



## Principles for Community Health Care Report April 2018

**NAME OF ORGANIZATION:** Council for Jewish Elderly dba CJE SeniorLife

**CONTACT:** Francine Knowles, Grants Specialist

**ADDRESS:** 3003 West Touhy Avenue, Chicago, IL 60645

**PHONE/E-MAIL:** 773-508-1017 [francine.knowles@cje.net](mailto:francine.knowles@cje.net)

Representatives from Chicago area foundations, with input from public health, hospital, payer and community-based health care organizations have developed Principles for Community Health Care. The principles are designed to reinforce the value placed by the philanthropic community on activities to increase access to health care among at-risk populations and expand capacity to address important health care needs. Here is a report on how CJE SeniorLife is working to adhere to those principles.

**MISSION:** CJE's mission is to enhance quality of life and facilitate independence of older adults. Rabbi Abraham Joshua Heschel's profound statement that "The test of a people is how it behaves toward the old" provides the foundation for our values of Respect, Advocacy, Compassion, Intention, Innovation and Accountability that guide CJE in fulfilling its mission.

1. *Identify the high risk/underserved and/or disadvantaged populations in the communities that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.*

With 46 years of experience as a community-based, elder care provider, CJE SeniorLife is dedicated to the healthcare needs of Chicago area vulnerable older adults. As an agency grounded in Jewish values, CJE serves older adults and families of all faiths, persuasions and ethnicities. Individuals with the ability to pay are charged a market-rate fee. The majority of our clients live close to or below the poverty level and receive free or subsidized services. Programming is carried out within four areas of service:

**Life Enrichment** programs support the need of older individuals to stay engaged with life – physically, socially, intellectually, culturally and spiritually – throughout the aging process. Programs include the Center for Healthy Living (CHL) which annually offers educational programs and socialization events led by our Community Health Nurse for 2,500 older adults that help them make healthy choices, get connected to community resources, learn how to use new technology and enhance their quality of life.

**Supportive Resources** include services that provide support and advice to help older adults thrive and "age in place" in the community. Programs include Consumer Assistance, Adult Day Services, Culture Bus, Home-Delivered Meals, Geriatric Care Management, Shalom Bus

transportation, Independent Affordable Housing and Assisted Living. Also, a Linkages program supports older adults who are the primary caregivers for adult children with disabilities. Holocaust Community Services helps Holocaust survivors and family members.

**Healthcare** at CJE addresses both acute and chronic medical and mental health needs, always in coordination with community medical providers. Throughout the CJE system, patient-centered care is an active practice. Programs include individual and group Counseling, Lieberman Center for Health and Rehabilitation short-term rehab and long-term nursing care and Special Support for individuals with Parkinson's disease and Alzheimer's disease.

**Research and Education** includes the Leonard Schanfield Research Institute (LSRI). The LSRI conducts aging-related social and applied research that provides the catalyst for new and innovative program development. Among projects LSRI conducted in fiscal 2016 is the creation of the Bureau of Sages. The Bureau was created to resolve the lack of older adults' voices in research. Homebound adults, nursing home residents and researchers/healthcare professionals have successfully been brought together to learn from one another and to develop meaningful patient-driven research.

- 2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development.*

In mid-April 2015, CJE embarked on a Population Health Survey Project to collect and analyze data to better understand diverse aspects of our client population's health status, including identification of chronic health conditions, healthcare needs and healthcare providers. The project enabled us to obtain information that allows CJE to better align with healthcare organizations and maintain our relevance in meeting the needs of older adults on the north side of Chicago and in the northern suburbs.

Research participants were recruited from CJE's client population, including residents of CJE's independent housing facilities, residents of CJE's Gidwitz Place for Assisted Living and clients living in the community and receiving CJE home and community-based services.

In addition to general demographic information, the survey covered: 1) Provision of healthcare, 2) Health conditions and disabilities, 3) Health risks and behaviors, 4) Common needs for assistance, 5) Social support and 6) Health and quality of life.

The data that we collected has strengthened our ability to communicate to strategic partners, policy makers and the community what the needs for services are and where our power lies in addressing those needs. It also has given us a better understanding of the population we serve and positioned us to better design programming with the future in mind.

In Fiscal 2016, CJE also updated its Strategic Plan to provide direction to support the sustainable success of CJE. Part of that process included the development of nine White Papers that provided a detailed assessment of subjects ranging from demographics to governmental funding to human resources to technology.

Annually, CJE community programs distribute consumer surveys to CJE clients for their thoughts and recommendations and to gauge satisfaction. The Lieberman Center collects several kinds of clinical outcome data to document and improve quality of care for short-term rehab clients and skilled nursing residents.

