

Joyce Eisenberg-Keefer Medical
Center

Community Health Needs Assessment

2023 – 2025



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About Joyce Eisenberg-Keefer Medical Center

The Joyce Eisenberg-Keefer Medical Center (JEKMC) is the highest-acuity portion of Los Angeles Jewish Health (LAJH), a leading nonprofit senior care organization in the state of California. Our state-of-the-art inpatient facility is the preferred choice in Los Angeles County and incorporates Los Angeles Jewish Health's nationally acclaimed model of compassionate, high-quality care.

With a specialized geriatric care staff and an interdisciplinary team treatment approach, we focus on reducing symptoms and treating the underlying condition in a calm, nurturing environment. Our beautiful facilities include private rooms for each patient.

Offering an acute psychiatric hospital and a licensed facility of LAJH, JEKMC is dedicated to improving the health of Los Angeles' geriatric community. In total, LAJH serves more than 4,000 seniors through our comprehensive healthcare programs, including providing independent living options for those who want the reassurance that help is there if they need it. From adult day care activities to residential living to short-term or long-term care, we meet you where you are in life to provide the right personalized senior experience for you.



Our Mission

Every day, we provide high-quality, compassionate care for seniors in the Los Angeles area. Our mission is excellence in senior care, reflective of Jewish values: charity, quality, dignity and fiscal responsibility.

Our Services

JEKMC includes a 239-bed, distinct part, skilled nursing facility and a 10-bed, acute geriatric, psychiatric hospital. The hospital portion provides holistic care for a full range of conditions, including but not limited to anxiety/panic disorders, bipolar disorder, delirium, dementia with behavioral problems, depression, impulse control or dissociative disorder,

post-traumatic stress disorder and schizophrenia/psychotic disorders. Our interdisciplinary team coordinates multiple specialties to develop, implement and review individualized treatment plans on an ongoing basis. Features of our patients' stay include:

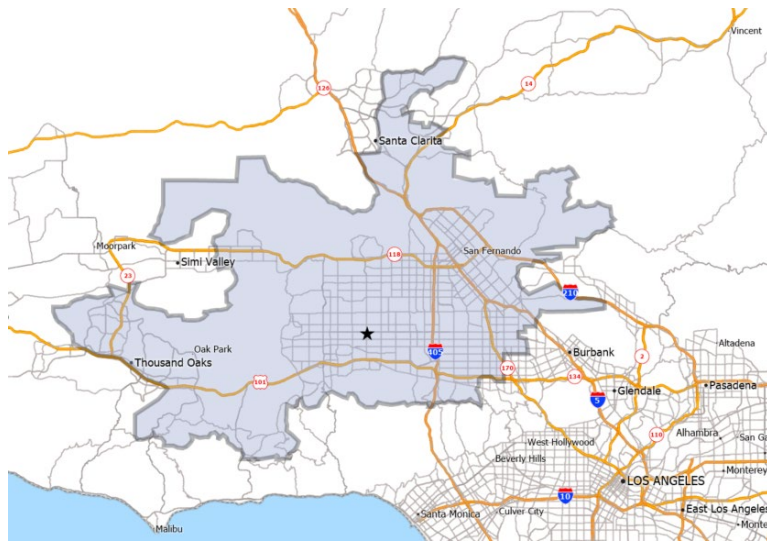
- ▶ Specialized staff, including board-certified geriatric psychiatrists, experienced psychiatric RNs and psychiatric social workers
- ▶ RNs in the unit 24/7
- ▶ Physicians available 24/7
- ▶ Pharmacy services available 24/7
- ▶ Comprehensive medical workup and treatment
- ▶ Individual, group, cognitive, recreational and family therapies
- ▶ Spiritual counseling
- ▶ Kosher meals

As a skilled nursing facility with an acute geriatric psychiatric hospital, JEKMC serves as the sole provider of care to a vulnerable and high-need population. Every three years, JEKMC conducts a community health needs assessment (CHNA) to assess the health of our community and to identify unmet health needs based on population trends, health indicators and socioeconomic factors.

To learn more about JEKMC, visit lajhealth.org.

Our Community

JEKMC is located in Reseda, California. The community served by JEKMC, which remains in alignment with the 2017 and 2020 needs assessments, consists of over 1.5 million residents located in a total of 40 ZIP codes (which consists of both incorporated and unincorporated cities/communities) of the San Fernando Valley. This area is surrounded by suburban and rural communities, mountain ranges and public open spaces.



