

La Rabida Children's Hospital

2022 – 2024 Community Benefit Report

ABOUT LA RABIDA

La Rabida Children's Hospital provides specialized, family-centered health care to children with medically complex conditions, disabilities, and chronic illness. Through expertise, compassion, and advocacy we help children and their families reach their fullest potential, regardless of their ability to pay.

Our not-for-profit hospital, licensed for 49 beds, helps transition children from neonatal or pediatric intensive care to home, by providing medical, rehabilitative and developmental care, and by training families to continue treatments and manage the necessary equipment in the home. La Rabida also provides extensive rehabilitation for those recovering from wounds or burns and treatment for exacerbations of chronic conditions.

The hospital's enhanced pediatric patient-centered medical home provides primary care to children with complex medical conditions and their siblings. Children with medical homes elsewhere come to La Rabida for specialty services. La Rabida offers a wide range of specialty services provided to children with sickle cell disease, diabetes, and many others. Children are supported in their emotional and developmental growth, particularly in cases where such growth has been interrupted by accident or disease.

Finally, La Rabida provides forensic and treatment services for children exposed to abuse and neglect, comprehensive assessments for wards of the state, early intervention for children between 0 and 3 years of age. Care coordination services for medically complex children are also provided for those who are covered by a health plan and receive care from providers in Cook County.

As a specialty hospital, La Rabida maintains close relationships with our referring hospitals, which include most of the academic medical centers and major community hospitals in the region. In addition, because many of the families we serve face multiple impediments to healthful living—such as low income, exposure to violence, or food or housing insecurity, we actively assist our families with identifying obstacles and finding solutions, whether it be identifying and enlisting informal supports, obtaining access to benefits, or assembling an array of community-based services to support the family for caring for their child at home.

La Rabida programs have earned the gold seal of approval from the Joint Commission and recognition from the National Committee for Quality Assurance.

COMMUNITY ASSESSMENT: GOALS and PROCESSES

Our families come from specific environments which can either enhance or challenge their abilities to care for their medically complex children. The goal of our community needs assessment is to understand the context in which our families live – particularly as informed by Chicago’s mission to improve community health (see [Measuring Chicago’s Health: Findings from the 2014 Healthy Chicago Surveyⁱ](#)) and the health status data, gathered and made publicly available online by the Chicago Department of Public Healthⁱⁱ.

We participate in one collaborative, the Chicago Southside HealthCare Collaborative (anchored by the University of Chicago) which shares information and mounts collaborative efforts to improve community health. We participate in the Medical Home Network, an organization of safety net providers dedicated to improving health and service outcomes for those served by Medicaid. We provide care coordination on behalf of one Medicaid Managed Care organization, which actively reviews resources, processes and outcomes in order to improve services received by those served by Medicaid. La Rabida also collaborates with the University of Chicago’s Urban Health Initiative as a provider at the South Side Pediatric Asthma Center. Along with University of Chicago’s Comer Children’s hospital, La Rabida, St. Bernard Hospital and Friend Health Center collaborate to expand the network of providers and caregivers trained to identify and treat asthma.

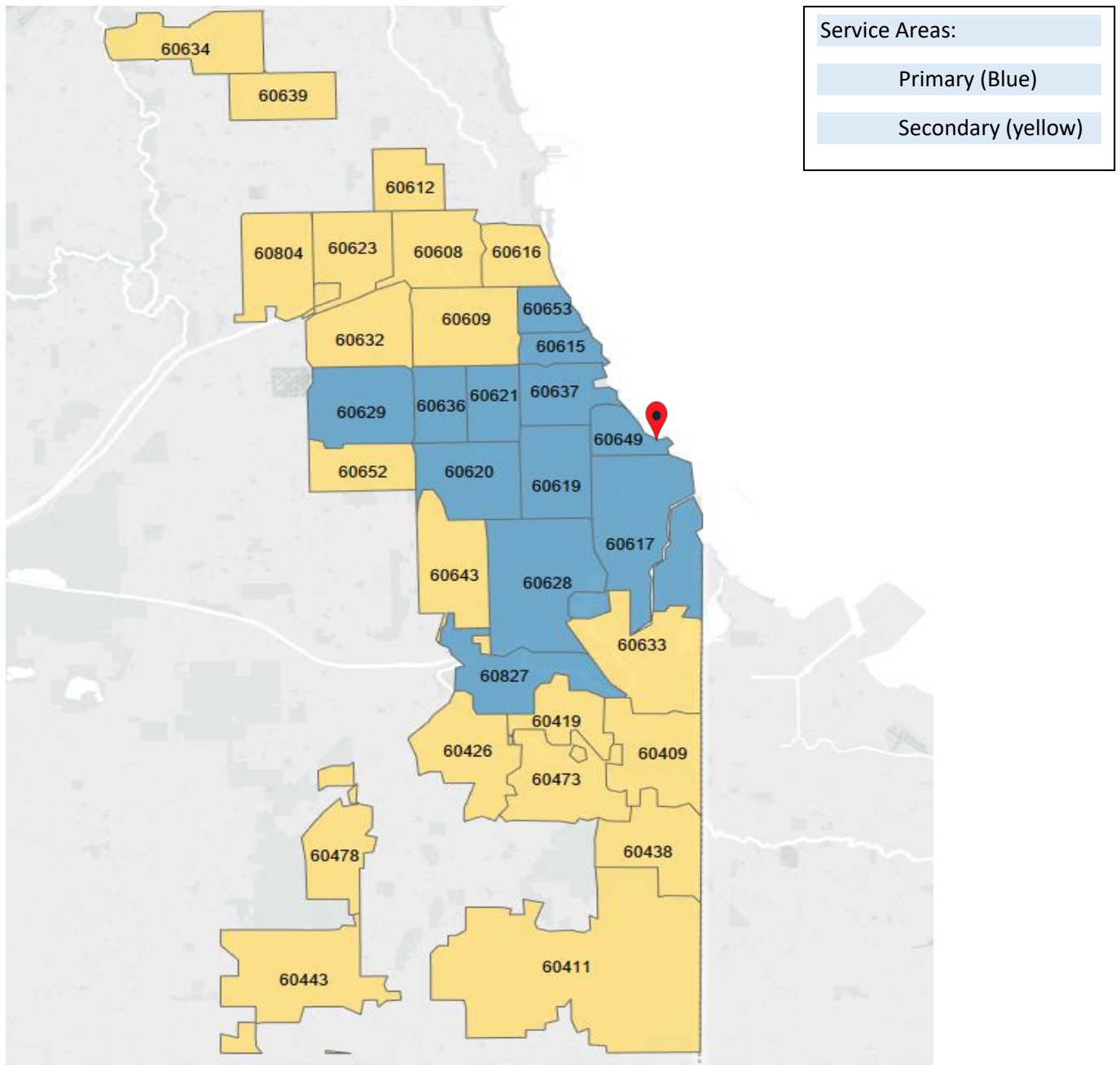
Finally, because we work with families to reduce barriers to health and health services, both for children being cared for by La Rabida programs and for 1,200 children being cared for elsewhere across Cook County, we are in active, daily conversations about the immediate and long term needs of and options available to families in the region, and, have been able, by collaborating with other agencies or with health plans, to expand options available to our families.

These sources drive enhancements and refinements to our programming to build on assets families already have, better meet challenges they face, and improve or expand the services we provide. For this report, we will look first at the characteristics of the primary geographic areas we serve, and then at the results of a survey of our clinic attendees about the challenges they face. We expect both of these investigations, plus information garnered from the relationships described above, to inform program enhancements to be made over the next 1 to 3 years, with priority given to ways we can boost our own programs and processes to help our subset of the population, families caring for medically complex children, reach their health goals.

Notwithstanding this rich influx of information, both the environment and the health industry are changing rapidly, and the impact of both on our families is complex and at times, overwhelming. While this information, and the information gathered by our clinic survey described below, informs our own contributions to improved community health, we are one puzzle piece of a large, complex and dynamic mosaic of threats and assets which combine to impact the lives of the children we serve.

DEFINITION OF THE COMMUNITY SERVED

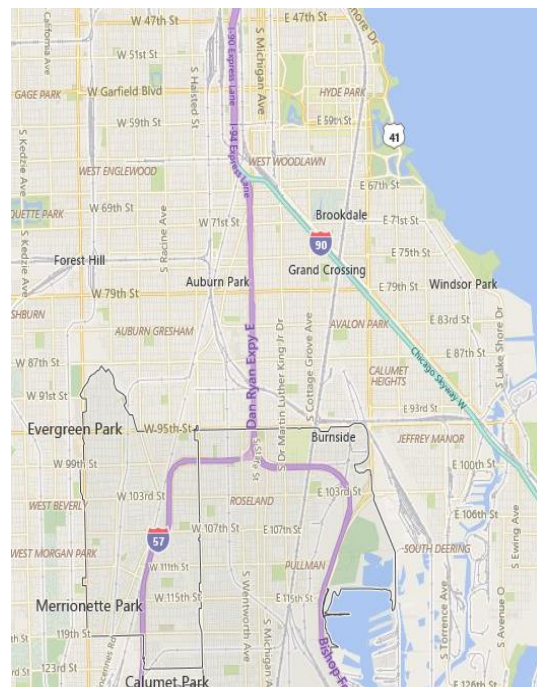
47% percent of La Rabida families (those who have used inpatient and/or outpatient services) come from 12 zip codes – what we are identifying as our primary service area. This area is indicated in blue in the map below. La Rabida Children’s Hospital is indicated by the red marker.



