

# Application Summary:

**Process: Renewal Grants December 2011 Board Meeting**

**PCC's "Nursing in the Community"**

**Contact: Toni Bush - [tbush@pccwellness.org](mailto:tbush@pccwellness.org)**

14 W. Lake Street

Oak Park , IL , 60302

Phone: 708-524-7687

Mobile:

Fax:

**Organization: PCC Community Wellness Center - [rurso@pccwellness.org](mailto:rurso@pccwellness.org)**

14 W. Lake Street

Oak Park , IL, 60302

Phone: 708-524-7686

Mobile:

Fax:

## **Form: Renewal App v 4**

### **Q1: Project Name\***

[100 characters allowed]

#### **Answer(s):**

PCC's "Nursing in the Community"

### **Q2: Project Description\***

Description of Project

[2000 characters allowed]

#### **Answer(s):**

PCC's Community Health Nurses (CHNs) extend our maternal child health services beyond the walls of PCC's health centers to the hospital rooms and homes of new mothers most in need of breastfeeding education and support. Equally important, the CHNs support other members of the PCC team in their care of PCC patients, further extending their impact. This relies primarily on the clinical leadership provided by Janelle Landis Khesghi, who is an Advanced Practice Nurse and International Board Certified Lactation Consultant (IBCLC).

Over the years, PCC has shaped a multi-faceted strategy to increase breastfeeding among the medically underserved population we serve. PCC respectfully requests the VNA Foundation to support "Nursing in the Community," an approach to improving health with a double meaning: it utilizes nursing as its professional leadership and nursing, as in breastfeeding, to empower families to give the next generation the healthiest possible start.

Nursing in the Community will support critical components of the Community Health Nursing program:

1. salary support for Janelle Landis Khesghi, MSN, RN, IBCLC who provides clinical oversight to PCC's AmeriCorps Breastfeeding Peer Counselors and other nurses, trains and provides consultation to other PCC and hospital professionals, and herself provides patient care
2. salary support for Sandra Laborde, LPN, a bilingual, bicultural nurse with 10 years of experience as an IBCLC; Sandra brings these attributes to our hospital rounding team to alleviate the lack of bicultural professionals and IBCLC support to our patients while they are in the hospital
3. program direction by Andrea McGlynn, MSN, CNM, RN, whose role links AmeriCorps with the MCH services at PCC and facilitates the systems that promote overall multidisciplinary collaboration in MCH care
4. supplies for high-quality lactation support services
5. necessary benefit and indirect cost support

### **Q3: Amount Requested\***

Amount Requested

#### **Answer(s):**

50,000

**Q4: Populations Served\***

Populations Served

**Answer(s):**

Various Ages

**Q5: Program Area\***

Program Area of Request

**Answer(s):**

Home-and Community Based Services

**Q6: Type of Support\***

Type of Support

**Answer(s):**

Program/Project Support

**Q7: Grant Number**

Grant Number

[100 characters allowed]

**Answer(s):**

12\_32

**Q8: Homeless\***

Are the majority of the the people served by the program homeless, or formerly homeless?

**Answer(s):**

No

**Q9: Setting\***

**Answer(s):**

Home-and Community Based Services

**Q10: Community Settings**

If the program is other than home-based, please indicate the setting.

**Answer(s):**

FQHC

**Q11: Type of Support\***

**Answer(s):**

Program/Project Support

**Q12: Internal Grant Number**

Internal Grant Number

[10 characters allowed]

**Answer(s):**

**Q13: Internal Program Area**

Internal Program Area

**Answer(s):**

**Q14: Fund Used**

Fund Used

**Answer(s):**

Foundation

**Q15: Chicago Geographic Area\***

Please select the geographic area that your project serves. If your program is in the city of Chicago please refer to the map here to see how VNA defines the North, South and West sides.

**Answer(s):**

Chicago West

**Q16: Geographic Area Continued**

If your project will serve more than one county please select the other county from the list below.

**Answer(s):**

Cook

**Q17: 1. Percent Female\***

Please indicate the percentage of the population served by your organization that is female. (Note that 1-3 should total 100%)

[4 characters allowed]

**Answer(s):**

33%

**Q18: 2. Percent Male\***

Please indicate the percentage of the population served by your organization that is male.

[3 characters allowed]

**Answer(s):**

67%

**Q19: 3. Percent Transgender\***

Please indicate the percentage of the population served by your organization that is transgender.

[3 characters allowed]

**Answer(s):**

NA

**Q20: 1. Percent African/American\***

Please indicate the percentage of the population served by your organization that is African/American.

(Note: The total of question 1-6 should equal 100%)

[4 characters allowed]

**Answer(s):**

51.3

**Q21: 2. Percent Asian American/Pacific Islander\***

Please indicate the percentage of the population served by your organization that is Asian American/Pacific Islander.

[4 characters allowed]

**Answer(s):**

.8

**Q22: 3. Percent Caucasian\***

Please indicate the percentage of the population served by your organization that is Caucasian.  
[4 characters allowed]

**Answer(s):**

6.8

**Q23: 4. Percent Hispanic/Latino\***

Please indicate the percentage of the population served by your organization that is Hispanic/Latino.  
[4 characters allowed]

**Answer(s):**

35.8

**Q24: 5. Percent Native American\***

Please indicate the percentage of the population served by your organization that is Native American.  
[4 characters allowed]

**Answer(s):**

.1

**Q25: 6. Percent Other\***

Please indicate the percentage of the population served by your organization that would be considered under another race/ethnicity.  
[4 characters allowed]

**Answer(s):**

5.2

**Q26: Internal Geographic Area**

If this is a project for an area outside of the standard geographic area the administrator should enter the geographic area here. Otherwise, enter N/A.  
[25 characters allowed]

**Answer(s):**

**Q27: Site Visit Date**

**Answer(s):**

**Q28: Board Meeting Date**

**Answer(s):**

**Organization Information**

**Q29: Section 501 (c)(3)**

Is your organization tax exempt under Section 501(c)(3)?

**Answer(s):**

Yes

**Q30: Section 509(a)**

Is your organization tax exempt under Section 509(a)?

**Answer(s):**

No

**Q31: Fiscal Agent**

If your organization is not tax exempt, do you have a fiscal agent? If so, please list the organization, contact person and phone number in the area below.

[150 characters allowed]

**Answer(s):**

NA

**Q32: Mission**

Summarize your organization's mission (2-3) sentences

[525 characters allowed]

**Answer(s):**

The mission of PCC Community Wellness Center is to improve health outcomes for the medically underserved community through the provision of high quality, affordable, and accessible primary health care 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.

**Q33: Last Fiscal Year Organization Expenses**

What were the expenses for the last fiscal year?

**Answer(s):**

21,004,464

**Q34: Last Fiscal Year Organization Revenues**

What were the revenues for the last fiscal year?

**Answer(s):**

24,521,655

**Project Details**

**Q35: Project Start Date**

What is the estimated project start date for your renewal grant activities?

**Answer(s):**

01/01/2012

**Q36: Project End Date**

What is the estimated end date of the project or activities?

**Answer(s):**

12/31/2012

**Q37: Project Budget**

What is the total budget for this project?

**Answer(s):**

50,076.60

**Q38: ELECTRONIC SIGNATURE**

Enter your full name, business title and the date of submission.

