

2025 - 2027 Community Health Needs Assessment Report



La Rabida Children's Hospital



IRS Form 990

Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment serves to satisfy requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990, Schedule H, the following table cross-references related sections.

Section	Description	Page(s)
Part V Section B Line 3a	<i>A definition of the community served by the hospital facility</i>	6-7
Part V Section B Line 3b	<i>Demographics of the community</i>	8-9, 14-28
Part V Section B Line 3c	<i>Existing healthcare facilities and resources within the community that are available to respond to the community's health needs</i>	10-12
Part V Section B Line 3d	<i>How data was obtained</i>	29
Part V Section B Line 3e	<i>The significant health needs of the community</i>	31-52
Part V Section B Line 3f	<i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	14-17,19-28
Part V Section B Line 3g	<i>The process for identifying and prioritizing community health needs and services to meet community health needs</i>	73-75
Part V Section B Line 3h	<i>The process for consulting with persons representing the community's interests</i>	29
Part V Section B Line 3i	<i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	75

Executive Summary

Located along the lakefront within Chicago's Jackson Park, La Rabida Children's Hospital provides specialized, family-centered health care to children with medically complex conditions, chronic illness, and those who have suffered abuse and trauma. As the only hospital of its kind in Chicago, we provide exceptional medical care and compassion with a unique understanding of the challenges our families face. At La Rabida Children's Hospital, our mission is simple: we're dedicated to maintaining and improving the quality of life for each of our patients with complex conditions, disabilities, and chronic illness.

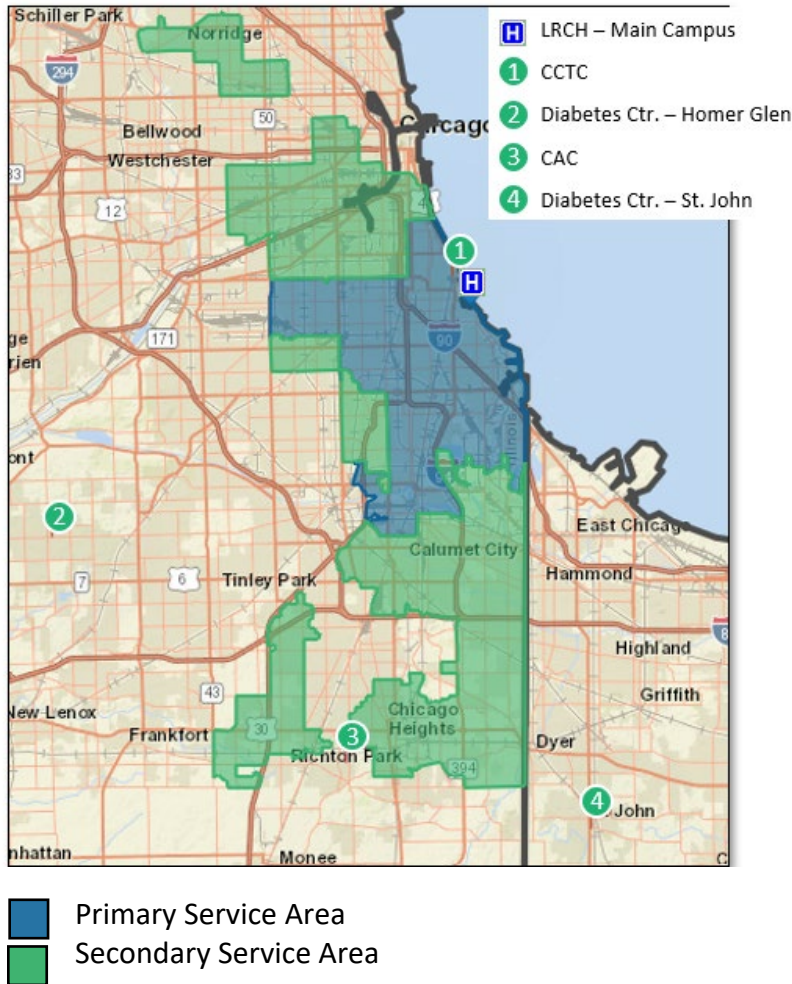
Our services include transitioning children from neonatal or pediatric intensive care to home by providing medical, rehabilitative, and developmental care, and by training families to continue treatment and manage necessary medical equipment in the home. We provide outpatient care for chronic conditions such as diabetes, asthma, sickle cell disease and comprehensive rehabilitative services for a variety of medical needs, including brain injury, cerebral palsy, developmental delays, and Down syndrome. The hospital's pediatric medical home offers primary care to children with complex medical conditions, and those who need routine well-child visits. La Rabida's Chicago Children's Trauma Center and the Children's Advocacy Center treat children exposed to trauma, abuse, and neglect. Each year, the staff at La Rabida cares for nearly 5,000 children.

The 2025-2027 Community Health Needs Assessment (CHNA) Report provides an analysis of the results of our community survey and feedback from not-for-profit organizations, local businesses, community members, patients and families, and La Rabida employees. The data collection took place August-October 2025, and the survey was administered electronically in English and Spanish. We synthesized the survey data and publicly available data sources to identify the significant health needs of the community and then selected health priority areas that we plan to focus on for the next two years.

La Rabida created an internal CHNA workgroup comprised of leaders from clinical care, behavioral health and community programs, rehabilitation services, patient and family experience, communication and external affairs, finance, administration, and volunteer services. The workgroup reviewed the previous CHNA report and guided the survey administration data collection process.

In evaluating the significant health needs of the La Rabida community, it's important to note that patients admitted to our inpatient unit are referred to from hospitals across Illinois and northwest Indiana. We consider our community as our primary and secondary

service areas, and families who have used inpatient and/or outpatient services. Forty-seven percent of families come from 12 zip codes and represent our primary service area (PSA). Twenty-one percent of patients come from 20 zip codes and represent our secondary service area.



Health Priority Areas

This CHNA will address the following priorities:

- Access to specialty care
- Food Insecurity
- Behavioral health needs
- Connection to community organizations and schools

Implementation strategy

The 2025-2027 CHNA cycle aligns with the creation and implementation of the hospital's strategic plan. The identified health priority areas are consistent with the identified goals and strategies in the strategic plan. We plan to utilize the structure created by the strategic plan to facilitate the implementation of the programs and initiatives to address the health priority areas that are identified in the CHNA. If there are strategies and tactics that do not coincide with the timelines in the CHNA the implementation plan includes incremental tactics to address the priority areas.

La Rabida Children's Hospital is a one-of-a-kind children's hospital. Serving more than 9,000 children annually, each living with complex medical conditions, disabilities, abuse, or trauma. Our clinical team covers a range of disciplines beyond standard medical care, including behavioral therapies, care coordination, social work, nutrition, and rehabilitation services. La Rabida (LRCH) also offers extensive wraparound services that directly impact the needs we see in our community. From providing accessible healthcare to programs that address trauma and education gaps in our community, the hospital is uniquely qualified to understand and take on the issues that our neighbors face every day. And it does all of this, regardless of a family's ability to pay.

La Rabida's 39-bed inpatient unit serves for medically complex patients with multiple chronic conditions and/or technology dependence, including tracheostomies, ventilators, gastrostomy tubes. The hospital treats patients who are transitioning from a neonatal intensive care unit (NICU) or pediatric intensive care unit (PICU) at another hospital who are medically stable but not ready for discharge, as well as children needing rehabilitation after surgery, burns, brain injury, stroke, cardiac events, or trauma.

In its outpatient clinic La Rabida offers an array of services at locations across the Chicagoland area, including ongoing complex care and therapies, primary care, and walk-in clinic services. From patients suffering from allergies and asthma, facing physical and developmental disabilities to those living with chronic diseases like diabetes, sickle cell disease, and seizure disorders; requiring behavioral health services; and facing complications from prematurity, autism, brain injury, cerebral palsy, down syndrome, and genetic disorders. It also offers primary care and walk-in clinic services to the community.

Definition of Strategic PSA & SSA

Service Area

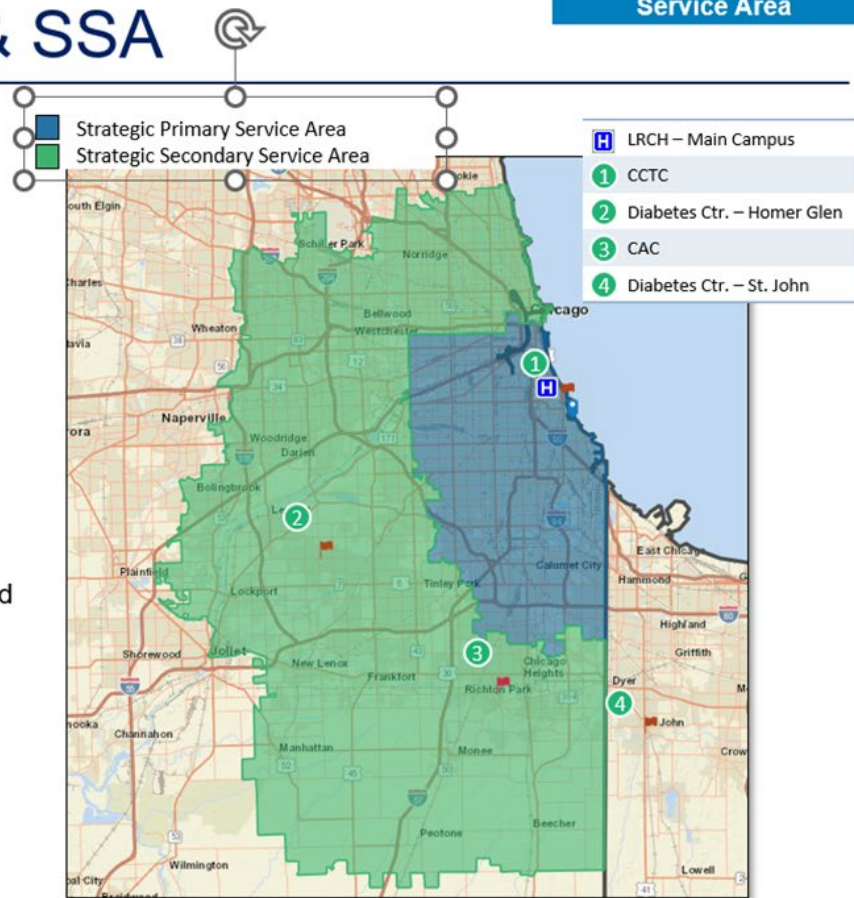
Rationale:

- › PSA: Includes all zip codes identified in the CHNA and captures additional zip codes that are included in the defined outpatient service areas.
- › SSA: Covers all zip codes identified in the CHNA and adds additional zip codes from the outpatient catchment area.

Definition:

- › The PSA captures 47 zip codes spanning Chicago’s South Side neighborhoods and adjacent southern suburbs, reflecting a concentrated footprint in both urban and suburban areas within Cook County.
- › The SSA captures 110 zip codes and covers Chicago neighborhoods and surrounding suburbs, spanning both urban and suburban areas within Cook and adjacent counties.

Service Area	2020-2024 IP (% of total Admissions)	2020-2024 OP (% of total Visits)
PSA	55%	77%
SSA	21%	14%
In-Migration	24%	9%



Geographic Area Served

60402 (Berwyn)	60615 (Chicago)
60406 (Blue Island)	60616 (Chicago)
60409 (Calumet City)	60617 (Chicago)
60418 (Crestwood)	60619 (Chicago)
60419 (Dolton)	60620 (Chicago)
60425 (Glenwood)	60621 (Chicago)
60426 (Harvey)	60623 (Chicago)
60428 (Markham)	60628 (Chicago)
60429 (Hazel Crest)	60629 (Chicago)
60430 (Homewood)	60632 (Chicago)
60438 (Lansing)	60633 (Chicago)
60445 (Midlothian)	60636 (Chicago)
60453 (Oak Lawn)	60637 (Chicago)
60456 (Hometown)	60638 (Chicago)
60459 (Burbank)	60643 (Chicago)
60469 (Posen)	60649 (Chicago)
60472 (Robbins)	60652 (Chicago)
60473 (South Holland)	60653 (Chicago)
60476 (Thornton)	60655 (Chicago)
60604 (Chicago)	60803 (Alsip)
60605 (Chicago)	60804 (Cicero)
60607 (Chicago)	60805 (Evergreen Park)
60608 (Chicago)	
60609 (Chicago)	

Besides the geographic definition of our PSA and SSA, we define our community based on age since we are a pediatric hospital.

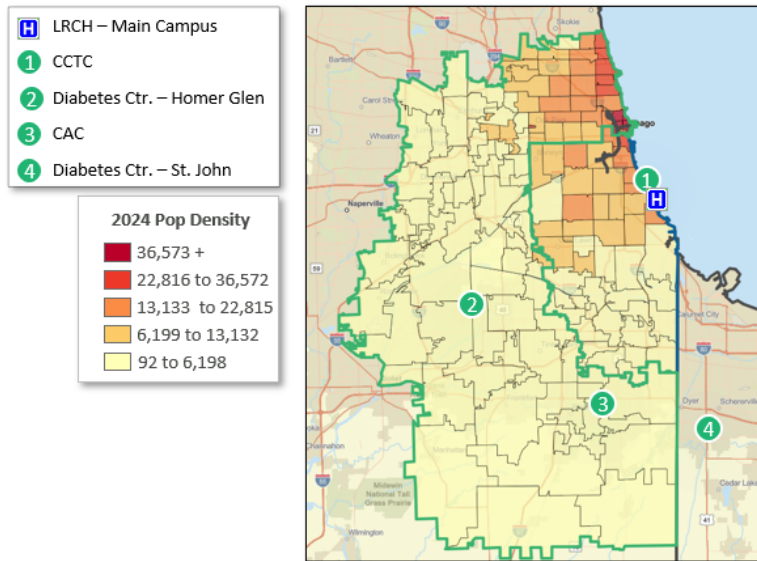
Age Distribution in Service Area (2024)

Service Area		Age 0-4	Age 5-9	Age 10-14	Age 15-17	Age 18-21	Total
PSA		97,239	100,630	107,088	68,369	103,801	477,127
SSA		157,728	161,262	157,114	95,829	137,067	709,000
Illinois		679,127	726,060	747,567	459,505	687,814	3,300,073

Density and Growth

Despite a shrinking pediatric population, the LRCH Strategic service areas of the PSA and SSA has a total addressable population of 1.2 million children (0-21).

Service Area Population Density (PSA & SSA)



Service Area Pediatric Population Growth Projections (Age Cohort: 0 – 21)

Service Area	2024	2029	CAGR
PSA	477,127	437,356	(1.73%)
SSA	709,000	669,926	(1.13%)
PSA + SSA	1,186,127	1,107,282	(1.37%)
Cook County	1,323,475	1,235,005	(1.37%)
DuPage County	236,179	221,696	(1.26%)
Will County	184,976	170,047	(1.67%)
Illinois (state)	3,300,073	3,071,445	(1.43%)
National	90,311,680	87,644,602	(0.60%)

Source: ESRI, American Communities Survey, US Census Bureau

Community-based Assets

We have identified the list of community-based assets below. These resources were gathered from organizational knowledge and online public databases including findahealthcenter.hrsa.gov, beacon.illinois.gov,

Health Care

- Acute-Care Hospitals/Emergency Rooms:
 - Comer Children's Hospital (University of Chicago), Advocate Trinity Hospital, St. Bernard, Jackson Park Hospital, Roseland Hospital, Insight Hospital, South Shore Hospital, Provident Hospital, Holy Cross Hospital,
- Federally Qualified Health Centers & Other Safety Net Providers:
 - Friend Health Center, Mile Square Health Center, ACCESS Community Health Network, Chicago Family Health Center, Near North Health Services Corp, Beloved Community Family Wellness Center, Iman Health Center, TCA Health, Alivio Medical Center, Howard Brown Health, Cook County Health, City of Chicago Department of Public Health
- Long-term care facilities for children:
 - Children's Habilitation, Alden Village, Ventracare Services
- Behavioral Health Services/Facilities:
 - Ada S. McKinley, Metropolitan Family Services, YWCA of Metropolitan Chicago, Gilead Behavioral Health, NAMI Chicago, Trilogy
- Dental Services:
 - University of Illinois at Chicago-College of Dentistry, St. Bernard Hospital, Mile Square Health Center South Shore/Auburn Gresham/Back of the Yards
- Developmental Disabilities:
 - The Arc of Illinois, Envision Illinois, University of Illinois-Chicago Developmental Disabilities Family Clinic
- Early Childhood Services
 - Brightpoint, Start Early, Educare, First Step, Family Focus, One Hope United, SGA Youth & Family Services, YMCA
- 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:
 - Community Service Options, Inc., Almost Home Kids, Envision Unlimited, Good Shepherd Center

Other Community-Based Resources

- WIC, Ounce of Prevention, Division of Specialized Care for Children, First Transit, Developmental Disabilities Family Clinics at the University of Illinois at Chicago, Kemit Academy, Illinois Department of Developmental Disabilities, Illinois Division of Behavioral Health and Recovery, Illinois Council on Developmental Disabilities, Greater Chicago Food Depository

Principal Functions

LRCH is an acute-care children’s hospital with a focus on children with complex and chronic disease. We work on a referral basis and receive patients from other acute care hospitals. This includes patients who are failure to thrive, technology dependent, cardiac rehabilitation, post-spinal surgery, and intensive rehabilitation. As a safety-net hospital, we are at the core of the health care delivery system for children in our PSA and SSA, but the complement of specialists in rehabilitation, complex care, pulmonology, cardiology, and hospice and palliative care make us a destination hospital for children across Illinois.

The outpatient clinic includes our National Committee on Quality Assurance (NCQA) certified Patient Centers Medical Home that delivers comprehensive, integrated and coordinated primary care that holistically addresses a child’s needs.

In addition, we provide specialty care in the following areas: pulmonology, intellectual and developmental disabilities, neurology, rehabilitation (physical, occupational, speech-language), prematurity, hematology, endocrinology, technology dependence, respiratory, genetic disorders, behavioral health, laboratory, radiology, pharmacy, nutrition, child life, psychology, infant development.

We also recognize the health-related social needs our patients have. To help address these needs we provide a range of wrap-around services that help address food insecurity, transportation barriers, housing instability, and financial strain. We pride ourselves on being a partner and guide through treatment, day or night, so that children can return home as soon as medically possible.

Community Programs

Chicago Children's Trauma Center (CCTC)

The CCTC provides high quality, free, trauma-focused services to children and families impacted by trauma (often multiple potentially traumatic events and/or complex trauma), residing in under resourced areas of on the south side of Chicago, south suburban Cook County, and beyond. Additionally, the CCTC provides wraparound supports through case management, peer advocacy, trauma consultation, as well as training to the community.

Children and Family Connections (CFC)

The CFC is one of the 25 regional service centers in Illinois for the Early Intervention (EI) Program. CFC provides access to developmental evaluations and an array of services to children and their families. EI services are designed for children who have developmental delays and/or disabilities. CFC also supports children who may be at risk for developmental delays birth to 3 years old. Eligible families can receive up to 16 community-based services including but not limited to service coordination, speech, occupational, physical, and developmental therapy. CFC serves the following zip codes 60609, 60615, 60636, 60617, 60649, 60621, 60619, 60653, and 60619.

Children's Advocacy Center (CAC)

The CAC provides case coordination, forensic interview, and family advocacy for children and adults with intellectual disabilities who are involved in protective services and/or legal cases related to abuse or exposure to violent crime. The CAC also does community outreach and prevention programming and provides intensive advocacy services to children at risk of commercial sexual exploitation.

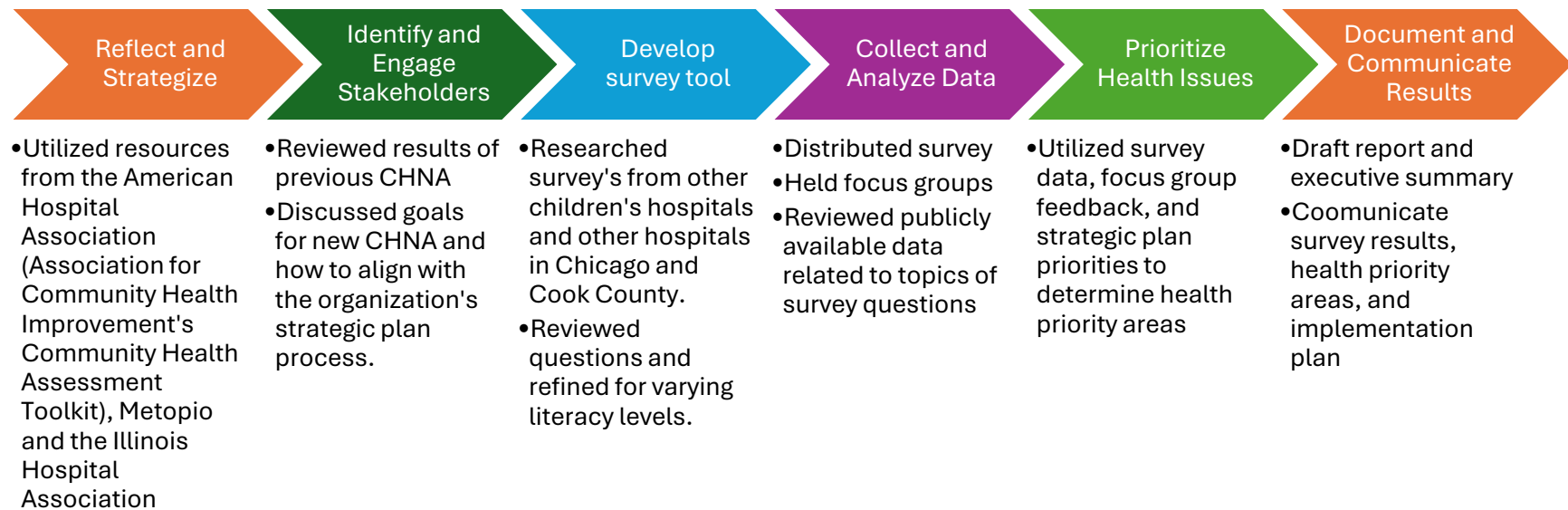
Special Needs Child Passenger Safety Resource Center

A resource center for hospitals and organizations across the State of Illinois that provides over-the-phone and in-person consultation and guidance for proper car seat usage and optimum safety.

- Education to parents, groups, hospital staff, and certified child passenger safety technicians on changes in national guidelines and new seat choices.
- Proper selection, installation and fitting of special needs restraints for parents and their child.
- A short-term loan program to provide seats to parents in need.

Community Input

LRCH convened a CHNA workgroup comprised of clinical and operational leaders from across the organization. At the outset, we reviewed the previous' years CHNA. After reviewing we identified a timeline, goals for receiving stakeholder input, and conducted a SWOT analysis.



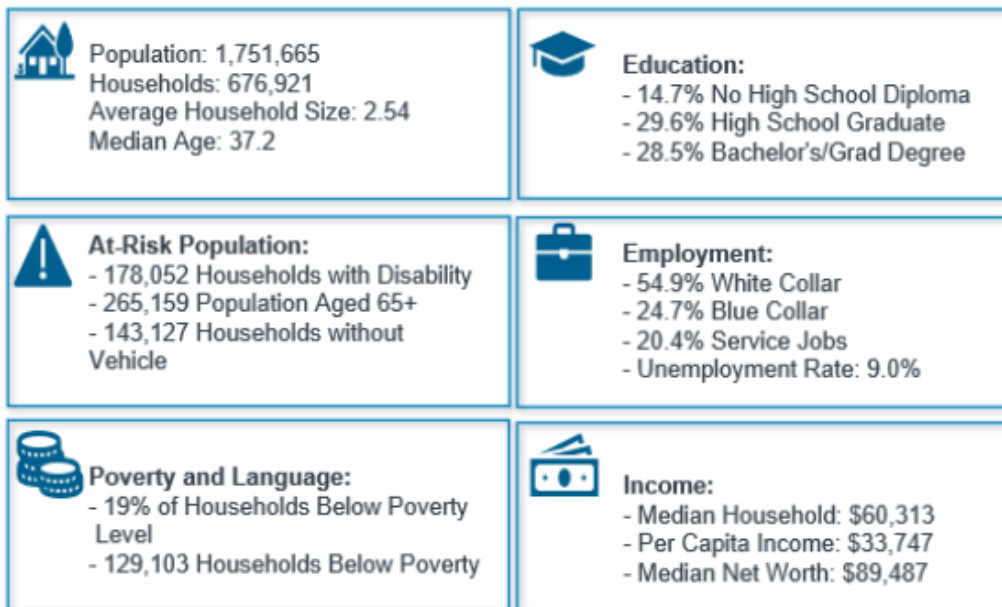
Data and Analysis

Using the data collected from the survey and publicly available data¹ we looked at how the results correlated to then determine our health priority needs.

Socioeconomic Factors (PSA)

Service Area

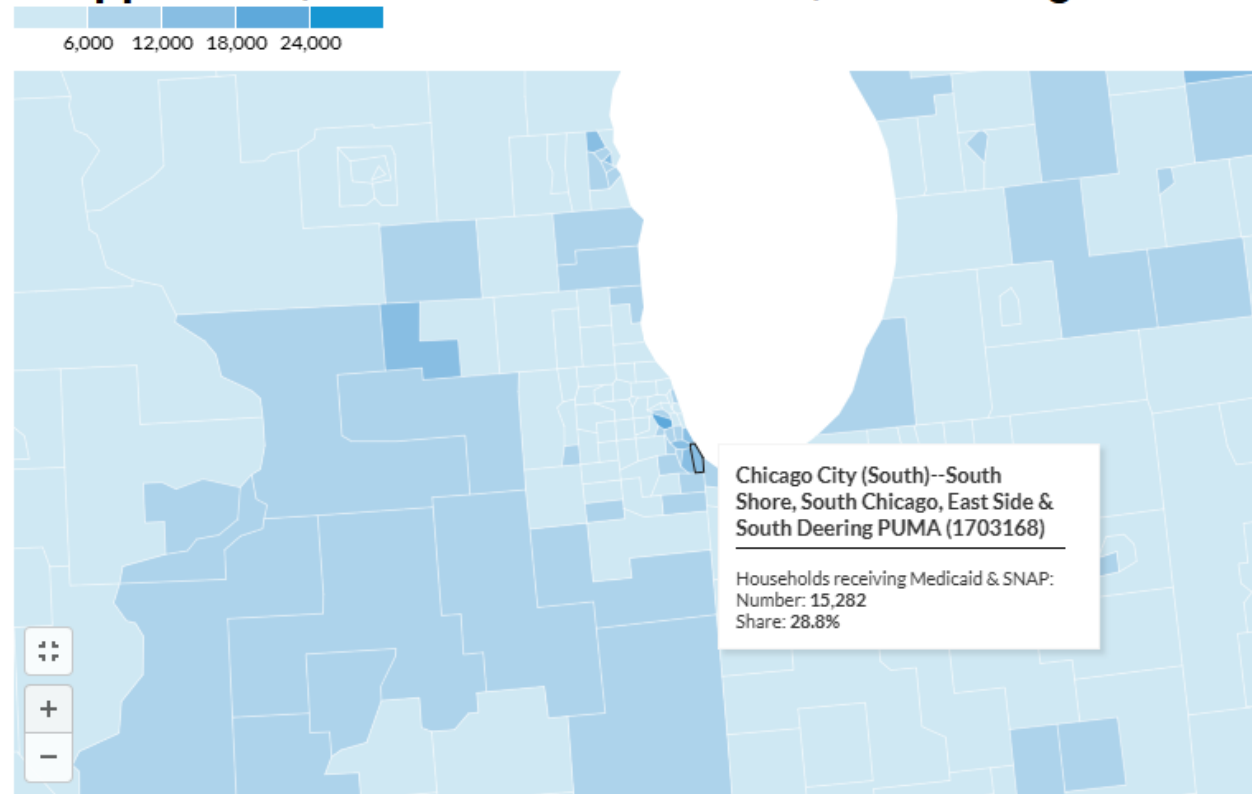
- › **Economic Vulnerability:** With 19% of households below the poverty level, and many patients likely coming from low-income families, LRCH will need to focus on providing affordable care and addressing financial barriers that could limit access to necessary services.
- › **Language Barriers:** The presence of non-English-speaking populations, particularly in households with children, suggests that LRCH may need to expand translation services and culturally sensitive outreach to better serve these communities and ensure effective communication.
- › **Population Characteristics:** The overall community's economic conditions (such as low median per capita income and education levels) are relevant for assessing the environment in which LRCH's pediatric patients live, emphasizing the need for supportive services targeting low-income families and addressing broader social determinants of health.