An additional 21% of patients come from 20 more zip codes (our secondary service area), reaching extensively into Chicago’s south suburbs. These zip codes are indicated in yellow above.

A map showing the Total Service Area in the Chicago region. The area is highlighted in green, covering parts of Cook County, DuPage County, and Kane County, Illinois. The map also shows the surrounding states of Michigan, Indiana, and Ohio, and the Lake Michigan shoreline. A legend in the top right corner indicates that the green area represents the 'Total Service Area'.

DEMOGRAPHICS AND CHARACTERISTICS OF OUR PRIMARY SERVICE AREA



4

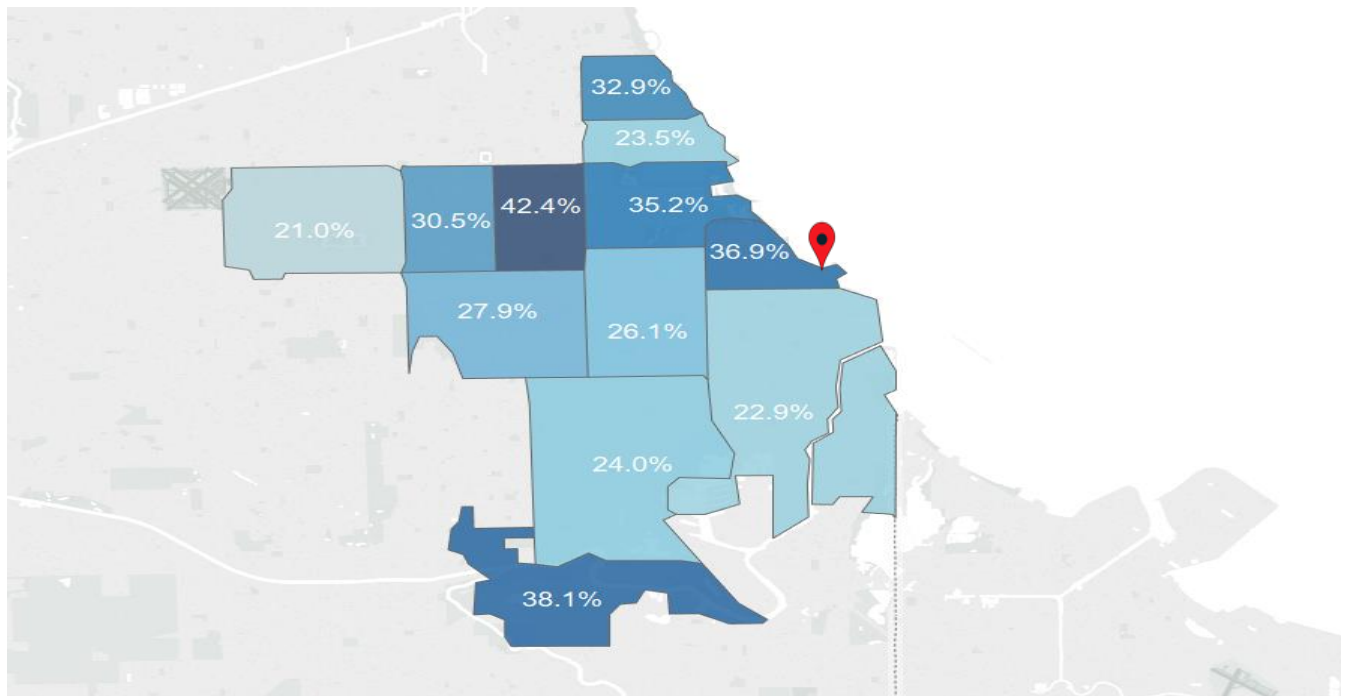
Impact of Poverty

As noted in Measuring Chicago's Health, poverty is shown to be significantly correlated to measures of poor mental and physical health, including inhibition of physical activity because of poor health. In addition, poverty is related to fewer people with health insurance coverage, fewer families with established personal physicians, fewer dental visits and some cancer screenings, such as for colorectal cancer. Poverty is also strongly associated with reduced consumption of fruits and vegetables and lower levels of aerobic and strength-building physical activity. Although poverty did not appear to impact the use of neighborhood outdoor spaces in this study, it is associated with a perception of less safety in those spaces. Finally, it is strongly associated with current tobacco use, as well as with specific biological markers associated with chronic disease: high blood pressure, obesity. Prevalence of chronic disease is also higher in poorer families: coronary heart disease, asthma, depression, serious psychological distress.

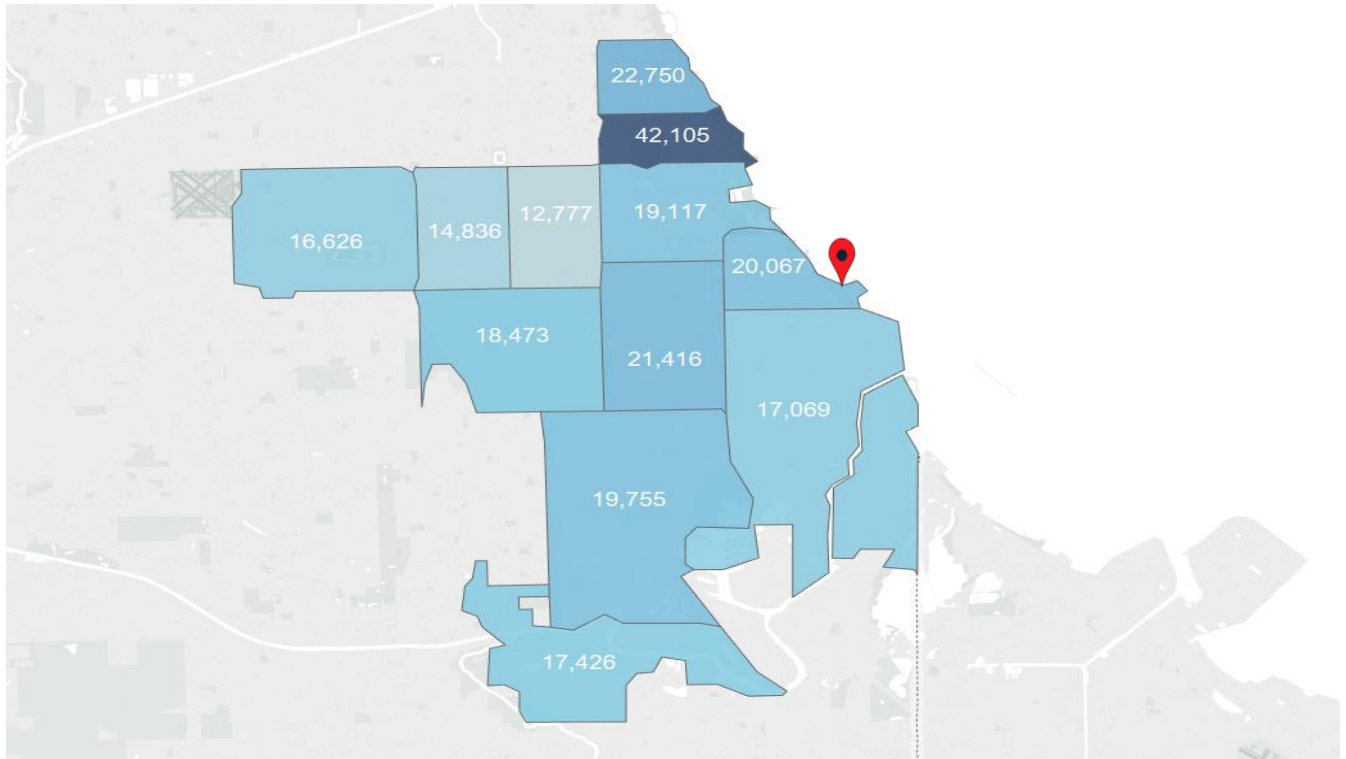
Chicago's 2020 Health Department has compiled a "hardship index", comprising six indicators of hardship:

- the percent of people living below the federal poverty level
- per capita income
- the percent of people over the age of 16 who are unemployed
- the percent of people over 25 years of age who lack a high school diploma
- a measure of dependency, that is, percent of people over 65 or under 18
- a measure of crowded housing, or occupied units with more than one person per room