(e.g.: Erin Smith, Executive Director, July 7th, 2010)

[100 characters allowed]

**Answer(s):**

Robert Urso, President & CEO, October 20, 2011



**Q39:**

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

**Answer(s):**

I Agree

**Proposal Narrative**

**Q40: Organization Description**

Please briefly describe your organization.

[1000 characters allowed]

**Answer(s):**

PCC Community Wellness Center (PCC) began in 1980 as the Parent and Child Center, a three-room clinic that offered prenatal, postpartum, and infant care for underserved residents of Chicago's Austin community. Since then, PCC has grown to encompass ten health centers that offer comprehensive care and support services to the west side communities of Chicago and the near west suburbs. PCC's services take on a holistic approach by addressing the needs of our patients, including integrated behavioral health, transportation to appointments, a sliding fee discount program for the uninsured, and referrals to other community resources.

PCC's providers all provide perinatal care, and many specialize in high-risk care for pregnant women and infants. Our comprehensive Maternal Child Health Community Services go further to coordinate care for families throughout the childbearing years including on-site health education, group care and classes, and intensive home-visiting programs.

**Q41: Number Served\***

How many people were served by the program, and the agency overall, last year? How many people would be served by the program you are requesting funding for?

[3000 characters allowed]

**Answer(s):**

In 2010, PCC served 39,880 patients, totaling 126,482 patient visits. Almost all of our patients live in the west-side Chicago Communities of Austin, Belmont Cragin, Hermosa, Humboldt Park, East Garfield Park, Logan Square, North Lawndale, West Garfield Park, and West Town, as well as the near-west suburbs of Bellwood, Berwyn, Cicero, Maywood, Melrose Park, Oak Park, and Stone Park. Approximately 80% of the residents who reside in the Chicago communities served by PCC live at or below 200% of the Federal Poverty Line. The social and economic disadvantages experienced in these areas contribute to poorer health outcomes. According to the U.S. Health Resources Services Administration (HRSA), most of PCC's service areas are classified as Medically Underserved

Areas, which means these areas lack adequate access to primary care and preventive services. Several of these communities struggle with existing health disparities, including extremely high rates of preterm birth, hypertension, obesity and diabetes.

PCC developed the Nursing in the Community project as a way to ensure that our maternal child health patients continually receive the support they need for healthy families, in the hospital and at home, in communities where these resources are not readily available. In 2010, PCC cared for 2,748 pregnant women and attended 1,432 deliveries. Thus, each year PCC adds over one thousand new infant patients to our patient population, who PCC continues to serve, along with any of their family members who also seek care, throughout the life cycle. This is one contributing dimension to PCC's organizational growth over the years. Based on the period from July 2010-June 2011, when Community Health Nurses visited 1,337 women at West Suburban Medical Center (WSMC), we anticipate that Nursing in the Community in 2012 will reach a maximum of 1400 mothers as well as their infants, with direct and indirect services via the funded staff. Please refer to outcomes measures for target numbers for specific outcome measures.

Nursing in the Community supports the roles of key staff in the PCC's Community Health Nursing team, not just for the direct services provided by these staff and their team, but also as they serve as clinical advisors to other PCC team members. The AmeriCorps Breastfeeding Peer Counselors (BPCs) will promote breastfeeding to 700 individuals in the community, many of whom may extend beyond PCC's anticipated population of new mothers and babies to include expectant mothers encountered at community events such as health fairs and support persons of pregnant women such as fathers, and grandmothers. PCC providers consult with Janelle Landis Kheshgi to manage breastfeeding problems among patients beyond the new mother/newborn population included in target above. Therefore, supporting these key staff through our multi-faceted strategy can extend the impact of this program to hundreds more people, albeit difficult to estimate exact figures.

#### **Q42: Project Description\***

Please describe the program or activities for which you seek renewal funding. Identify the needs or problems that this program will address, including the population served, and describe how the program addresses these needs. Has the population served by the program changed? Have changes been made to the program or activities that was/were funded last year?

[3300 characters allowed]

#### **Answer(s):**

There is resounding consensus that breastfeeding support is critical to improving health, not only from the AAP and WHO, but also from new CDC data showing the importance of breastfeeding to address the obesity epidemic, the First Lady's Let's Move Campaign, the Illinois Breastfeeding Blueprint and CDPH. In the Austin community of Chicago, which is where a large percentage of our patient population resides, the infant mortality rate is 15.8 (1,000 live births) as compared to 9.6 for all Chicago communities. Furthermore, Cook County has one of the highest percentages of low-income preschoolers who are obese at 16.3% as compared to 5.8% for Moultrie County (Child Policy Research Center).

In response to high rates of obesity nationally, the 2020 Healthy People Target for infants to be breastfed is 81.9%.

This target is a challenge that PCC is excited to take on. PCC is proud that our breastfeeding initiation rates have been on the constant rise, 47.5% in 2005 to 69% in 2010, but there is still a lot that must be done to promote the benefits of breastfeeding in the communities we serve.

Below are the specific activities that are involved in our multi-faceted strategy to implement “Nursing in the Community” and increase breastfeeding rates in Westside Chicago (led by Janelle Landis Kheshgi):

1. provide hospital visits six days per week to perform risk assessment, working hands-on with patients and hand-in-hand with hospital staff (doctors, nurses, social workers) to promote and support breastfeeding and ensure safe transitions to home through individualized care planning that overcomes barriers to care
2. provide home visits, clinic visits, to provide hands-on support to mothers and babies in the first weeks and months of breastfeeding
3. respond to calls to PCC’s Breastfeeding Support Phone Line seven days per week
4. move the Community Health Nurse home base to PCC Austin Family Health Center to champion the use of the Support Room among new mothers and their families
5. invite new mothers to receive breastfeeding support services in the Support Room, to include maternal and newborn assessments, lactation counseling, instruction about pumping and milk storage, and general health education
6. engage staff and breastfeeding peer counselors to develop strategies to encourage women to use the Support Room, gradually creating a community demand for this type of support for breastfeeding- strategies may include signage, orientation tours of clinic facilities for new and pregnant patients, etc.
7. meet weekly with the BPCs to review their breastfeeding support plans for PCC patients and provide ongoing training in breastfeeding; provide clinical advising to enable BPCs to achieve their own outcome measures
8. accept referrals from breastfeeding peer counselors of patients who have breastfeeding problems and require care beyond the scope of breastfeeding promotion and support provided by peer counselors
9. provide a minimum of three breastfeeding seminars for PCC and WSMC staff and providers
10. PCC’s bi-cultural Community Health Nurse will take an IBCLC review course and recertify as an IBCLC

#### **Q43: Goals and Outcome Measures\***

State your goals for this program and the specific measurable outcomes. For examples of outcome measures please see our website.

[3000 characters allowed]

#### **Answer(s):**

The goal for “Nursing in the Community” is to improve breastfeeding through the Community Health Nursing Program and its role in direct services to PCC patients and indirect support of PCC providers, staff and the AmeriCorps Breastfeeding Peer Counselors.

#### **Outcome Measures**

1. Community Health Nurses (CHNs) will sustain the highly valued service of seeing greater than or equal to 97% of new mothers before discharge from West Suburban Medical Center (WSMC). Baseline: in FY11, PCC saw 98% of

new mothers who delivered at WSMC.