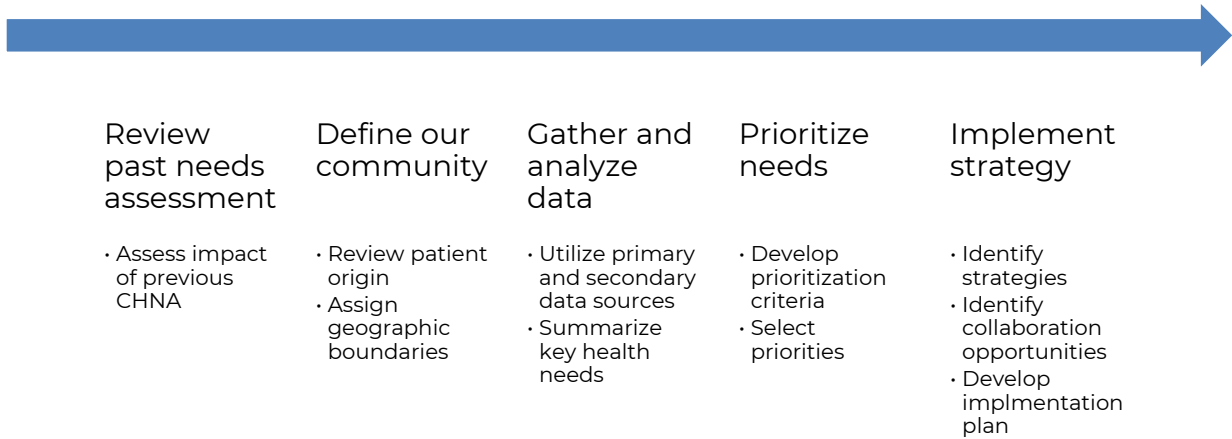
■ JEKMC's service area
★ JEKMC

JEKMC provides services to this geographically, economically and ethnically diverse region.

Methodology

Our Process

JEKMC engaged Wipfli LLP (Wipfli) to help conduct the CHNA. Wipfli used the following process to analyze the health needs of the community and develop the priorities of the needs assessment:



This process was overseen by the CHNA Advisory Committee, which consists of leadership from JEKMC who represent the broad interests of the community. Committee members were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The CHNA Advisory Committee consists of the following members:

- ILANA SPRINGER, CEO/ADMINISTRATOR, JEKMC**
- JULIA JUNG, PROGRAM DIRECTOR, AUERBACH GERIATRIC PSYCHIATRIC UNIT, JEKMC**
- DR. NOAH MARCO, CMO, LOS ANGELES JEWISH HEALTH**
- DR. NITIN NANDA, MEDICAL DIRECTOR, AUERBACH GERIATRIC PSYCHIATRIC UNIT, JEKMC**
- SANDY CARRILLO, DIRECTOR OF SOCIAL SERVICES, AUERBACH GERIATRIC PSYCHIATRIC UNIT, JEKMC**
- JANICE GERSHON, PROGRAM MANAGER, AUERBACH GERIATRIC PSYCHIATRIC UNIT, JEKMC**

The process that Wipfli and the CHNA Advisory Committee used to complete this needs assessment is in full compliance with Section 501(r)(3) of the Internal Revenue Code. This needs assessment was approved by the CHNA Advisory Committee and the JEKMC Board of Directors on July 20, 2023.

Data Collection

Information was collected from primary and secondary data sources to identify unmet health needs within the community. Information from these sources was summarized into key themes, which served as the basis of the CHNA.

PRIMARY DATA

Primary data represents information that was collected firsthand from stakeholders within the hospital's community. This data was collected to validate secondary data findings as they pertain to JEKMC's service area, identify issues that were not represented in the secondary data and understand which specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted with community stakeholders who best represented the broad interests, experiences and needs of JEKMC's community, particularly people who represent medically underserved and vulnerable populations. A complete list of the community stakeholders can be found in the Reference and Acknowledgments.

The interviews were designed to solicit information pertaining to the following topics:

- ▶ Significant healthcare issues or needs
- ▶ Social, behavioral and environmental factors that contribute to health needs
- ▶ Barriers to care within the community
- ▶ Vulnerable populations who experience disparities

- ▶ Suggestions or ideas to address the community's needs
- ▶ Potential resources or infrastructure to support health, social, behavioral or environmental needs
- ▶ Areas for collaboration to address health needs

SECONDARY DATA

Secondary data was collected from statistical data sources available at the local, regional, state and national level. This data provides a profile of the demographic, social, economic and health characteristics of JEKMC's community. To the extent possible, data was collected at the local level and compared to regional, state or national benchmarks. Benchmarks labeled as 90th percentile represent benchmarks from the top 10% of comparable counties nationally.

Sources of secondary data include:

- ▶ American Community Survey
- ▶ California Health Interview Survey
- ▶ Center for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Esri Business Information Solutions
- ▶ U.S. Census

Prioritization of Community Needs

Once the primary and secondary data were gathered, the data was collectively analyzed to identify key themes that represented the unmet health needs within the community. The CHNA Advisory Committee convened as a group to rate the unmet health needs to determine which needs would be prioritized by JEKMC over the next three years. The CHNA Advisory Committee rated the unmet health needs based on the following criteria:

Scope

- How many individuals are touched by this issue?

Significance

- How significantly does the issue impact those touched by it?

Impact

- How much of an impact can JEKMC have on addressing this issue?

Limitations

JEKMC, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report.

However, JEKMC recognizes that the responses reflected in the community stakeholder interviews represent the opinions of those interviewed and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as there is no way to guarantee that the perspectives of these participants are fully representative of those in the service area. County-level data may be featured in this report when more local data pertaining to the hospital's service area was not available. The extent to which local needs vary from county, state or national trends cannot be ascertained with any degree of certainty.