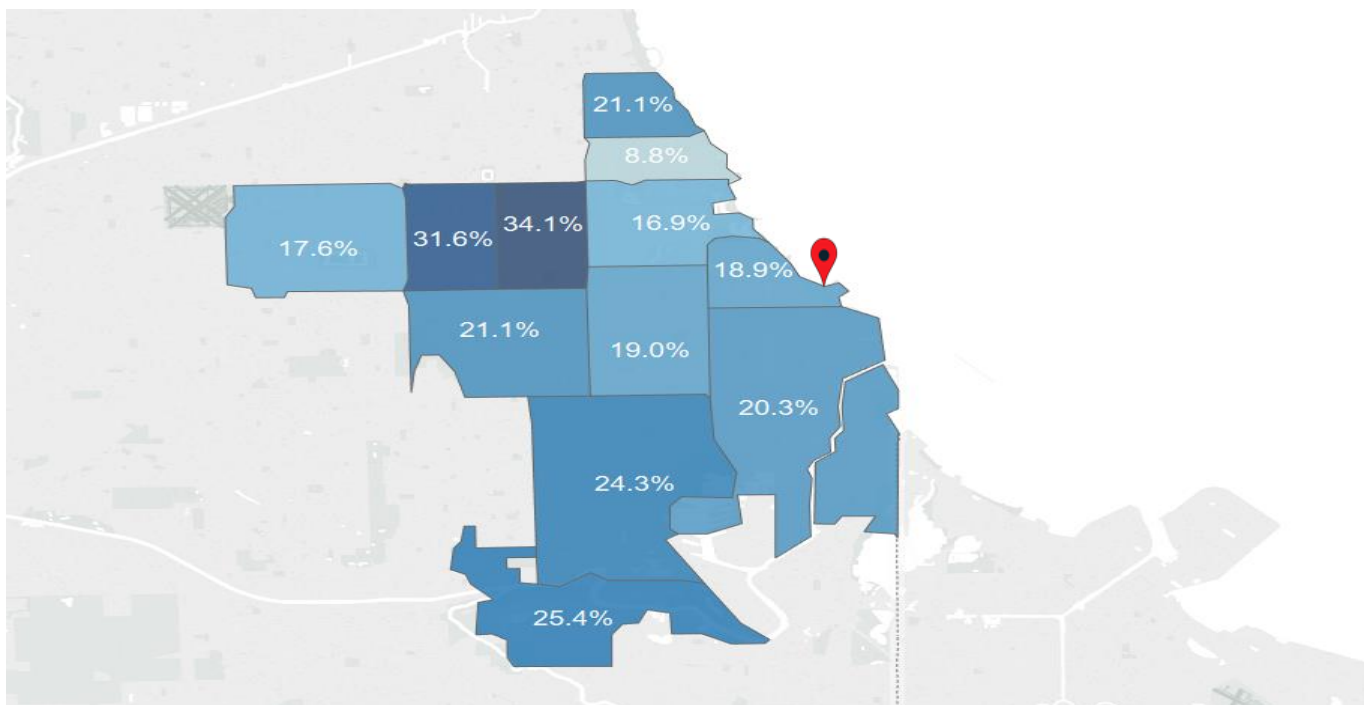
Living below the federal poverty level: In our primary service area, percentage of residents living below the federal poverty level ranges from 21.0% in Englewood to 42.4% in West Lawn/Chicago Lawn. By contrast the state average for Illinois is about 11%ⁱⁱⁱ.



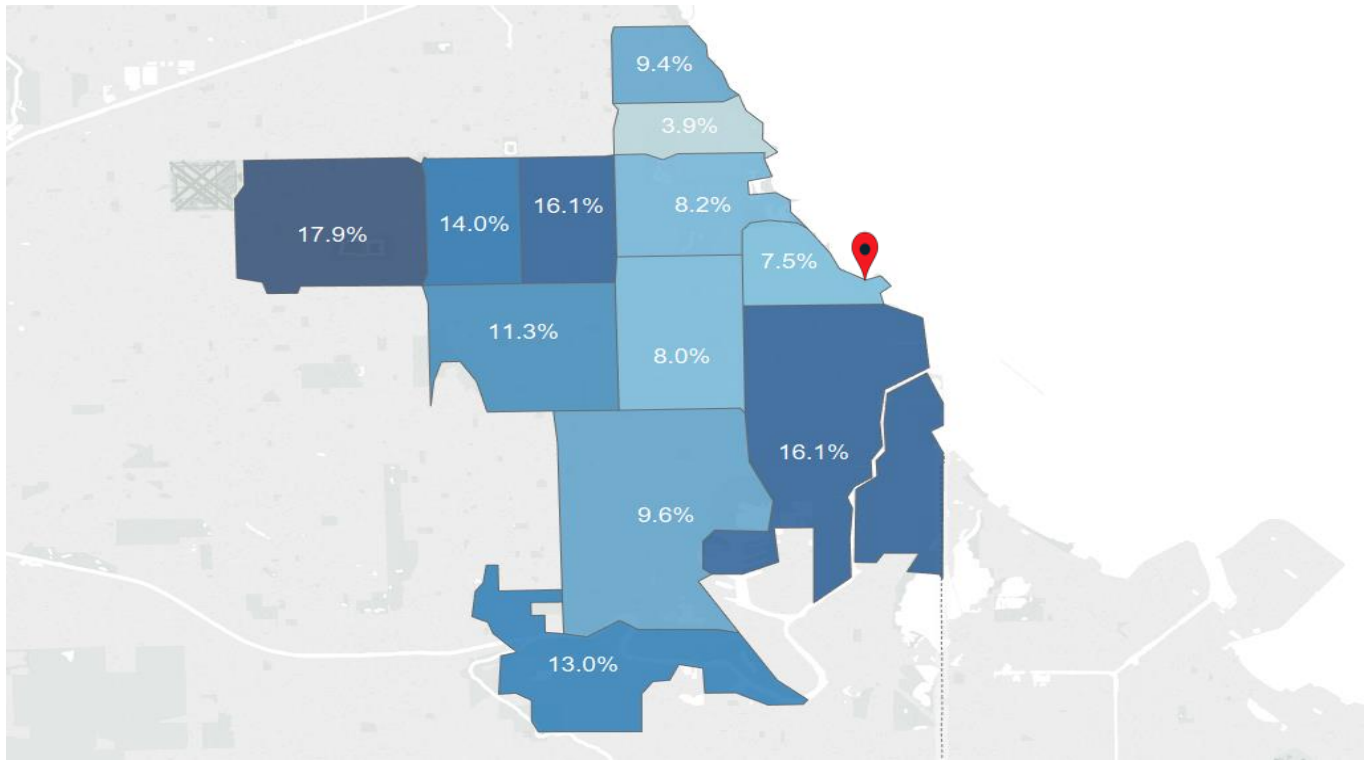
Per capita income: Our primary service area ranges from \$12,777 in Englewood to \$42,105 in Kenwood/Hyde Park. By contrast, per capita income for Illinois is about \$37,306^{iv}.



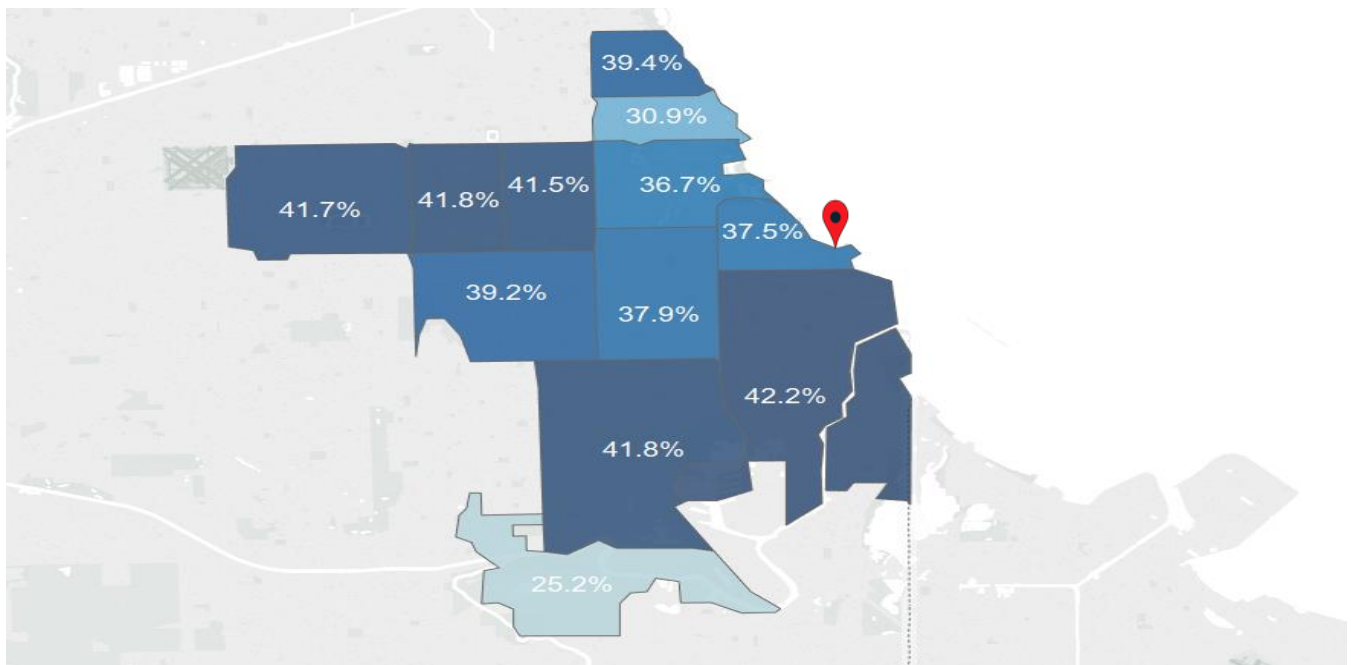
Unemployment: High rates of unemployment occur throughout the region, ranging from a high of 34.1% in Englewood to a low of 8.8% in Kenwood/Hyde Park. By contrast, the unemployment rate for Illinois is 4.8%^v.