Source: ESRI, American Communities Survey, US Census Bureau

¹ US Census Bureau, American Community Survey; Chicago Health Atlas

More Households Receive Both Medicaid and SNAP Benefits in Appalachia, near the Mexico Border, and in Large Cities



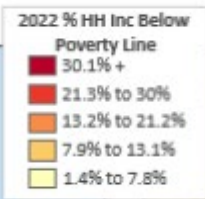
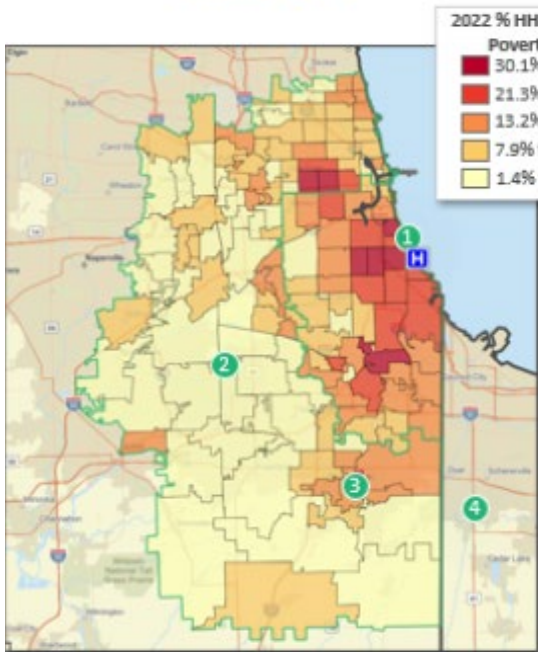
Source: Author's calculations based on the 2019–23 American Community Survey.

Notes: SNAP = Supplemental Nutrition Assistance Program.

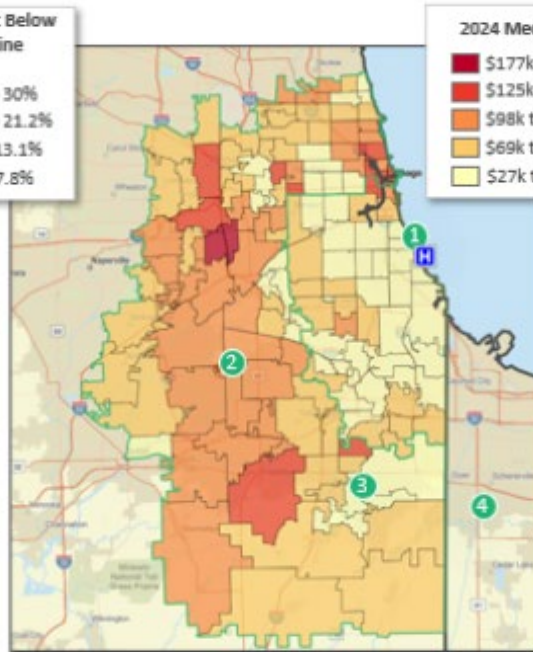
Socioeconomic Factors (2 of 3)

Service Area

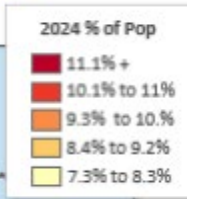
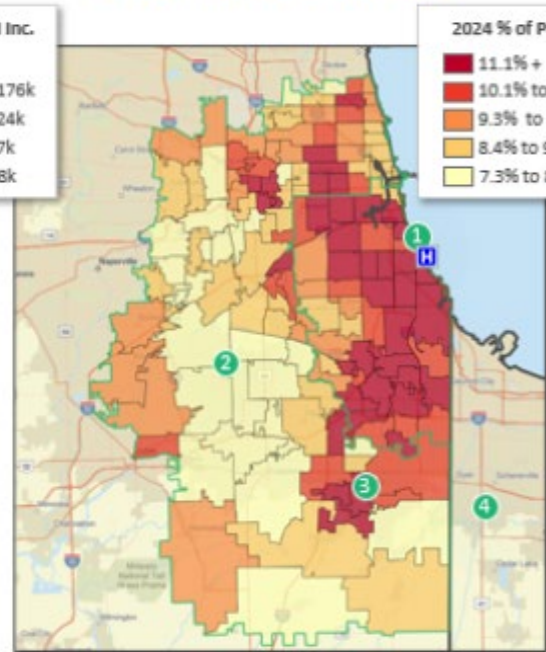
2022 % of Households Below Poverty Income Level



2024 Median Household Income

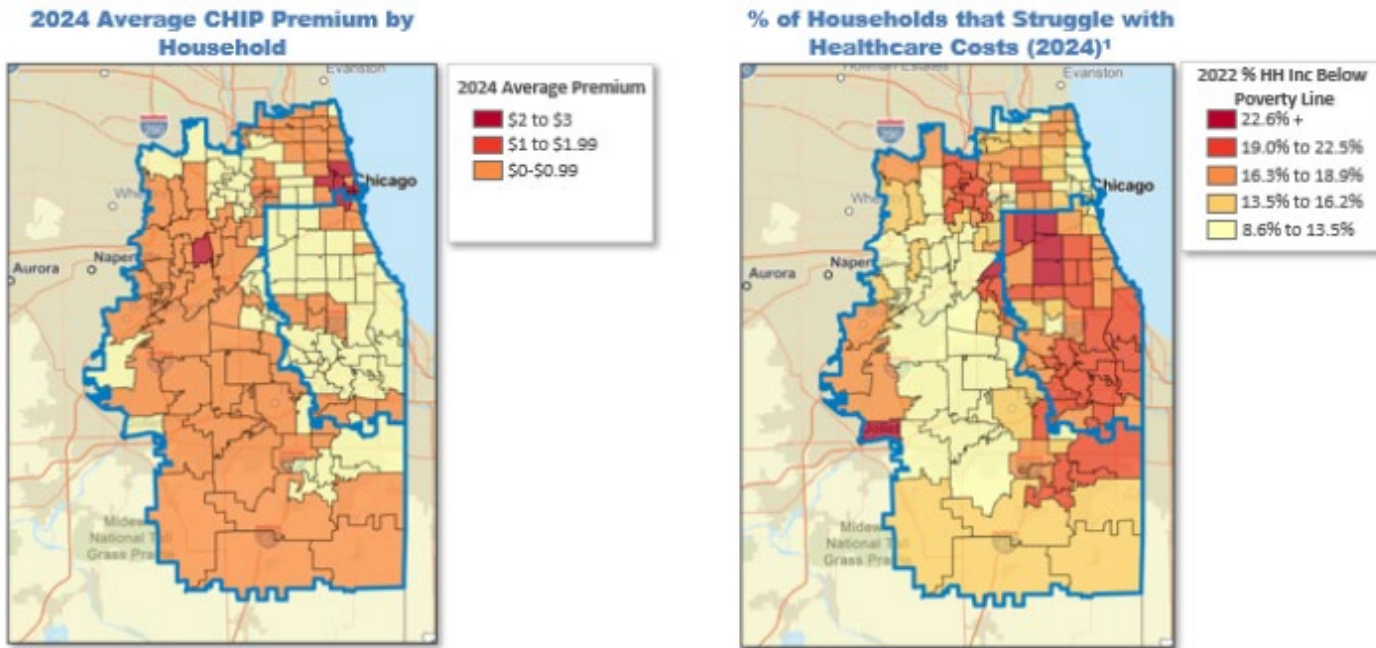


2024 % of Population that Made an Appt to See Doctor in Last 12 Months



Source: ESRI, American Communities Survey, US Census Bureau, BLS, Gfk MRI

Socioeconomic Factors (3 of 3)



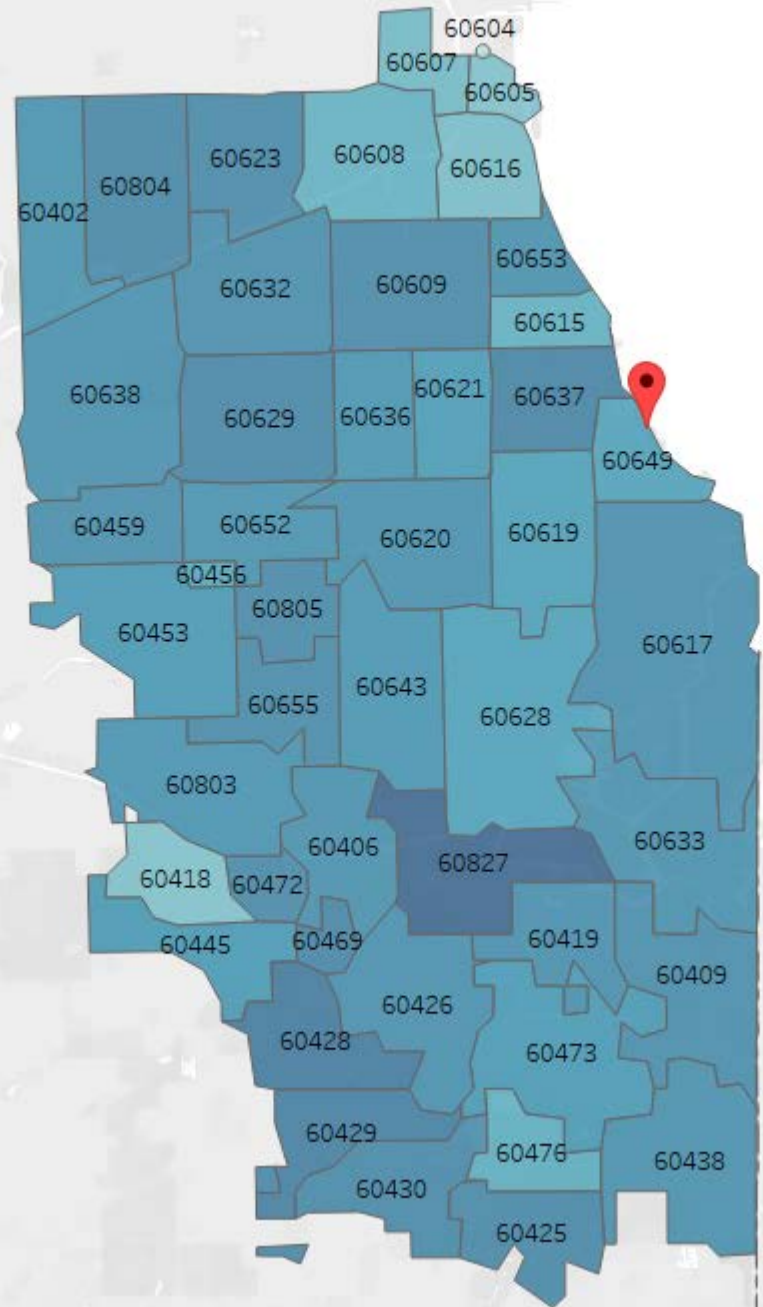
Source: ESRI, American Communities Survey, US Census Bureau, BLS, Gfk MRI
1) Responded "agree completely" to ESRI's Market Potential Index (MPI) survey

% of Populace Age 0-19

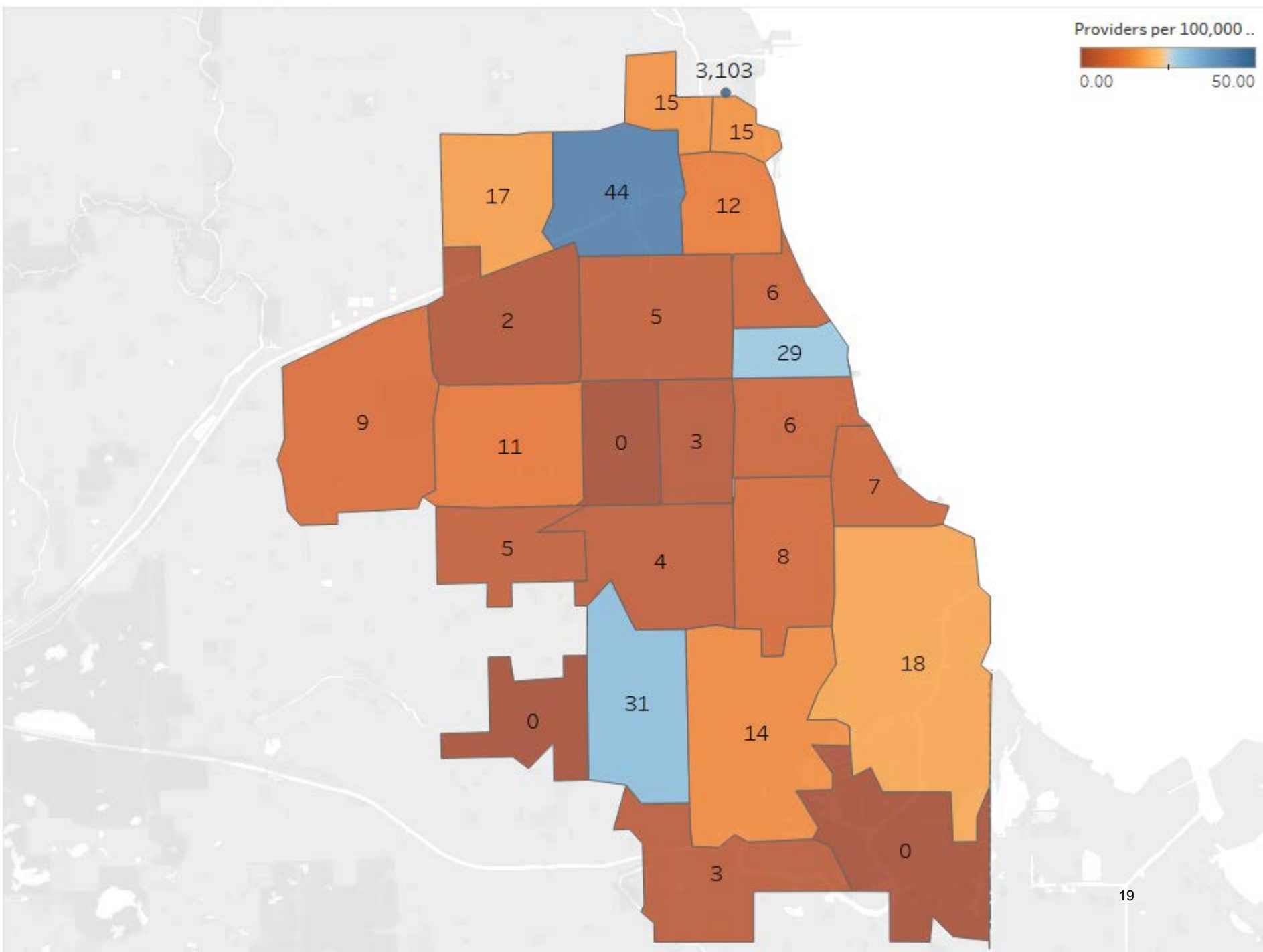
Avg. 0-19 Total As % Of Pop.