2. The Support Room at PCC Austin Family Health Center, utilized by breastfeeding mothers, will double to 18% of usage. Baseline: in 2011, 9% of usage of the Support Room was by breastfeeding mothers.
3. PCC's Community Health Nurses (primarily the CHN Coordinator/IBCLC) will conduct 40 breastfeeding visits in the breastfeeding room to include maternal and newborn assessments, lactation counseling, instruction about pumping and milk storage, and general health education. Baseline: in FY11, CHN Coordinator/IBCLC provided fewer than 10 visits in the Support Room.
4. PCC's Community Health nurses will sustain their homevisiting service to provide 120 home visits to breastfeeding mothers whose needs cannot otherwise be met by the BPCs. Baseline: in FY11, CHN Nurses made 292 home visits, however this was a mix of new families with high-risk factors, routine breastfeeding needs, and breastfeeding problems. Nursing in the Community will specifically target funded resources to breastfeeding mothers who require nurse-level services, reserving other resources for high-risk follow-up and target basic breastfeeding support from BPCs.
5. Breastfeeding initiation will continue to increase at PCC Austin, PCC's site with the lowest breastfeeding initiation rate, to greater than or equal to 50%. Baseline: in FY11, breastfeeding initiation at PCC Austin was 48%, increased from the 43% the previous year.
6. Breastfeeding initiation will continue to increase for PCC overall to greater than 70%. Baseline: in FY11, the PCC's overall breastfeeding initiation was 68%.
7. BPCs will provide intensive support to 80 new mothers resulting in 50% breastfeeding for at least one month. Baseline: in the 2010-2011 AmeriCorps year, the BPCs supported 72 new mothers and 45% achieved their personal breastfeeding goal. Though the percentage of mothers who breastfed for one month was not measured, we believe this outcome is more robust and will establish baseline data for future improved outcomes.
8. As the result of three breastfeeding seminars presented by PCC, greater than or equal to 80% of WSMC providers and staff will demonstrate improved knowledge about and confidence to promote/support breastfeeding based on pre- and post-tests. Baseline: in FY11, Janelle Landis Kheshgi taught two seminars without a set pre- and post-test tool.

#### **Q44: Sustainability\***

Please tell us how you plan to sustain the program for which you seek funding after the termination of this grant.

[1500 characters allowed]

#### **Answer(s):**

PCC is proud of its long history of providing nurse home visits and MCH support services with support from the VNA Foundation. VNA and other partners have continually prompted us to re-examine our strategies and challenge ourselves to employ evidence-based, cost-effective approaches to improve health and sustain our work. In 2009, PCC re-oriented the AmeriCorps program to address the obesity epidemic by providing nutrition and healthy lifestyle education. We converted five of our positions to those for BPCs who offer cultural competence and a peer's perspective on how to combat obesity through breastfeeding education and support. This program re-design has allowed us to focus the use of CHNs to provide clinical oversight of peer counselors and reserve their direct services time for those patients who need that level of care. AmeriCorps members are not employed by PCC, but serve as an additional resource for the organization. PCC's AmeriCorps Program is supported by the Corporation for National

and Community Service, as well as matching funds from other organizations.

One of our newest supporters is the Maternal Child Health Advocacy Council. The Council was initiated by a former PCC patient who had the resources most of our patients lack and she took the initiative to organize other advocates to raise money specifically for the continuation of PCC's comprehensive breastfeeding programs. Their first event was held this October and raised over \$7,000.

#### **Q45: Changes Since Last Grant\***

Since your last grant with VNA, has your organization or the project for which you request funding experienced: Changes or turnover in management or staffing? Changes to finances or tax exempt status? Changes to agency and/or project direction/mission? If yes, please note the changes and upload appropriate documentation of any changes (e.g. public announcements, IRS determination letter, etc.)

[1500 characters allowed]

[1 MB(s) allowed]

#### **Answer(s):**

Since PCC's last grant with VNA, we have not experienced any changes in management, finances or tax exempt status, agency and/or project direction/mission. To keep pace with overall organization growth, PCC's total staff has increased from 203.65 FTEs (2009) to 226.04 FTE (2010). There have been many program developments in Behavioral Health, Oral Health, and notably for this proposal the newly established breastfeeding peer counseling team within PCC's AmeriCorps Program.

PCC is proud to announce that we recently relocated and expanded the PCC South Family Health Center to an 18,500 square-foot facility. The new PCC South facility was designed to achieve Leadership in Energy and Environmental Design "Silver" certification from the U.S. Green Buildings Council, and will increase patient visits to over 20,000 annually. This facility is a true medical home, including community rooms which allow PCC to link health services with the social and peer- support needed for community empowerment in health and wellness improvement, a lactation room, and a five-operatory dental suite.

PCC is extremely proud to be at the forefront of the community health "green" movement, and is dedicated to remodeling our facilities to improve the overall health of PCC patients, staff, and the community. PCC South Family Health Center is the second of two remodels for the organization in the past three years, and both are LEED certified.

**No File Uploaded**

#### **Required Documents**

##### **Q46: Program Budget\***

Please upload a budget that states the amount of your renewal request and outlines how you plan to utilize the grant funds if awarded. Upload a budget narrative for any projected costs that are not self-explanatory, or require detail. Please do not use Excel headers on the budget because this application

system adds a title over the header and then they are both difficult to read. Please leave at least 3/4 of an inch blank at the top and bottom of the page.

[1 MB(s) allowed]

**Answer(s):**

Attachment: 2012 VNA Nursing in the Community Budget and Budget Narrative.pdf

**Q47: Organization Budget**

Please upload the organization budget for the fiscal year during which the grant funds will be spent.

[1 MB(s) allowed]

**Answer(s):**

Attachment: FY12 PCC Organizational Budget.pdf

**Q48: Funding Sources\***

Please upload a list of foundations, government agencies, corporations, and individuals that funded the organization in the last fiscal year (\$1,000 and above). Please include the following details:

- 1. Complete Name of the Source**
- 2. Whether the funding has been received or is pending**
- 3. Amount**
- 4. Date Received**
- 5. Or, If pending, the date of notification**

[1 MB(s) allowed]

**Answer(s):**

Attachment: VNA PCC FY11 List of Funders.pdf

**Q49: Board List**

Please upload your current Board list

[1 MB(s) allowed]

**Answer(s):**

Attachment: PCC Board List 2011 with Affiliations.pdf

**Q50: Annual Report**

Please upload your most recent annual report.

