



Principles for Community Health Care Report November 2019

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. This is a report on how CJE SeniorLife (CJE) 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 48 years of experience as a community-based eldercare services provider, CJE is dedicated to the health care needs of vulnerable older adults in the Chicago area. As an agency grounded in Jewish values, CJE serves older adults and families of all faiths and ethnicities. The majority of our clients live close to or below the poverty level and receive free or subsidized services. Individuals with the ability to pay are charged a market-rate fee. Programming is carried out within four areas of service:

Life Enrichment programs support the need of older individuals to stay engaged with life throughout the aging process physically, socially, intellectually, culturally and spiritually. Programs include Community Engagement, which offers educational programs and socialization events to help older adults make healthy choices, connect 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, Transportation, Independent Affordable Housing and Assisted Living. 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.

Health care at CJE addresses 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 rehabilitation and long-term nursing care and special support for individuals with Parkinson's disease and Alzheimer's disease.

Research and Education occurs at CJE's Leonard Schanfield Research Institute (LSRI), our in-house applied research unit. Through social and clinical research and dissemination, LSRI seeks to increase scientifically-proven outcomes and impacts and implement innovative models of health care that improve health and quality of life for older persons and support families and communities that care for them. Its work is done in partnership with the health care community.

- 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 2017, CJE launched the Program Outcomes and Data Management Project, an ongoing effort to improve the quality and accessibility of our client and program data. The project entails development of a client data and outcomes measurement system that incorporates a Continuous Quality Improvement process across all CJE direct service departments. A major goal of this intensive effort is to give staff access to real-time data that enhances their ability to provide the best possible services to their clients. It is positioning us to better analyze our client population's service gaps, predict service use and proactively coordinate appropriate care. The effort allows us to promote successful outcome data to build partner relationships and gain referrals to older adults in need of CJE's programs. Finally, the initiative is helping us to be more competitive in the rapidly evolving health care field and stay true to our mission to facilitate the independence of older adults and enhance their quality of life.

CJE distributes consumer surveys annually to clients to gauge satisfaction and ascertain their thoughts and recommendations on our programs. In addition, CJE's Lieberman Center for Health and Rehabilitation collects clinical outcome data to document and improve quality of care for short-term rehabilitation clients and skilled nursing residents.

In Fiscal Year (FY) 2016, CJE 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.

In 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, health care needs and health care providers. The project enabled us to obtain information that allows CJE to better align with health care 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. They included residents of CJE's independent housing facilities, residents of CJE's Gidwitz Place for Assisted Living and clients who lived in the community and received CJE home and community-based services.

In addition to general demographic information, the survey covered: 1) provision of health care, 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 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 gave us a better understanding of the population we serve and positioned us to better design forward-thinking programming.

- 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 rehabilitation and long-term care residents. CJE also previously worked with NorthShore to develop a Hospice Program. As part of the arrangement, CJE provided comprehensive training to NSUHS hospice staff about Jewish culture and traditions that helped staff offer sensitive, compassionate palliative and hospice services 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 for Senior Living 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's Lieberman Center for Health and Rehabilitation and our Home Delivered Meals program.

Lieberman Center for Health and Rehabilitation

The Lieberman Center for Health and Rehabilitation is a 240-bed long-term nursing facility that also provides short-term rehabilitation, long-term skilled nursing care and dementia care.

Lieberman's long-term care facility is home to roughly 219 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. Physicians represent 17 specialties, including cardiology, geriatrics, hematology and oncology, psychiatry, rheumatology, urology, wound care, surgery and more.

Some residents of Lieberman Center are participants in CJE's Bureau of Sages, created to address the lack of older adults' voices in research. The program brings nursing home residents, homebound adults, researchers and health care professionals together to learn from one another and develop meaningful patient-driven research. The program launched at Lieberman in 2016, and since then, CJE has partnered with other organizations to help them develop Bureaus in Pennsylvania, Ohio and another site in Chicago. CJE also is helping with development of a Bureau in Massachusetts.

Lieberman's short-term post-acute care unit, the Haag Pavilion, is a 48-bed, 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.

The overall FY 2019 expense for Lieberman Center was \$22.9 million — 41 percent of the total CJE budget. Medicare revenue for short-term rehabilitation patients and Medicaid revenue for long-term care residents represent about 28 percent of the revenue. Roughly 30 percent was insurance reimbursements or private pay, 19 percent from grants and 3 percent from CJE endowments.

Home-Delivered Meals

The Home-Delivered Meals (HDM) program'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. HDM is one of the many ways that CJE helps older adults live in their own homes for as long as possible.

Program administrators work closely with Chicago and suburban city departments to identify and provide food for home-bound elders. In FY 2019, 345 seniors received a total of 54,048 free

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

CJE's large pool of dedicated volunteers is responsible for 30 percent of delivered meals and saves CJE nearly \$85,000 a year in staff and travel expenses. In FY 2019, our volunteer drivers generously donated more than 5,000 hours of their time. Drivers, runners and well-being callers 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 FY 19 expense budget for HDM was \$712,269 — 1 percent of the CJE budget. Forty-three percent of funding came from the federal government, 29 percent from foundations, 25 percent from private pay clients and hospitals and 0.6 percent from the CJE endowment. There are no third-party payers. Government funding for HDM does not cover the entire cost of production and delivery at \$13 per meal. CJE is reimbursed at only \$7.15 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 19, 93 percent of respondents reported that the home-delivered meals helped them maintain their independence, and 64 percent reported the meals helped them feel more connected to the community.