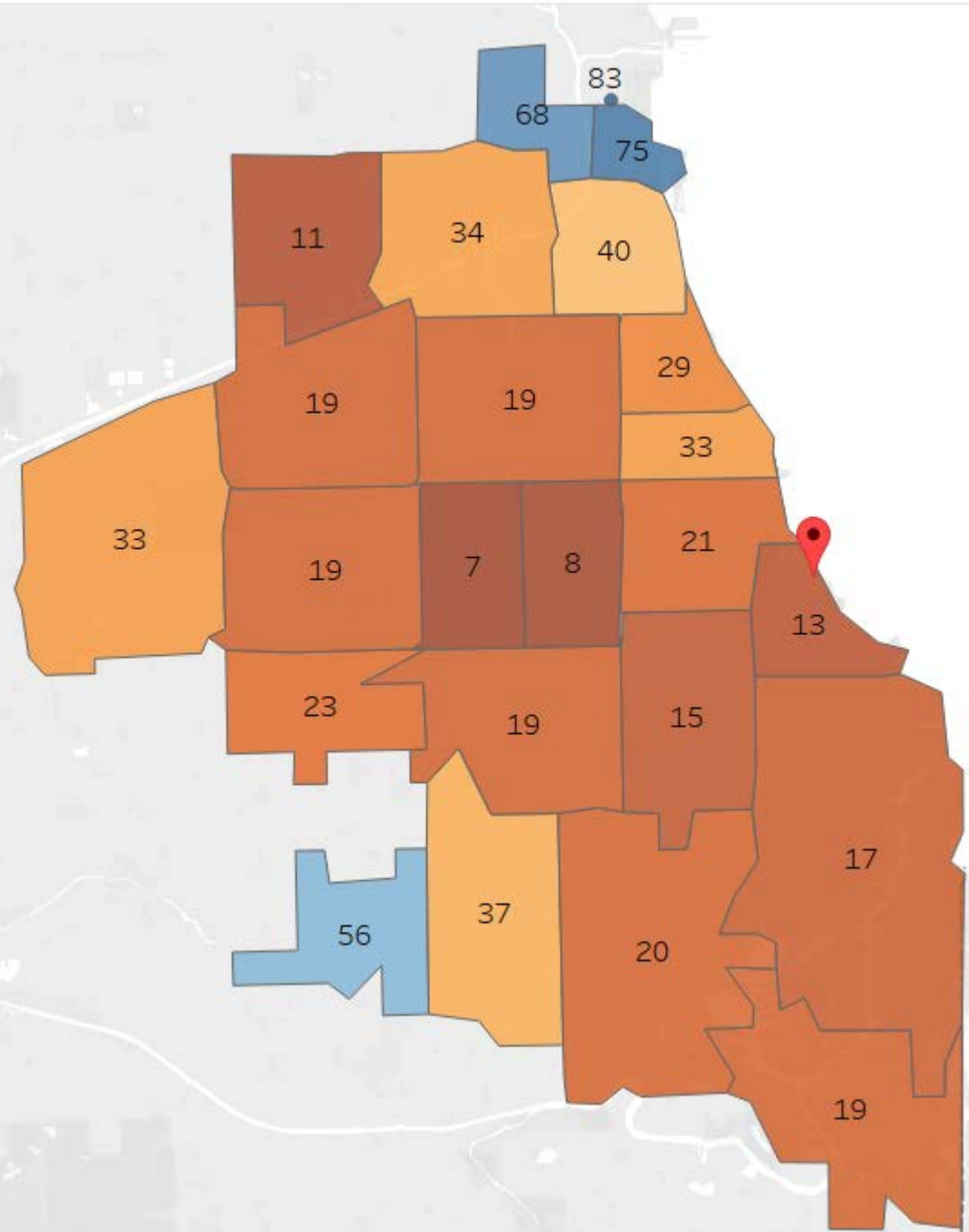
0.0510 0.3590



Behavioral Health Providers Enrolled in Medicaid per 100,000



Child Opportunity Index



20

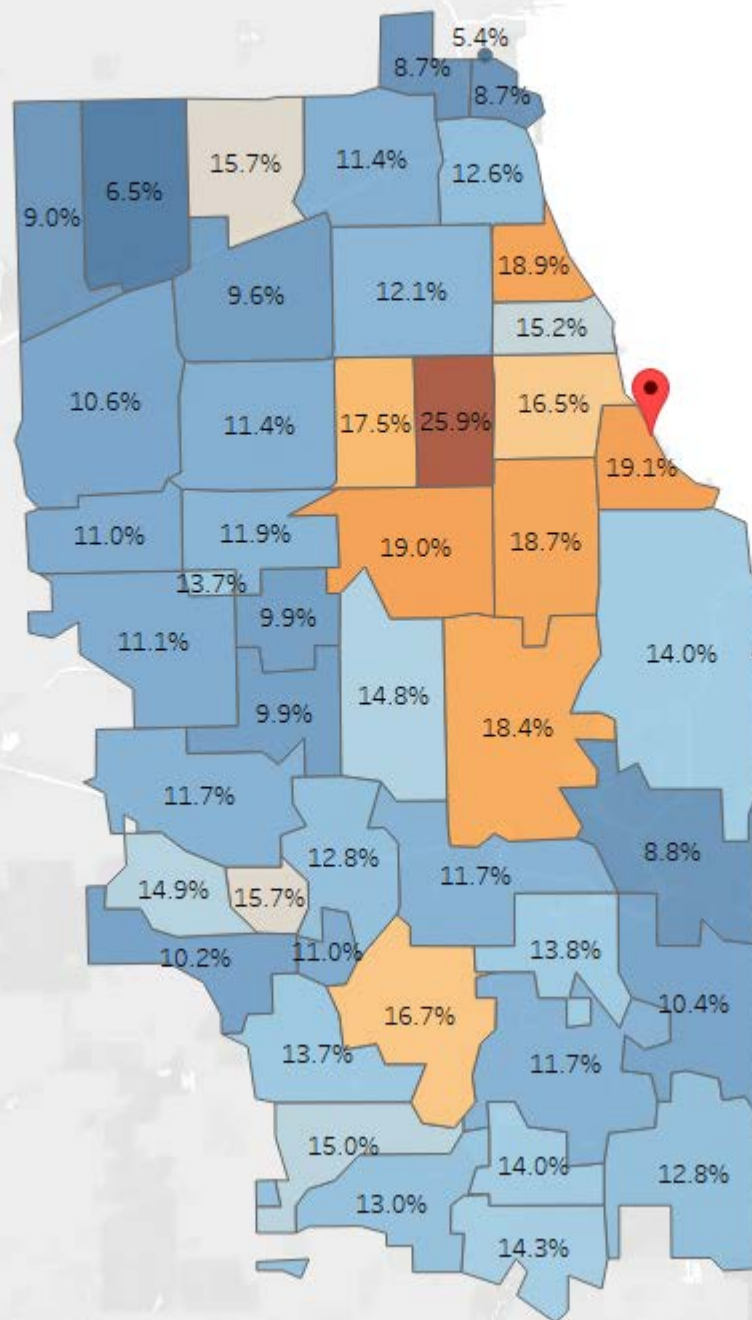
Disability

Percent with a Disability

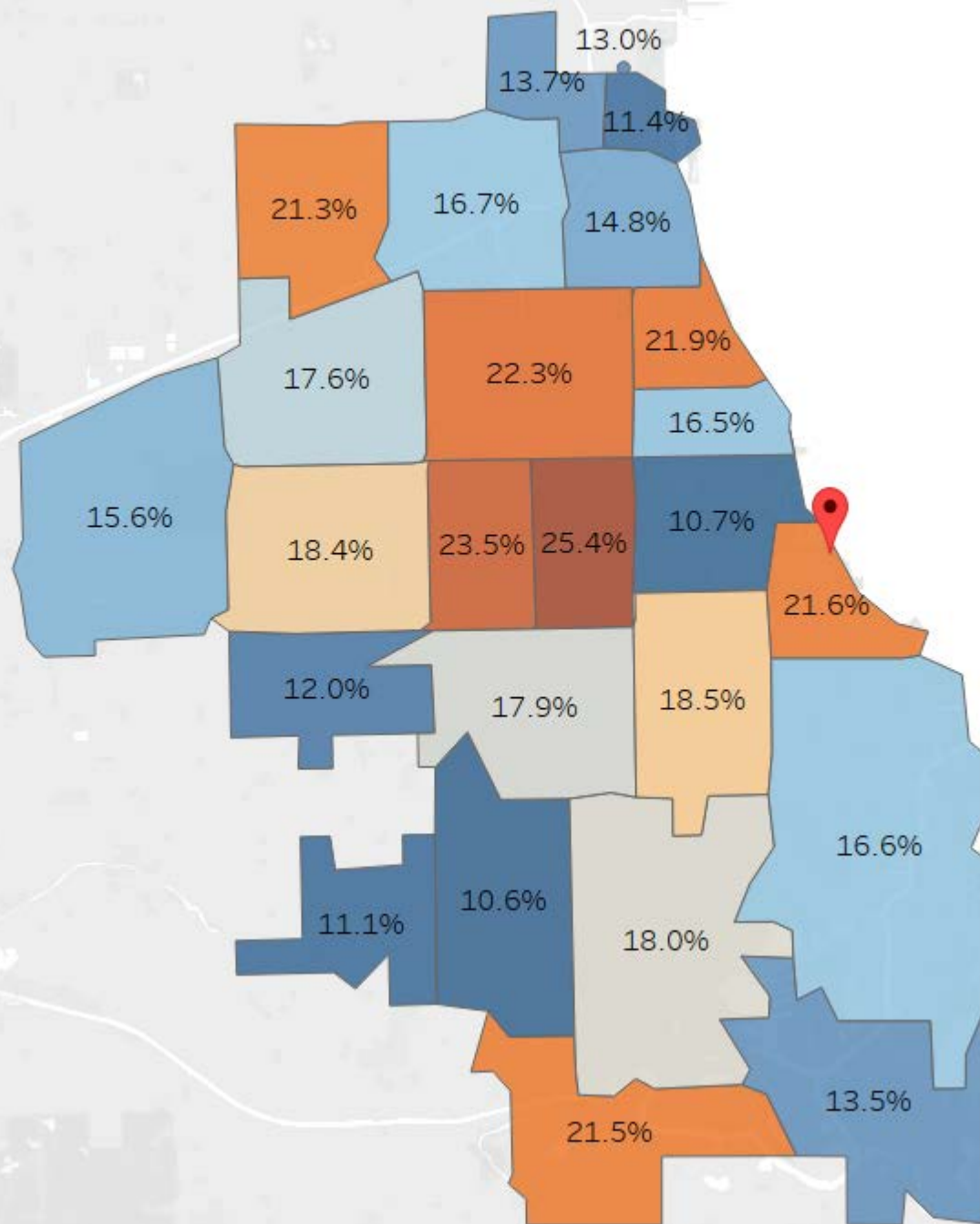


5.4%

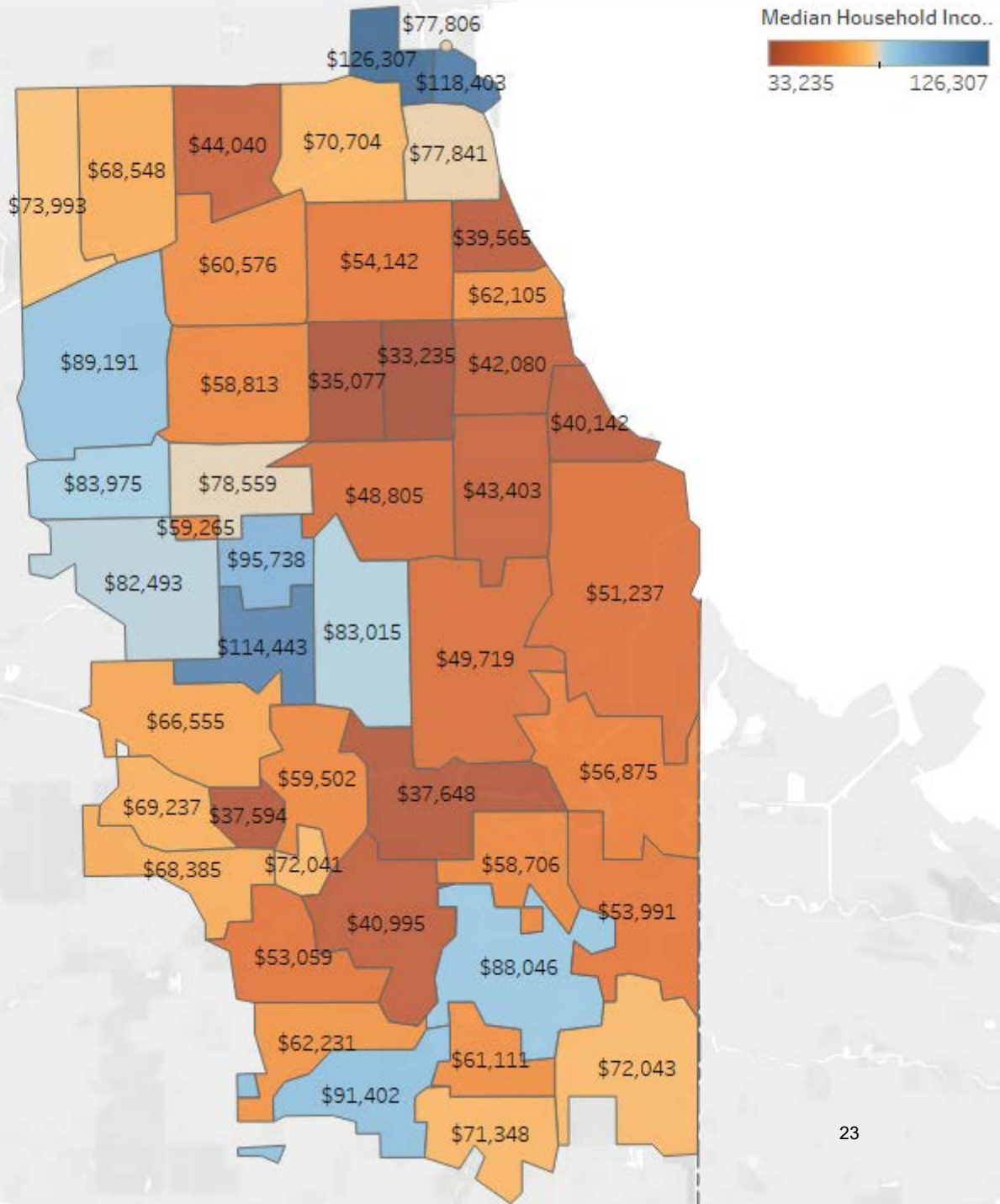
25.9%



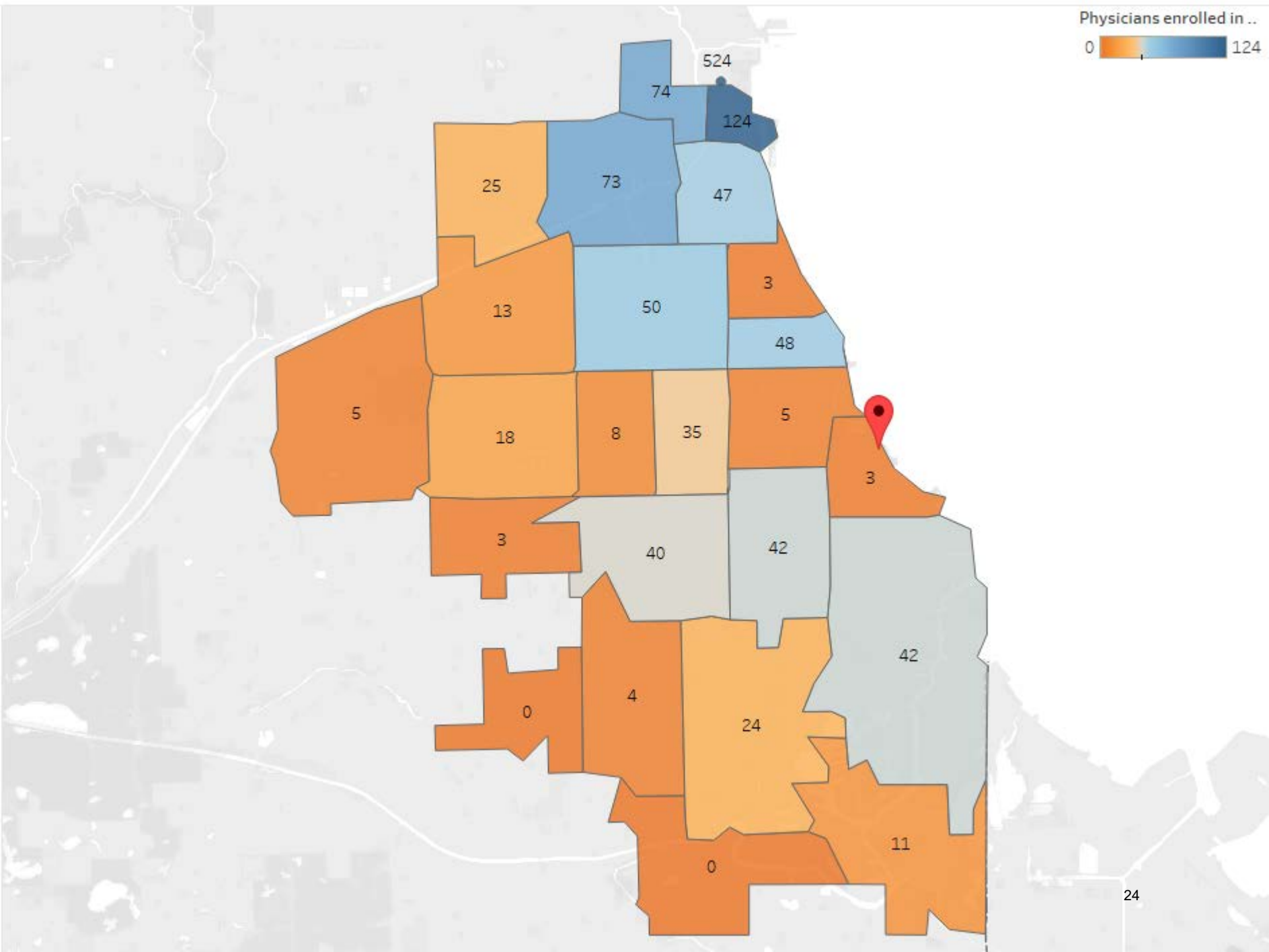
Food Insecurity



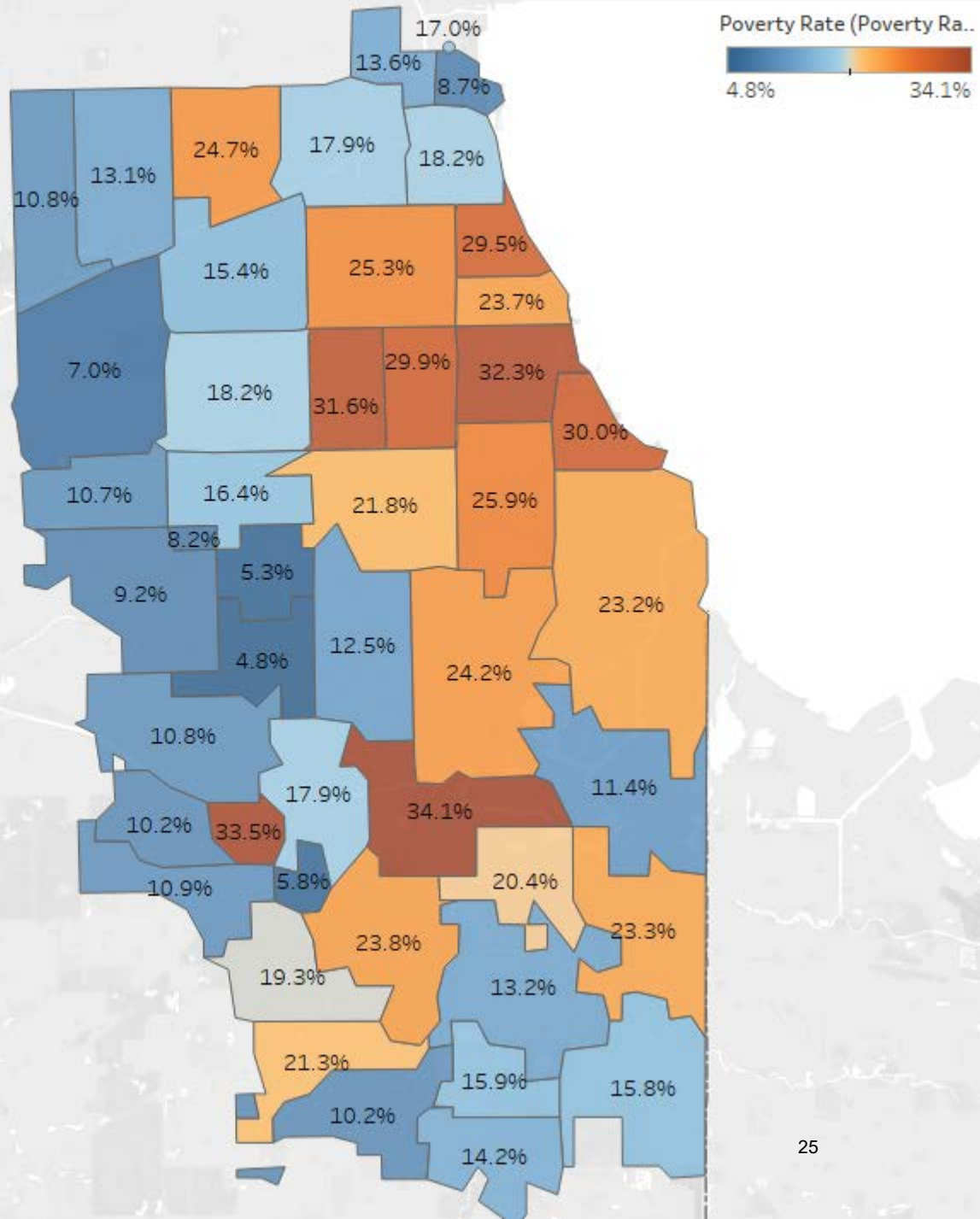
Median Income



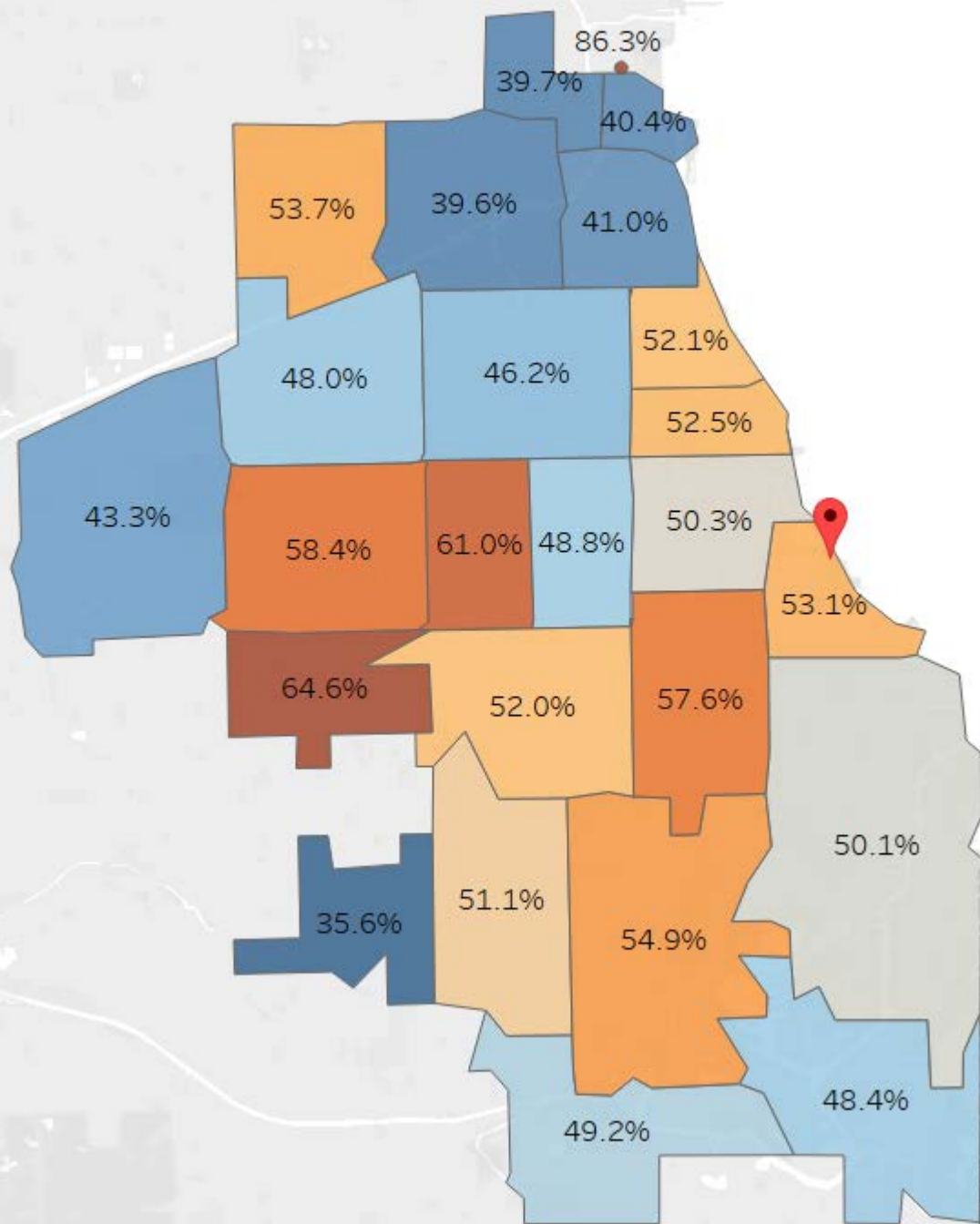
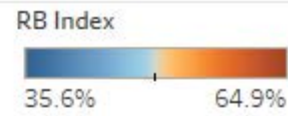
Physicians Enrolled In Medicaid



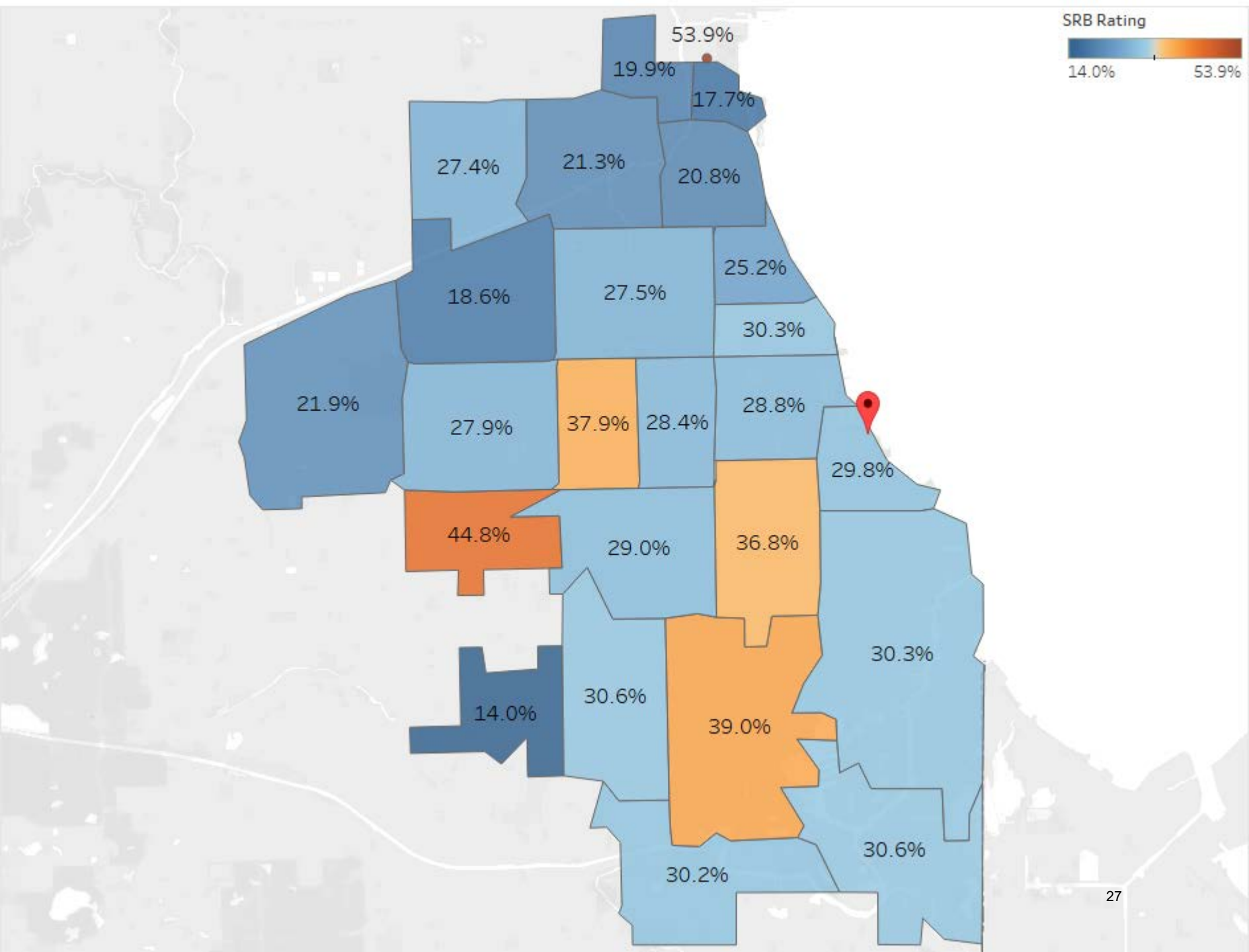
Poverty Rate



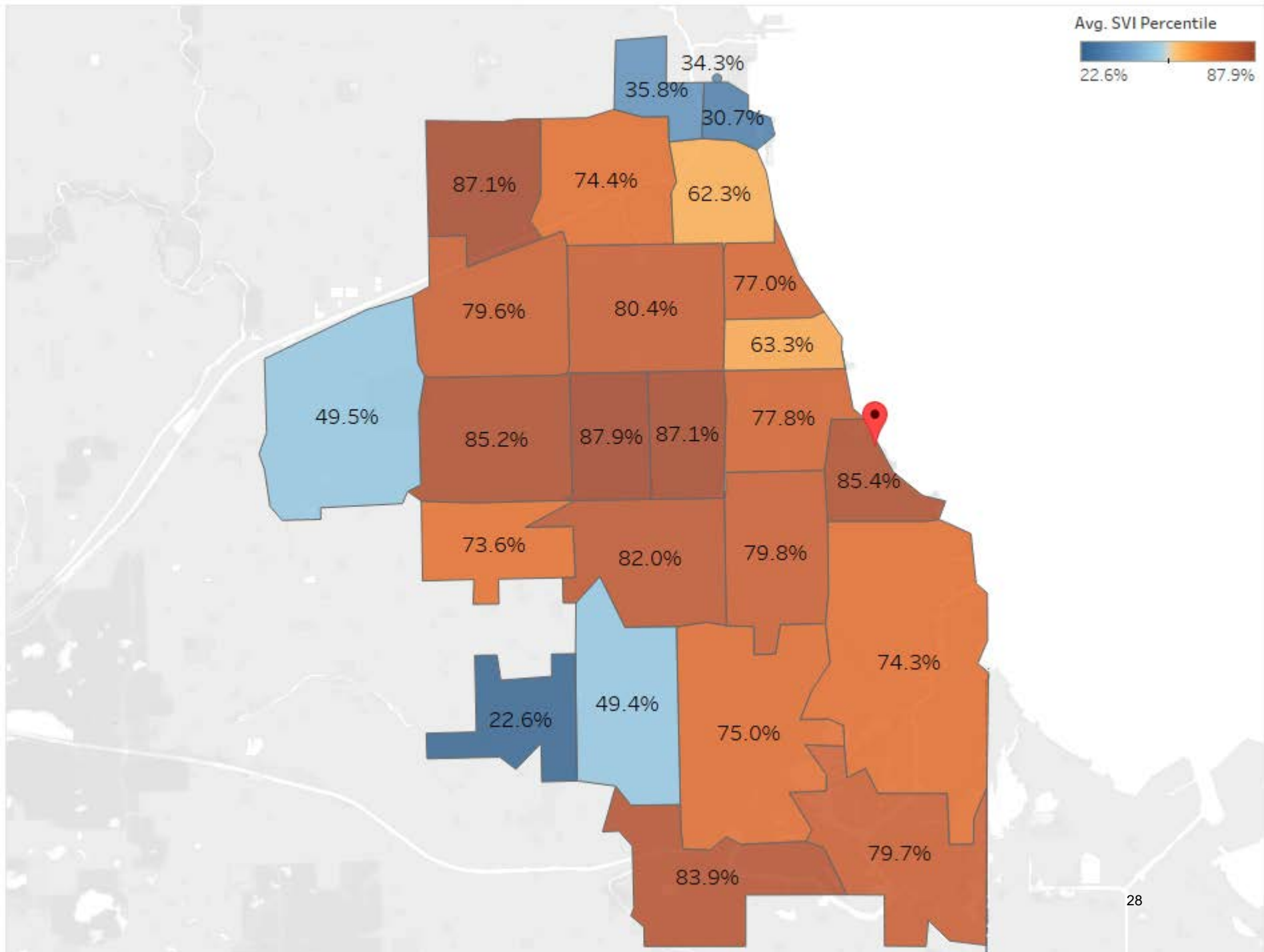
Rent Burdened



Severely Rent Burdened



Social Vulnerability Index



Survey

We conducted a survey of LRCH patients and employees, and community members, from August 2024 through October 2024. The survey was available in both English and Spanish. Over 200 surveys were completed, and we received survey responses from individuals in 34 zip codes across our PSA and SSA.

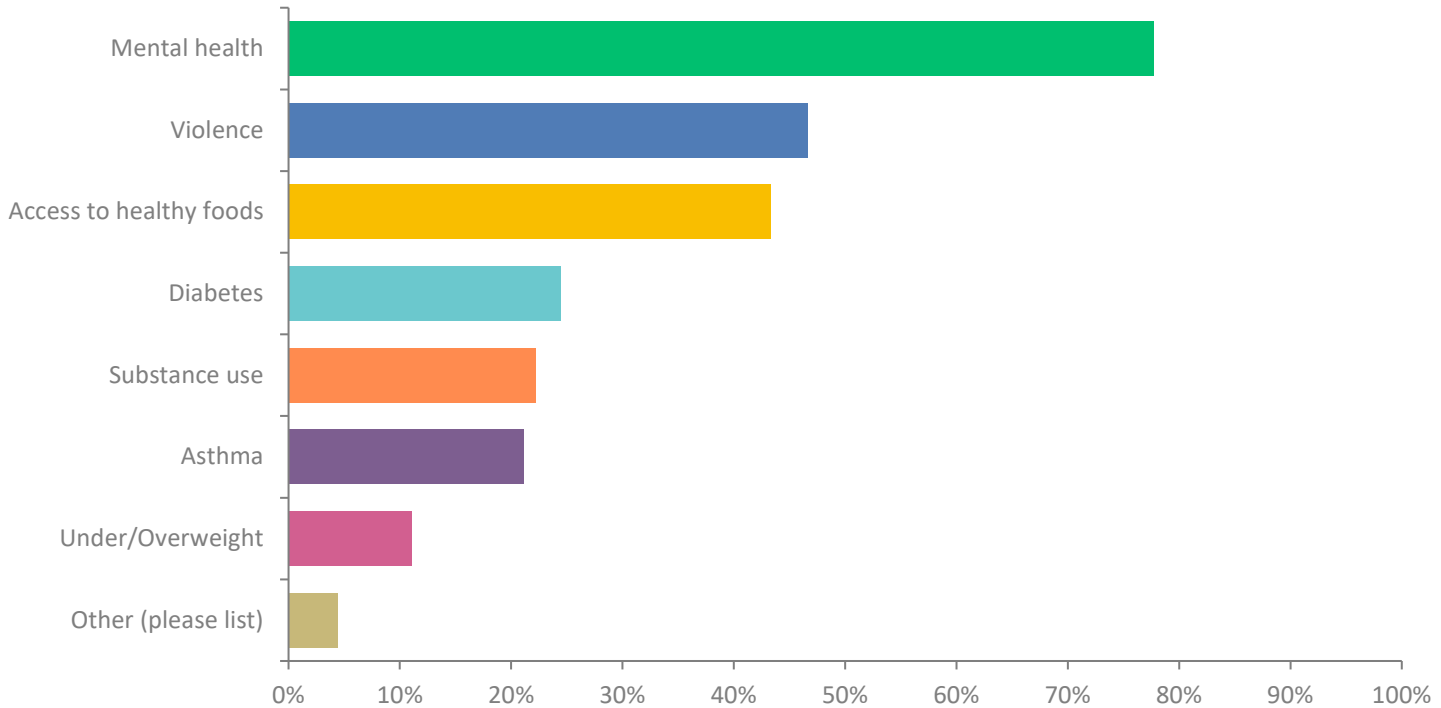
La Rabida is committed to equity, and we took into consideration language and accessibility when administering the survey. First, the survey was made available in English and Spanish. In addition, the survey was electronic, but it could also be administered in-person and answers entered manually.