[4 MB(s) allowed]

**Answer(s):**

# Files Summary

## **Process: Renewal Grants December 2011 Board Meeting**

### **PCC's "Nursing in the Community"**

#### **File Uploads**

2012 VNA Nursing in the Community Budget and Budget Narrative.pdf

FY12 PCC Organizational Budget.pdf

VNA PCC FY11 List of Funders.pdf

PCC Board List 2011 with Affiliations.pdf

PCC 2010 Annual Report.pdf

#### **Supporting Documents**

No supporting documents were uploaded

PCC COMMUNITY WELLNESS CENTER  
 Statements of Activities  
 From July 1, 2011 to June 30, 2012

	FY12	%
<b>Revenue:</b>		
<b>Patient services</b>		
Medicaid	\$ 12,682,504	53.59%
Medicare	631,887	2.67%
Commercial insurance	3,616,164	15.28%
Self-pay/SFS	1,576,916	6.66%
Dental services	277,701	1.17%
Behavioral services	567,441	2.40%
Access to Care Capitation	2,000	0.01%
Total gross patient services	19,354,613	81.78%
Less: Contractual adjustments	6,039,100	25.52%
Net patient services	13,315,513	56.27%
<b>Other patient services</b>		
Managed care-FHN	59,211	0.25%
Managed care capitation 30%	1,616,490	6.83%
Managed care wrap around payments	1,118,448	4.73%
Managed care referral & institutional funds	20,000	0.08%
HMO commercial	465,652	1.97%
Primary care case management	327,048	1.38%
Total other patient services	3,606,849	15.24%
Total patient service revenues	16,922,362	71.51%
<b>Grant and other revenue</b>		
WSH professional service agreement	1,114,000	4.71%
Section 330 grants	3,171,153	13.40%
IDS grant	875,580	3.70%
Other grants	1,202,360	5.08%
Other income	380,016	1.61%
Total grant and other revenues	6,743,109	28.49%
Total revenue and other support	23,665,471	100.00%
<b>Personnel cost:</b>		
Salaries-physicians	5,753,079	24.31%
Salaries-other medical	5,099,839	21.55%
Salaries-adm & other	2,416,928	10.21%
Total salaries	13,269,846	56.07%
Payroll taxes	1,292,401	5.46%



PCC COMMUNITY WELLNESS CENTER

Statements of Activities

From July 1, 2011 to June 30, 2012

	FY12	%
Employee benefits	1,335,383	5.64%
Total personnel cost	15,897,632	67.18%
<b>Other expenses:</b>		
Staff expenses	49,165	0.21%
Medical supplies-drugs & pharmaceutical	342,960	1.45%
Medical supplies-other	406,567	1.72%
Medical records supplies	27,808	0.12%
Office supplies	248,693	1.05%
Rental & r.e. taxes	512,870	2.17%
Telephone	217,956	0.92%
Utilities	109,724	0.46%
Consultants & contractual services	2,588,700	10.94%
Bad debts	501,350	2.12%
Insurance	207,242	0.88%
Repairs and maintenance	40,532	0.17%
Interest expense	59,882	0.25%
Travel, training & transportation	175,025	0.74%
Dues & subscriptions	377,515	1.60%
Postage & delivery	58,145	0.25%
Miscellaneous	12,412	0.05%
FIP grant expenses	875,580	3.86%
Total expenses	22,709,758	96.12%
<b>Operating income(loss)</b>	955,713	4.04%
Other income (expenses)		
Other income-fundraiser	-	0.00%
Depreciation expenses	598,013	2.53%
TOTAL	(598,013)	-2.53%
<b>Net income (loss)</b>	357,701	1.51%

**PCC Community Wellness Center FY11 Funders (\$1,000 and above)**

<b>Name of Funder</b>	<b>Proposal Status</b>	<b>Amount</b>	<b>Date Received</b>
WP & HB White Foundation	Approved	\$17,000.00	12/20/2010
Office of Women's Health, US DH	Approved	\$1,950.00	12/28/2010
HRSA Bureau of Primary Health Care	Approved	\$2,974,996.00	6/1/2010
Michael Reese Health Trust	Approved	\$92,087.00	6/10/2010
Prince Charitable Trust	Approved	\$25,000.00	8/9/2010
Polk Bros Foundation	Approved	\$30,000.00	5/20/2010
Target	Approved	\$2,000.00	7/26/2010
Richard Driehaus Foundation	Approved	\$15,000.00	11/1/2010
Field Foundation of Illinois	Approved	\$20,000.00	6/6/2011
Grant Healthcare Foundation	Approved	\$20,000.00	12/15/2010
Lloyd A Fry Foundation	Approved	\$50,000.00	9/3/2010
Washington Square Health Foundation	Approved	\$1,000.00	9/7/2010
Illinois Department of Human Services	Approved	\$91,970.00	6/22/2010
Access Community Health Network	Approved	\$95,000.00	6/1/2010
Illinois Department of Public Health	Approved	\$87,500.00	1/10/2011
Illinois Department of Human Services	Approved	\$194,994.00	6/22/2010
Illinois Department of Public Health	Approved	\$333,100.00	7/1/2010

First United Methodist Church	Approved	\$1,000.00	8/18/2010
First United Methodist Church	Approved	\$1,600.00	4/26/2011
Oak Park Women's Guild	Approved	\$1,000.00	5/11/2011
West Suburban Community Service Board	Approved	\$49,000.00	6/7/2011
Bill and Sue Black	Approved	\$1,000.00	5/11/2011
Mark Glazer	Approved	\$1,000.00	4/12/2011
James Faliszek	Approved	\$1,000.00	6/1/2011
Robert Urso	Approved	\$1,950.00	4/15/2011
Madison Construction Company	Approved	\$1,950.00	4/26/2011
VHS West Suburban Medical Center	Approved	\$6,500.00	4/26/2011
Kimberly & Berry Fields	Approved	\$1,950.00	5/24/2011
American Chartered Bank	Approved	\$1,300.00	5/25/2011
Norwegian American Hospital	Approved	\$1,300.00	5/26/2011
Henry & Jane Pearsall	Approved	\$1,300.00	6/1/2011
Mindy Malecki & Sheila Kelly	Approved	\$1,300.00	6/1/2011

## **PCC Community Wellness Center Board of Directors**

PCC's Board of Directors serves as the voice of our community and assures that the health care needs of our community are being met. As required by federal law, our Board of Directors is comprised of at least 51% users of PCC's Family Health Centers. PCC's Board of Directors serves at least three years of service. Our Board exercises its full authority and responsibility and governs within the context of PCC's mission, goals and operational plan.

**Ron Austin** **Chairperson**  
Bothers & Thompson, P.C. – Attorney

**Carolyn Fitzpatrick, M.D.** **Vice Chairperson**  
West Suburban Medical Center- Family Medicine Residency Faculty Physician

**Melinda Malecki** **Secretary**  
Lebow & Malecki LLC – Attorney

**Kenneth Blair, M.D.** **Treasurer**  
West Suburban Medical Center – Family Medicine Physician, Faculty member of West Suburban Medical Center

**Barbara Vanek** **Director**  
Rush University Medical Center - Department of Research Compliance – Research Auditor

**Amanda Canedo** **Director**  
Loyola Medical Center – Legal Department

**Barbara Diggins** **Director**  
Barbara is retired from the Chicago Board of Education.

**Rhonda Stuart** **Director**  
Lebow & Malecki LLC – Attorney

**Teresa Reyes** **Director**  
Office of Congressman Luis Gutierrez – Congressional Aide

**Patricia Ford** **Director**  
Steans Family Foundation – Education Program Director

**John McDonnell** **Director**  
Children's Center of Cicero-Berwyn – Director of Early Head Start



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,

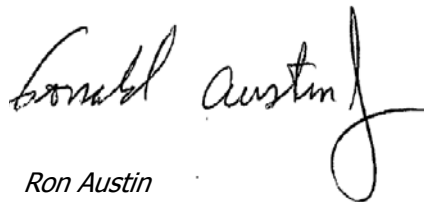
Part of PCC's mission is to provide high quality, affordable, and accessible primary healthcare to address unmet needs in our community. Oral healthcare is an essential component of one's overall health, yet this need often goes unmet.