JEKMC's emphasis on recruiting a set of diverse perspectives and using local or regional data when available to determine the health needs of the community demonstrates JEKMC's commitment to understanding and meeting the needs of its service area.

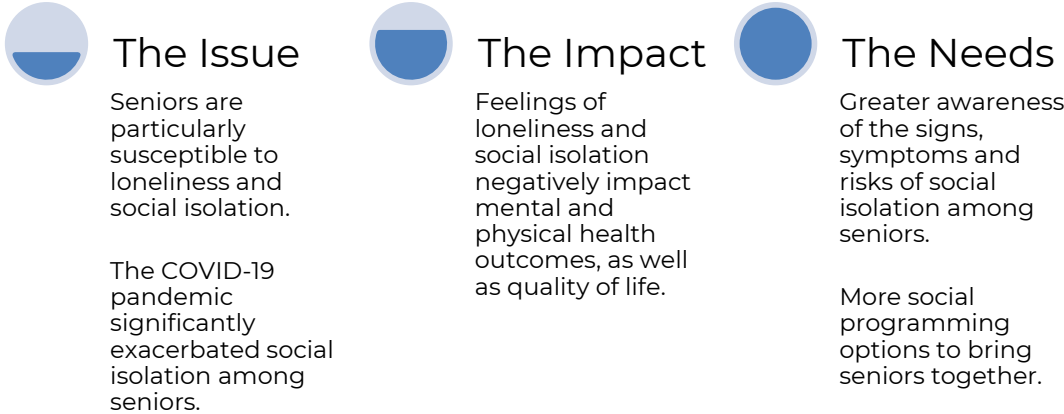
Community Health Priorities

The 2023 CHNA priorities, in no particular order, are loneliness and social isolation in seniors and early identification of mental health conditions in seniors.



Additional context regarding the selection of these health needs as priorities for JEKMC is provided below.

Loneliness and social isolation in seniors



Approximately 57% of community stakeholders interviewed for this needs assessment identified loneliness and social isolation as a significant health issue among seniors. The prevalence of social isolation among seniors is significant, with 20%-40% of seniors reporting feeling lonely at any given point in time and 5%-7% of seniors reporting intense or persistent loneliness.¹ Feelings of loneliness and social isolation are demonstrated to negatively impact physical and mental health outcomes in seniors, often associated with an increased risk of developing depression or anxiety, dementia or other forms of cognitive decline, a reduced quality of life and overall higher mortality.²

Stakeholders specifically identified older adults who are confined to their homes or living spaces, or “homebound seniors,” as particularly susceptible to loneliness due to their limited ability to interact with other people or perform activities of daily living, such as cooking, cleaning, running errands or attending appointments. Research also indicates that

¹ Luo, Ye, et al. "Loneliness, health, and mortality in old age: A national longitudinal study." *Social science & medicine* 74.6 (2012): 907-914.
² Nicholson, Nicholas R. "A review of social isolation: an important but underassessed condition in older adults." *The journal of primary prevention* 33 (2012): 137-152.

seniors who report more functional limitations and an inability to engage in meaningful activities also tend to report higher rates of loneliness and greater social isolation compared to their nonlimited peers.³ The COVID-19 pandemic also similarly exacerbated both objective and perceived feelings of loneliness due to social distancing and shelter-in-place orders, masking requirements, and reduced visitation with friends and family, among other factors. Research also supports this trend, with higher rates of loneliness and poor mental health outcomes observed among seniors during the COVID-19 pandemic.⁴

To tackle this issue, stakeholders identified a significant need to develop ways to bring seniors together so that they can socially engage with one another, their loved ones and their surroundings again, and develop a sense of purpose. Specifically, stakeholders identified a need to better understand each senior’s unique social drives and develop a diverse continuum of programming options to support those needs. While LA Jewish Health has begun piloting the rollout of programs such as certified pet therapy, music therapy and intergenerational programming, stakeholders also identified the opportunity to engage the broader community to improve awareness of the signs and symptoms of social isolation and provide resources to help alleviate the challenges seniors experience with social isolation.

Early identification of mental health conditions in seniors



The Issue

Identification of mental health conditions in seniors too late, at the point of crisis.

Stigmatization of mental health conditions among seniors.



The Impact

Seniors who lack early identification and treatment tend to develop more severe mental health conditions that require more intensive treatment, including inpatient placement.



The Needs

Greater awareness of mental health conditions in seniors.

More and better patient/family educational tools, provider education tools and screening tools for seniors specifically.

Approximately 29% of community stakeholders interviewed for this needs assessment identified early identification of mental health conditions as a significant health need among seniors. Identifying deteriorating mental health early on is an important success factor of treatment that allows members of a senior’s care team to help connect them with resources and support services that can help them manage their condition and, when needed, to intervene earlier with treatment, which collectively can reduce the need for more intensive care. Early identification is particularly important for seniors in the San

³ Czaja, Sara J., Jerad H. Moxley, and Wendy A. Rogers. "Social support, isolation, loneliness, and health among older adults in the PRISM randomized controlled trial." *Frontiers in Psychology* (2021): 4307.

⁴ Krendl, Anne C., and Brea L. Perry. "The impact of sheltering in place during the COVID-19 pandemic on older adults' social and mental well-being." *The Journals of Gerontology: Series B* 76, no. 2 (2021): e53-e58.

