DEAR FRIENDS,

Twenty years ago, when CommunityHealth opened our doors, we promised to be the medical home for low-income, uninsured individuals and families, providing the care they so desperately need. We promised to continually adapt and change to meet the needs of the most vulnerable, and this promise has guided us, informed us and challenged us over the past two decades. We have added locations, services and programs, all to keep this fundamental promise.

CommunityHealth continually asks the question, “What does our community need in the way of a safety net, and how can we ensure that we are providing the highest quality and most accessible services for our patients?” In essence, how do we stay true to our original promise? We spent much of 2013 carefully examining this question in light of the pending launch of the Affordable Care Act (ACA). We reached out to our stakeholders – patients, volunteers, donors, funders and institutional partners – to consider their perspectives on how CommunityHealth is uniquely positioned to remain the “safety net under the safety net” during this profound time of change in our country’s healthcare landscape.

As we planned for the future, we continued to provide critical services to our patients. In 2013, CommunityHealth served more than 11,500 local residents through close to 30,000 visits. All services delivered at no cost to our patients. And all made possible through an extraordinary workforce of more than 1,400 talented, compassionate volunteers.

CommunityHealth’s promise to our patients and to the community – to provide the highest quality, most comprehensive care possible to our most vulnerable neighbors – is still relevant. Because there will remain over 500,000 uninsured Cook County residents in 2018: immigrants; low-income individuals who do not qualify for Medicaid but cannot afford insurance through the state marketplace; people in transition; and individuals needing services such as dental care that are not covered by the ACA.

CommunityHealth’s unique model based on three pillars of support – philanthropy, volunteerism and partnerships – allows us to be flexible in ways that government-supported organizations cannot be. We promise to continue to provide the services and programs that our patients need, and to adapt as their needs change. To that end, we have trained “navigators” on staff to help ensure that our patients (and the broader community) have the information they need to understand and, when applicable, apply for coverage under the ACA.

Our decision to remain true to the promise with which we opened our doors, and the careful process through which we reaffirmed this important promise, is our key achievement of 2013. We extend heartfelt thanks to our donors, volunteers and partners for your steadfast support and for sharing in the promise of our future.

JOSEPH B. O’MALLEY 
President

JUDITH HAASIS 
Executive Director
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.”
“There will always be people who fall through the cracks. There will always be a need for a true, free clinic,” says ROBERT DILEONARDI, Executive Director of THE VNA FOUNDATION. The VNA Foundation has supported CommunityHealth since 1997, providing more than $1 million in grants for CommunityHealth’s nursing program. CommunityHealth’s commitment to serve the people who fall through the cracks and to be accessible and involved in the community advances the VNA Foundation’s mission, which is to support nonprofit organizations that offer home- and community-based healthcare to the medically underserved.

Mr. DiLeonardi has a unique perspective on CommunityHealth’s growth and development, and he is proud to support CommunityHealth’s reaffirmed promise to provide free, high-quality medical care and education for Chicagoland’s uninsured adults. Prior to joining the VNA Foundation, he previously supported CommunityHealth during his tenure as administrator of the Blowitz-Ridgeway Foundation.

In the late 1990s, when the VNA Foundation’s grants to CommunityHealth began, universal health insurance was virtually unthinkable to most Americans. CommunityHealth had a purpose that “you could explain in a sentence, and everyone got it and believed in it.” Mr. DiLeonardi believes emphatically that the need for CommunityHealth’s services is still undeniable. He points to simple math: an estimated 500,000 people will remain uninsured in 2018 – immigrants; individuals who do not qualify for Medicaid but cannot afford insurance in the marketplace; people in transition; individuals needing services not covered by the ACA; and individuals unable to find a provider – and CommunityHealth serves 11,000 people annually. There is plenty of work for CommunityHealth to do.

When CommunityHealth assessed the possibility of how its role in the community might change in this new era of health care reform, stakeholders (donors, volunteers, patients, partners) were given a critical voice in the discussion. Ultimately, the Board of Directors decided to remain true to the CommunityHealth mission as an entirely free clinic after the implementation of the Affordable Care Act. Mr. DiLeonardi participated actively in this decision-making process and was impressed with the objectivity and thoroughness demonstrated. From the outset, Mr. DiLeonardi hoped that CommunityHealth would uphold its founder’s original promise to be the medical home for low-income, uninsured adults, providing the care they so desperately need. There was “a lot of passion behind the commitment of CommunityHealth’s founder, and early funders sensed that passion,” he says. “This decision confirms the continuation of the original passion to be the safety net under the safety net.” Though there is great potential in the Affordable Care Act, says Mr. DiLeonardi, there are also great pitfalls and unknowns, and no time to wait. “Anyone with a heartbeat deserves healthcare.”
The donors recognized on these pages – and the many others that space prohibits us from listing – supported CommunityHealth in 2013 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, 2013

Unrestricted Revenues and Support:

- Contributions: $680,792
- Special Events: $464,093
- Donated Services: $6,227,369
- Donated Inventory: $13,209,290
- Government Funding: $650,000
- Other In-Kind Donations: $213,753
- Interest: $6,338
- Other: $43,712

Total Unrestricted Revenues and Support: $21,495,347

Net Assets Released from Restrictions:

- Satisfaction of Program Restrictions: $1,262,675

Expenses:

- Program: $21,949,772
- Support Services:
  - Fundraising: $455,457
  - Administration: $208,625

Total Expenses: $22,613,854

Increase in Unrestricted Net Assets: $144,168

Temporarily Restricted Net Assets:

- Contributions: $1,429,969

Net Assets Released from Restrictions:

- Contributions: ($1,262,675)

Increase in Temporary Restricted Net Assets: $167,294

Increase in Net Assets: $311,462

Net Assets at the Beginning of the Year: $4,809,024

Net Assets at the End of the Year: $5,120,486

Total Support and Revenue:

- Contributions: 14%
- Donated Services/Labor and Materials: 28%
- Donated Inventory: 58%

Total Expenses:

- Program: 97%
- Fundraising: 2%
- Administration: 1%