Family Health Center one day, Angela discovered that she could receive healthcare at PCC's Salud site. Angela, who was two months pregnant at the time, lived in the Belmont Cragin community for the past two years and needed a place close to her home where she could receive quality health care for herself and her unborn child.

As a first time mother, Angela wanted to make sure that she learned as much information as possible about her baby. "I like to ask about programs to help me learn how to take care of my baby," says Angela. In May 2010, Angela participated in PCC's prenatal classes, which is where the instructor, Soledad Valenzuela, referred her to enroll in PCC's Healthy Start program. Two months later in July 2010, Angela gave birth to a healthy baby girl named Adriana.

"Through PCC's Healthy Start program I learned how to take care of myself and my newborn. I also learned the different development stages for babies and how I could help my baby develop," says Angela. Not only did Healthy Start teach Angela how to care for her baby, she also learned how to handle her postpartum emotional stress.

"The best part about PCC's Healthy Start program is working with Martha," a PCC Healthy Start Specialist who provides care coordination, health education, referrals, development screening and support. "Martha helps me and my baby," Angela says. Angela also actively participates in educational forums for Healthy Start. "I really enjoy attending the forums and I am always learning new things," says Angela.

Angela's goals are to learn more English and go back to school to obtain her High School diploma. Angela also looks forward to continuing to work so she can provide a great future for herself and Adriana.

# *Addressing Barriers with Oral Healthcare*

Though often neglected, oral health is an essential and integral component of health, and poor oral health and untreated oral disease can have a significant impact on quality of life. The U.S. Department of Health and Human Services' Healthy People 2020 health promotion and disease prevention plan includes "increasing the proportion of low-income children and adolescents who receive any preventive dental service during the past year," and "increasing the proportion of Federally Qualified Health Centers that have an oral healthcare program". Important barriers to children's oral healthcare include lack of services and dentists for low-income populations and lack of awareness of the need for oral healthcare. Barriers to care result in high rates of oral health problems that affect other aspects of physical health and well-being.

PCC's Oral Health Program allows us to deliver comprehensive dental services as part of our primary care services in order to address the barriers for oral healthcare. This past year, PCC began providing affordable, quality dental care in a friendly, respectful and comfortable atmosphere with a strong focus on patient education. The program extends oral healthcare to our medically underserved patients who traditionally have limited access to dental services. PCC's Oral Health Program provides an array of dental services for PCC patients ages 1 through 20. Dental services include diagnostic, preventive, and restorative procedures, as well as endodontics, periodontics, and oral surgery. All dental staff members focus on education and prevention by explaining patient treatment needs, demonstrating brushing and flossing techniques, reviewing risk factors for disease, and discussing X-ray results with children and parents to help them understand the importance of oral health and taking care of their teeth.



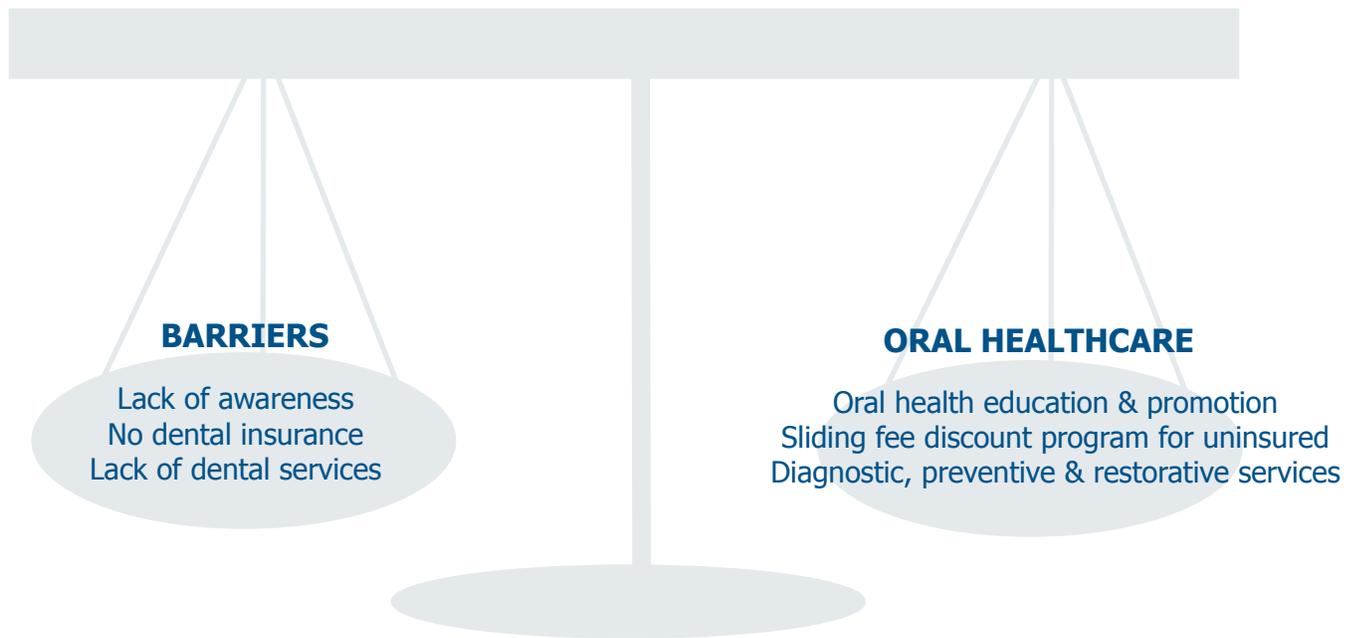
*PCC's state-of-the-art, five operatory dental suite at the PCC Austin Family Health Center*