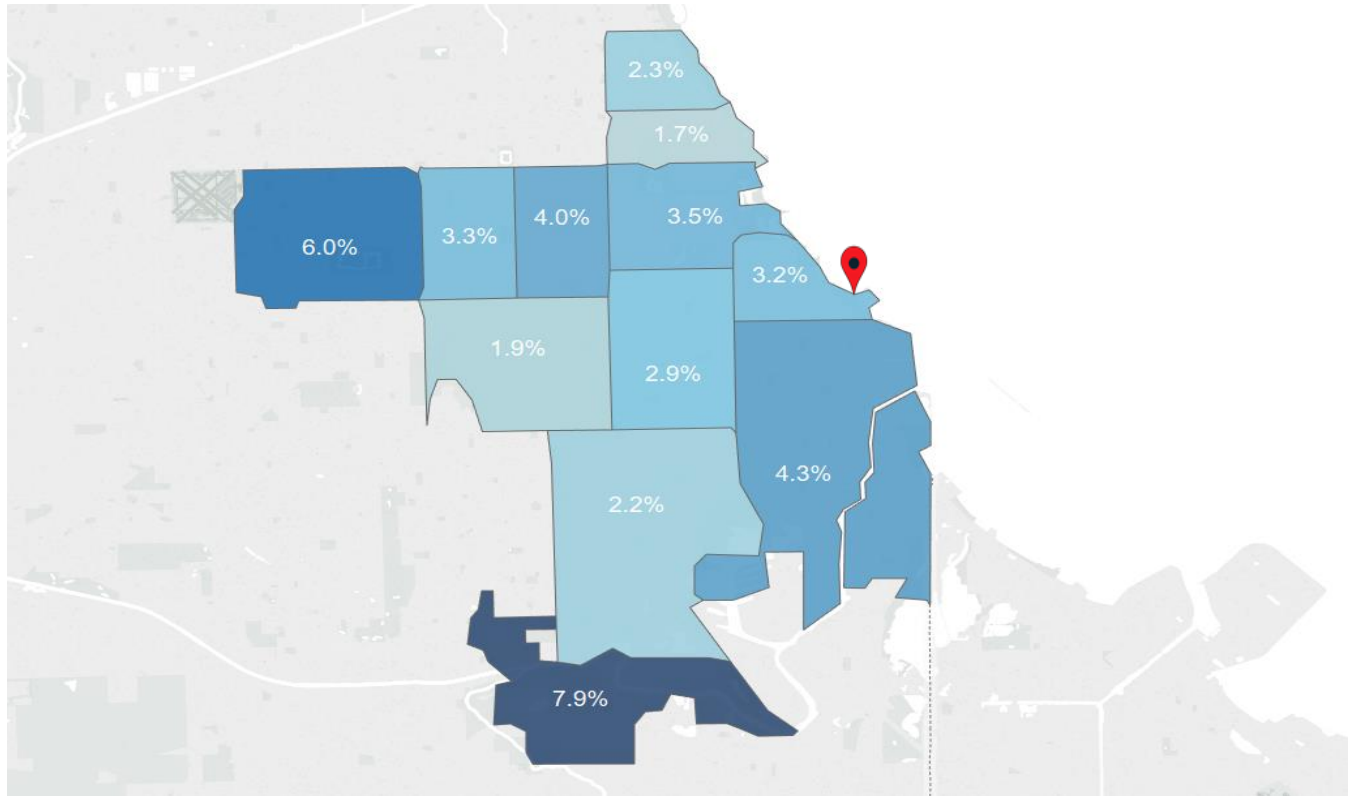
No high school diploma: The percent of persons aged 25 years and older lacking a high school diploma ranges from 17.9% in Englewood to 3.9% in Kenwood/Hyde Park. By contrast, no high school diploma in Illinois is 12%.



Dependency: Our primary service area ranges from 42.2% in South Deering/East Side to 25.2% in Calumet Park/Riverdale. By contrast, the dependency rate for Illinois is 38.4%



Crowded Housing: Our primary service area ranges from 7.9% in Calumet Park/Riverdale to 1.7% in Kenwood/Hyde Park. By contrast, the crowded housing rate for Illinois is 3.3%^{vi}.



Impact of Population Decline

Each of these 12 zip codes have experienced significant population decline aside from West Lawn/Chicago Lawn. Measuring from the 2000 census to the 2020 census, the region overall has lost 17% of its population:

		Population			20 YR Decline
		2000	2010	2020	
60617	South Deering/East Side	96,288	84,155	77,270	-20%
60649	South Shore	54,823	46,650	48,171	-12%
60619	Chatham	74,963	63,825	63,303	-16%
60637	Woodlawn	57,090	49,503	53,555	-6%
60620	Auburn Gresham	85,771	72,216	66,514	-22%
60628	Roseland	87,827	72,202	62,832	-28%
60653	Grand Boulevard/Oakland	34,502	29,908	33,146	-4%
60621	Englewood	47,514	35,912	29,570	-38%
60636	West Englewood	51,451	40,916	34,800	-32%
60629	West Lawn/Chicago Lawn	113,984	113,916	114,453	0%
60615	Kenwood/Hyde Park	45,096	40,603	43,502	-4%
60827	Calumet Park/Riverdale	33,209	27,946	24,936	-25%
TOTAL		782,518	677,752	652,052	-17%
Source: city-data.com/zip Chicagohealthatlas.org/indicators					

An interesting and unexpected feature is that those who remain have lived in their homes longer than average^{vii}. This counters the experience of churning in these communities observed by service providers, but suggests that those who remain have less ability to move^{viii}. The general exodus, particularly of the African American population from the Chicago metro area (35,000 since 2010), is reported to be fueled by a desire for economic opportunity and safety.^{ix}

This hollowing out of communities leave empty buildings behind and tears at the social infrastructure, which is a key determinant of community resilience^x and informal support for families.

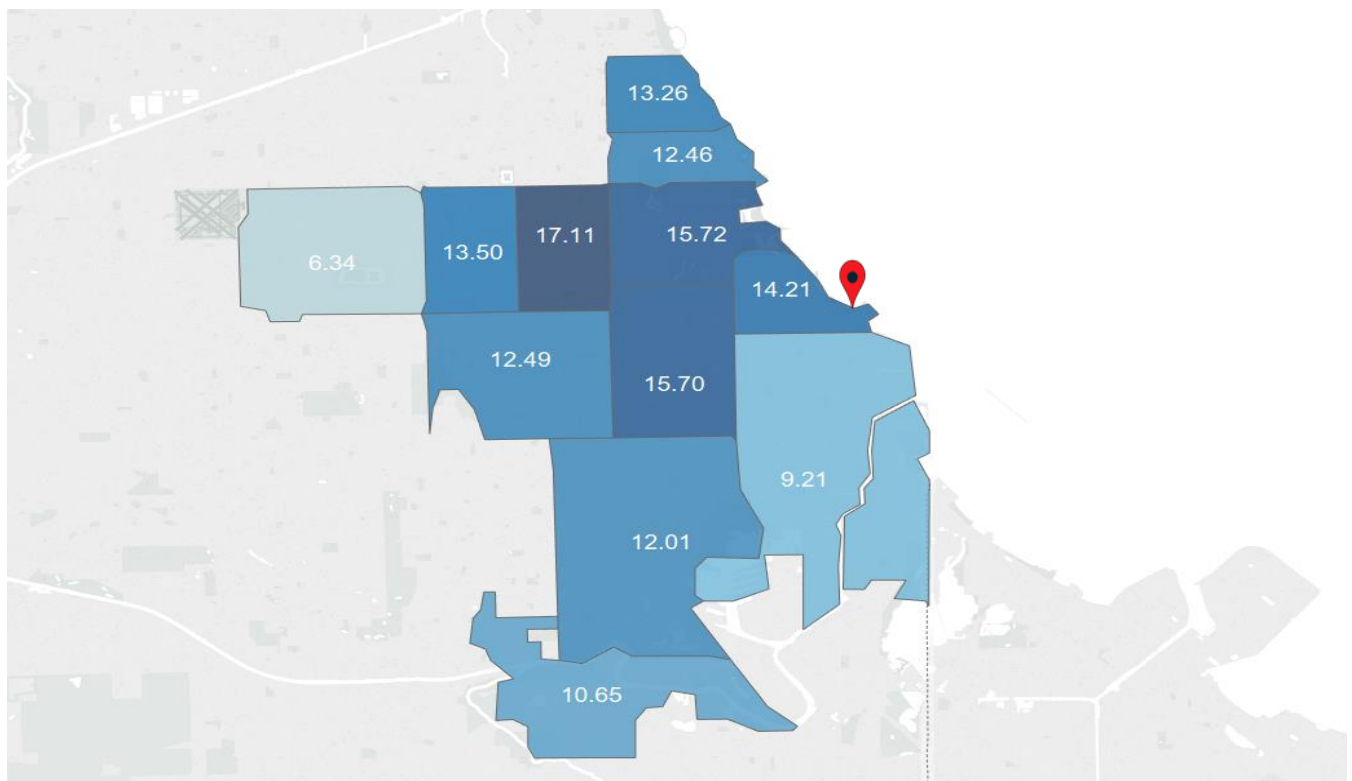
Impact of Racial and Age Disparities

The residents from 8 of the 12 zip codes in our primary service area are African American (91% – 98%). West Lawn/Chicago Lawn (60629) has a sizeable Latino population (73.2%). Woodlawn is predominantly African American (77%), but also has small White (15%), Asian (4%) and Latino (2%) populations. The Healthy Chicago survey identified self-reported health status to vary significantly by ethnicity, with nearly 30% of Latinos reporting fair or poor health, compared to 45% for African Americans and nearly 15% for Whites.