The following strategies and tactics were utilized to solicit input from individuals who represent the broad interests of the community:

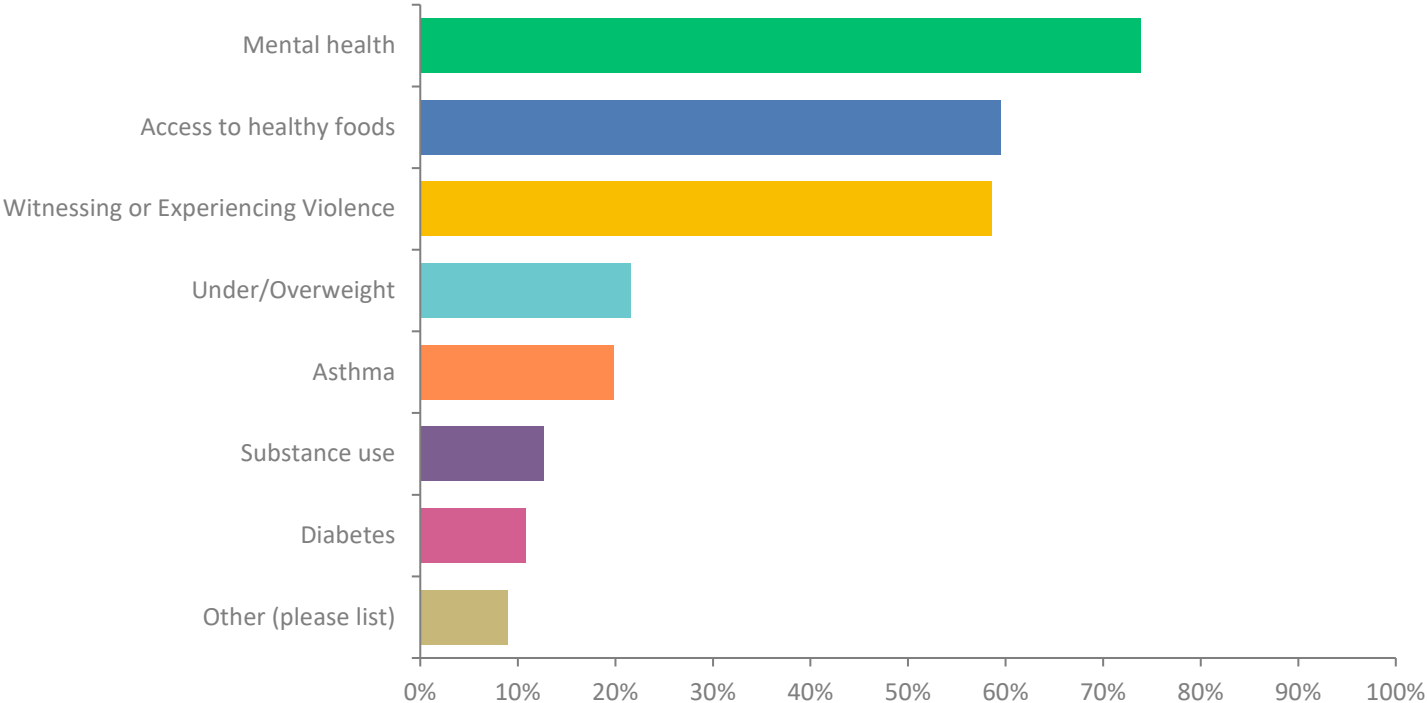
- Distributed palm cards with QR code linked to survey (passed out at community events and in our outpatient clinic)
- Volunteers circulated in our outpatient clinic asking families to complete survey via iPad
- Sent emails and text messages to families with the survey link
- Posted link to survey on our social media (LinkedIn, Facebook, Instagram, X)
- Emails to staff, internal newsletter, reminders at employee town hall meetings
- Conducted focus groups (staff and community)
- Requested that community partners, elected officials, referring hospital partners, disease specific advocacy organizations, and early intervention providers to share the survey with their constituents

2025-2027 La Rabida Children's Hospital Community Health Needs Assessment

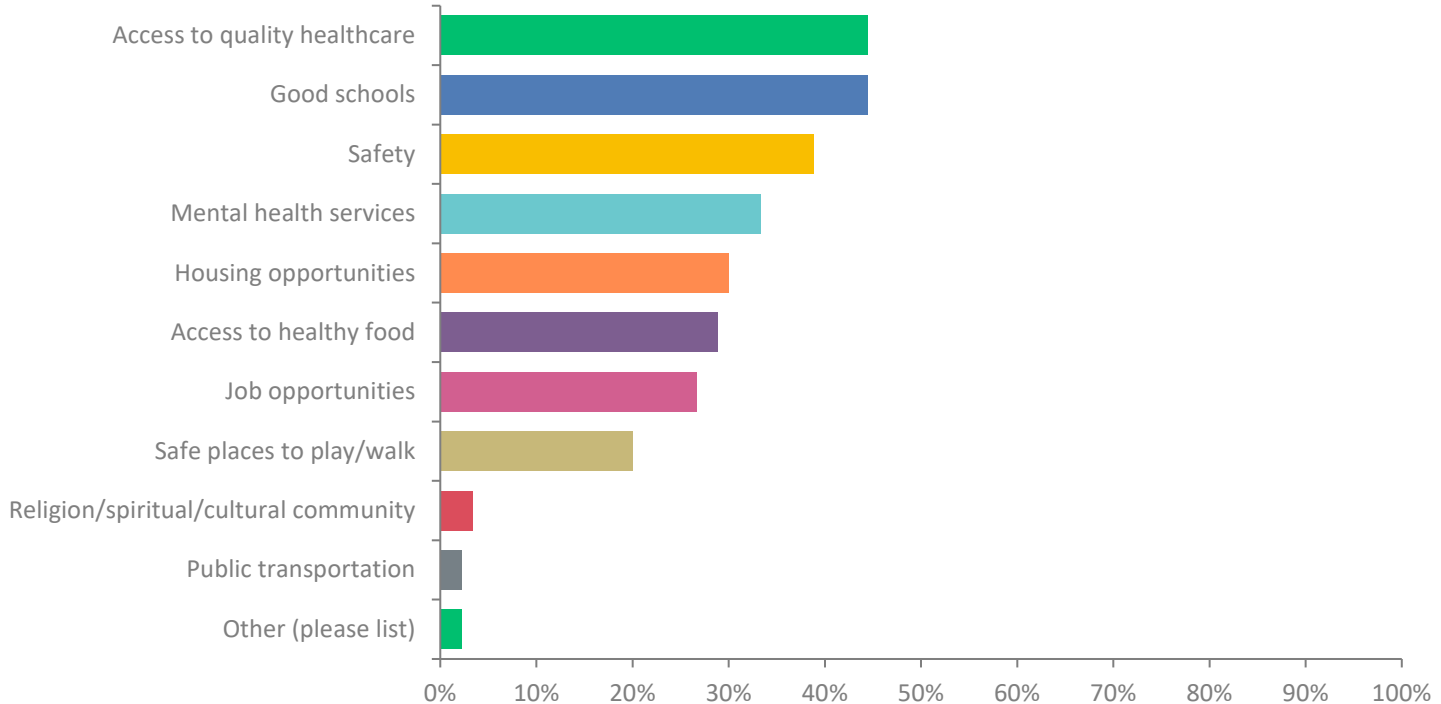
Q1: What do you think are the most important health concerns in your community? (select three)



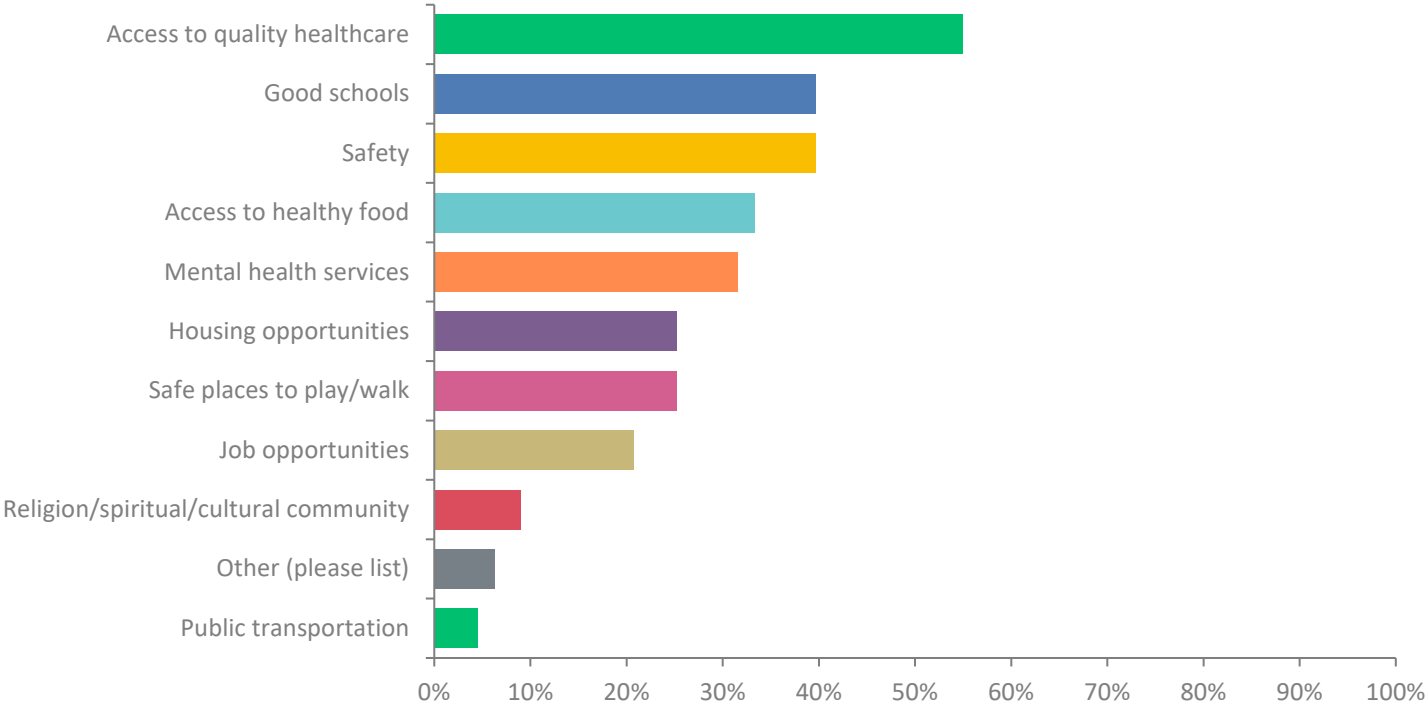
Q1: What do you think are the most important health concerns for children in your community? (select three)



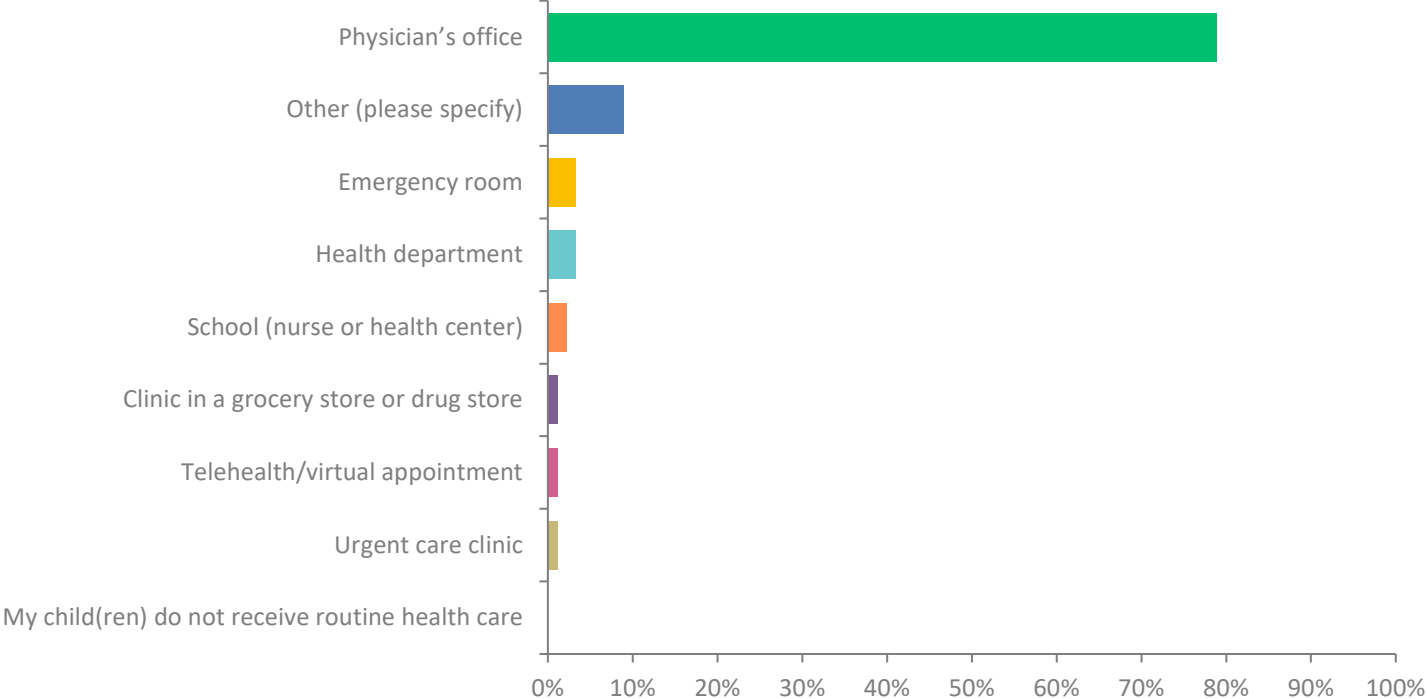
Q2: What are the most important things needed for a healthy community (select three)



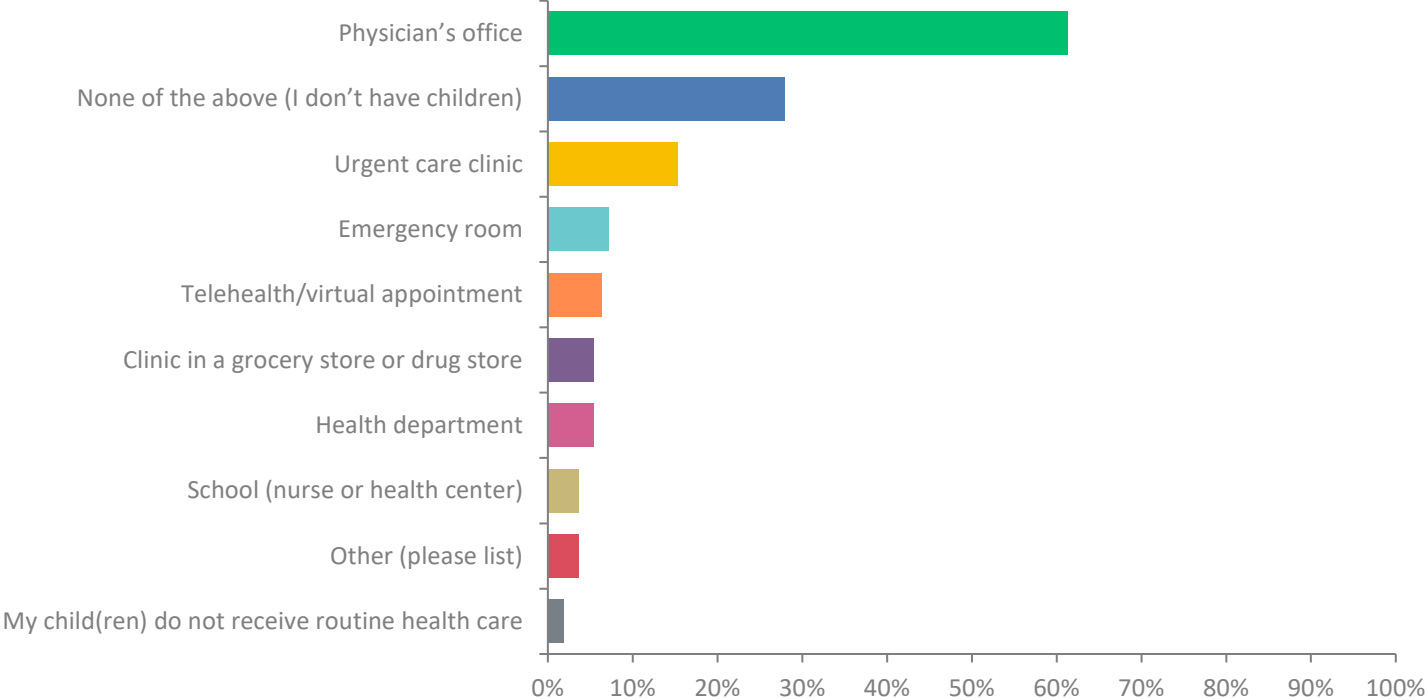
Q2: What is most necessary to build a healthy community? (select three)



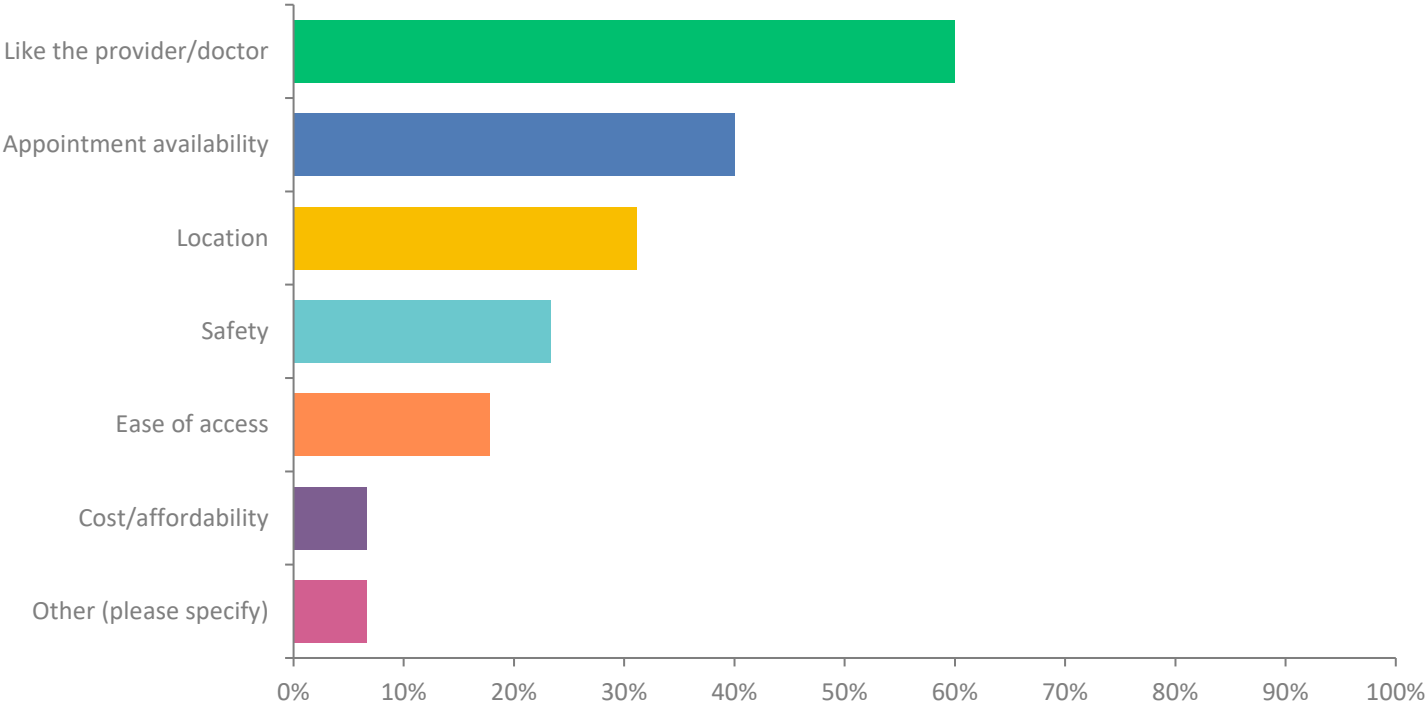
Q3: Where do you typically take your child(ren) for routine healthcare?



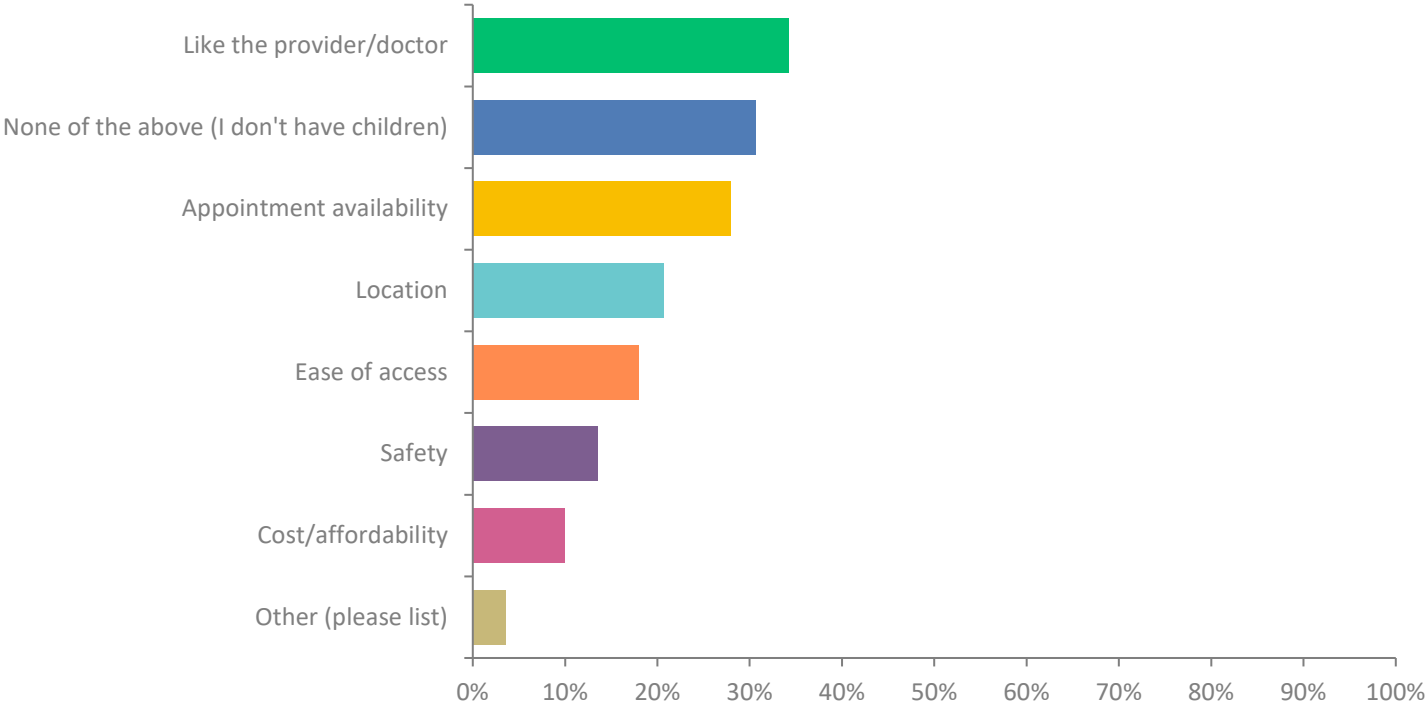
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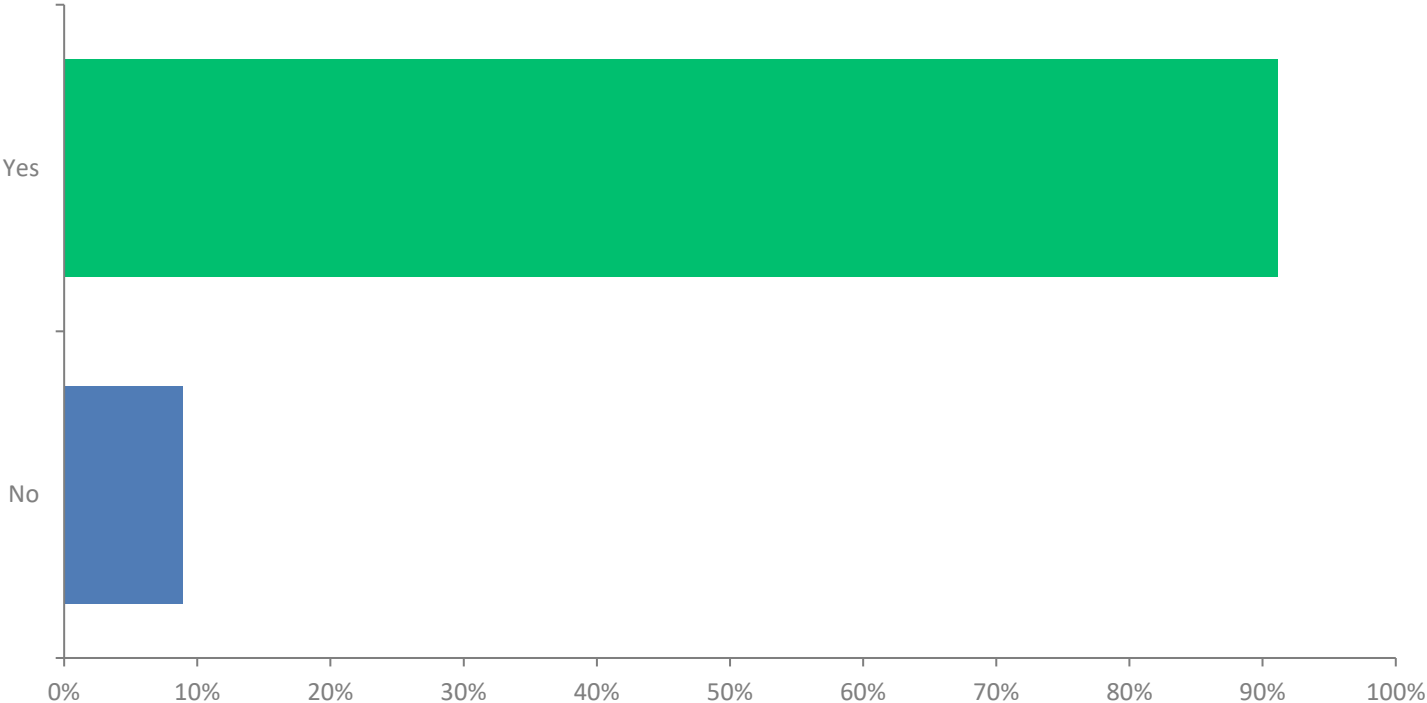
Q4: Why do you take your children there for routine healthcare?