*Ryan Tuscher, DDS, conducting an oral health exam on a patient whose big brother observes*

## **PCC Austin Dental Suite**

*In July 2010, PCC opened a state-of-the-art dental suite at the PCC Austin Family Health Center located at 5425 W. Lake Street in Chicago's Austin community. PCC's dental suite includes a waiting and receptionist area, five operatories with digital X-ray machines and panel televisions which are utilized for patient oral health education. PCC's Oral Health Program utilizes Dentrix practice management software that contains patient information, medical histories, and imaging. Dentrix also enables measurement of data, such as productivity and frequency of specific services. The Dentrix system is completely paperless and therefore is cost-effective and environmentally friendly. This system also increases the accuracy and availability of patient information.*



## **The New PCC South Family Health Center Located at 6201 W. Roosevelt Road, Berwyn Illinois**

*Funding received from the U.S. Department of Health and Human Services through the American Recovery and Reinvestment Act, Facility Investment Program, allowed PCC to relocate and expand the PCC South Family Health Center from a small rented facility in Oak Park, Illinois to a 18,000 square-foot facility three blocks west in Berwyn. PCC is extremely proud that this new facility is an environmentally friendly building and is expected to achieve Leadership in Energy and Environmental Design (LEED) "silver" certification from the U.S. Green Building Council. PCC South Family Health Center will be PCC's second LEED certified community health center. In addition to providing comprehensive primary health care services, the new PCC South Family Health Center will also provide comprehensive oral health services beginning in 2012 in its state-of-the-art dental suite, which includes five dental operatories.*

## PCC HEALTHCARE SERVICES

- Pediatric and adolescent healthcare that includes well-child exams, immunizations, school and sports physicals, and lead screenings
- Women's healthcare that includes prenatal care and delivery, pap smears, and breast cancer screenings
- Adult healthcare
- Senior healthcare
- Oral healthcare
- Diagnosis and treatment of illness
- Disease screening and prevention
- Family planning
- Management of chronic illnesses such as asthma, diabetes, and high blood pressure
- HIV testing, counseling, and primary care



## PCC SUPPORT SERVICES

- Behavioral healthcare
- Linkage and referral to community programs and services
- Linkage to substance abuse services
- Family support services
- Free books for young children through our Reach Out and Read Program
- Free prenatal education classes
- Financial counseling
- Transportation assistance for those in need
- Medication assistance for those who qualify
- Inpatient care and ultrasound at West Suburban Medical Center, Gottlieb Memorial Hospital, and Norwegian American Hospital
- Health education and outreach services
- Group classes
- WIC referrals
- Referral to specialist services

## BOARD of DIRECTORS

PCC is led by a Board of Directors that includes patients and local residents who actively shape our services.

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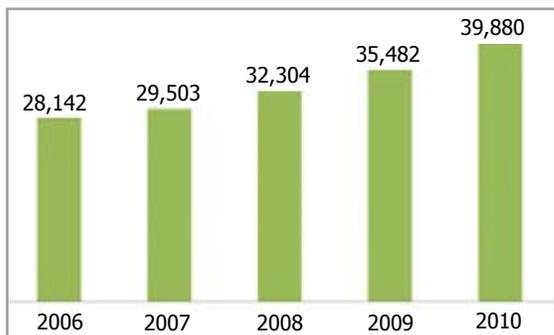
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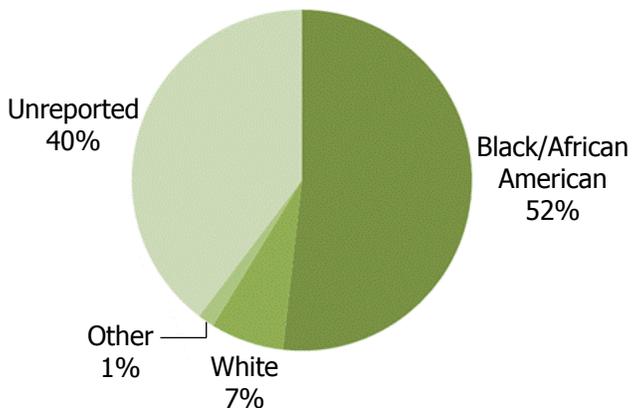
# Telling the PCC Story in Numbers