Perceptions and Experience of Safety

According to the Healthy Chicago Survey, 82% of adults reported that they felt somewhat or very safe in their neighborhood parks, although only 49% of those surveyed reported using those parks. Perceptions of safety correlated with poverty, with 74% of those at or below the poverty level reporting that they felt safe, compared to 90% of those at 400% or above the poverty level. Perceptions of safety also varied significantly by race, with 92% of non-Latino Whites feeling safe, but only 71% of African Americans reporting the same. Seventy-eight percent of Latinos reported feeling safe.

Actual experience of violence is highly localized, with some of our communities experiencing high rates of violence. Measures of homicide, for example, range from 6.34 per 1,000 in West Lawn/Chicago Lawn to 17.11 per 1,000 in Englewood. By contrast, the homicide rate for Illinois is 11.2^{xi}.



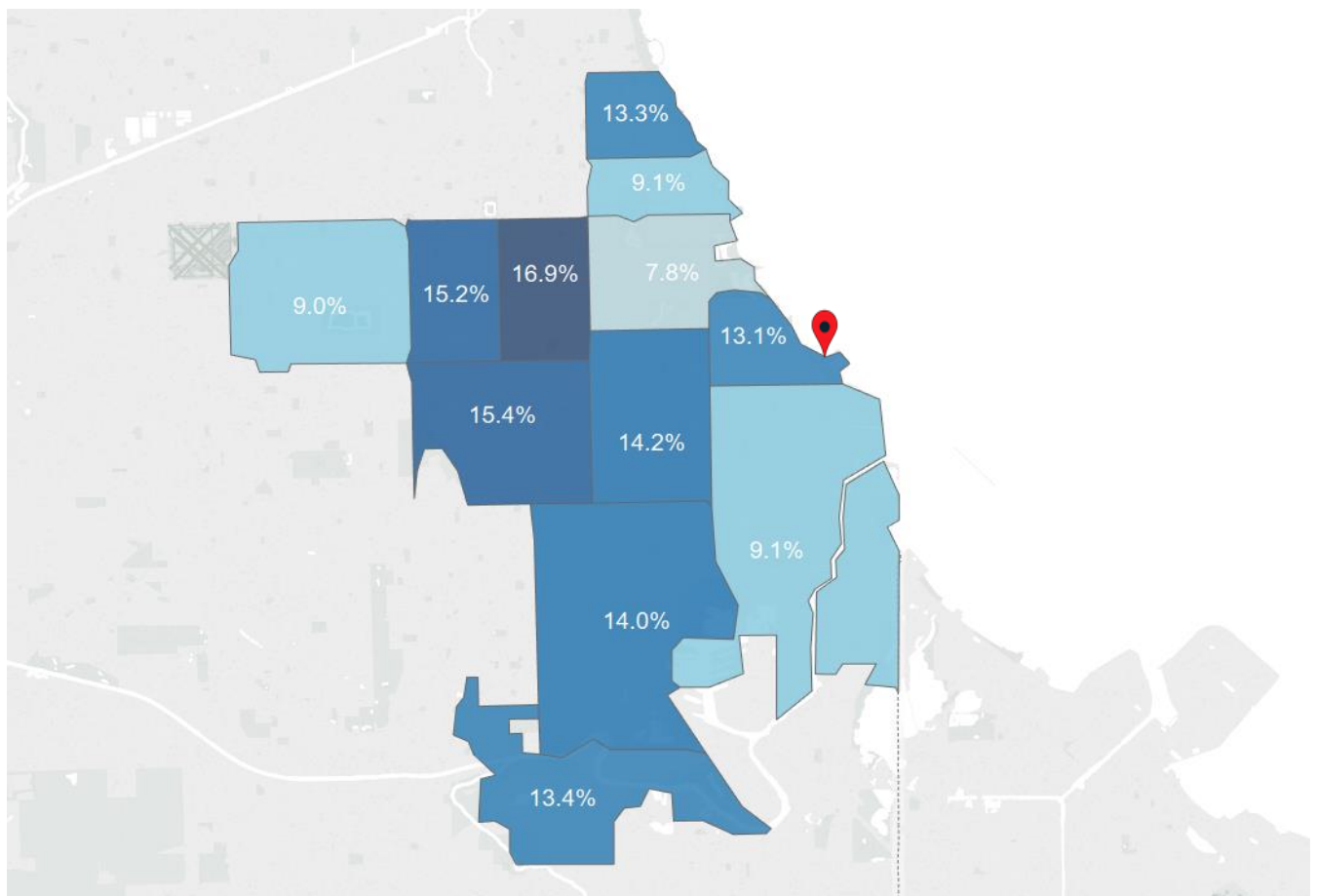
Mental Health Indicators

According to the Chicago Health Survey, severe psychological distress is not correlated with age, gender or ethnicity, but is highly correlated with poverty, with 10 percent of those living at or below the federal poverty level reporting distress compared to less than 1 percent of those living at 400% of the federal poverty level or above. Similarly, 22% of the poorest among us have ever been diagnosed with depression, compared to 12% of those at 400% of the federal poverty level or above. These findings are particularly significant for the population we serve, as families in such distress have less capacity to care for their medically complex children.

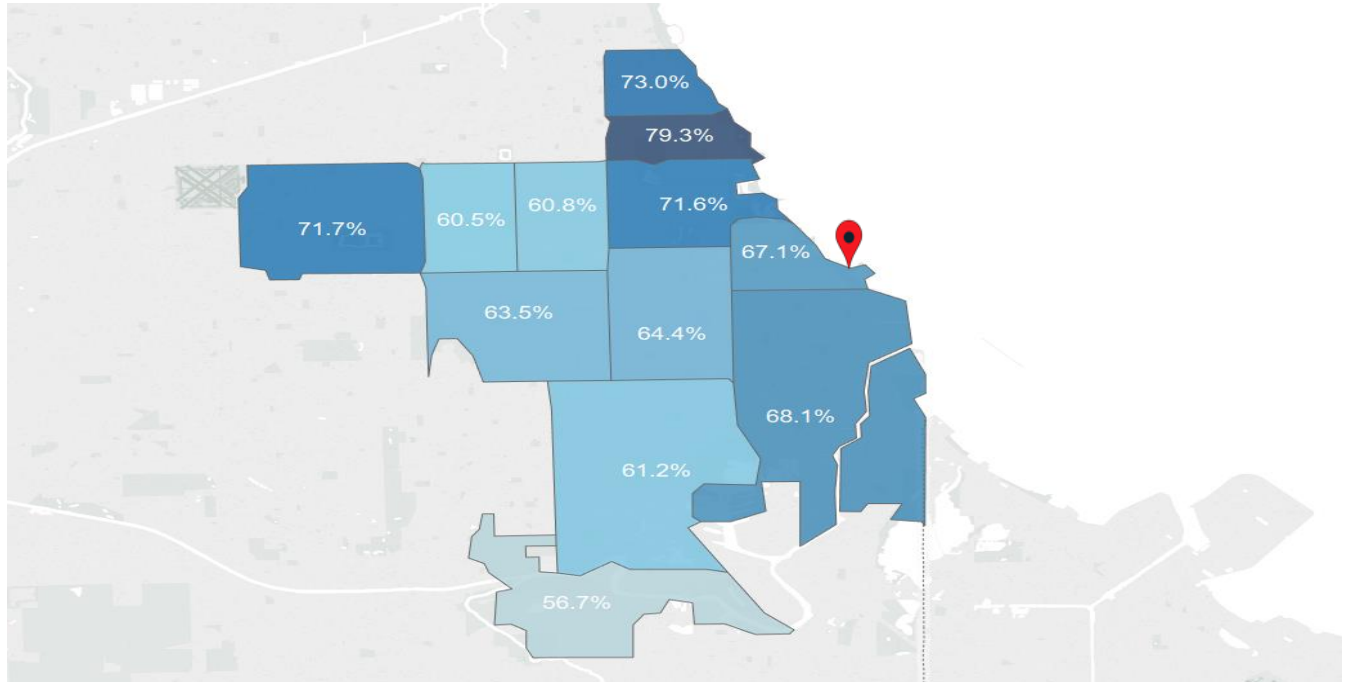
Child-Related Health Indicators

Indicators for a number of chronic diseases correlate with the factors noted above. The adult measures reflect an increased prevalence of diseases, including cancer, stroke, diabetes, and asthma. Our families may be juggling their own poor health while for caring for their medically complex children. As La Rabida serves a population of children, however, we'll focus particularly on those measures here.