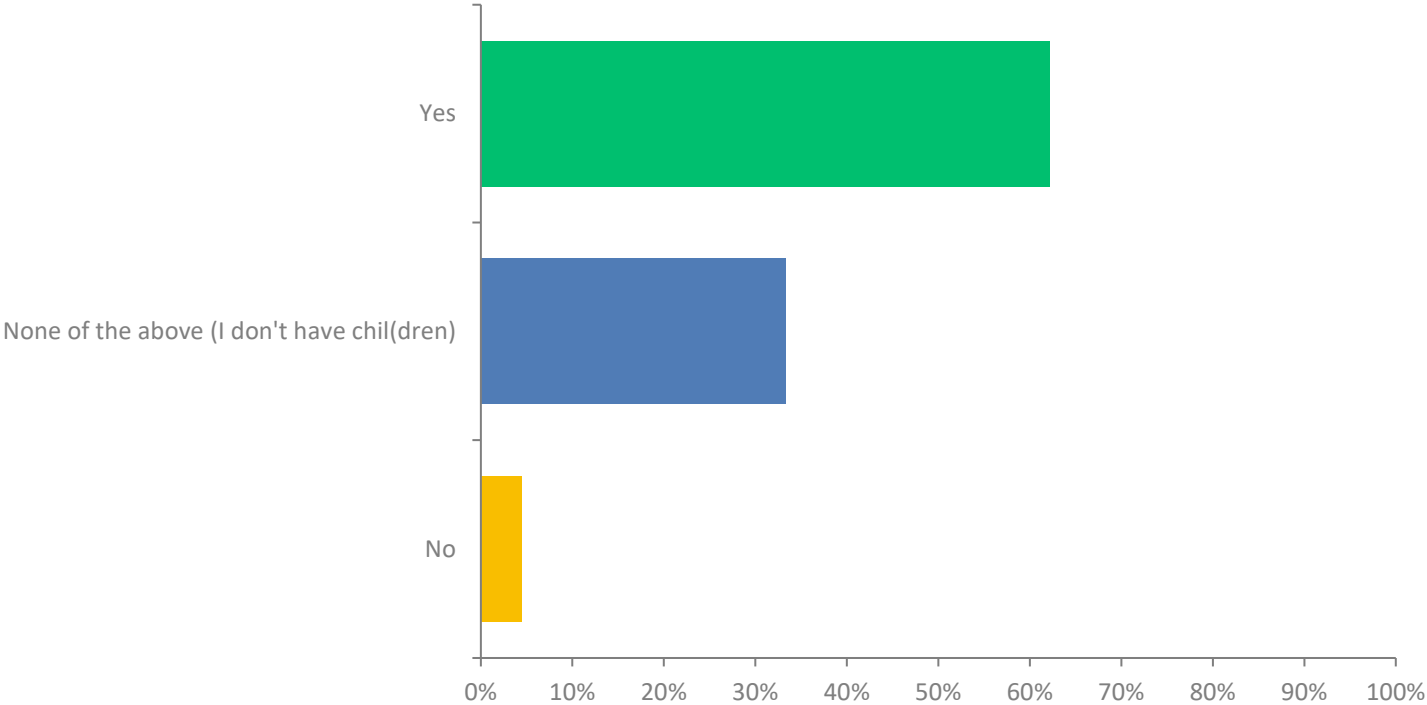
Q4: Why did you choose your answer for question number 5?



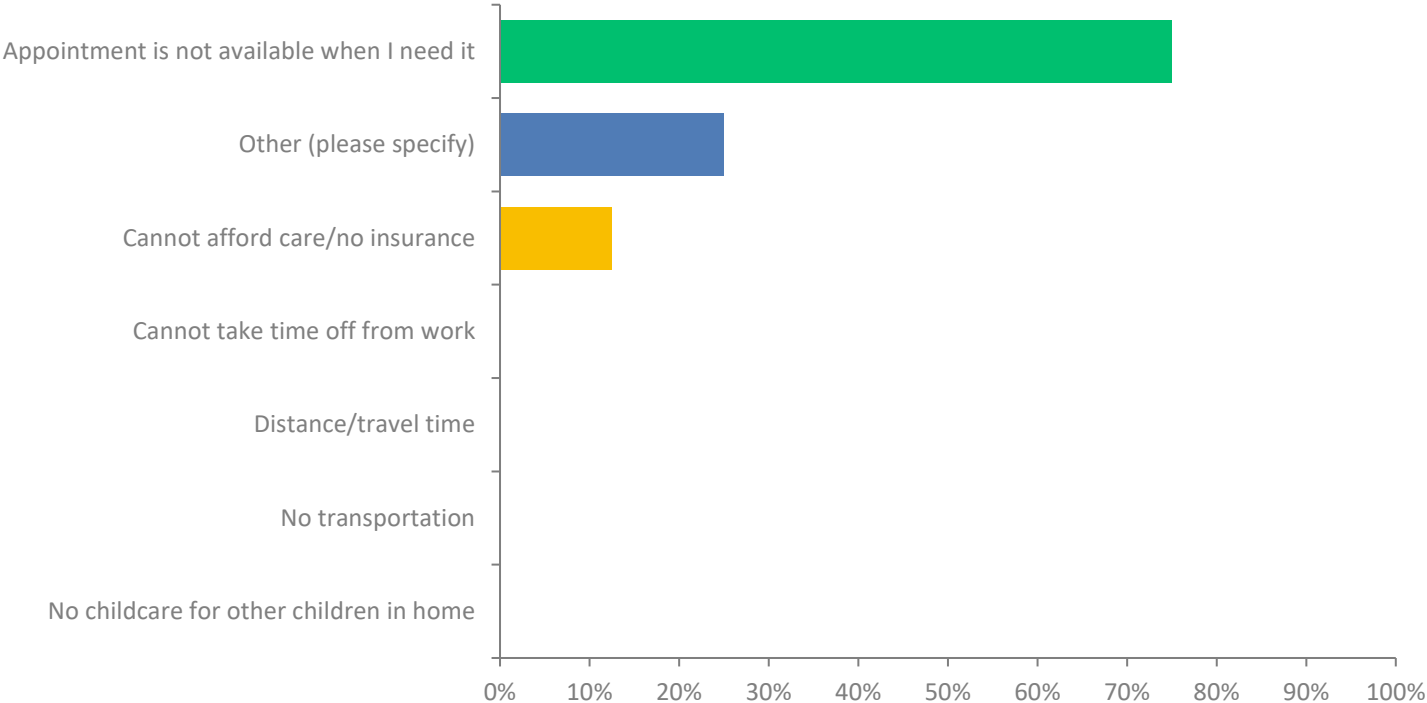
Q5: Are your children able to visit a doctor when needed?



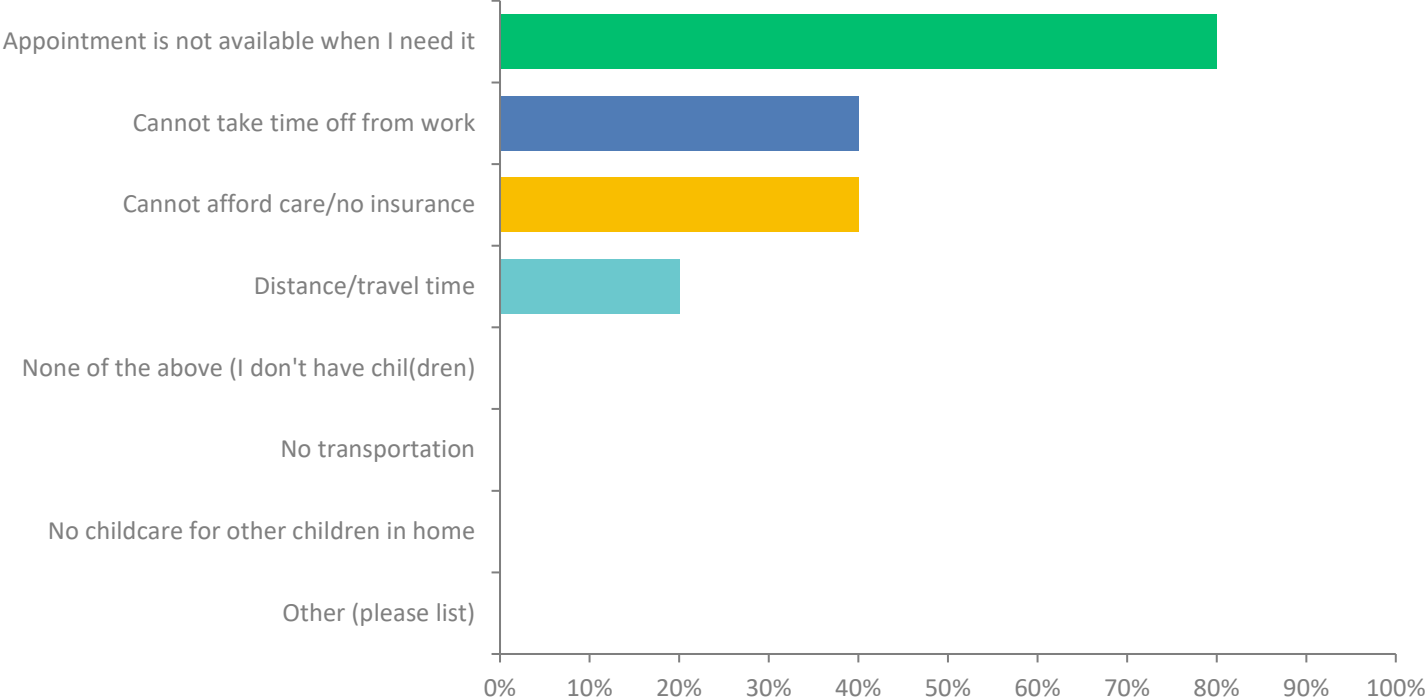
Q5: Are your children able to visit a doctor when needed?



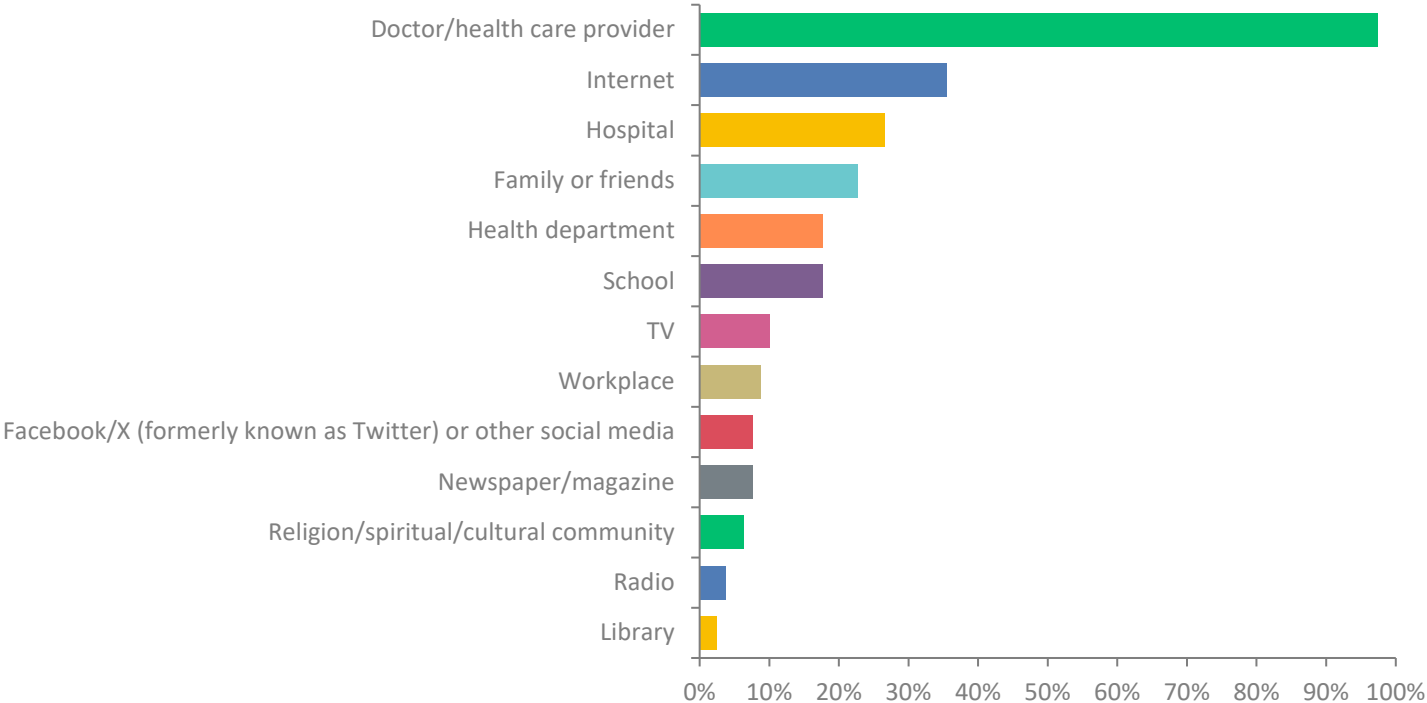
Q6: If you answered “No” to question 5, please chose all that apply



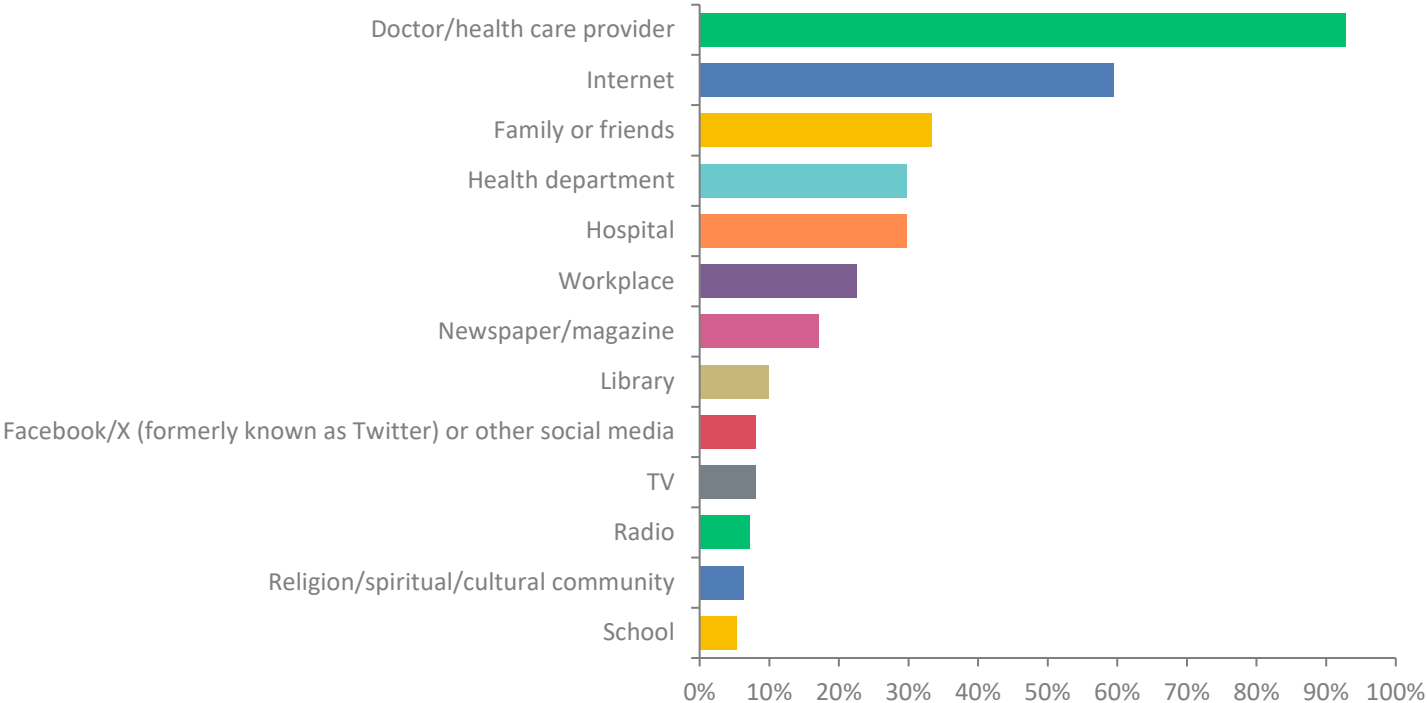
Q6: If you answered “No” to question 5, please select all that apply



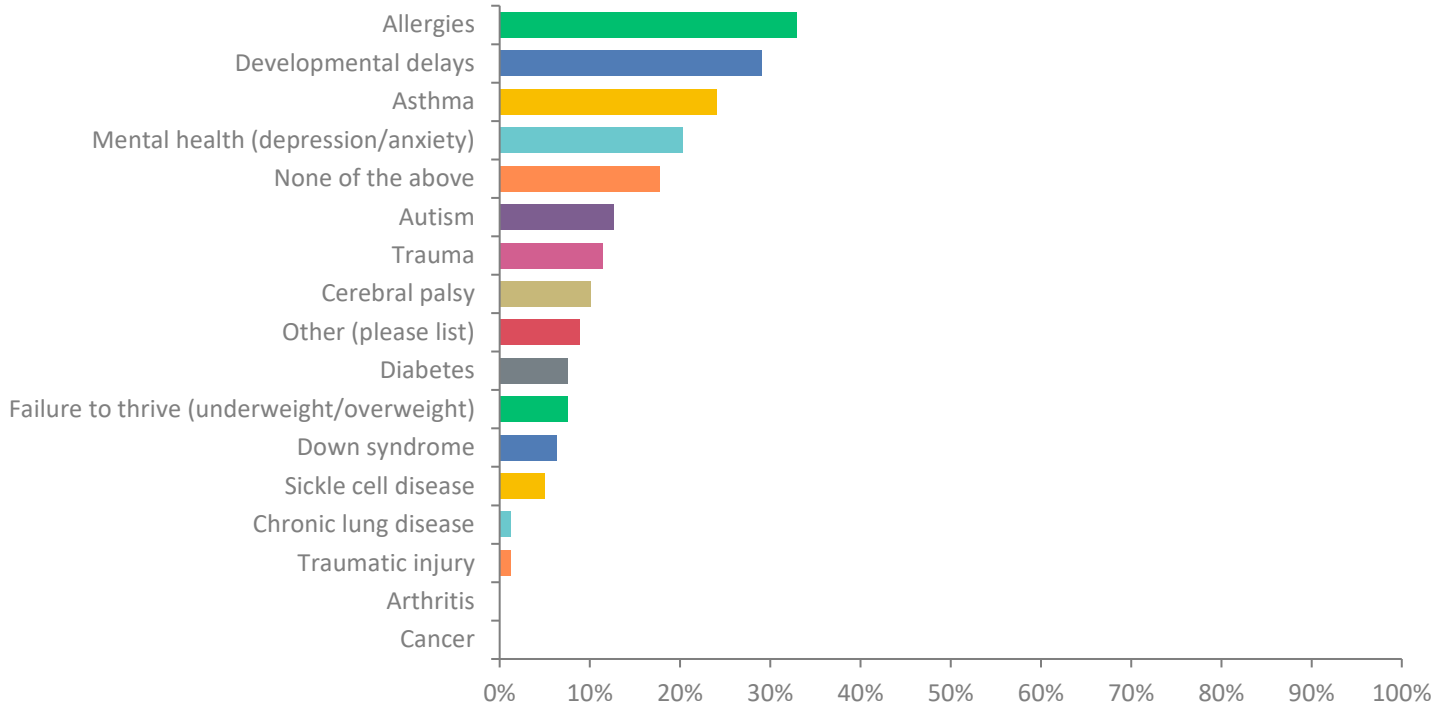
Q7: Where do you get your health information? (select all that apply)



Q7: Where do you get your health information? (select all that apply)

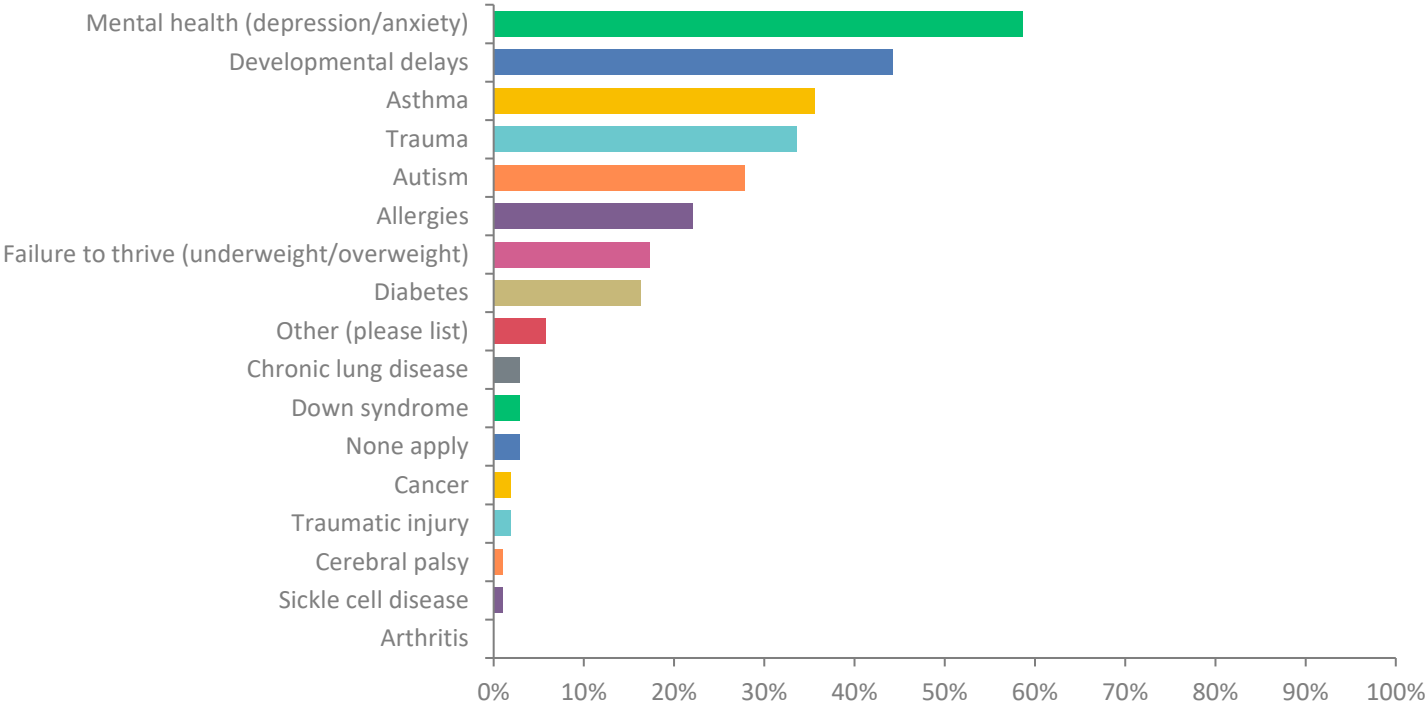


Q8: Please select the top health issues your children face (select three)

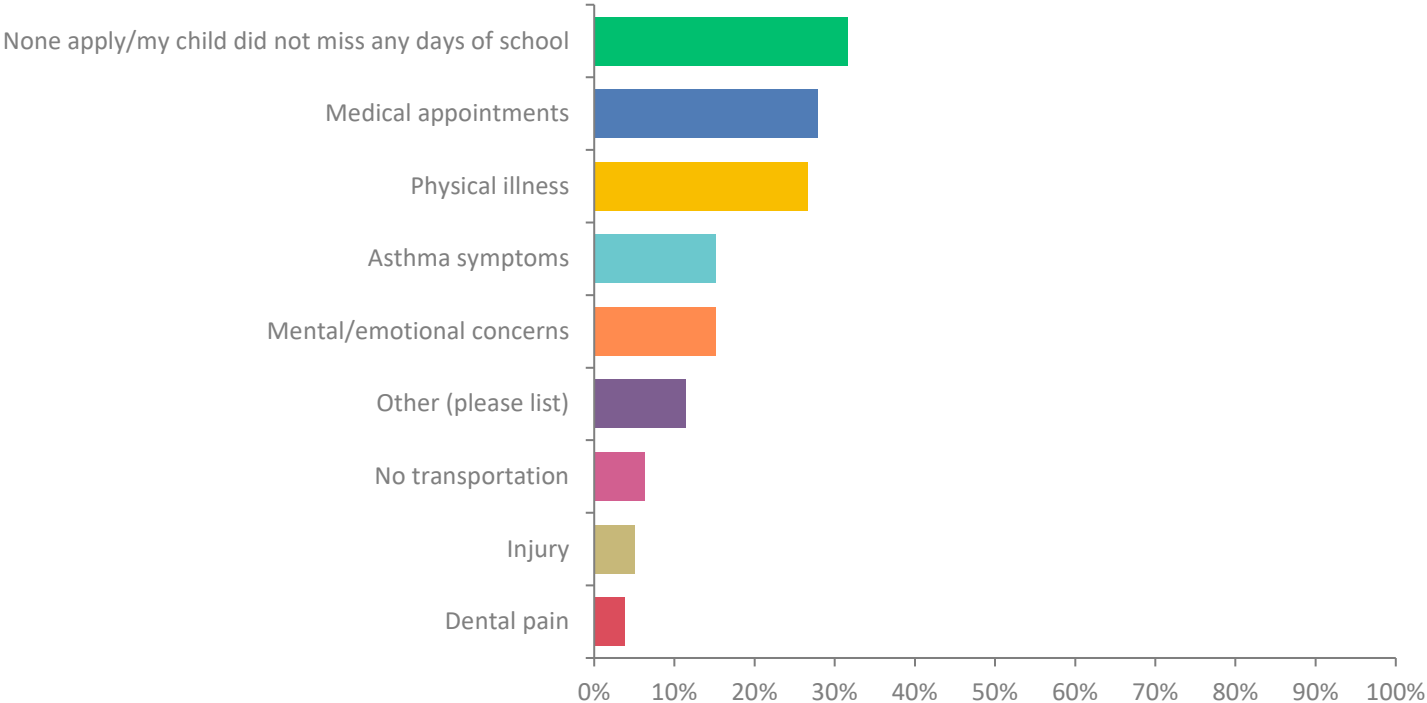


Q8: Please select the top health issues children face (select no more than three)

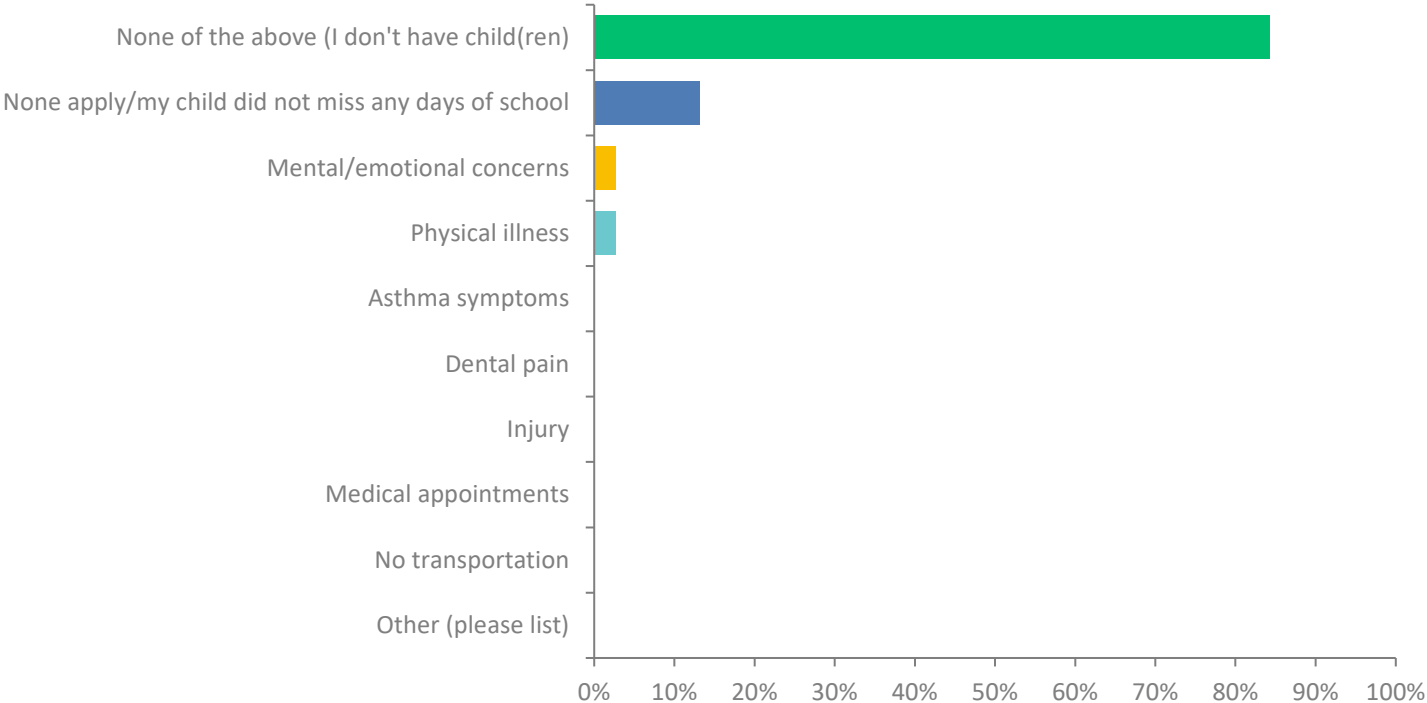
Answered: 104 Skipped: 7



Q9: During the past twelve (12) months, did any of the following result in your child missing days of school? (select all that apply)



Q9: During the past twelve (12) months, did any of the following result in your child missing three or more days of school?