## PCC TOTAL PATIENTS

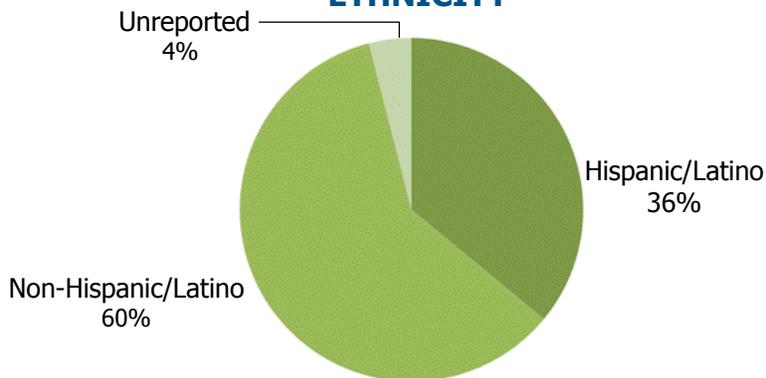


PCC has experienced a steady increase of total patients and visits to our clinics. In 2010, PCC served 39,880 patients, totaling 126,482 patient visits. Of these patients, 67% were female and 33% were male.

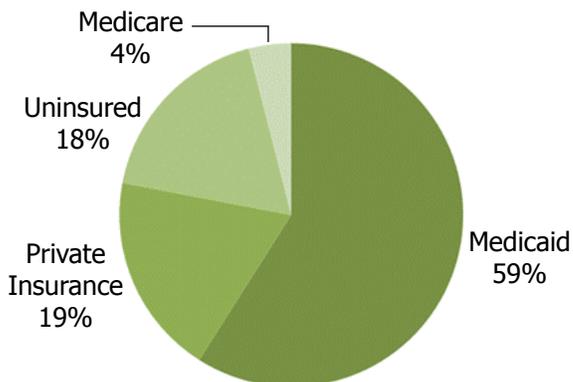
## RACE



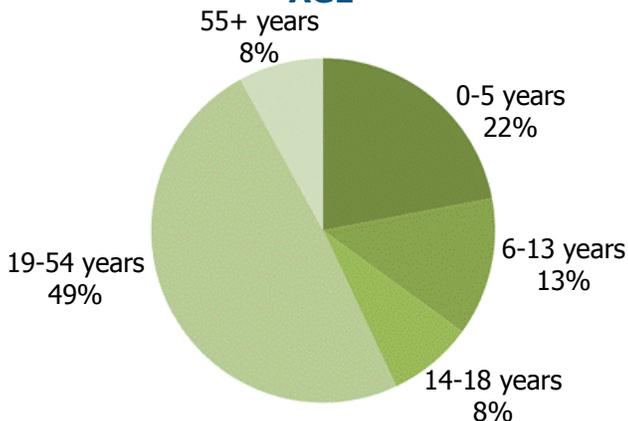
## ETHNICITY



## PAYOR MIX



## AGE



# FISCAL YEAR 2010 FUNDERS AND DONORS

## **\$100,000 and above**

Health Resources and Services Administration/ Bureau of Primary Health Care

Health Resources and Services Administration/ American Recovery & Reinvestment Act

Illinois Clean Energy Foundation

Illinois Children's Healthcare Foundation

Illinois Department of Human Services

Illinois Department of Public Health

Gottlieb Community Health Services

Norwegian American Hospital

## **\$50,000-\$99,999**

Access Community Health Network

Illinois Department of Commerce & Economic Opportunity

VNA Foundation

## **\$10,000-\$49,999**

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Northern Trust Charitable Trust

Norwegian American Hospital Foundation

Washington Square Health Foundation

W.P. and H.B. White Foundation

Village of Oak Park

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## **Up to \$10,000**

Christian Community Health Center

Children's Memorial Hospital

Rotary Club of Oak Park/ River Forest

Target

HHS Office of Women's Health, Region V

Public Health Institute

First Congregational Church of Wilmette

Evanston Mennonite Church

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*A special thank you to the individuals and businesses who donated to PCC's Capital Campaign for the PCC Austin Family Health Center from 2008-2010.*