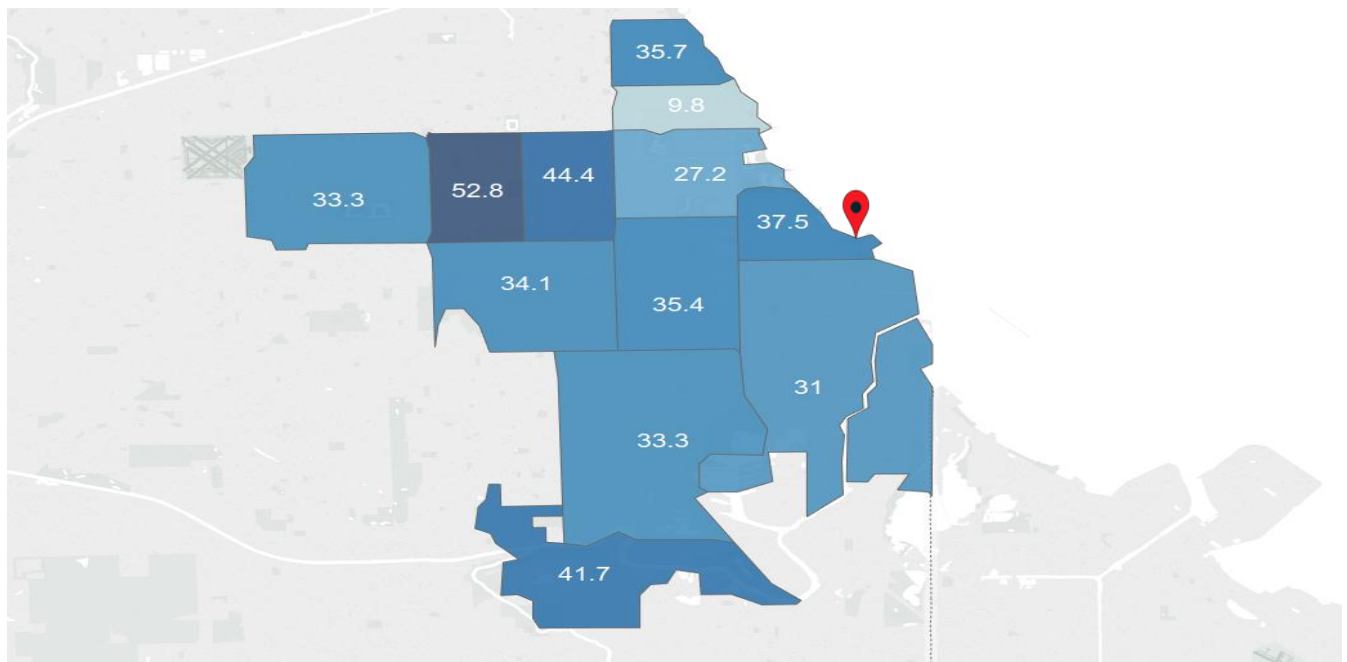
Low Birth Weight is associated with increased risk for poor health. In our primary service area low birth rate ranges from 7.8% in Woodlawn to 16.9% in Englewood. By contrast, low birth weight for Illinois is 8.3%^{xii}.



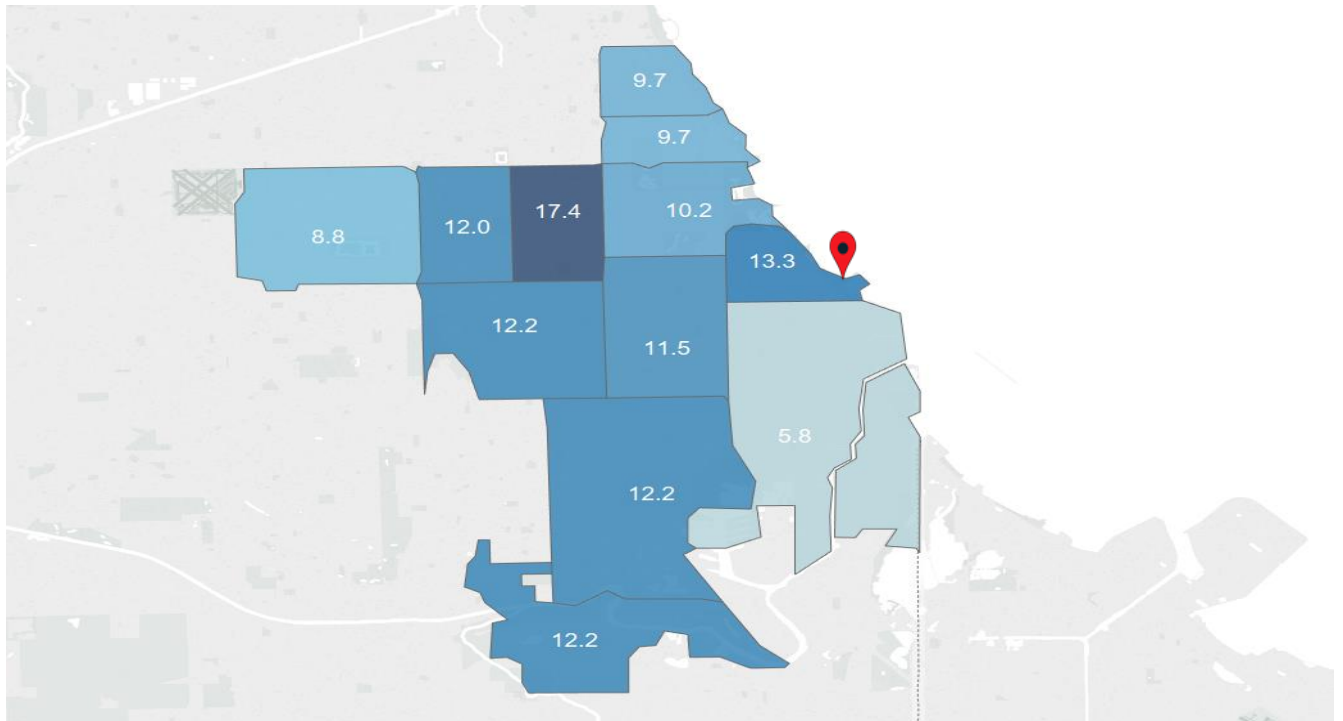
On the other hand, **receiving prenatal care** in the first trimester is a hedge against low birth weight and other pregnancy-related conditions. About three quarters of our mothers receive first trimester care, ranging from 56.7% in Calumet Park/Riverdale to 79.3% in Kenwood/Hyde Park. By contrast, the rate of mothers receiving prenatal care for Illinois is 78.4%^{xiii}.



Teen pregnancy is also associated with poorer health outcomes. The frequency of teen births in our primary service area ranges broadly from 9.8 per 1,000 in Kenwood/Hyde Park to 52.8 per 1,000 in West Englewood. By contrast, teen pregnancy rate for Illinois is 13.6%^{xiv}.



Infant Mortality is a stark outcome of multiple stressors. In our service area the rate of infant mortality ranges from 5.8 births per 1000 in South Deering/East Side to 17.4 in Englewood. By contrast, infant mortality for Illinois is 5.6^{xv}.



PRIMARY SERVICE AREA ASSETS

Health Care

The health care entities in (or abutting) our primary service areas are as follows:

- Acute-Care Hospitals/Emergency Rooms:
 - *Comer (University of Chicago), Advocate Trinity, St. Bernard, Jackson Park, Roseland*
- Federally Qualified Health Centers & Other Safety Net Providers
 - *Friend Health Center, Mile Square Health Center, ACCESS Community Health Network sites, Chicago Family Health Center, Near North Health Services Corp sites, Beloved Community Family Wellness Center*
- Long term care facilities for children:
 - *Children's Habilitation, Alden Village*
- Mental Health Services/Facilities:
 - *Ada S. McKinley, Metropolitan Family Services*
- Dental Services:
 - *University of Illinois at Chicago, St. Bernard Hospital, U of I South Shore Clinic*
- HeadStart
 - *Multiple locations within service area*
- Early Intervention:
 - *Child and Family Connections, # 8 and #10*
- Home Healthcare and Hospice:
 - *Addus, Advantage, American, Independence Plus, Maxim, PSA, Horizon Hospice, Vitas Hospice*
- Respite Care:
 - *NIA Comprehensive Center, Abraham Lincoln Center, Chicago Association for Retarded Citizens, Community Support Services*
- Other Community-Based Resources:
 - *WIC, Ounce of Prevention, Division of Specialized Care for Children, First Transit, Developmental Disabilities Family Clinics*

Medicaid Managed Care Organizations

La Rabida works closely with all of the Medicaid managed care plans, which have been granted a significantly increased opportunity to include a flexible array of barrier-reducing services and are being held to an actively monitored requirement to provide risk screening and care coordination to high and moderate risk enrollees. Serving our region with affiliated or contracted care coordination services are: Meridian, Molina Healthcare, Aetna Better Health, BC Community Health Plans, Youthcare, and CountyCare.