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*

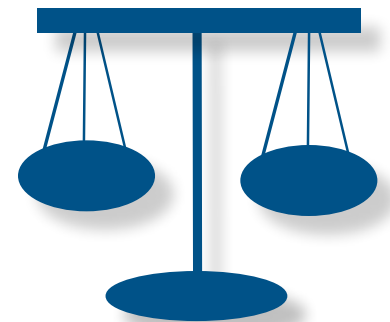
PCC's story began in 1980 as the Parent Child Center, which consisted of a three-room clinic of West Suburban Hospital offering prenatal, postpartum and infant care for underserved women and children living in the Austin community. In 1992, PCC was incorporated as an independent, 501(c)(3) nonprofit 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.

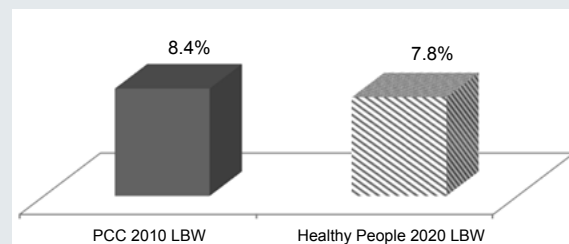
Many families in PCC's communities face the affordable housing crisis, which causes patients to move frequently and encounter periods without telephone service. Additionally, demands for financial resources sometimes mean families have to choose between necessities. PCC's MCH team employs thoughtful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



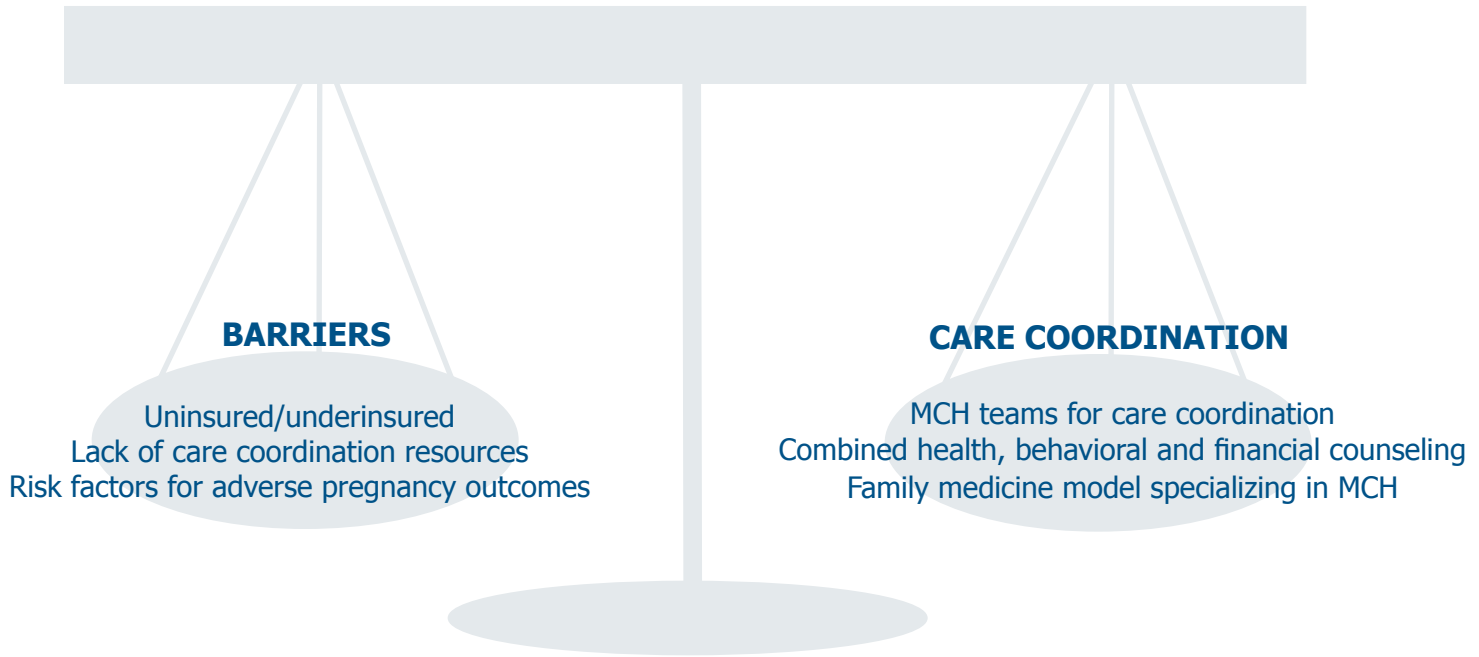
*PCC's multidisciplinary MCH team reviewing prenatal and postpartum patient charts through Electronic Health Records to discuss plans of care*

## 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.

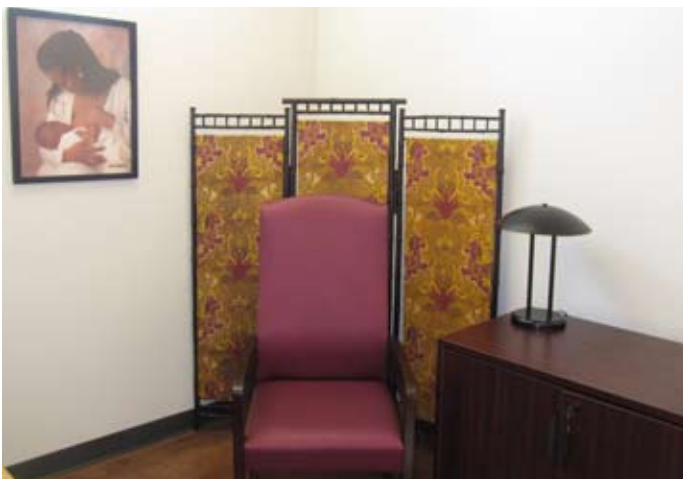
In the neighborhoods served by PCC, lower rates of breastfeeding initiation and continuation rates reflect the barriers mothers face. Lack of knowledge about breastfeeding norms and lack of support are widespread. PCC implements a variety of services to overcome barriers to ensure mothers are supported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

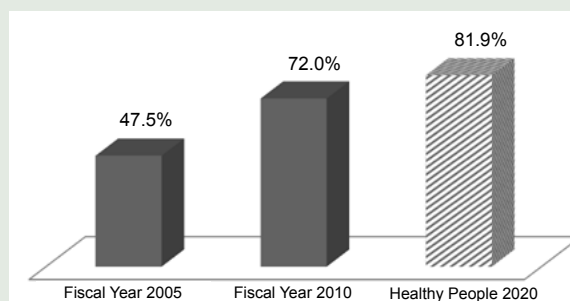
**Breastfeeding Peer Counselors:** Mothers who have experience breastfeeding their own children visit new moms in the hospital and during clinic and home visits. Through AmeriCorps service, the peer counselors also earn a living stipend and an educational award to support their own future studies and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

