In 1993, Dr. Serafino Garella envisioned a service-delivery model that drew on the goodwill and compassion of a volunteer workforce of medical professionals to address a critical need in Chicago. He envisioned a community-based clinic that would provide a true medical home – at no charge – to low-income, uninsured individuals. Thanks to the dedication of our volunteers, partners, and donors, CommunityHealth has grown to become the largest free clinic in the United States. Thank you for being part of this journey as we celebrate 25 years of care for the uninsured in Chicago.

#25YearsOfCare
PATIENT PROFILE

ERICA LOVE

FLASHBACK FROM 2013

When Erica Love, 30, found CommunityHealth online, she was at first skeptical: she wondered if she would really qualify, and, if so, just what level of service she could get for free. Due to federal cutbacks, she had recently been laid off and lost her insurance.

A borderline diabetic since she was 11 years old, Erica knew that her sugar levels were high and that she needed to see a doctor.

Now, Erica says that the service she receives at CommunityHealth is beyond her expectations.

"CommunityHealth is not just a doctor’s appointment. The people at CommunityHealth educate you so you can manage your own health."

Erica knows that her CommunityHealth providers care about her health, and as a result, she cares about it, too.

Erica’s CommunityHealth doctors recommended the Cooking Matters class offered on-site at the Englewood clinic as a tool to help Erica improve her eating habits and lose weight.

"Oh my gosh, I learned so much!" Erica says. The class made it easy to make changes because there were no restrictions; instead, instructors provided alternatives to processed food and taught students how to make the alternatives taste great.

A trip to the supermarket with her Cooking Matters instructor and classmates brought about the most powerful change in Erica’s life. She and her fiancé walked through the store together and, with the help of volunteers, chose ingredients for a healthy meal. They saw that they could buy healthy food that they liked for a reasonable price. Suddenly, healthy eating was not a
burden, but instead a habit she and her fiancé adopted together.

Erica also applies her knowledge about healthy eating when shopping and cooking for her mother, who is in advanced stages of congestive heart failure. Zumba dance classes and the Women’s Weight Loss Group at CommunityHealth have also helped Erica adapt her lifestyle and improve her health. She learned to monitor her calorie intake and make better choices, and she continues to attend meetings where she benefits from the support of others in the group.

“CommunityHealth volunteers are always there for you. They really care,” Erica says. Health education is not covered by the ACA, and Erica says she can’t imagine her life without CommunityHealth’s education programs.

“They are not just treating you,” she says about CommunityHealth’s providers and volunteers. “They are teaching you to lead a healthy life.”

THEY ARE NOT JUST TREATING YOU, THEY ARE TEACHING YOU TO LEAD A HEALTHY LIFE”

“COMMUNITYHEALTH ANNUAL REPORT 2018

PATIENT PROFILE ERICA LOVE

SINCE 1993, WE’VE PROVIDED OVER 400,000 PATIENT VISITS
AND HAVE SEEN

50,000+

INDIVIDUAL PATIENTS
FLASHBACK FROM 2014

“You never think you’re going to get knocked down,” says Tara Schnaible. Tara was 24 years old and living on her own for the first time in Chicago when she found CommunityHealth. She had two college degrees and had just begun her first full time job.

Young and healthy, Tara didn’t think much about the fact that her job did not provide benefits for the first six months of employment... until she developed flu-like symptoms that kept her in bed for a week.

Without extra cash for an urgent care clinic, Tara didn’t know where to turn, but she knew she needed medical attention quickly. She found CommunityHealth during a desperate online search.

Tara never imagined that she would need to find free health care. She says she will not ever forget how it felt to walk into CommunityHealth’s West Town clinic. “Every single person — from the receptionist to the doctors — wanted to help me and make me feel better. It was such a warm and caring environment. Right when I felt most vulnerable, they were there for me.”

Tara saw a doctor, received her medication from CommunityHealth’s MedAccess Pharmacy, and began to feel better almost immediately.

In 2014, CommunityHealth made a deliberate decision to open our doors to individuals like Tara, who need a medical home during a period of transition. Our volunteer doctors and nurses have provided office visits, medications, and guidance to people who are between jobs, awaiting citizenship, or pending approval for insurance coverage. If she had not found CommunityHealth, Tara
estimates that she would have suffered longer at home and eventually been forced to go to an Emergency Room. CommunityHealth enabled her to avoid hospital bills that would have been debilitating and, more importantly, she received care from a team of professionals who took their time to make sure she had everything she needed to recuperate.