Community-Based Assets

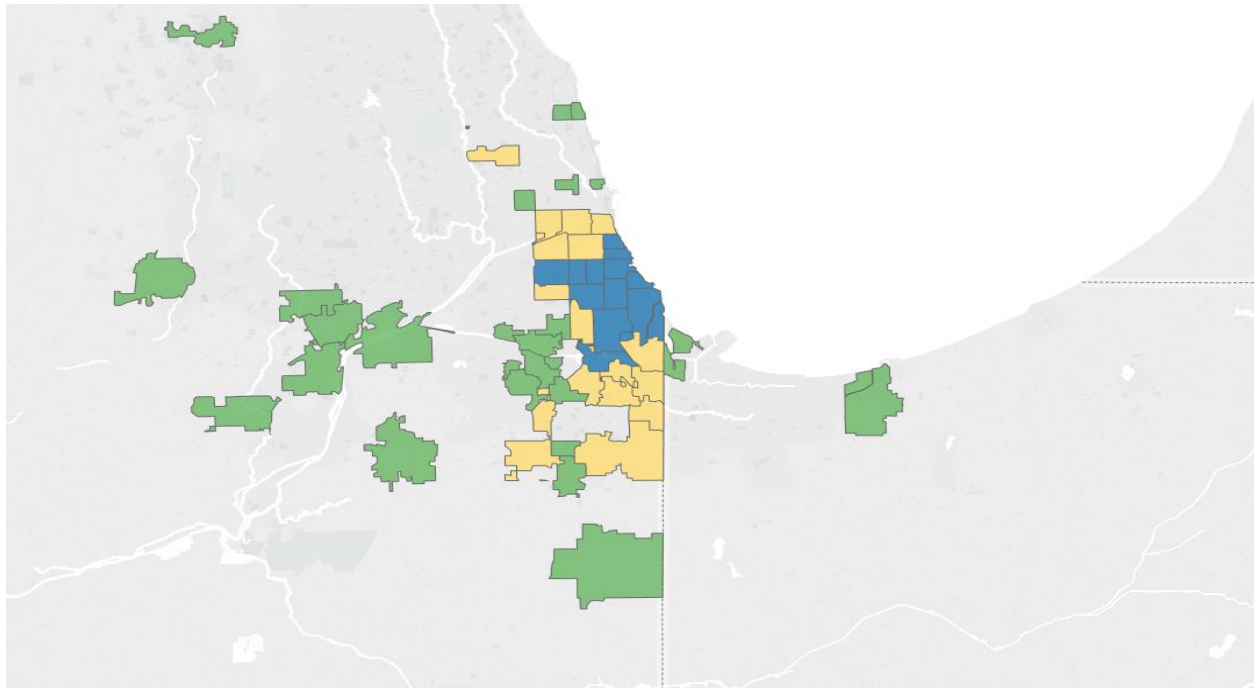
Other community assets are less well documented, although there are several efforts to document assets in a way that encourages them to be incorporated into service plans. In addition, we at La Rabida have developed a compendium of services we draw on to help individual families assemble the resources that they need. Every zip code has schools, parks, grocery stores and public transportation, although there are limitations in each of these areas, and these assets are not always equally distributed across neighborhoods. The region has two community colleges anchoring it, and a major anchor in the University of Chicago, both in the weight of its own enterprise, its variety of projects and its efforts to collaborate with the community via its Office of Community Engagement. There are community organizing agencies, such as The Woodlawn Organization and Helping Hands in Englewood, that bring together coalitions of churches, block clubs, schools, agencies and public officials to collaborate on projects to create opportunity and reduce violence. A prime example is a relatively new business, Growing Home, Inc., which employs local residents to grow and distribute organic vegetables to local markets now but expecting soon to sell to larger institutions.

Finally there are the families we serve, who despite significant adversity nonetheless demonstrate strength and resilience in order to take care of their children.

SURVEY OF LA RABIDA CLINIC PATIENTS

We surveyed La Rabida Clinic patients to elicit their perceptions of community features and the impact of those features on their perceived access to health and health care.

Three hundred surveys were distributed over a several week period, both in English and Spanish, to adult family members presenting in the clinic with their child for pre-scheduled appointments. The distribution yielded a convenience sample of 268, or a return of 89%.



65% of respondents live in our primary service area, 18% in our secondary service area, 17% in our tertiary service area.

Survey questions

The survey was designed to be easily and quickly completed and asked about:

- Perceived access to health services
- Desired enhancements to health and health services
- Respondent's child's chronic conditions
- Primary sources of health information

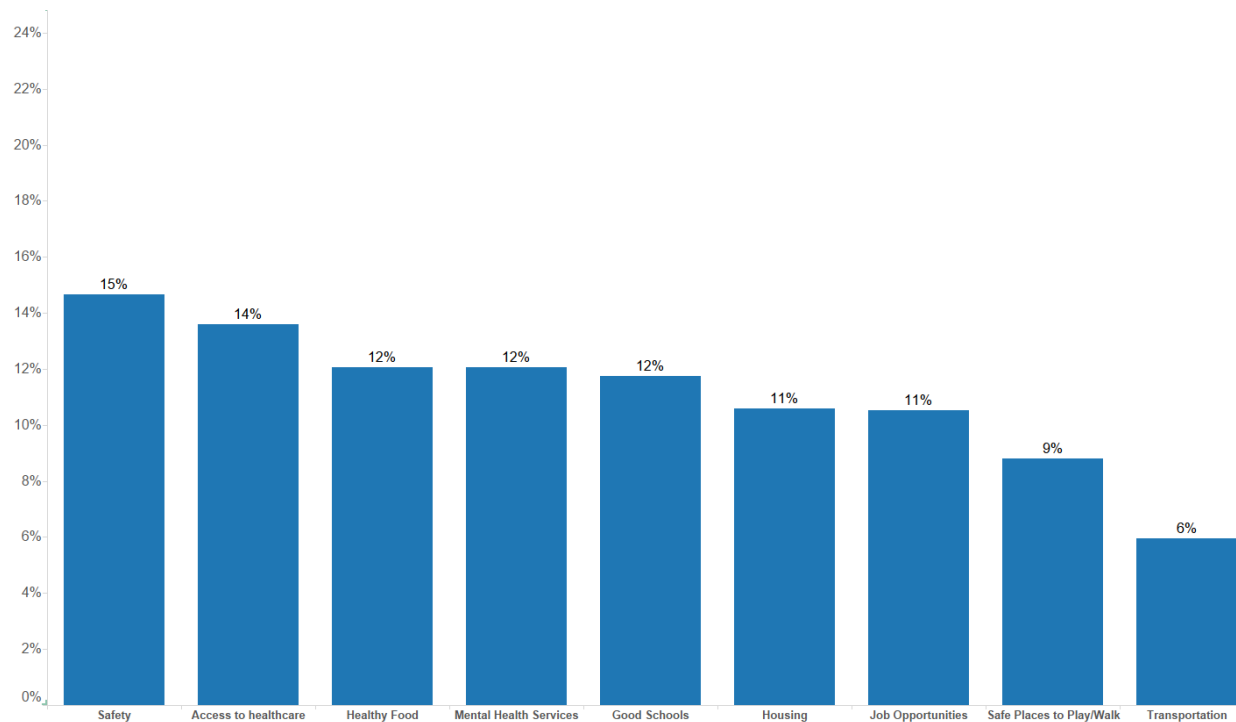
Perceived access to care

Most (97%) of respondents said their children were able to visit a physician if needed, perhaps a reflection of the fact that they were already at their physician's office when filling out their survey. This perception of access to care reinforces the hospitals efforts to ensure availability for that patient. Those reporting difficulty taking their child to a physician when needed (3%) were invited to check multiple barriers (or offer their own). Transportation and lack of appointment availability were noted as the top two barriers.

Enhancements desired to improve health and health care

Respondents were asked to identify three things needed to improve the health of their families and neighbors from among the following: healthier food, job opportunities, mental health services, dental services, vision services, transportation, health education, safe places to walk or play, injury prevention and safety. They also were offered “other” with the opportunity to fill in the blank. Figure 1 below depicts the community health needs responses from the 268 respondents.

Figure 1:



The top three concerns from our patient population included: safety (15%), access to healthcare (14%), and healthy food, mental health services, and good schools (12%).

