

Principles for Community Health Care Report

May 2017

NAME OF ORGANIZATION: Council for Jewish Elderly dba
CJE SeniorLife

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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 45 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

CJE's Lieberman Center for Health and Rehabilitation offers long-term care and short-term rehabilitation and serves 500 older adults each year. From its opening in 1981, Lieberman Center has provided innovative, individualized patient-centered care. It is well-known for its use of creative arts therapy with residents and short-term rehab patients.

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 for Short-term Rehabilitation. 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. In 2016, the Heart Health center admitted 74 patients (averaging 84-years old) with a primary cardiac disease diagnosis. The 30-day rehospitalization rate due to cardiac-related issues for these patients was 18%. This exceptional outcome is due in part to the Lieberman +30 Transitional Care Nursing Program, which is designed to help patients manage successful transitions to home by providing education, coaching and follow-up care.

The overall FY 2016 expense for Lieberman Center was \$21.45 million, about 37% of the total CJE budget. Medicare revenue for short-term rehab patients and Medicaid revenue for long-term care residents represent about 68% of the revenue. At least 5% was insurance reimbursements or private pay. The final 27% was from CJE general operating revenue and private grants.

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 fiscal year 2016, 394 clients and 34 residential facilities received a total of 78,351 meals. That included:

- 343 low-income older adults, who received 53,192 home-delivered meals at no cost to them.
- 51 clients who received 5,732 Kosher to Go Meals either through private pay or institutional sales

- Patients residing in local residential facilities, including nursing homes and hospitals, who received 19,427 meals.

These meals were provided to seniors living in the north and northwest side neighborhoods of Chicago as well as Evanston, Skokie, Lincolnwood, Morton Grove and Niles. Meals are provided Monday through Friday, all year round.

Two full-time and one part-time paid drivers and a pool of 75 volunteers ensure that meals are delivered on time, at the correct temperature (either hot or frozen). 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 FY16 budget for the program was \$730,499, 1.3% of the CJE budget. 26% of the program is fee-based; the rest is covered by private and public grants. There are no third-party payers. Government funding for HDM does not cover the entire cost of production and delivery — \$9.63 per meal. CJE is reimbursed at only \$5.89 per meal for regular daily meals. Reimbursement rates for weekend meals at \$5.27 are even lower. In addition, CJE absorbs the total cost of continuing to serve Chicago residents not eligible for state funding.

A consumer survey is delivered with the meals in the spring, with a large number returned to the HDM driver. 94% of respondents reported that the home delivered meals helped them to maintain their independence, and 92% stated they were satisfied with the meals they receive.



CJE SeniorLife® is a partner with the Jewish United Fund in serving our community.