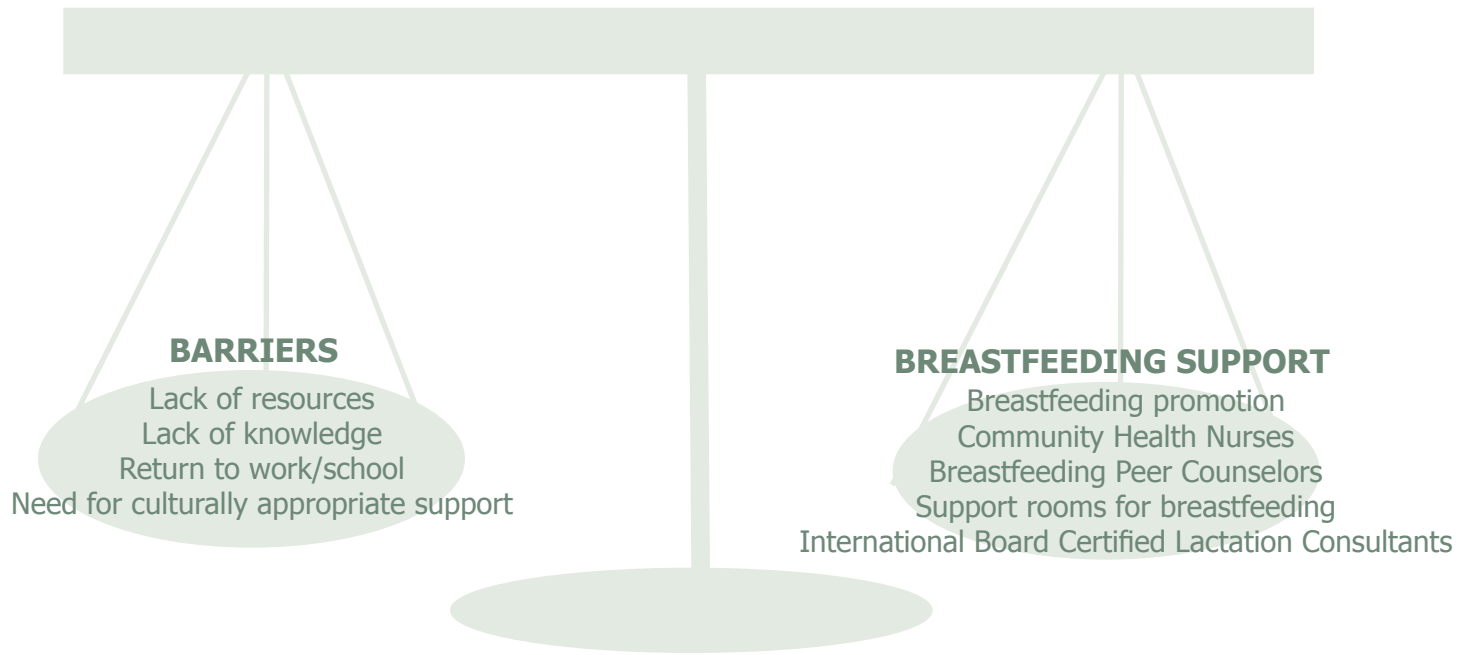


*The support room at the PCC Austin Family Health Center which is available for PCC patients and staff who are breastfeeding*

## 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.

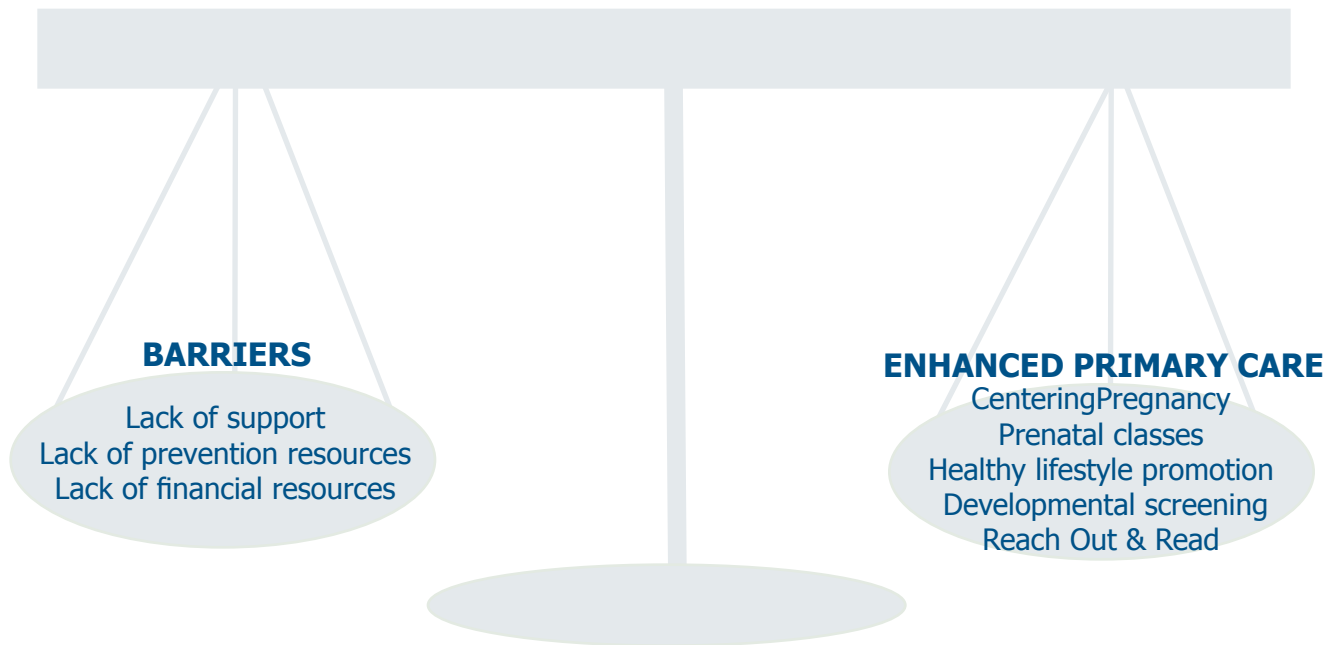
**Developmental Screening:** The American Academy of Pediatrics recommends universal developmental screening of children at 9, 18 and 30 months. The barriers faced by our patient population may cause families to be inconsistent with well-child care, thus at PCC, we administer a validated development 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*