Fernando region of Los Angeles, where approximately 10% of seniors report high rates of psychological distress, a rate higher than county and state benchmarks.⁵

Stigmatization of mental health conditions may impact seniors or their loved ones from self-identifying when cognitive decline or other mental health conditions are present. Seniors are generally less likely to seek professional care for their mental health conditions relative to other age cohorts, potentially due to factors such as stigmatization or not understanding what treatment options are available to them.⁶ According to the California Health Interview Survey, of the seniors in the San Fernando region of Los Angeles who seek help for behavioral health issues, approximately 38% do not receive treatment, based on pooled data from 2019 to 2021. Better awareness of mental health challenges among seniors may help reduce this stigma by normalizing the experience of seeking help and talking openly about mental health.

To tackle this issue, stakeholders identified a need for more and better patient/family educational tools, provider education tools and screening tools to improve the identification of symptoms of deteriorating mental health among seniors earlier on. With a shortage of behavioral health providers locally⁷ and nationally, particularly for geriatric psychiatry, the need to better educate patients, their families and other practitioners, such as primary care providers and social workers, regarding the early signs and symptoms of deteriorating mental health will become even more important for seniors.

Other Identified Needs

The following health needs were identified throughout the community health need assessment process but were not prioritized by the CHNA Advisory Committee as the committee felt that JEKMC is already actively working to improve these issues within their scope of expertise as a nonprofit geriatric psychiatric hospital. JEKMC will continue to engage in and support community partnerships with other entities working in these areas.

ACCESSIBILITY OF COMPREHENSIVE CASE MANAGEMENT SERVICES
ACCESSIBILITY OF SYSTEMS OF SOCIAL SUPPORT
ADVANCED CARE PLANNING AND PATIENT/FAMILY EDUCATION
ACCESSIBILITY OF SUB-ACUTE PLACEMENT OPTIONS FOR SENIORS

⁵ California Health Interview Survey, based on 2021 data for people over the age of 65 years old

⁶ Reynolds, Kristin, Maria Medved, Corey S. Mackenzie, Laura Megan Funk, and Lesley Koven. "Older adults' narratives of seeking mental health treatment: making sense of mental health challenges and "muddling through" to care." *Qualitative Health Research* 30, no. 10 (2020): 1517-1528.

⁷Coffman, Janet. "California's psychiatry workforce challenges." *Healthforce Center at UCSF* (2020)

CHNA Implementation Plan

In collaboration with Wipfli and the CHNA Advisory Committee, JEKMC developed an implementation plan to address the prioritized health needs. The plan addresses the following for each health need:

Strategic Objectives

- What high-level, long-term goals will JEKMC set for itself to address this need?

Tactics

- What specific actions and methods will JEKMC use to address its strategic objectives?

JEKMC will explore the following strategic objectives and tactics to address the prioritized health needs:

Loneliness and social isolation in seniors

Strategic Objectives

- Leverage partnerships to improve awareness within LAJH, providers, and residents of the community regarding loneliness and social isolation in seniors.
- Quantify prevalence of social isolation among seniors served by LAJH today.

Tactics

- Develop and publish educational materials regarding the signs, symptoms and risks of social isolation among seniors, focusing on general and COVID-19-specific issues.
- ▶Host a community event/lecture at a LAJH facility regarding loneliness and social isolation, how to identify seniors that may be struggling and resources available to address the issue.
- ▶Partner with or serve as a guest speaker for local medical residency/nursing programs to improve awareness of loneliness and social isolation among providers.
- ▶Update the screening questionnaire to include questions regarding senior social interaction and social drivers of health (SDOH).

Early identification of mental health conditions in seniors

Strategic Objectives

- Provide educational resources and outreach within and outside of LAJH to improve early identification of mental health conditions in seniors.
- Explore digital tools to aid in the early detection of mental health conditions in seniors.

Tactics

- Host a community event/lecture regarding screening and interventions for behavioral health conditions prior to inpatient treatment.
- Host internal meetings with LAJH providers/stakeholders regarding screening and interventions for behavioral health conditions, focusing on therapeutic treatments prior to inpatient admission.
- Coordinate with LAJH communication/marketing department to develop publications to improve awareness of screening for behavioral health conditions among seniors.
- Explore options to implement digital mental health detection and prevention software/application into the EMR system to improve early identification among seniors in the community.

Evaluation of Previous CHNA Implementation Plan (2020–2022)

Previous CHNA Priorities

JEKMC conducts a CHNA every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Case management services, patient and family education and resources to support early identification of mental illness
- ▶ The impact of COVID-19 on health outcomes and accessibility

Impact Evaluation

The following summarizes JEKMC's effort in addressing the previous health priorities identified in the CHNA:

Case management services, patient and family education and resources to support early identification of mental illness

- An additional master of social work (MSW) position was approved by the board to support geriatric patients in the psychiatric unit and their families.
- Redefined the role of charge nurse in the psychiatric unit with an emphasis on the intake and admissions process to ensure comprehensive admission assessments. Leadership now provides education regarding validated screening assessments.
- Implemented protocols so that upon patient discharge, the social services department follows up with patients who were previously treated for suicide ideation at seven and 30 days post discharge to ensure continuum of care and provide support for patients and/or the patient's support system.
- Implemented protocols so that upon patient discharge, warm handoffs are facilitated with post-acute and acute partners regarding successful and individualized mental health interventions in an effort to reduce the need for readmission to a psychiatric hospital.
- Provided education to post-acute partners regarding early identification of mental health decline and implementation of mental health interventions in an effort to reduce the need for a higher level of care.
- Created and implemented electronic health records for patients.