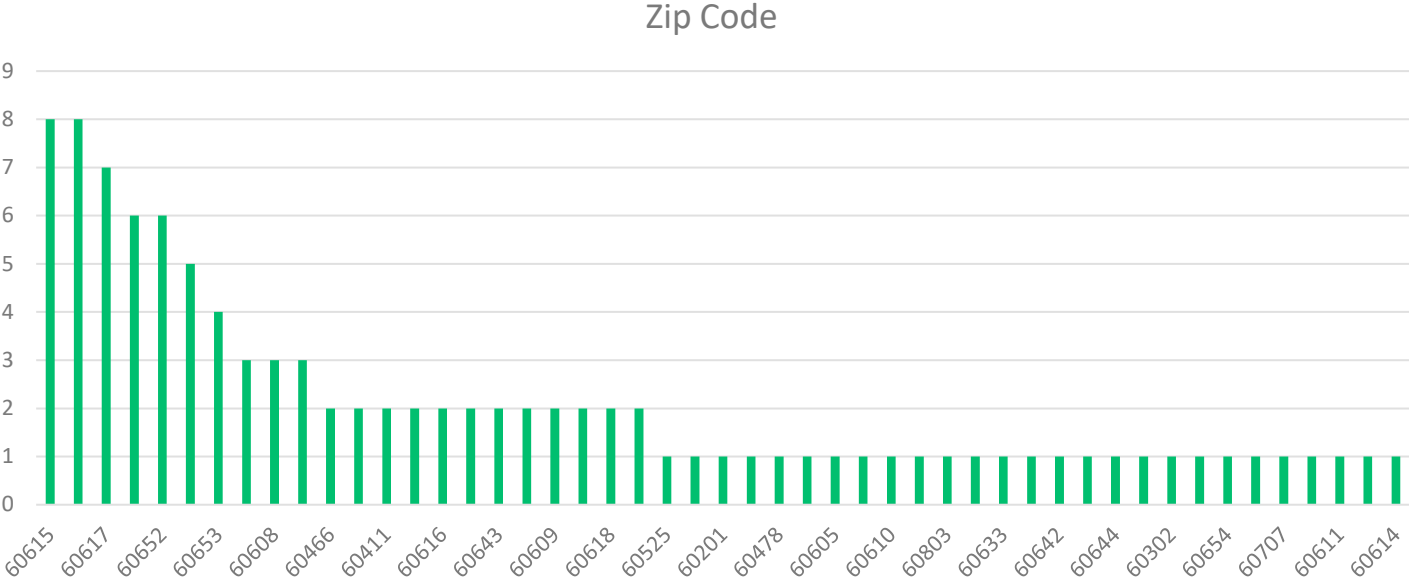


Q10: What is your 5-digit zip code? (example: 60643)

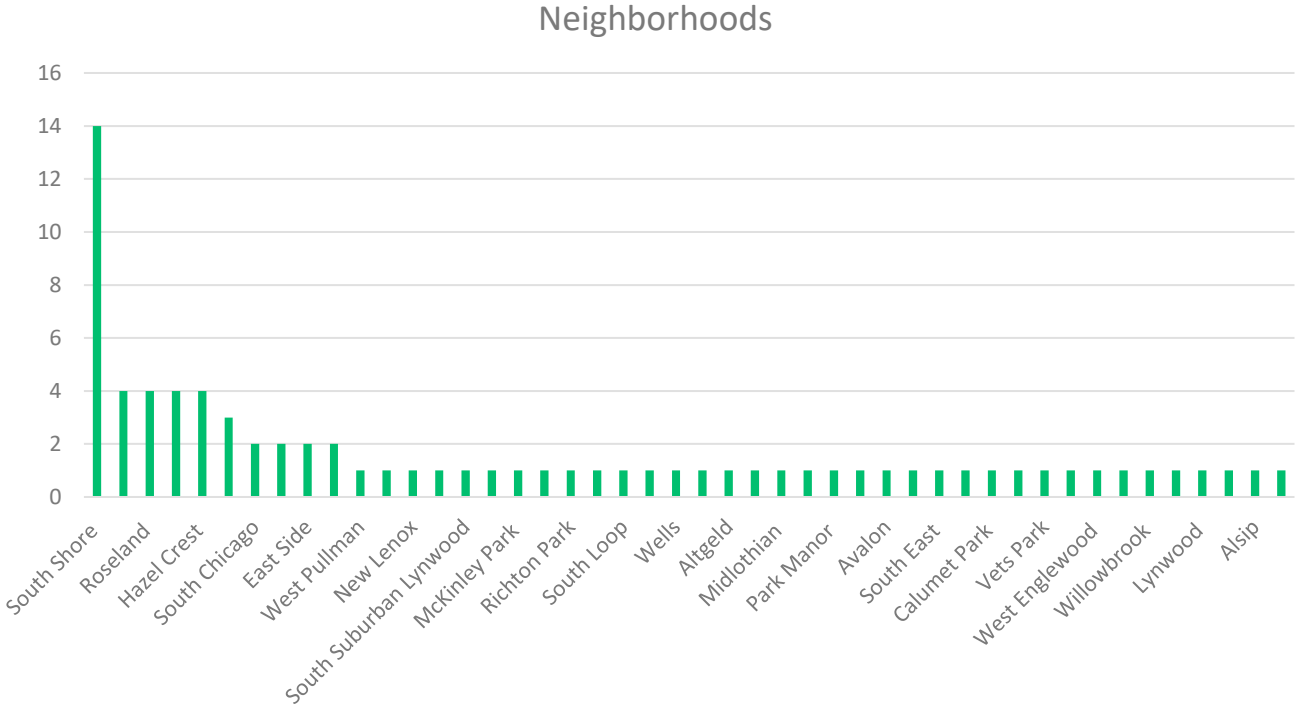


Q10: What is the 5-digit zip code for your primary residence? (example 60643)

Answered: 104 Skipped: 7

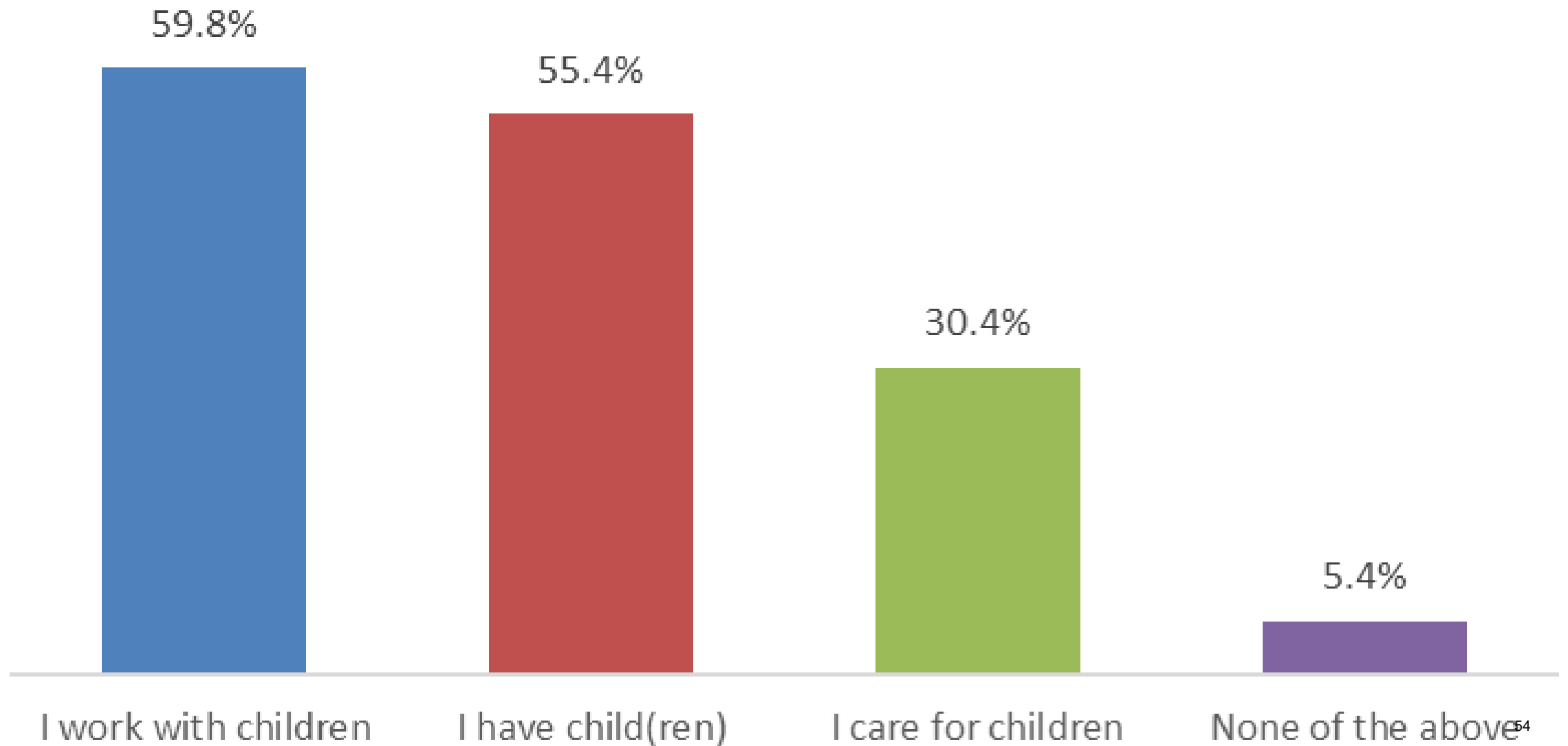


Q11: What neighborhood do you live in? (example: Woodlawn)

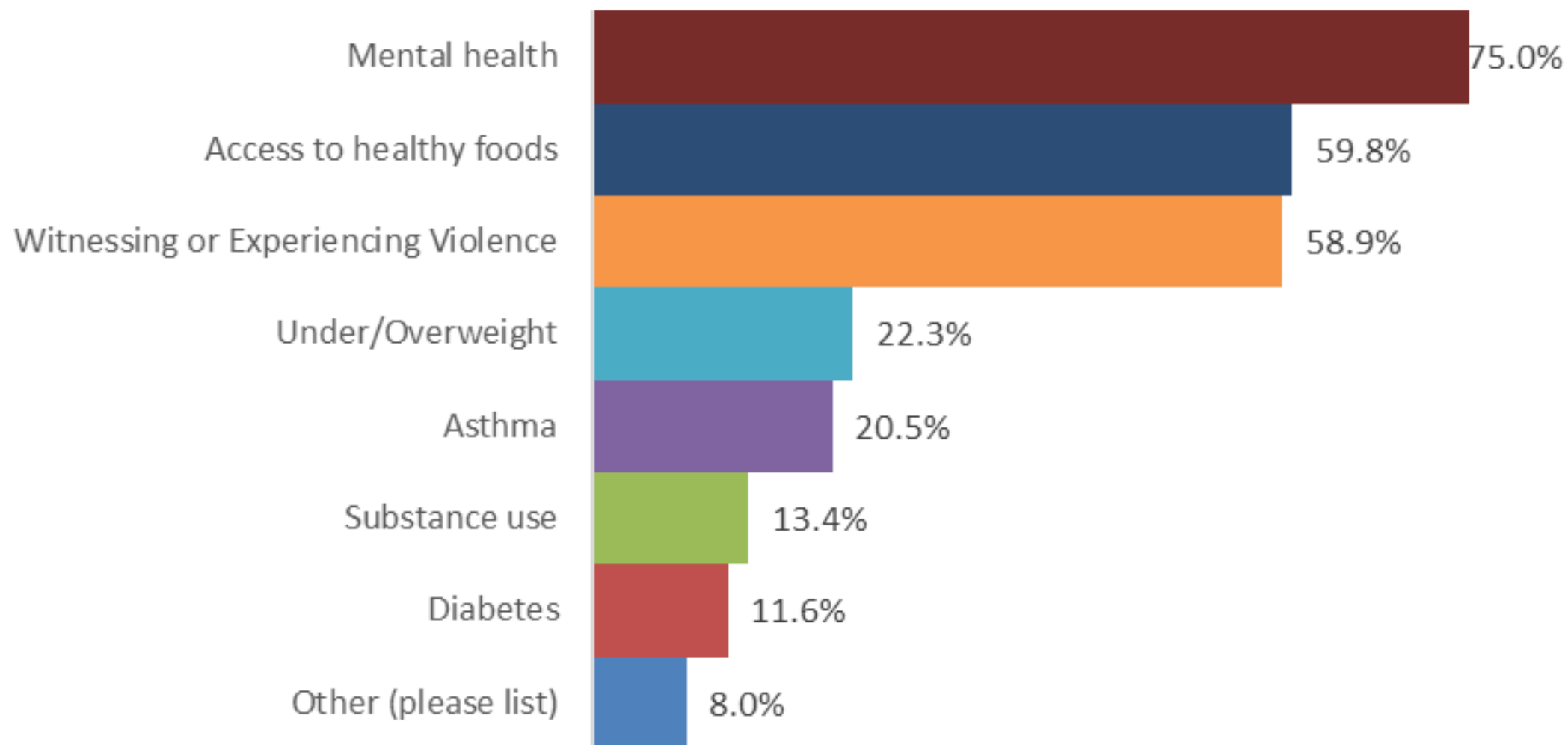


Community Member Results

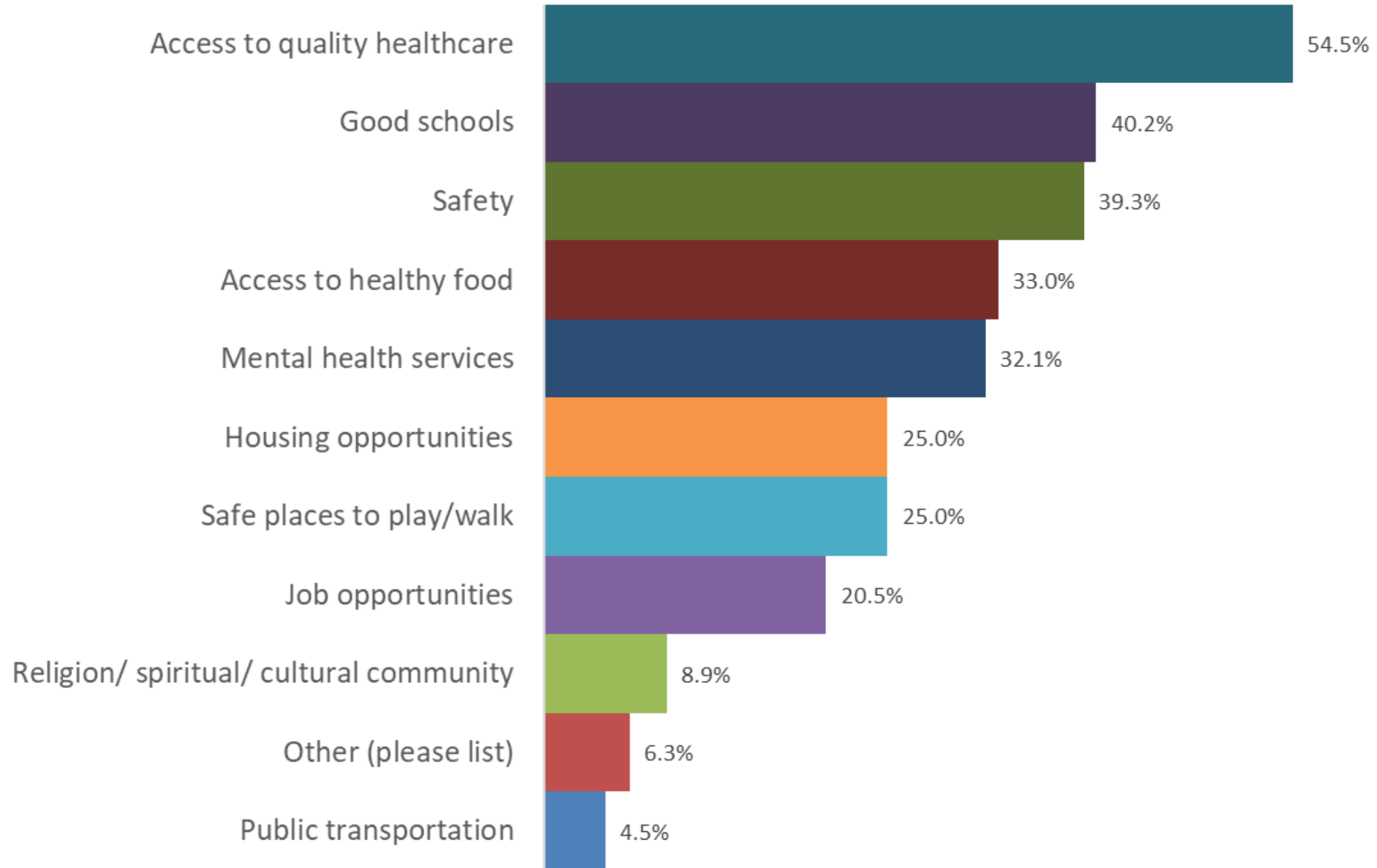
Which best describes you? (select all that apply)



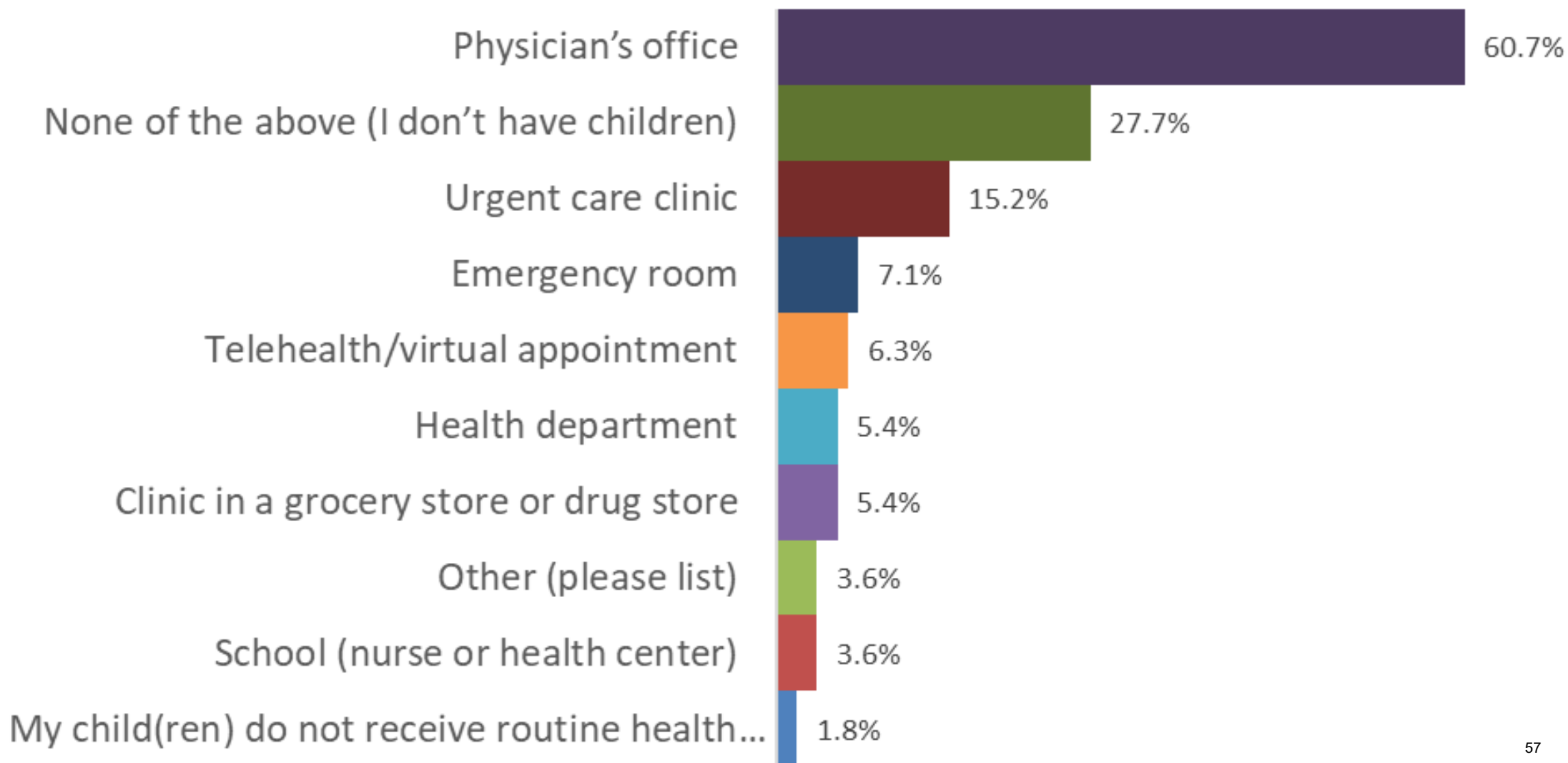
What do you think are the most important health concerns for children in your community? (select three)



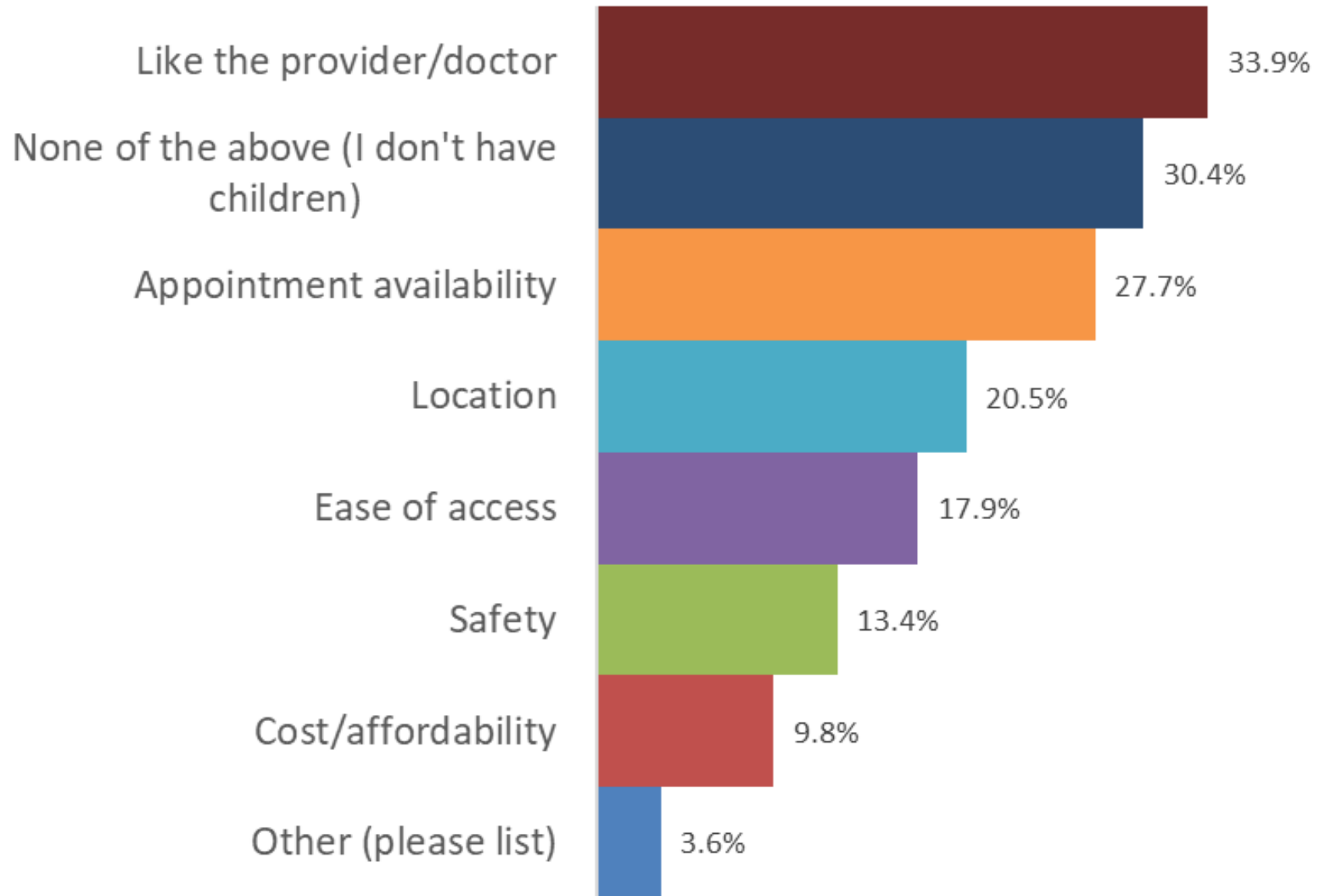
What is most necessary to build a healthy community? (select three)



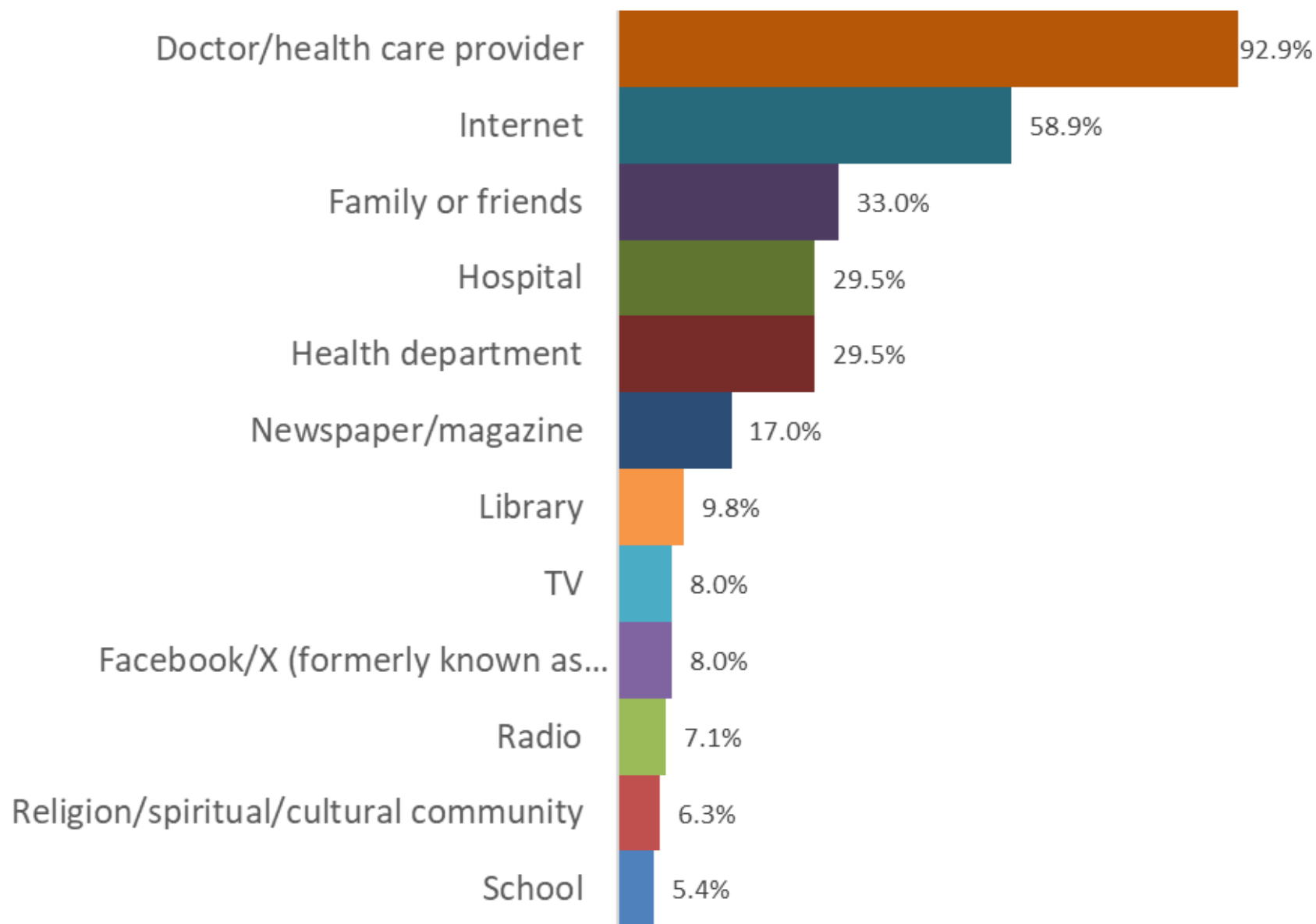
Where do you typically take your child(ren) for routine healthcare?