- 3. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.*

Located in Skokie, CJE's Lieberman Center for Health and Rehabilitation works closely with NorthShore University HealthSystem (NSUHS) and other hospital systems to support the health of our short-term rehab and long-term care residents. CJE entered into an affiliation agreement with NorthShore to develop a Jewish Hospice Program. As part of this arrangement, CJE provides comprehensive training to NSUHS hospice staff about Jewish culture and traditions. As a result, NorthShore can offer sensitive, compassionate palliative and hospice services that are consistent with Jewish values to patients in the hospital, at home, in assisted living and in long-term residential communities, such as our Weinberg Community and Lieberman Center.

- 4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available: 1) Number of clients served, 2) Total amount budgeted by your organization for the program, 3) Percent that program budget is of total agency budget, 4) Percent of program budget that is directly reimbursed by third party payers, 5) Percent of program budget that is covered by public/private grants.*

Two examples of a community-oriented approach to program development are CJE Lieberman Center for Health and Rehabilitation and CJE Home Delivered Meals program.

### **Lieberman Center for Health and Rehabilitation**

The Lieberman Center for Health and Rehabilitation is a residential community with 240 rooms that provides short-term rehabilitation, long-term skilled nursing care and dementia care for about 650 patients and residents annually.

Lieberman's short-term post-acute care unit, the Haag Pavilion, is a 47-room, comprehensive in-patient rehabilitation facility that annually helps 300 patients following hospitalization for an acute illness or injury. It provides person-centered, holistic care and treatment for post-operative general surgery and all types of complex medical conditions including: Parkinson's disease, stroke recovery (including speech and swallowing therapy), wound care, infectious diseases, respiratory disorders and in-room dialysis treatment under the supervision of a nephrologist.

The Lieberman Center for Heart Health, established in 2014, operates in partnership with NorthShore's cardiology group. It is a specialty unit in CJE's Haag Pavilion. Patients with

Congestive Heart Failure, who are discharged from the hospital to the Center, have access to the most current treatments for the management of their after-care and recovery. The Center practices an outcome-oriented, patient-centered approach that takes into account the cause of congestive health failure, the progression of symptoms, and each patient's overall strength and health.

Lieberman's long-term care facility is home to roughly 350 residents annually, and among its specialty programs are the Alzheimer's Special Care Unit and programs focused on pulmonary rehabilitation, Parkinson's disease, nephrology and palliative and hospice care. Among special services Lieberman provides that often are unavailable at similar facilities are dialysis, infusion therapy, pain management and wound care.

Lieberman has more than 50 physicians with privileges to admit and monitor patients representing 17 specialties including cardiology, geriatrics, hematology and oncology, psychiatry, rheumatology, urology, wound care, surgery and other specialties.

The overall Fiscal Year (FY) 2017 expense for Lieberman Center was \$22.1 million, about 39% of the total CJE budget. Medicare revenue for short-term rehab patients and Medicaid revenue for long-term care residents represent about 71% of the revenue. Roughly 27% was insurance reimbursements or private pay and 2% was from CJE endowments. No grant funds supported the program.

### **Home-Delivered Meals**

The Home-Delivered Meals (HDM) program is one of the many ways that CJE helps older adults live in their own homes for as long as possible. HDM's main goal is to meet the nutritional health needs of frail, homebound, low-income elderly in the city and north suburbs. The program's secondary goals are meeting the cultural/spiritual and social needs of clients.

The program administrators work closely with Chicago and suburban city departments to identify and provide food for home-bound elders. In FY 2017, 378 clients received a total of 74,131 meals. That included:

- 328 low-income older adults, who received 48,721 home-delivered meals at no cost to them
- 50 at-home clients and patients in residential facilities, hospitals and nursing homes, who received 25,410 Kosher-to-go meals either through private pay or institutional sales.

The meals were provided to seniors living in north and northwest Chicago neighborhoods as well as Evanston, Niles, Northfield and New Trier Townships.

Seventy-six volunteer drivers, runners and well-being callers ensure that meals are delivered on time, at the correct temperature (either hot or frozen). In 2017, volunteer drivers donated 11,526 hours of their time to HDM. CJE uses consistent delivery routes to provide clients with a predictable routine and a familiar delivery person. Many HDM clients are isolated, and this regular interaction provides them with a social outlet. The agency reinforces this connection

through such gestures as sending birthday cards to all clients. This personal touch is just one way that CJE shows clients that they are valued at an individual level.

The total FY 17 expense budget for HDM was \$748,237, 1.3% of the CJE budget. Thirty percent of funding came from the federal government, 30% from foundations, 27% from private pay clients and hospitals, 11% from the State of Illinois, and 1% each from individual donors and the CJE endowment. There are no third-party payers. Government funding for HDM does not cover the entire cost of production and delivery at \$9.50 per meal. CJE is reimbursed at only \$6.30 per meal for regular daily meals.

A consumer survey is delivered with the meals in the spring with a large number returned to the HDM drivers. In FY 17, 94% of respondents reported that the home delivered meals helped them to maintain their independence, and 90% reported the meals help them feel connected to the community.