Impact of COVID-19 on health outcomes and accessibility

- The psychiatric unit was upgraded to address ligature risk identified. The unit was maintained open and in operation throughout the construction process to ensure its ability to serve the mental health needs of the community.
- Updated infection prevention and control protocols based on regulatory agencies' guidance and best practices and were able to provide mental health services to COVID-positive patients throughout the pandemic.
- "Red zone" was created within the unit to continue care for COVID-positive patients and to create the ability to admit COVID-positive patients from the community requiring acute mental health services.
- Leadership provided ongoing and real-time education on infection prevention to all staff, in addition to monitoring for compliance with requirements, including staff and patient testing as needed.

References and Acknowledgments

Primary Data Sources

This report was made possible through the contribution of the following organizations who participated as stakeholders in the community input process of this needs assessment:

- ▶ Los Angeles Jewish Health
- ▶ Joyce Eisenberg-Keefer Medical Center
- ▶ Kaiser Permanente
- ▶ Precise Behavioral Health

JEKMC also sought input from public health officials within their service area, in addition to healthcare providers. The following is a list of organizations who were sought to participate in the community input process of the CHNA, but ultimately did not participate:

- ▶ Los Angeles County Department of Mental Health
- ▶ Los Angeles County Superior Court

Secondary Data Sources

Secondary data regarding the community served by JEKMC was referenced from the following sources:

- ▶ American Community Survey
- ▶ California Health Interview Survey
- ▶ Center for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Esri Business Information Solutions
- ▶ U.S. Census

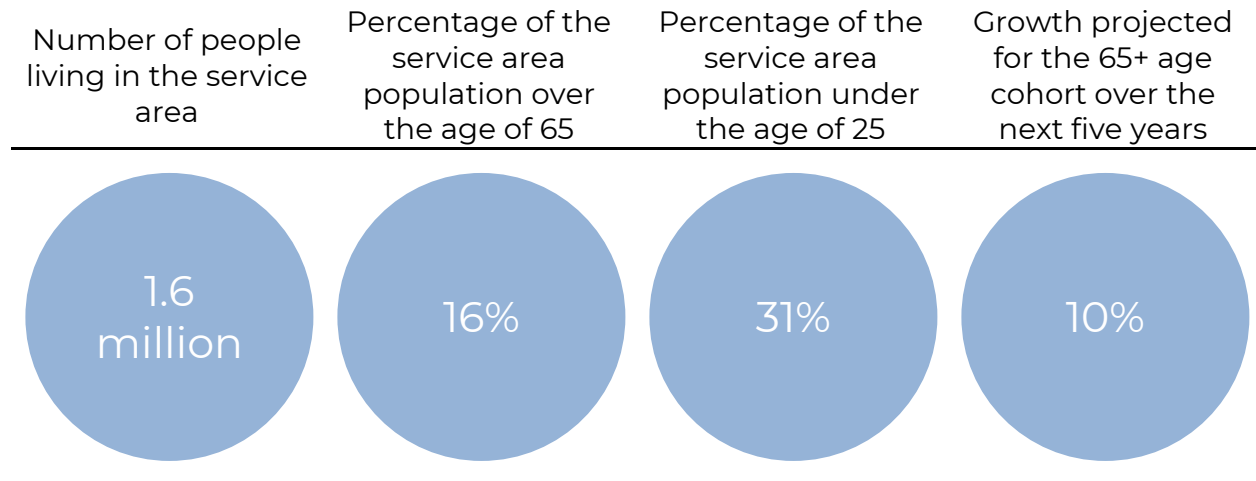
Consulting Services

Wipfli LLP, a national, certified public accounting and consulting firm, assisted JEKMC with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process and compilation of this report.