CommunityHealth’s aim is to be a medical home; for no matter how long or short our patients need us, we are committed to providing a welcoming and caring experience for all who walk through our doors.

Tara’s singular experience at CommunityHealth stayed with her. She told anyone she met who was in a similar situation about CommunityHealth. As soon as she was able, she set up a monthly donation, and she is proud to be a CommunityHealth donor. Each month, she takes a moment to think about her donation and remember the valuable care she received at CommunityHealth.

“Health care should be a basic human right,” she says, “but it is not. I give because CommunityHealth provides that right, and so much more, for those that need it, whenever they need it.”

“Health care should be a basic human right”
FLASHBACK FROM 2009

CommunityHealth volunteer physician Scott Sarran, MD, says it’s not surprising that his 21-year-old son recently decided to follow in his footsteps and volunteer at the health center. That’s because Dr. Sarran hasn’t been able to stop talking about the place since he started volunteering in 2000.

“When you go there, it’s so energizing and positive that you don’t just want to do your job while you’re there and then go home and forget about it,” he says. “You want to get your friends to come, you want to raise money, you want to do the right thing.”

That energy springs from the collective enthusiasm and dedication of the health center’s volunteers and supporters, explains Dr. Sarran, who is a family physician, CommunityHealth board member, and former Chief Medical Officer of Blue Cross and Blue Shield of Illinois.

“When you’re there, you’re not just going there fulfilling your few hours of work; you’re going there as part-owner of the philosophy,” he says. “After a while, you start to feel some sense of ownership and that you have some shared responsibility.”

But the responsibility is far from a burden, he adds. In fact, providers embrace it.

“While the uninsured still face many challenges and hurdles, here, we’re able to provide comprehensive care, as opposed to episodic and emergency care that only addresses a specific problem.” That’s especially important today, as more patients come to the health center with overlapping chronic conditions and an increased need for specialty care.

Thanks to the efforts of Dr. Sarran and the hundreds of other volunteer physicians, more and more of that specialty and sub-specialty care is provided right at the health center. And that leads to better-coordinated care, and also better patient outcomes, according to Dr. Sarran.

“The quality of the healing environment and the healing relationship is very important. If you’re in an environment where it’s clear people want to hear you, you’re more likely to raise concerns and it’s more likely those concerns will be addressed,” he says. “I think that’s something a lot of the patients pick up on, and you see them really open up as a result.”

WHEN YOU’re THERE, YOU’re NOT JUST GOING THERE FULFILLING YOUR FEW HOURS OF WORK; YOU’re GOING THERE AS PART-OWNER OF THE PHILOSOPHY”
Volunteers have donated 822,000 hours of their time. (That’s more than 34,000 days of service) Residents and medical students have been trained at Community Health.
The donors recognized on these pages — and the many others that space prohibits us from listing — supported CommunityHealth in 2018 through their generous financial gifts, grants, and in-kind donations. Because CommunityHealth is not reimbursed by Medicare, Medicaid, or any third-party payer, donors are the lifeblood of the organization. We are privileged to have their confidence and support.

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Audited Statement of Activities Ending December 31, 2018

**UNRESTRICTED REVENUES AND SUPPORT**

- Contributions: $1,825,496
- Special Events: $615,504
- Donated Services: $4,417,645
- Donated Inventory: $13,775,985
- Other In-Kind Donations: $601,799
- Interest: $2,850
- Investment Return: $22,862
- Other: $28,552

**NET ASSETS RELEASED FROM RESTRICTIONS**

- Satisfaction of Program Restrictions: $883,804

**TOTAL UNRESTRICTED REVENUES AND SUPPORT**

$22,174,497

**EXPENSES**

- Program: $19,470,238
- Support Services:
  - Fundraising: $522,210
  - Administration: $433,130

**TOTAL EXPENSES**

$20,425,578

**INCREASE IN UNRESTRICTED NET ASSETS**

$1,748,919

**TEMPORARILY RESTRICTED NET ASSETS**

- Contributions: $482,500

**NET ASSETS RELEASED FROM RESTRICTIONS**

- Contributions: -$883,804

**CHANGE IN TEMPORARY RESTRICTED NET ASSETS**

-401,304

**CHANGE IN NET ASSETS**

$1,347,615

**NET ASSETS AT THE BEGINNING OF THE YEAR**

$5,219,713

**NET ASSETS AT THE END OF THE YEAR**

$6,567,328

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