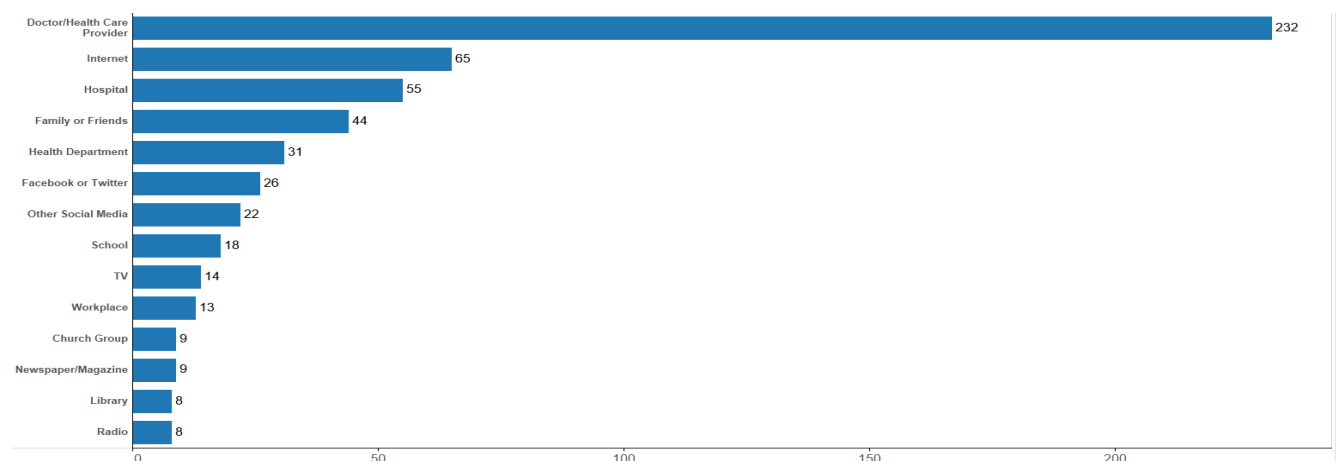
Respondents' children's chronic conditions

Respondents were asked to name the top three health conditions their children were facing. Allergies was the most reported condition (32%), followed by Asthma (20%) and then Developmental Delays (16%).

Health Education

Respondents were asked where they get most of their health information with options to check as many sources as applied, including: doctor/health care provider, hospital, internet, family/friends, newspaper or magazine, school, health department, TV, library, workplace, Facebook/Twitter, other social media, other. The respondents identified sources of information which are displayed graphically in Figure 2 below

Figure 2:



Most respondents (42%) named their physician, to be expected for respondents with children with complex medical challenges seen at a clinic which invests heavily in education. About 16% also relied on their hospital or cited the health department for information, followed by family or friends at 8% and the internet at 12%. The remaining options were chosen by 10% or fewer respondents. The perceived access to care reinforces La Rabida's mission to provide accessible care options for our patients.

Discussion of survey results

Our respondents cited safety as the primary importance, just as important to them as healthy foods. Looking back at the Healthy Chicago survey results, the poorest respondents also ate the least amount of fruits and vegetables. Unsurprisingly, in a 2006 study of food deserts and their impact in the Chicago region, 18 of the 22 community areas roughly corresponding to our primary service area are highlighted as either partial or complete food deserts.

The importance of job opportunities to our survey respondents parallels the reports emerging from the larger community; indeed, this is a major reason cited in the Tribune's discussion for the outmigration of African Americans from Chicago. As noted above, unemployment ranges from 34% to 9% in our primary service area, compared to a long term state average of 7%.^{xvi} Survey respondents living outside our primary service area also highlighted the same issue as their top concern, suggesting that job insecurity is not merely a local phenomenon.

Our survey indicates a much higher concern for safety than is captured in the Healthy Chicago survey and that same concern about lack of safety has been cited as a major reason people have left the neighborhoods in our primary service area.^v

The desire for better access to dental services, mental health services and transportation mirrors La Rabida's experience that these services are difficult to obtain in our primary service area region.

Finally, of the chronic conditions most frequently cited in our survey, asthma and allergies are significantly impacted by environmental air quality, which is poorer along highways and industrial areas. Both of these are prominent parts of the urban infrastructure both in our primary service area. Diabetes was also a widely cited chronic condition among our survey respondents. Access to affordable health foods and neighborhood safety are imperative to managing diabetes through diet and exercise. Both

these factors were mentioned as major community health concerns thus community development will be instrumental to managing the health of our patient population.

IMPLEMENTATION PLAN

A committee of La Rabida senior leadership reviewed the outcomes of the community assessment and the clinic survey noted in the discussion above. We also reviewed the prior implementation plan, and ascertained that there were no written comments received in response to that plan. We reviewed the plan of the major medical center that is closest to us, as well as some other community initiatives underway in which we have the option to participate.

Furthermore, we evaluated the unique role La Rabida plays as a small specialty hospital in the constellation of providers in our community, and discussed the best ways to build on those assets to the benefit of the community.

Overall we wish to bring enhanced services and/or access to services in the areas of general behavioral health, caregiver well-being, trauma-informed services and three pediatric medical conditions: asthma, sickle cell and diabetes.

Expand Access to Outpatient Developmental and Rehabilitative Services Owner: Keir Mitchell	Establish an Episodic Care Model to align with best practice with ~12 week episodes of care focused on specific goals
	Increase the number of clinicians with a focus on expanding outpatient appointment availability
	Standardize our scheduling processes for improved access and ease of scheduling outpatient appointments
	Identify and transform additional treatment spaces specific to be able to provide rehabilitative services
Expand Access to Families in need of Early Intervention Owners: Kay Komie and Carol Muhammad	Utilize and offer tele therapy - live video visit (LVV) to reduce wait time for services across the state and in our Child and Family Connections area where occupational, speech and physical therapies are difficult to find in home.
	Participate in the Equity and Access workgroup of the Illinois interagency Council on Early Intervention. Develop a demonstration model for increasing equity and access for underserved families in Early Intervention.
Improve Access to Health Food Options for Patient Population Owners: Lucy Mayhugh and Robyn Felten	Establish a partnership with Feeding South Shore and Just Roots to provide patients and families with healthy food options while on site at La Rabida
Expand Access to Behavioral Health Services Owners: Gene Liebler and Theresa Valach	Implement group therapy sessions in-person or virtually to ensure any patient in need has access available to them
	Partner with University of Chicago on pediatric mobile unit medical clinic to offer trauma consults to vulnerable populations
	Provide trauma informed care training to the community
	Implement parent support for those patients on the inpatient unit at La Rabida
	Implement comprehensive behavioral health services for the inpatient unit to ensure consistent access to those patients who need it
	Develop a trauma_focused parent support group by a Family Peer Advocate to hold a space for peer support so that families going through similar struggles can connect and build a network of support.
	Create a Family Peer Advisory Committee in order to get feedback from families in a more formal way and use parents and families voices in guiding some of the work and our processes at the Chicago Children's Trauma center at La Rabida
Expand Access to Outpatient Care Owner: Lucy Mayhugh	Expand Walk in clinic hours and availability for better access to care to also include school physicals
	Expand the role of the financial counselor to assist patients and families with annual redetermination that was suspended due to the COVID-19 pandemic.
	Develop a COVID-19 and Flu Vaccine clinic
	Establish partnerships with Medicaid Managed Care plans and LYFT to provide additional transportation options to access La Rabida Children's Hospital.
	Develop a partnership with the University of Chicago to provide a developmental pediatric specialist to give access to those patients who need that specialty
Increase Focus on Well-being and Self-care Owners: Lucy Mayhugh and Gene Liebler	Implement an Environmental Screening Questionnaire to evaluate Social Determinants of health. Develop strategy for social work to provide resources based on the outcome of the questionnaire.
	Implement pet therapy through the cook county Sherriff's office to provide comfort and increase the wellbeing of our patients and families
	Develop Information and resources for safe alternatives to playing outside for families who live in self-id dangerous neighborhoods
	Launch safe locations program for Early Intervention providers to identify safe treatment locations

COMMUNITY BENEFIT REPORT: REFERENCES

- ⁱ Measuring Chicago's Health: Findings from the 2014 Healthy Chicago Survey
- ⁱⁱ Chicago Department of Public Health Data Portal
- ⁱⁱⁱ State measures are from the United States Census QuickFacts Illinois
- ^{iv} State measures are from the United States Census QuickFacts Illinois
- ^v <https://fred.stlouisfed.org/series/ILURN>
- ^{vi} https://www.americashealthrankings.org/explore/annual/measure/crowded_housing/state/IL
- ^{vii} www.city-data.com/zip
- ^{viii} Eltagouri, Marwa *"Chicago's black exodus expanding"* Chicago Tribune, June 25, 2016
- ^{ix} Lee, William *"As the Black population continues to drop in Chicago and Illinois, few regret their move: 'I have peace'"* Chicago Tribune, November 22, 2021
- ^x Healthy Chicago 2.0 Community Health Assessment: Informing Efforts to Achieve Health Equity
- ^{xi} Healthy Chicago 2025: Closing Our Life Expectancy Gap
- ^{xii} https://www.cdc.gov/nchs/pressroom/sosmap/homicide_mortality/homicide.htm
- ^{xiii} <https://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics.html>
- ^{xiv} https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/prenatalcare_adquate/state/IL
- ^{xv} <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>
- ^{xvi} <https://dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics.html>