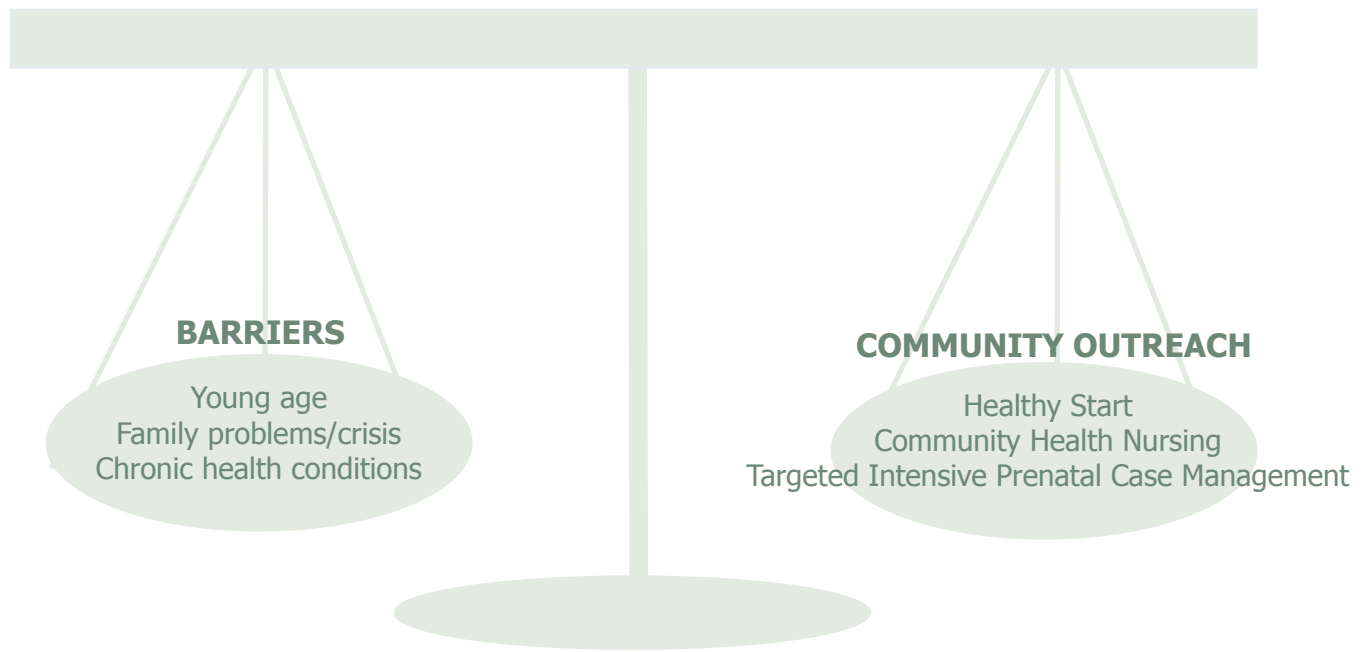
**Community Health Nursing:** Community Health Nurses make home visits to mothers and babies with medical risk factors, such as high blood pressure or premature birth, or other risk factors if they are not enrolled in Healthy Start or TIPCM. Experienced bilingual nurses complete assessments for moms 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 operatorly dental suite at the PCC Austin Family Health Center*

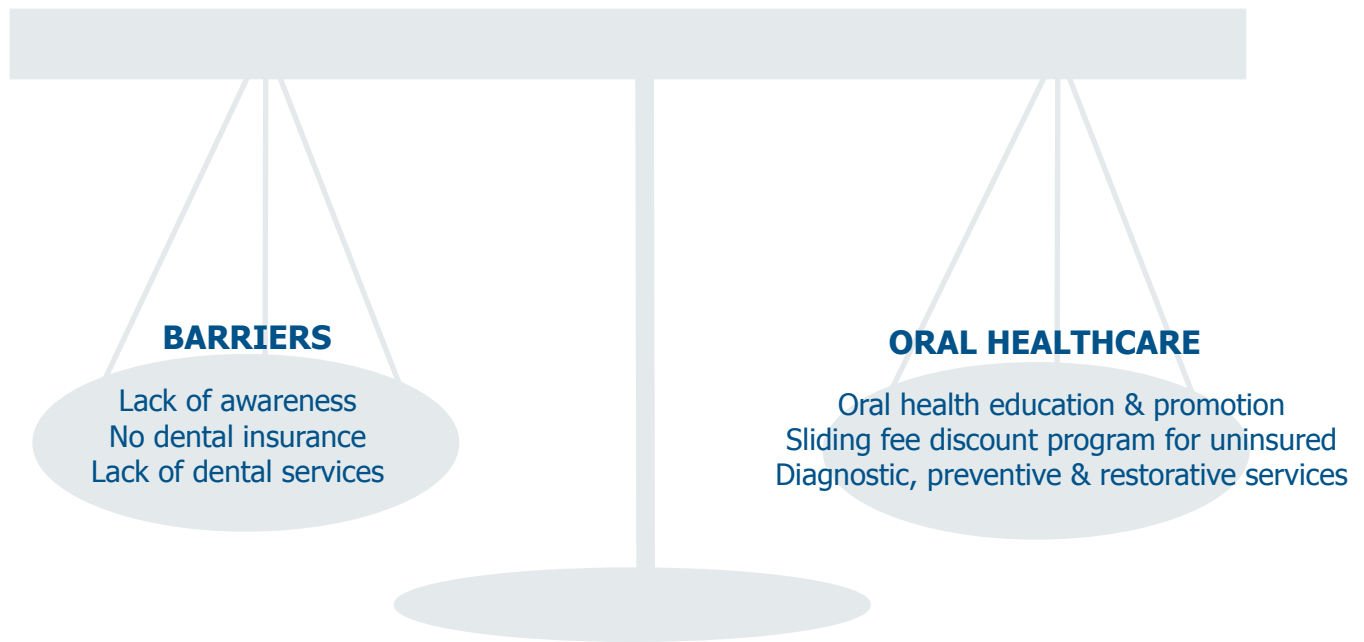


*Ryan Tuscher, DDS, conducting an oral health exam on a patient whose big brother observes*

## **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.

### Chair

Ron Austin

### Vice Chair

Carolyn Fitzpatrick, MD

### Treasurer

Kenneth Blair, MD

### Secretary

Melinda Malecki

### Directors

Amanda Canedo

Barbara Diggins

Deanna Durica

Patricia Ford

Georgene Orr

Teresa Reyes

Rhonda Stuart

Barbara Vanek

### President & Chief Executive Officer

Robert J. Urso

### Chief Operating Officer

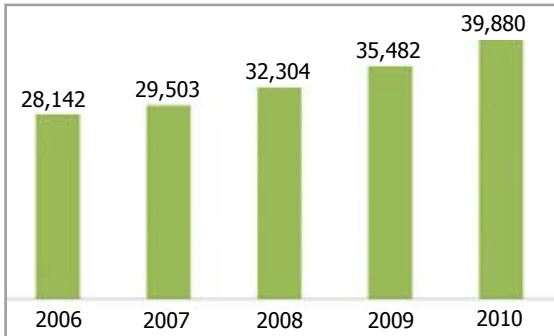
Lynn Hopkins

### Chief Medical Officer

Paul Luning, MD

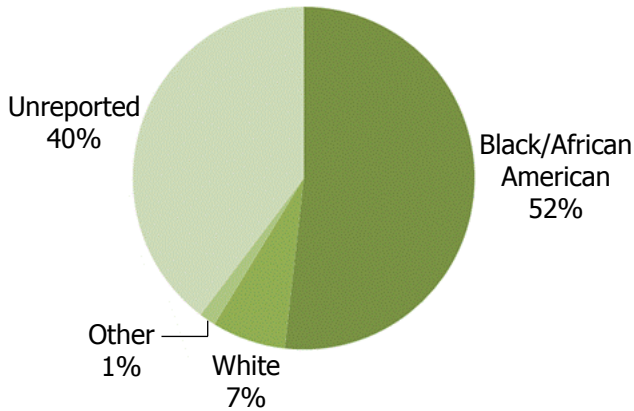
# Telling the PCC Story in Numbers

## PCC TOTAL PATIENTS

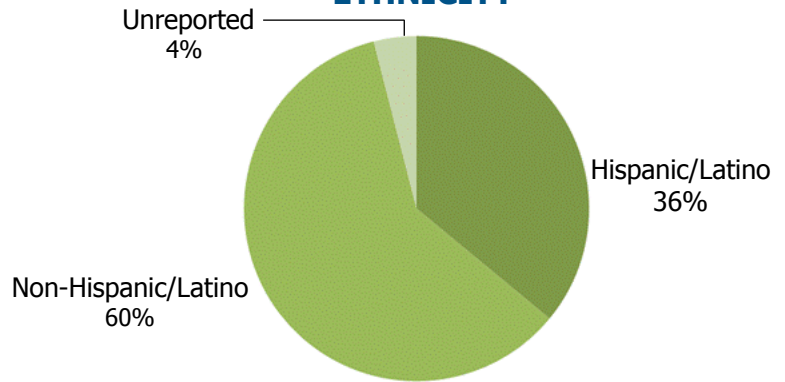


PCC has experienced a steady increase of total patients and visits to our clinics. In 2010, PCC served 39,880 patients, totaling 126,482 patient visits. Of these patients, 67% were female and 33% were male.