Community Profile

Demographic Indicators

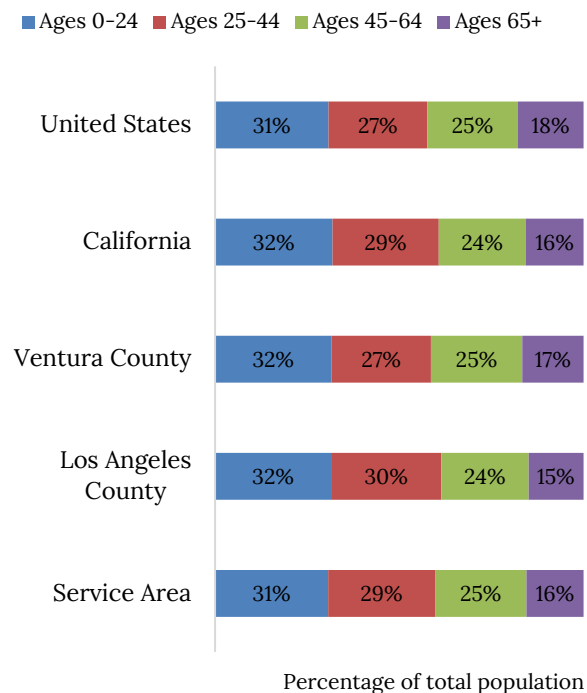
COMMUNITY PROFILE AT A GLANCE



Source: Esri Business Information Solutions, 2021

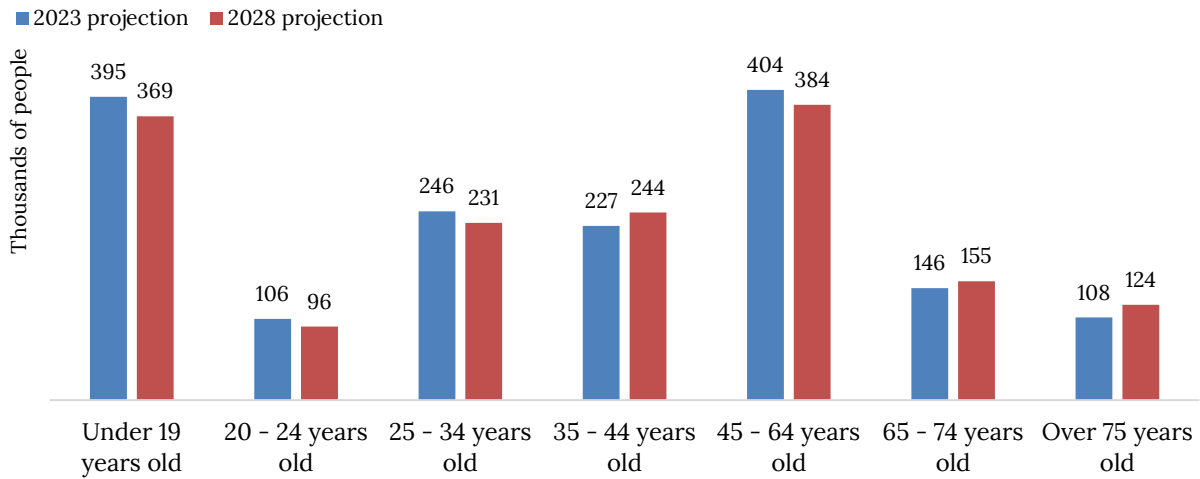
The size and age distribution of a population significantly impacts the prevalence of certain health conditions and the types of health interventions that are needed to promote health and prevent illness. The population of JEKMC's total service area is over 1.6 million people, approximately 15% of which fall in the 65-and-older age cohort. As populations age, there is typically a higher prevalence of chronic conditions such as heart disease, diabetes and cancer, which impacts the resources needed to support that population. While JEKMC's overall service area population is projected to decline slightly by approximately 2%, the 65-and-older age cohort is projected to grow by 10% over the next five years, or by approximately 25,400 people, indicating that more resources will be needed to support this aging community.

Population distribution by major age cohort



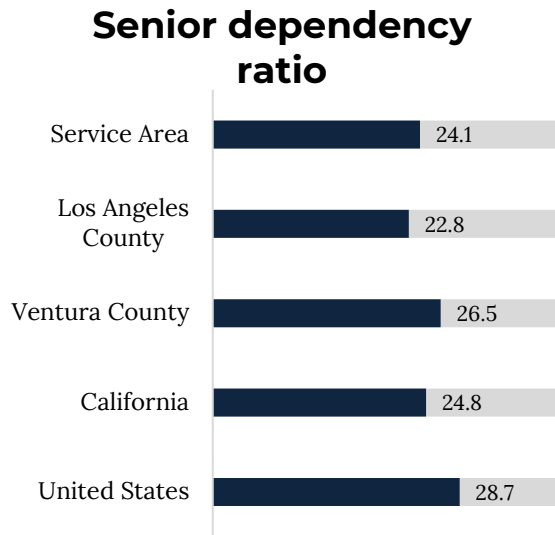
Source: Esri Business Information Solutions, 2023

Projected population by major age cohort, JEKMC service area



Source: ESRI Business Information Solutions

Another relevant population metric is the senior dependency ratio, which constitutes the population ages 65 and older divided by the working-age population. Higher ratios indicate a greater level of dependency on the working-age population. JEKMC's service area's ratio is 24.1, which indicates that there is more population to support the service area's senior population than at the state and national level.