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Lindsey Homan	Susan & Harry Meyers	Sandra & Russell Robertson	Shawn West
Lynn Hopkins	Sherif Milik	Marsha Robinet	West Suburban Medical Center
Charita Hubbard	Linda Miller	Maribel Rosario	Lena Wheat
Eva Ingram-Woodall	David Moore	Mayra Sanchez	Lynne & James Williams
Elmo Jackson	Mary & Charles Morrison	Penelope Schmicker	Mark Williamson
Sonya Jefferson	Mary Mulvihill	Mary Sommers	Tuwanda Williamson
Melvinia Jenkins	Bobbie Normand	Elizabeth Soto	Women of 1st United Church of Oak Park
Donna Jones	Northwestern Student National Medical Association-Feinberg Chapter	Stephanie Springs	Celine & Don Woznica
Shunnie Jones-Houston	Kenesha Norwood-Tate	Thomas Staff	David Wrobel
Sheila Kelly	Oak Park Women's Guild	Inez Stampely	Yesenia Yopez
Denise Kouvelis	Elieser Ocasio	Patrice Stapleton	Mary Zangs
Danielle Kraessig	onShore Networks, LLC	Leah Suarez-Abraham	Carol Zygowicz
Mary & Robert Kraker	Georgene Orr	Katherine Suberlak	
Stephanie Kraker-Garris	Lissethe Ortiz	Kimi Suh	
Nancy Kuo	Natalie Parker-Renfroe	Mary Sullivan	
Karole Lakota-Treese	PCC Board of Directors	Christine Swartz	
Janelle Landis-Kheshgi	Jane & Henry Pearsall	LaShunya Tate	
Linda Leonard	Rosalba Pelaez-Bustamante	Kimberly Taylor	
Amy & Scott Levin	Sumaiya Patel	Vanessa Thomas	
Bertha Lopez	Irene Peña	Carla Thorpe	
Maria Lopez-Delgado	Cindy Perez	Maureen Tinley	
Antioniette Lullo		Yam Tong	
Paul Luning		Brooke & Patrick Turnock	
		Ungaretti & Harris LLP	

\* PCC Community Wellness Center Comparative Financials for the Fiscal Years Ended June 30, 2009 and 2010

	2010	2009
<b>ASSETS</b>		
Cash and cash equivalents	\$4,245,159	\$4,414,859
Investments	\$126,957	\$1,024,627
Accounts receivable, net	\$2,446,806	\$867,926
Grants and other receivables	\$1,856,906	\$939,016
Prepaid expenses	\$29,234	\$47,402
Inventories	\$32,165	\$6,409
Property and equipment, net	\$8,641,098	\$4,374,950
Deposits	\$7,052	\$2,370
<b>Total Assets</b>	<b>\$17,385,377</b>	<b>\$11,677,559</b>
<b>LIABILITIES</b>		
Accounts payable	\$353,390	\$301,545
Accrued payroll and payroll taxes	\$1,406,921	\$1,473,267
Deferred revenue	\$77,710	\$154,798
Notes payable	\$3,378,569	\$1,143,451
<b>Total Liabilities</b>	<b>\$5,216,590</b>	<b>\$3,073,061</b>
<b>NET ASSETS</b>		
Unrestricted	\$11,559,029	\$8,604,498
Temporarily restricted	609,758	-
<b>Total Net Assets</b>	<b>\$12,168,787</b>	<b>\$8,604,498</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$17,385,377</b>	<b>\$11,677,559</b>

\* This data was compiled by an external accounting firm.

\* PCC Community Wellness Center Comparative Financials for the Fiscal Years Ended June 30, 2009 and 2010

	<b>2010</b>	<b>2009</b>
<b>REVENUE and SUPPORT</b>		
Patient services, net	\$17,191,766	\$14,720,044
Grant revenue	\$7,152,040	\$4,994,830
Contributions	\$132,078	\$12,499
Interest income	\$52,275	\$45,449
Contributed services	-	\$40,000
Other income	\$46,221	\$10,818
Net assets released from restrictions	-	-
<b>Total Revenue and Support</b>	<b>\$24,574,380</b>	<b>\$19,823,640</b>
<b>EXPENSES</b>		
<i>Program Services</i>		
Medical	\$16,997,688	\$15,109,770
Grant and contracts	\$521,929	\$496,777
<i>Support Services</i>		
Management and general	\$3,466,565	\$3,055,432
Fundraising	\$23,909	\$43,849
<b>Total Expenses</b>	<b>\$21,010,091</b>	<b>\$18,705,828</b>
Change in net assets	\$3,564,289	\$1,117,812
Net assets at beginning of year	\$8,604,498	\$7,486,686
Net assets at end of year	\$12,168,787	\$8,604,498

\* This data was compiled by an external accounting firm.



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