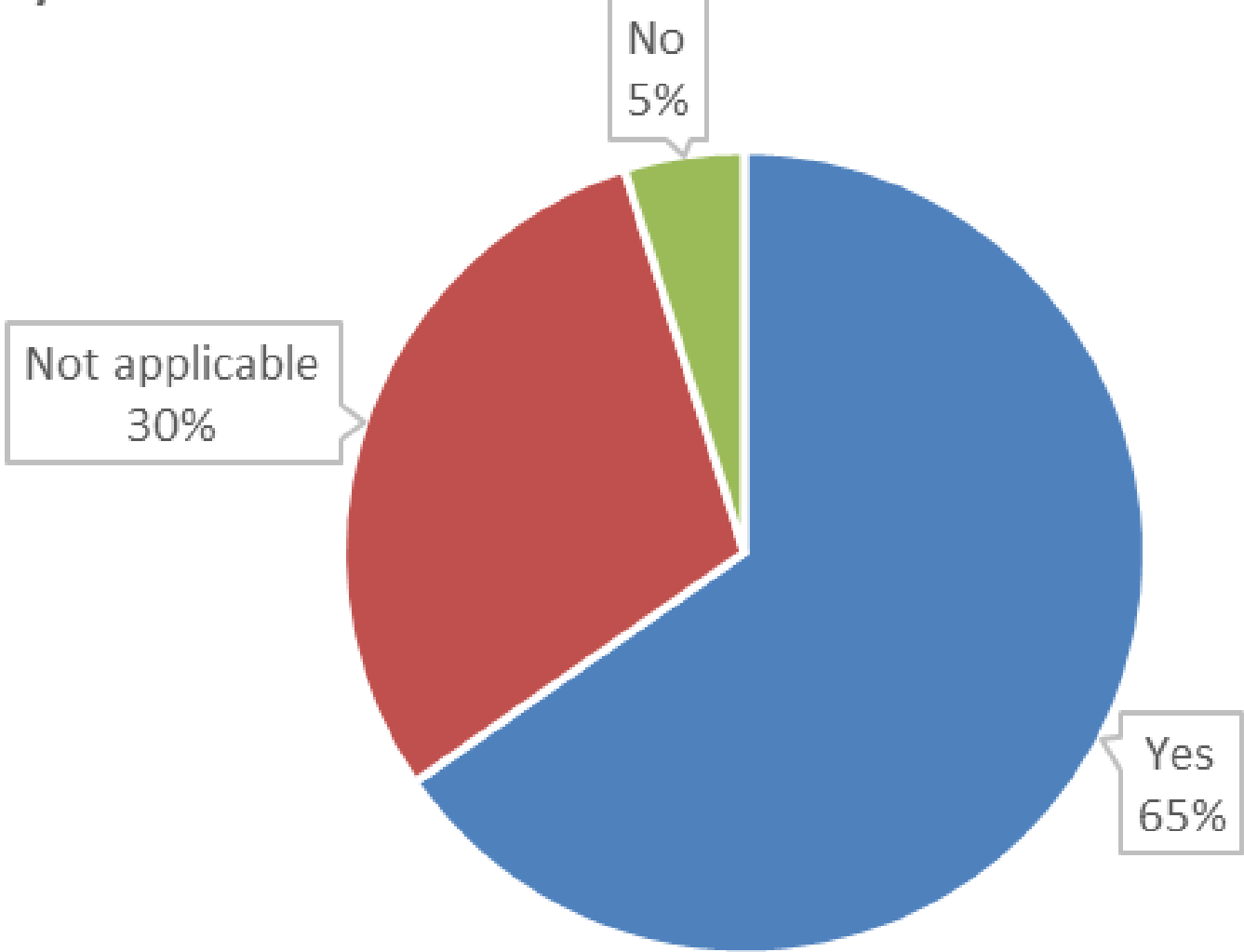
Why did you choose your answer for question number 5?



Where do you get your health information? (select all that apply)

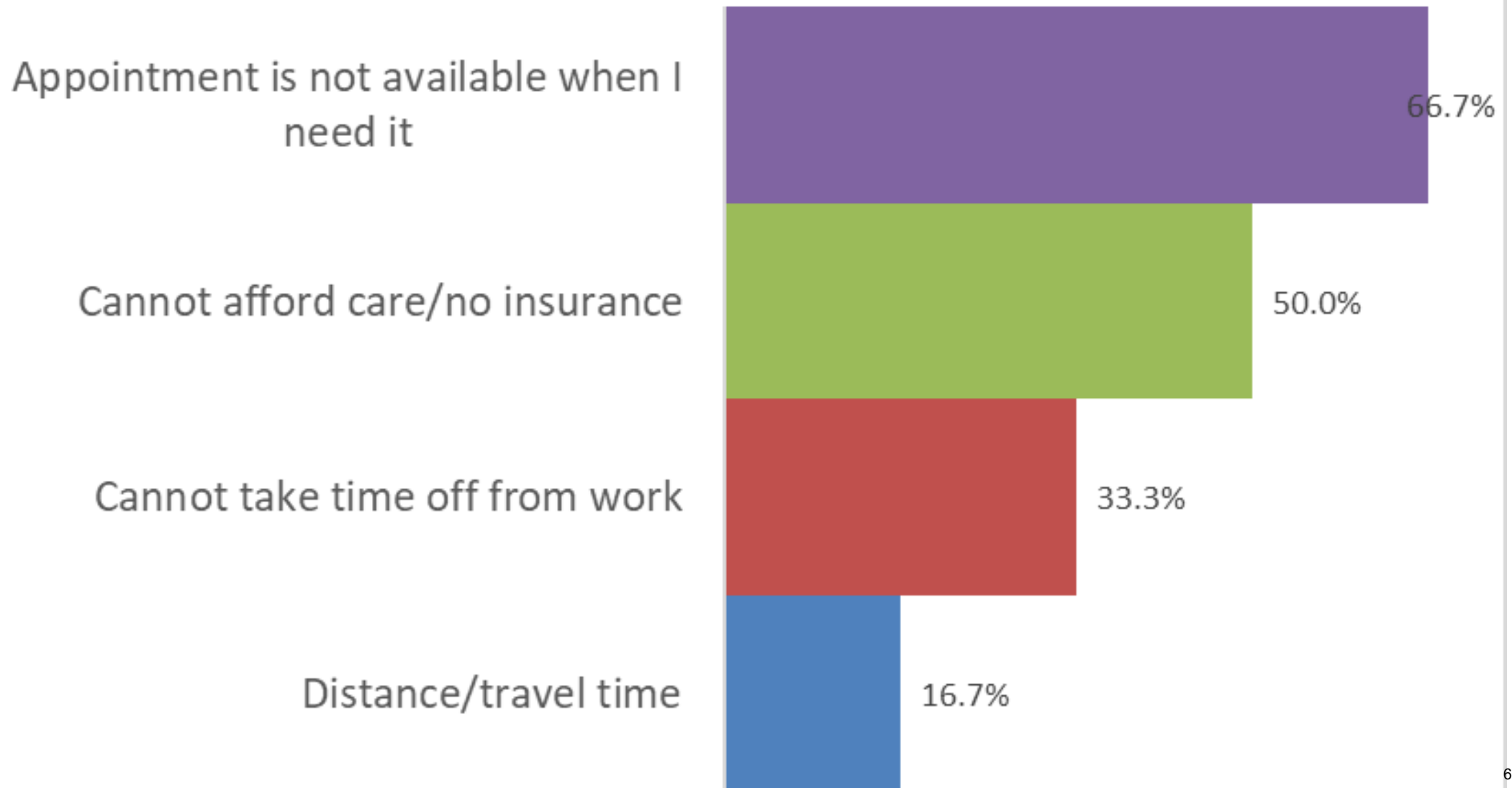


Are your children able to visit a doctor when needed?

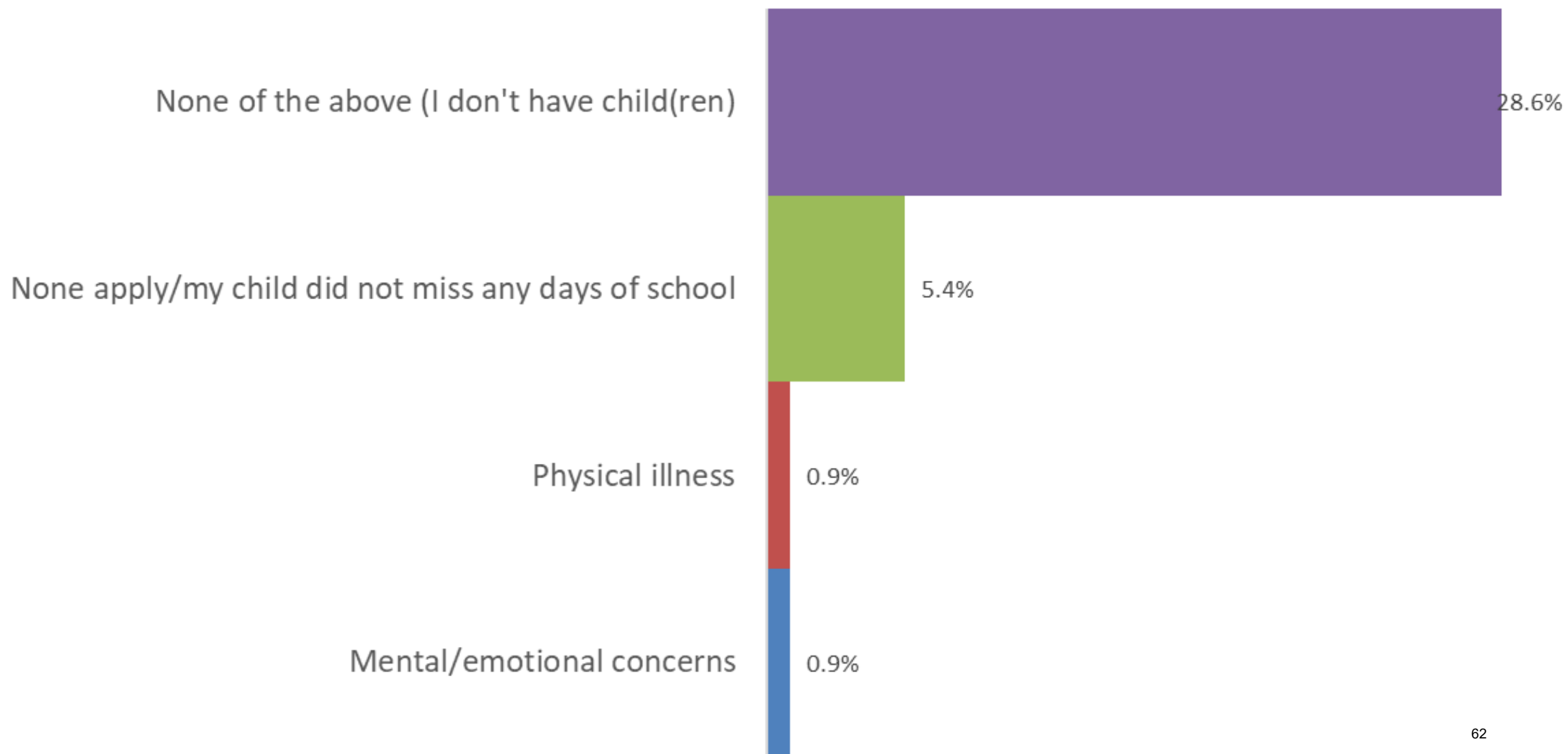


■ Yes ■ Not applicable ■ No

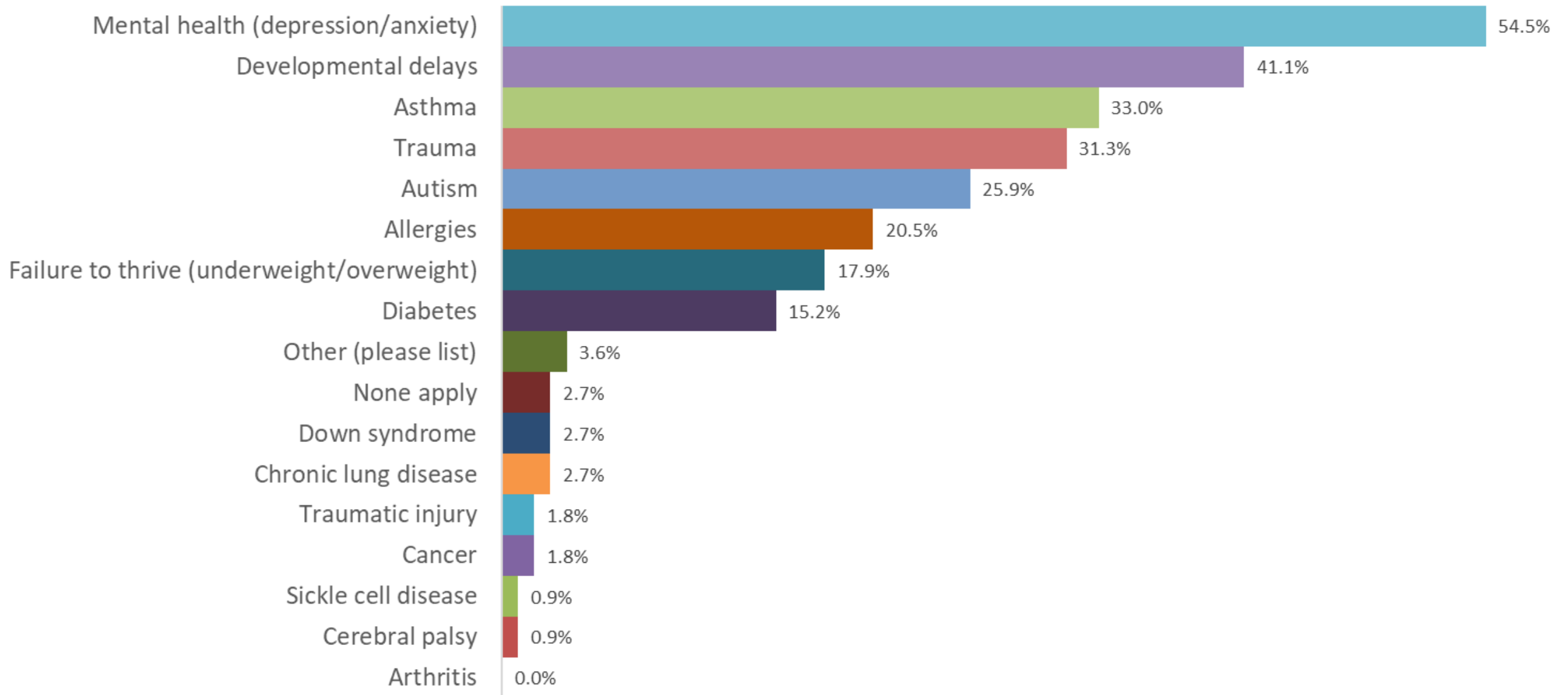
If you answered "No" to question 8, please select all that apply



During the past twelve (12) months, did any of the following result in your child missing three or more days of school?

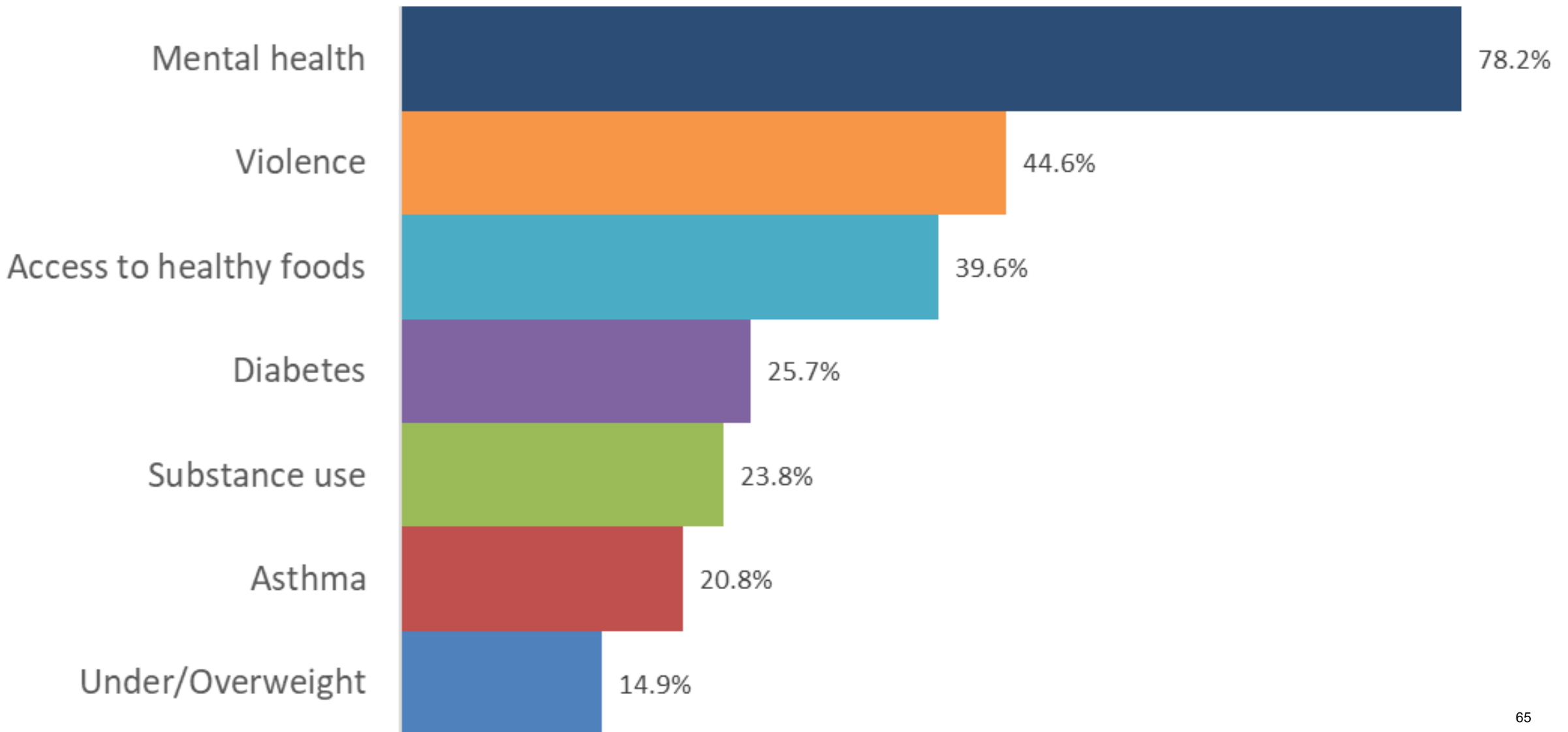


Please select the top health issues children face (select no more than three)

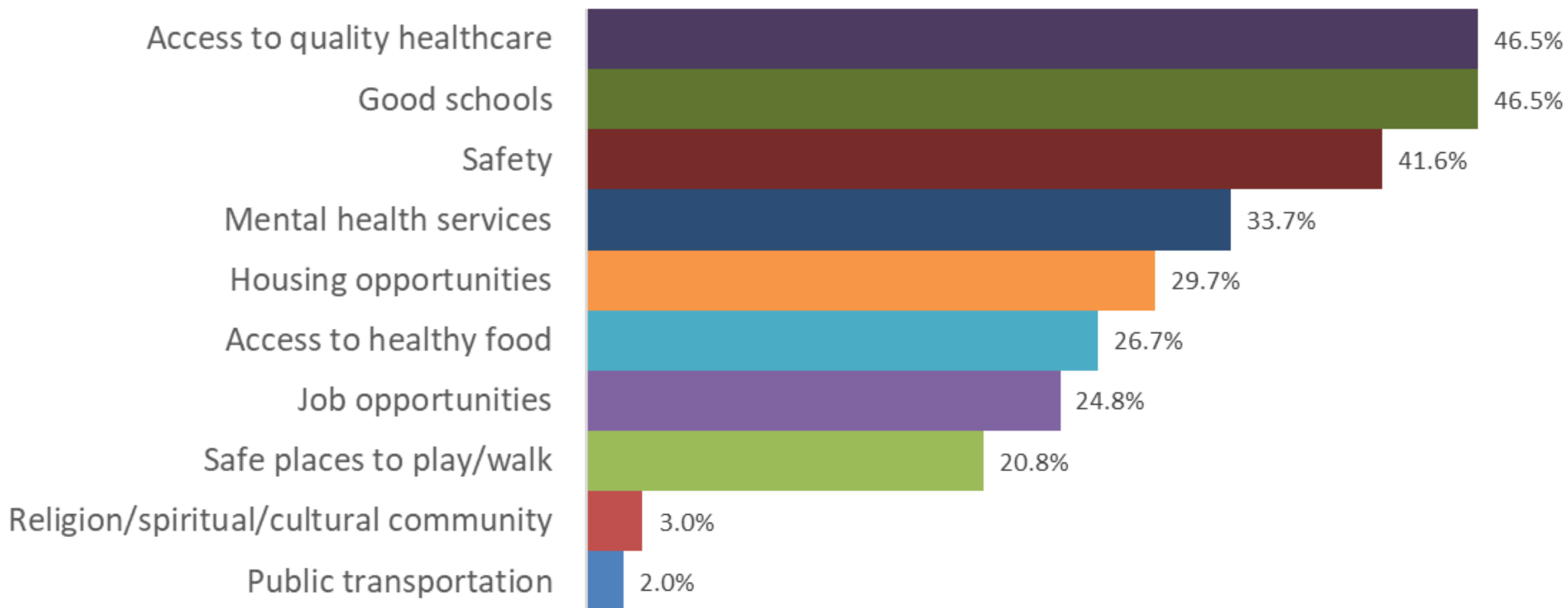


Patient Family Results

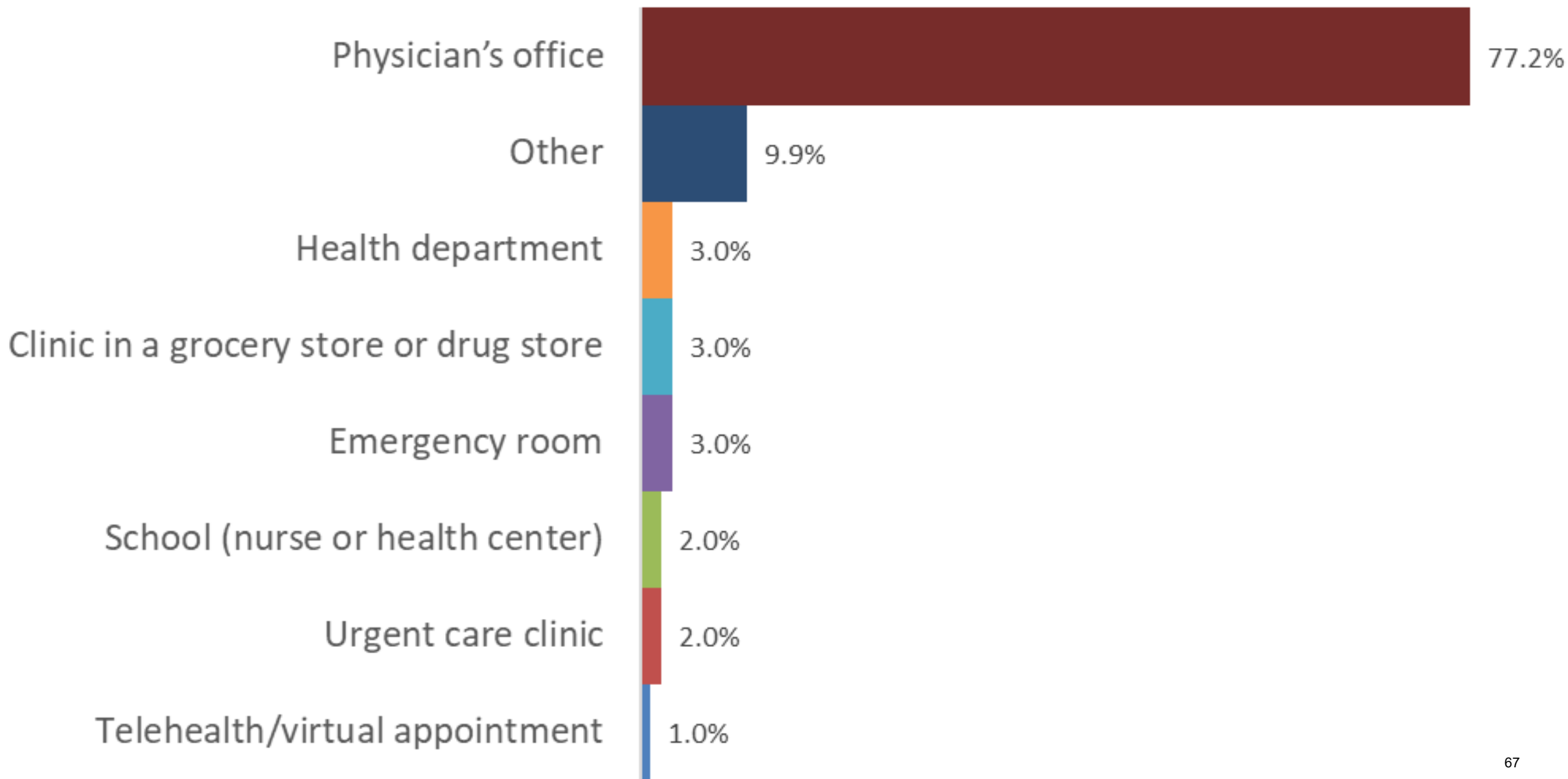
What do you think are the most important health concerns in your community? (select three)