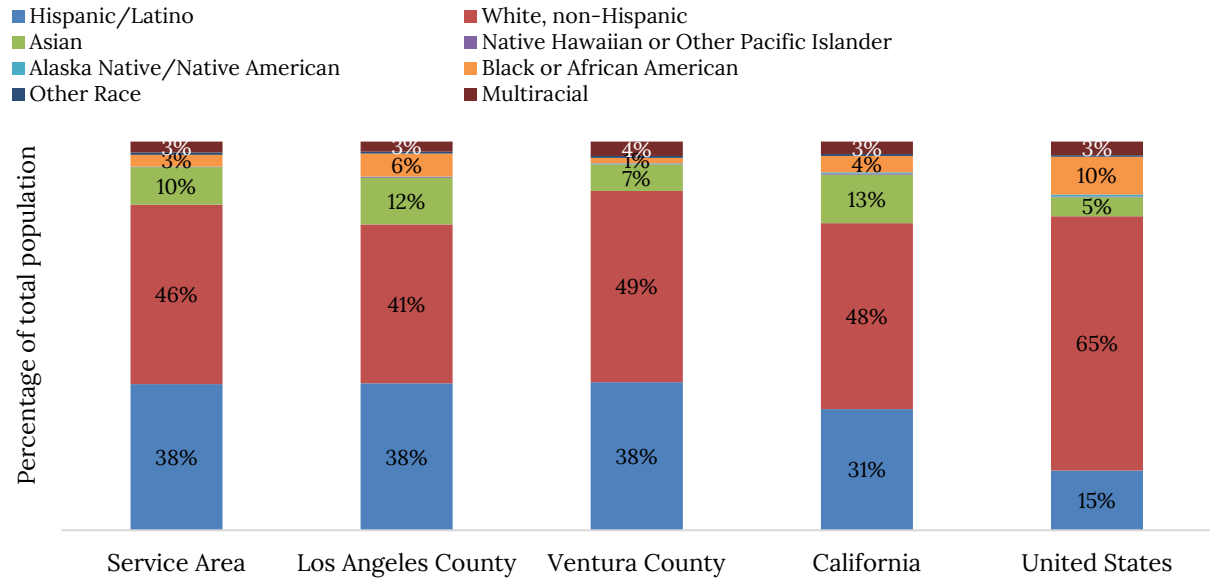


Source: Esri Business Information Solutions, 2022

RACE AND ETHNICITY

Race and ethnicity is an important socioeconomic determinant of health because it can influence a person's exposure to social and economic conditions that can impact their health outcomes. Research has shown that racial and ethnic minority groups are more likely to experience a range of health problems, including chronic diseases, mental health disorders and poor health outcomes. These disparities can be attributed to a range of factors, including differences in access to healthcare, educational and economic opportunities, exposure to environmental hazards, and experiences of discrimination and racism.

Population distribution by race/ethnicity

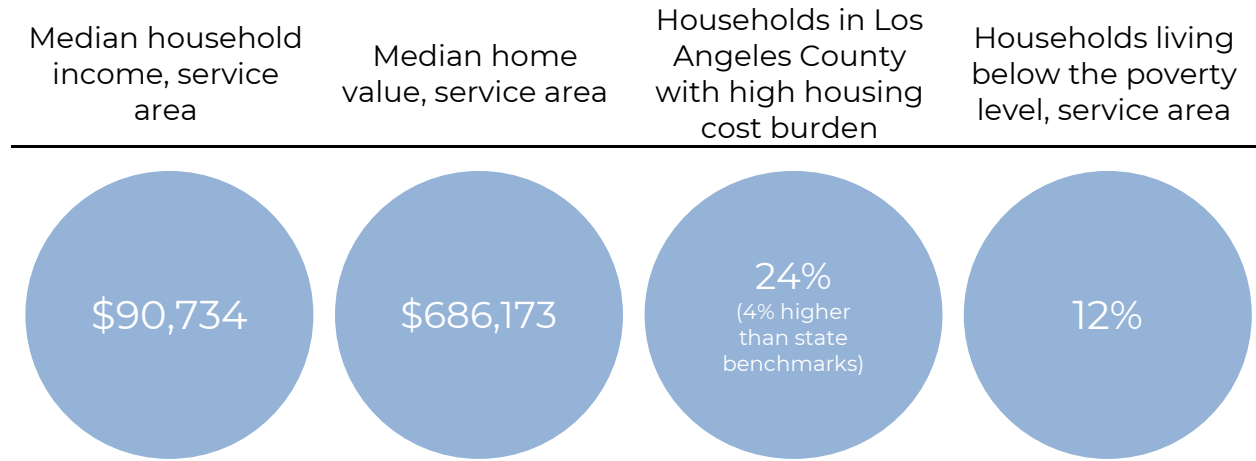


Source: Esri Business Information Solutions, 2023

While JEKMC’s service area is predominantly white, approximately 38% of the population identifies as Hispanic/Latino, which is in line with county benchmarks and slightly exceeding state benchmarks. This is an important distinction of JEKMC’s population as research has indicated that disparities in having access to and receiving adequate care for mental illness exists for minority populations, with Hispanic individuals having the lowest utilization of mental health services compared to other racial and ethnic groups.