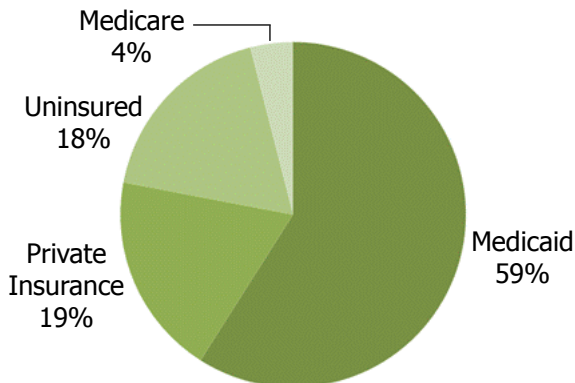
## RACE



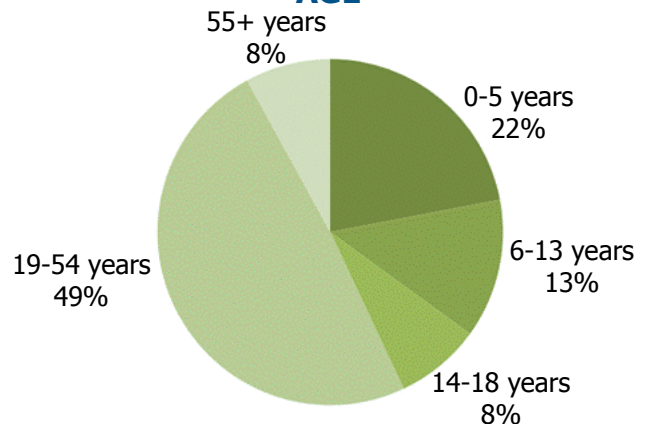
## ETHNICITY



## 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**

Grant Healthcare Foundation

Chicago Community Trust

Michael Reese Health Trust

Polk Bros. Foundation

Northern Trust Charitable Trust

Norwegian American Hospital Foundation

Washington Square Health Foundation

W.P. and H.B. White Foundation

Village of Oak Park

Prince Charitable Trusts

University of Illinois

## **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

Jim & Vicky Costakis

Shirley & John McManus

Denise Miller

Greg & Nancy Rajanen

Joyce Marks

Robin & Peter Baugher

Marty Smith

Toledo Crawford

Mark & Linda Smith

Lydia & Dorrance Halverson

Carol & Joseph Krofl

Julie Kipp

George Welte

Jordan Peters

*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.*

Marjorie Altergott

American Chartered Bank

DaVon Anderson

Inger Anthony

Nannette Aquique

Donna Arroyo

Sandra Arteaga

Candace Asta

Ron Austin

Cecelia Bacom

Joe Baker

Blanca Baldoceca

Keisha Barber

Ellen Barton

Soraida Berrios-Guccione

Pacita Borromeo

Carolina Burbano

Toni Bush

Amanda Canedo

Leslie Carnahan

Sarah Carreon

Anne Catalano

Michelle Claybon

Mary Collar

ComEd

Ana Cruz

Dennis Dabrowski

David Danzig & Associates, Inc.

Cherise Davis

Jeanette Davis

Jeanette Delgadillo

Yolanda Deluna

Vikas Didwania

Barbara Diggins

Marteze Dixon

Beth Dowell

Sandra Driver

Shannon Duarte

Julia Eckersley

Shequita Edwards

Kristen Ellensohn

Evanston Mennonite Church

Thomas Fahey

Andrew Falth

Susan Feibus

Kim & Barry Fields

Karen & Danny Flinn

Elsie Flores

Jean & John Frana

Monica Fuentes

Gloria Garcia

Tracy Gates-Smith	Mark Macumber	Jahaira Perez	Angela & Frank Urso
Thurman Gills	Kenya Madden	Lou Petritz	Richard Urso
Mark Glazer	Madison Construction Company, Inc.	Jessica Plonka	Robert Urso
Global Insight Solutions, Inc.	Angie Maguire	Alda Polikaitis	Theresa Valentino
Michael Hakimi	John Mancini	Sandra Presberry	Barbara & Wayne Vanek
Kathy Hand	Anthony Marinelli	Genesis Recendez	Lydia Vazquez
Latrena Harthron	Andrea McGlynn	Luecendia Reed	Mariel Vega
Gwendolyn Haywood	Gloria Mendez	Teresa Reyes	Cathy & Timothy Walsh
James Hill, Jr.	Jasmine Mendez	Nancy Rice	Katherine & Joseph Walsh
Stephanie Holmes	Mesirow Financial	Adriana Rinconeno	Monica Washington
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.



**ADMINISTRATIVE OFFICES**

14 WEST LAKE STREET  
OAK PARK, ILLINOIS 60302  
PHONE: 708.383.0113  
FAX: 708.383.9911

**PCC LAKE STREET FAMILY HEALTH CENTER**

14 WEST LAKE STREET  
OAK PARK, ILLINOIS 60302  
708.383.0113

**PCC AUSTIN FAMILY HEALTH CENTER**

5425 WEST LAKE STREET  
CHICAGO, ILLINOIS 60644  
773.378.3347

**PCC SALUD FAMILY HEALTH CENTER**

5359 WEST FULLERTON AVENUE  
CHICAGO, ILLINOIS 60639  
773.836.2785

**PCC SOUTH FAMILY HEALTH CENTER**

6201 WEST ROOSEVELT ROAD  
BERWYN, ILLINOIS 60402  
708.386.0845

**PCC WEST TOWN FAMILY HEALTH CENTER**

1044 N. MOZART AVENUE, SUITE 203  
CHICAGO, ILLINOIS 60622  
773.292.8300

**PCC ERIE COURT HEALTH CENTER**

1 ERIE COURT, SUITE 6040  
OAK PARK, ILLINOIS 60302  
708.386.1301

**PCC NORTH AVENUE FAMILY HEALTH CENTER**

675 W. NORTH AVENUE, SUITE 202  
MELROSE PARK, ILLINOIS 60160  
708.406.3040

**PCC WALK-IN WELLNESS CENTER**

1044 N. FRANCISCO AVENUE  
CHICAGO, ILLINOIS 60622  
773.292.8348

**PCC CLINIC AT INTERFAITH HOUSE**

3456 W. FRANKLIN BOULEVARD  
CHICAGO, ILLINOIS 60624  
773.533.6013

**PCC CLINIC AT THRIVE COUNSELING CENTER**

120 S. MARION AVENUE  
OAK PARK, ILLINOIS 60302  
708.383.7500 EXT. 500

[www.pccwellness.org](http://www.pccwellness.org)