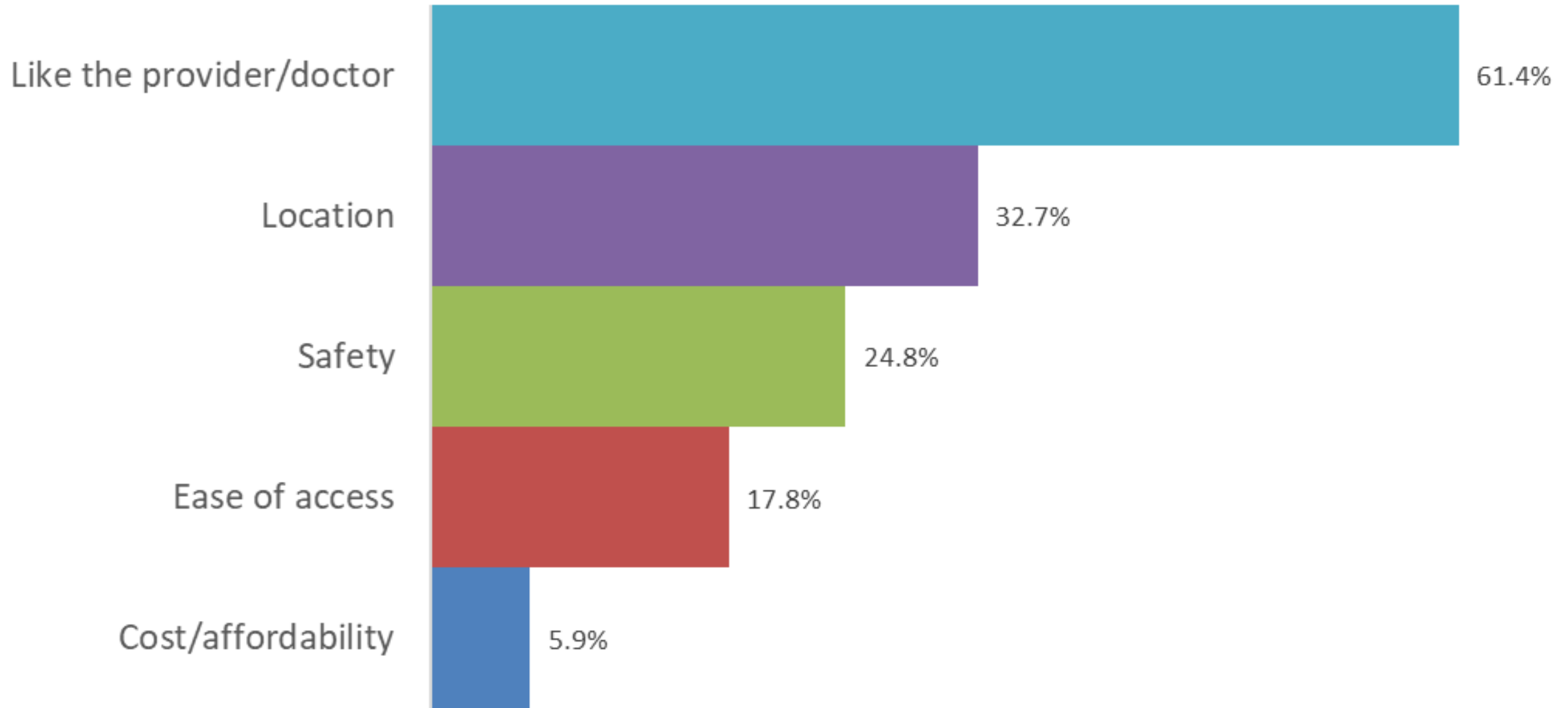
What are the most important things needed for a healthy community (select three)



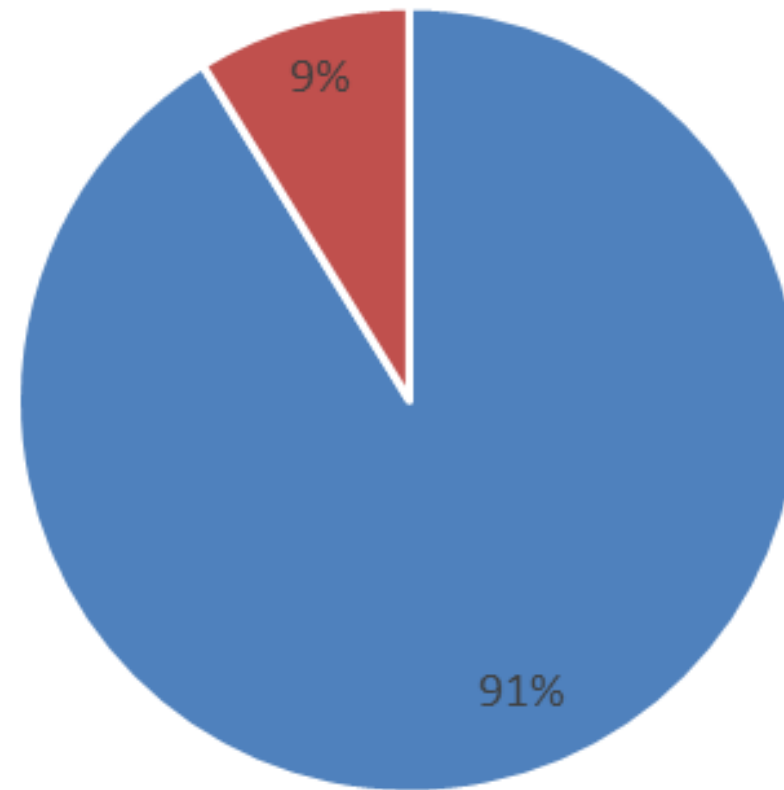
Where do you typically take your child(ren) for routine healthcare?



Why do you take your children there for routine healthcare?

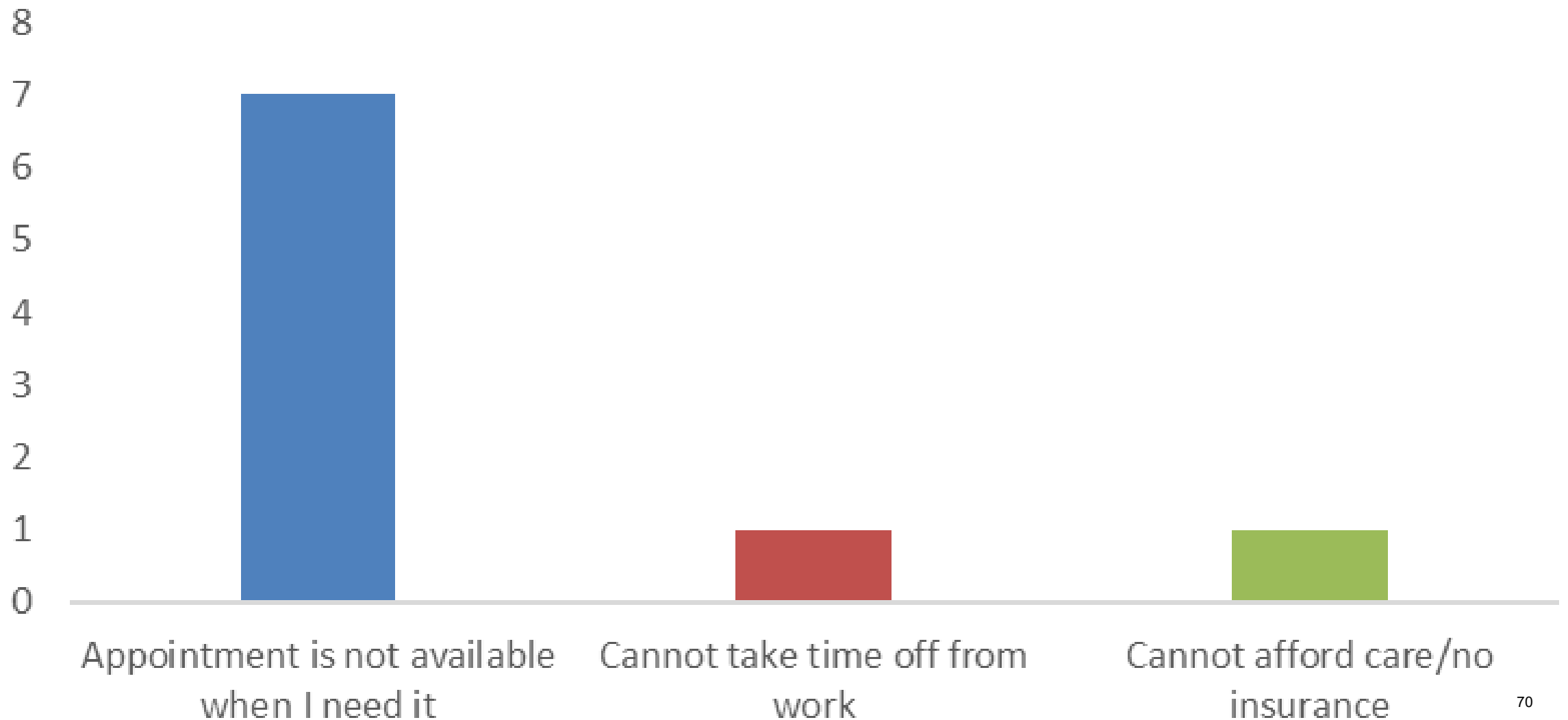


Are your children able to visit a doctor when needed?

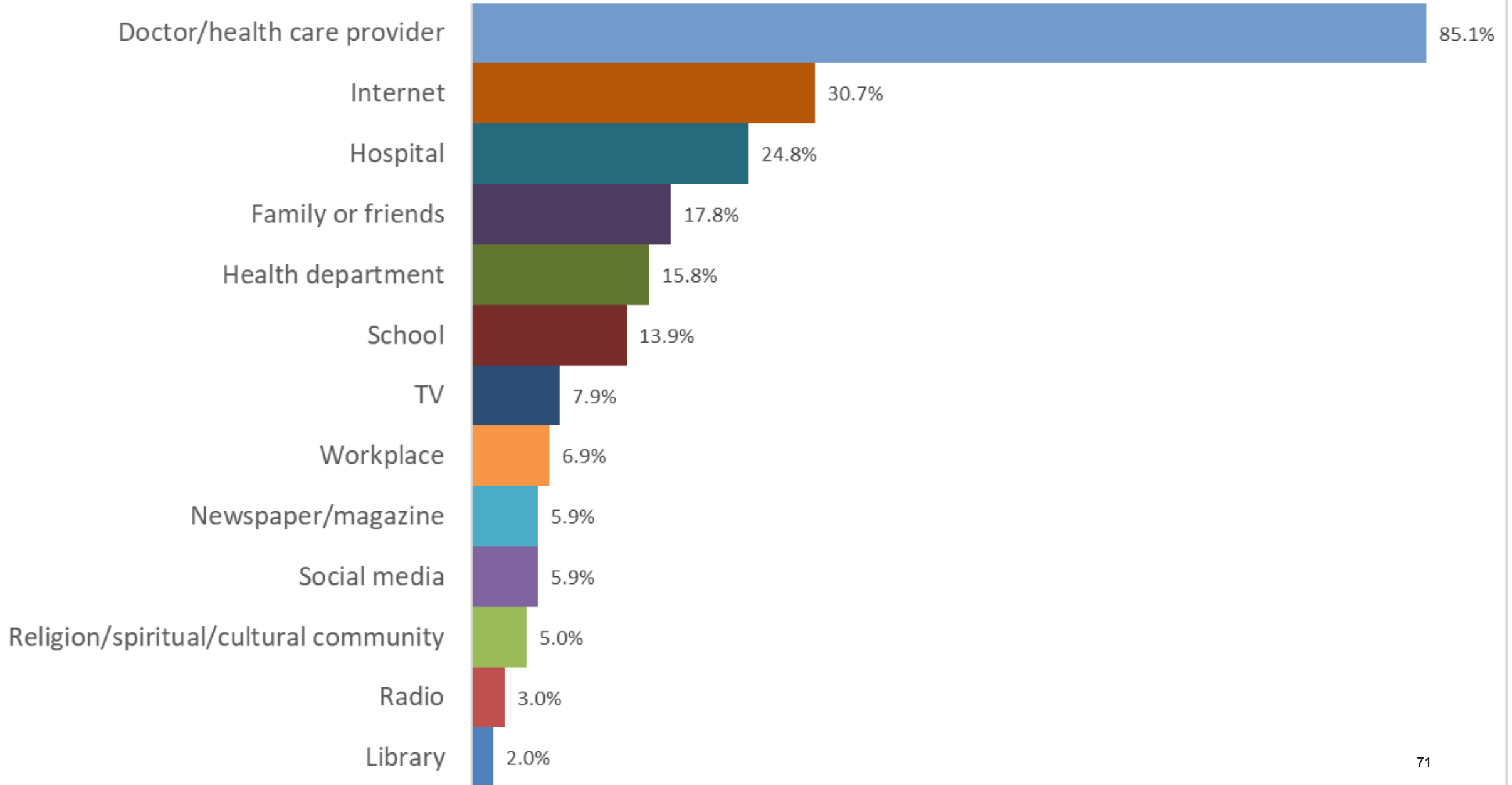


■ Yes ■ No

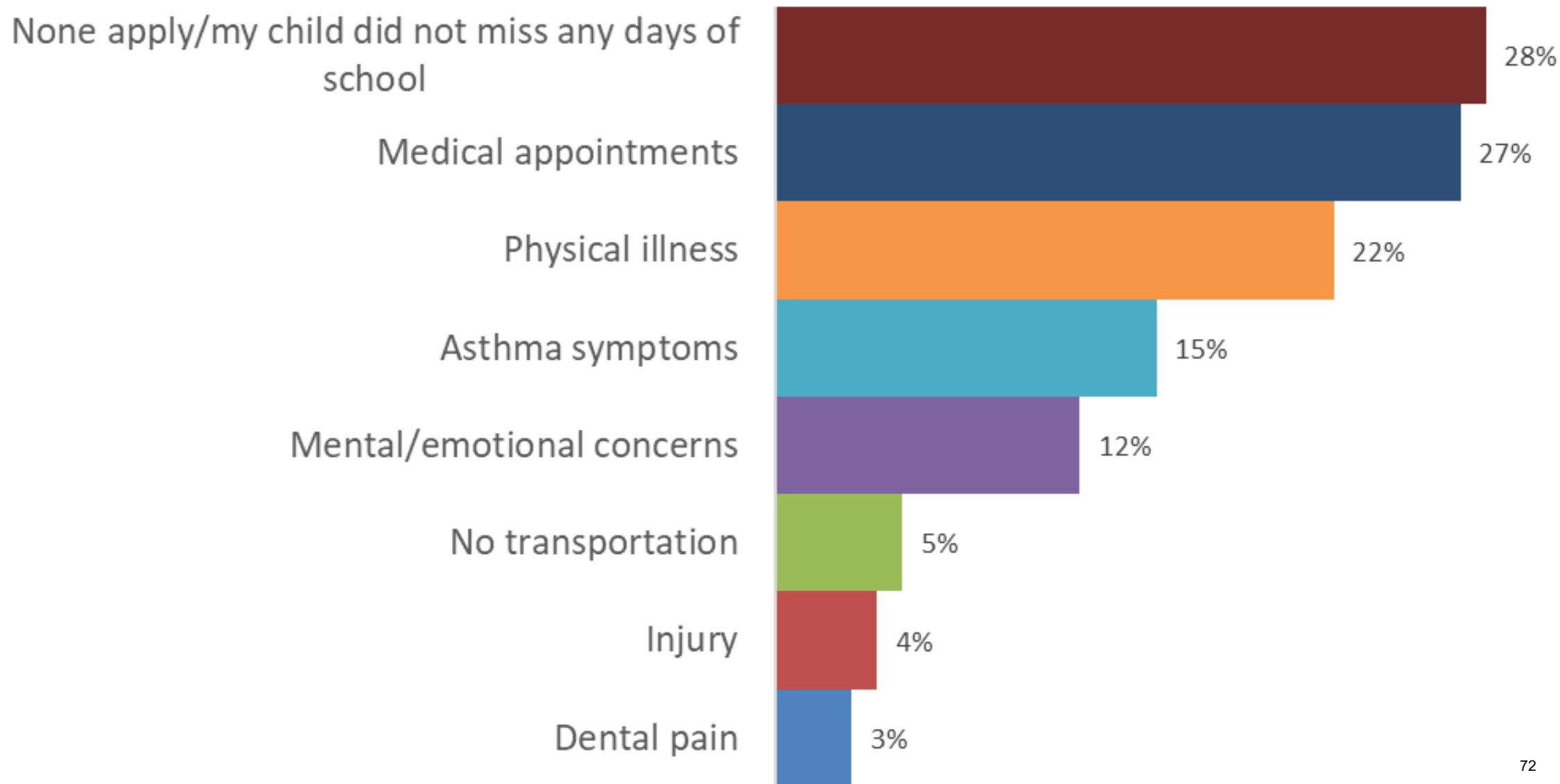
If you answered “No” to question 6, please chose all that apply



Where do you get your health information? (select all that apply)



During the past twelve (12) months, did any of the following result in your child missing days of school? (select all that apply)



Health Priority Areas

- I. Priority area one: Improve Access to Care for Highest Identified Need Services
 - i. Strategies
 1. Expand high-demand outpatient programs and services.
 2. Improve operational efficiencies
 3. Evaluate current referrals out for specialty care that can be retained
 - ii. Tactics
 1. Conduct data analysis to evaluate current patient need for asthma service based on average number of external referrals made annually.
 2. Establish regular clinic for the current speech therapist and PCP who currently provide limited testing and diagnosis services.
 3. Establish a developmental pediatrics program focused on autism services
 4. Hire a developmental pediatrician or PCP focused on delivery of asthma care services
 5. Hire speech therapist and other providers for interdisciplinary care
 6. Evaluate and adjust clinic schedules to maximize utilization of existing clinic slots
 7. Outreach to community-based pediatric providers to understand their referral needs
- II. Priority area two: Address Food Insecurity
 - i. Strategies
 1. Identify stable and more permanent funding sources so pantry has consistent stock
 2. Provide resources and support to employees experiencing food insecurity
 3. Implement closed loop referrals for patients who are identified as food insecure
 - ii. Tactics

1. Hire a grant writer who has experience in government grants/programs
2. Expand current food pantry to include a refrigerator to add produce/perishable items
3. Discuss community organizations or other partners hosting food drives on our behalf
4. Work with the development team to have the food pantry as a directed donation option.
5. Expand current partnership with Just Roots to increase the number of families served
6. Explore ability to have our own garden/planting area
7. Analyze social determinants of health screening questionnaire data to determine patient rate of food insecurity

III. Priority area three: Improve Access to Behavioral Health Programs and Services

i. Strategies

1. Expand access to appointments
2. Open up outpatient behavioral health clinic to community members
3. Expand behavioral health community programs in PSA

ii. Tactics

1. Add weekend and telehealth appointments
2. Collaborate with case management and social work team to assist with documentation and addressing patient social needs so clinician can dedicate more time to therapy.
3. Create efficiency in integrated behavioral and primary healthcare model in outpatient clinic
4. Conduct trauma-informed care training for community base
5. Establish partnerships with community-based organizations to be behavioral health partner

IV. Priority area four: Strengthen Outreach and Community Engagement

i. Strategies

1. Identify new community partners and build sustainable relationships

2. Align community outreach opportunities with broader marketing plan to ensure we are targeting relevant communities
 3. Expand knowledge of La Rabida in our strategic primary service area
 4. Strengthen school and community partnerships
- ii. Tactics
1. Start community ambassador program
 2. Develop marketing plan
 3. Provide training for school staff on trauma-informed care and chronic illness management
 4. Participate in school health fairs and parent nights
 5. Co-develop health education programs for youth
 6. Establish formal referral protocols between schools and La Rabida

During the previous years' strategic plan, La Rabida had a change in leadership, and several of the priorities shifted. Several of the tactics and strategies included in the hospital's previous CHNA are addressed in our strategic plan, and/or continued in this CHNA.

The 2025-2027 CHNA cycle aligns with the creation and implementation of the hospital's strategic plan. The identified health priority areas are consistent with the identified goals and strategies in the strategic plan. We plan to utilize the structure created by the strategic plan to facilitate the implementation of the programs and initiatives to address the health priority areas identified in the CHNA. The strategies and tactics that do not coincide with the timelines in the CHNA the implementation plan includes incremental tactics to address the priority areas.

	Health Priority Area	Strategy	Tactics	Owner(s)	Timeline
I.	Improve Access to Care for Highest Identified Need Services				
		Expand high-demand outpatient programs and services.	Establish a regular clinic for the current speech therapist and PCP who currently provide limited testing and diagnosis services	Lucy Mayhugh, Kathleen Saoud, Keir Mitchell	September 2025-February 2026
			Hire speech therapist and other providers for interdisciplinary care	Keir Mitchell	September 2025-February 2026
		Improve operational efficiencies	Evaluate and adjust clinic schedules to maximize utilization of existing clinic slots	Keir Mitchell, Lucy Mayhugh	July 2025-January 2026
			Optimize staffing model to ensure all clinicians are working at the top of their license	Kathleen Saoud	July 2025-January 2026

		Evaluate current referrals out for specialty care that can be retained	Conduct data analysis to evaluate current patient need for asthma service based on average number of external referrals made annually	Melanie Maeda	September 2025-February 2026
			Establish a developmental pediatrics program focused on autism services	Kathleen Saoud, Lucy Mayhugh, Austa Murray	March 2026-August 2026
II.	Address Food Insecurity				
		Identify stable and more permanent funding sources so pantry has consistent stock	Hire a grant writer who has experience in government grants/programs	Michele Wysoglad, Amy Lulich	By October 2025
			Expand current food pantry to include a refrigerator to add produce/perishable items	Christina Linboom, Dia Awadallah	By end of FY26

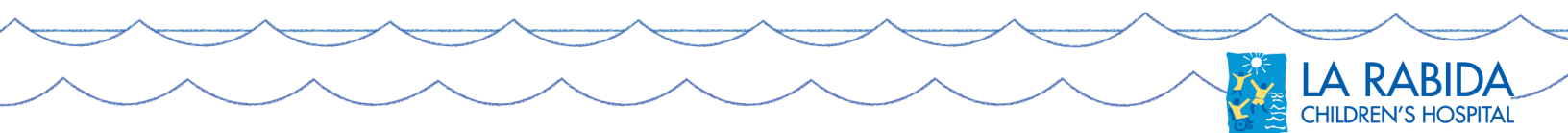
			Discuss community organizations or other partners hosting food drives on our behalf	Amy Lulich, Anne Wilson, George Hardin	By end of FY26
			Market the food pantry as a directed donation option	Anne Wilson	FY27
			Expand current partnership with Just Roots to increase the number of families served	Christina Linboom	May 2026
		Provide resources and support to employees experiencing food insecurity	Create health equity task force	Human Resources	By October 2025
			Provide onsite food pantry for employees	Christina Linboom	By end of FY26
		Implement closed loop referrals for patients who are identified as food insecure	Analyze social determinants of health screening questionnaire data to determine patient rate of food insecurity	Christina Linboom	July 2026-September 2026
			Add functionalities to EMR to allow for alerts and follow-up	Dia Awadallah	By end of FY27
			Create community resources guide or identify established	Christina Linboom	By end of

			resource (i.e. Unite Us platform) for team to make referrals for patient support		FY27
	III. Improve Access to Behavioral Health Programs and Services				
		Increase appointment availability	Add weekend and telehealth appointments	Kathleen Saoud, Lucy Mayhugh	Beginning January 2026
			Collaborate with case management and social work team to assist with documentation and addressing patient social needs so clinician can dedicate more time to therapy	Christina Linboom, Austa Murray	July 2025-December 2025
			Create efficiency in integrated behavioral and primary healthcare model in outpatient clinic	Austa Murray, Kathleen Saoud, Lucy Mayhugh	July 2025-December 2025
		Open outpatient behavioral health clinic to community	Include in new marketing plan	External affairs/communication team	July 2025-January 2026
			Outreach to community primary care providers to educate	Dia Awadallah	Beginning

			them about our services		January 2026
			Establish partnerships with community-based organizations who are in need of behavioral health services for their constituents		Beginning October 2026
		Expand community programs throughout PSA	Conduct trauma-informed care training for community base	Austa Murray	Begin January 2026
			Identify opportunities for new site locations	Dia Awadallah	Begin January 2026
	IV. Strengthen Outreach and Community Engagement				
		Identify new community partners and build sustainable relationships	Conduct outreach to schools, community organizations and others to identify if La Rabida can be their healthcare partner.	Amy Lulich	Beginning July 2025

		Align community outreach opportunities with broader marketing plan to ensure we are targeting relevant communities	Develop marketing plan	Michele Wysoglad	October 2025- March 2026
		Expand knowledge of La Rabida in our strategic primary service area	Start community ambassador program	Amy Lulich	July 2025
			Establish annual calendar for participation at back-to-school events, health fairs and other community events	Amy Lulich	Ongoing
			Formal outreach to community-based providers in PSA based on market data and marketing plan	Amy Lulich	March 2026
		Strengthen school and	Provide training for school staff on trauma-informed care and chronic illness management	Austa Murray, Christina Linboom	July 2026

		community partnerships			
			Establish preferred healthcare partner relationship with school(s) in our PSA	Kathleen Saoud, Christina Linboom, Amy Lulich	July 2026
			Co-develop health education programs for youth	Christina Linboom	July 2026



LA RABIDA
CHILDREN'S HOSPITAL