Socioeconomic Indicators

COMMUNITY PROFILE AT A GLANCE

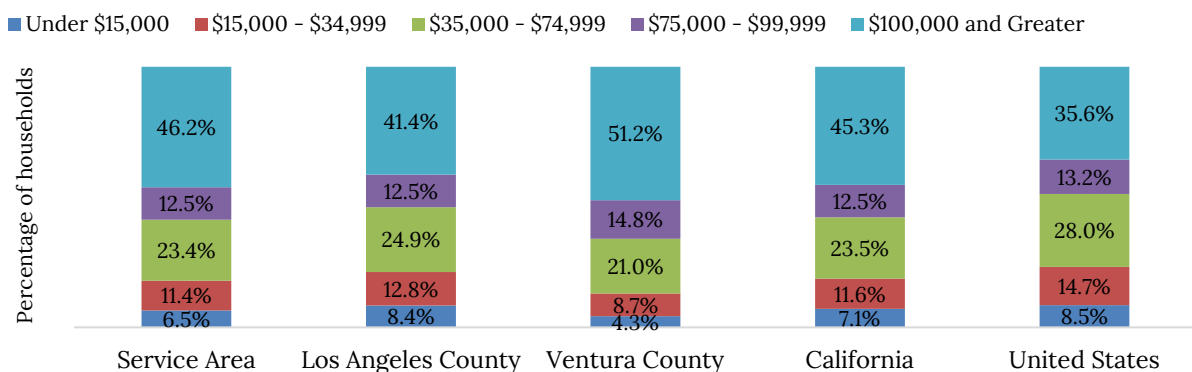


Source: Esri Business Information Solutions, 2022; American Community Survey five-year estimates, 2019-2021

INCOME AND POVERTY

Research has consistently shown that income has a significant impact on the quality and quantity of housing, food and healthcare that an individual or household can afford, as well as their access to transportation, education, and other social and economic resources that contribute to overall health and wellbeing. Individuals and families with lower incomes are more likely to experience a range of health problems, including chronic diseases, mental health disorders and poorer health outcomes. They may also face greater challenges in accessing healthcare services, obtaining healthy food options, and living in safe and stable environments, all of which can negatively impact their health. Thus, household income is an important metric that can influence a range of factors that contribute to individual and population health outcomes.

Household income by income cohort

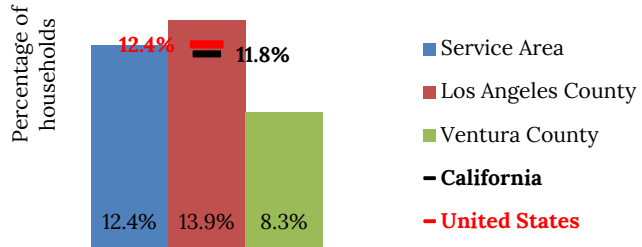


Source: Esri Business Information Solutions, 2022

Overall, the affluence of JEKMC’s service area trends in line with state benchmarks and slightly exceeds national benchmarks; however, the state of California generally exhibits a higher cost of living in terms of housing, food and tax burden, which impacts the financial resources available to access and pay for healthcare.

Poverty also varies across the region served by JEKMC, with Los Angeles County exhibiting a higher poverty rate than JEKMC’s service area and Ventura County exhibiting a lower poverty rate and higher affluence. Overall, the rate of poverty in JEKMC’s service area trends in line with state and national benchmarks.

Poverty rates

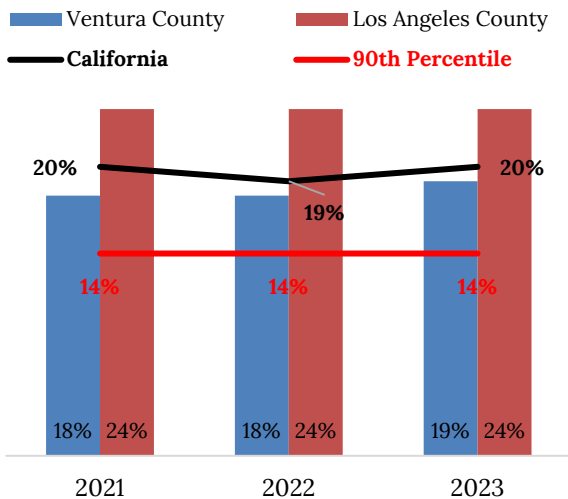


Source: American Community Survey five-year estimates, 2019-2021

AFFORDABLE HOUSING

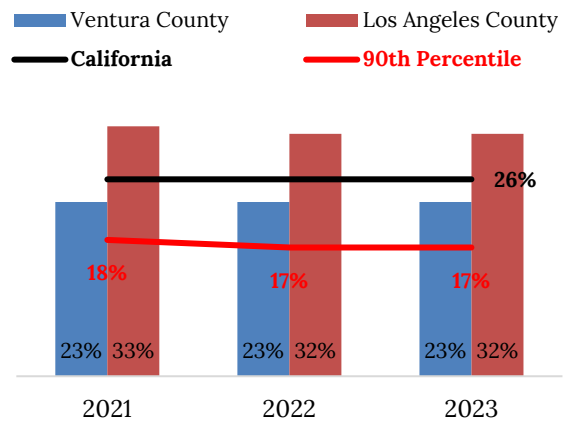
Access to affordable and safe housing is important for promoting health equity, as affordable housing increases the availability of household financial resources to pay for other things, including healthcare and healthy food. Housing is generally less affordable in California compared to the rest of the nation. As a result, residents of Los Angeles County in particular exhibit higher housing cost burdens and more significant housing problems, including substandard living conditions.

High housing cost burden



Source: County Health Rankings
Metric: Percentage of households that spend 50% or more of their household income on housing

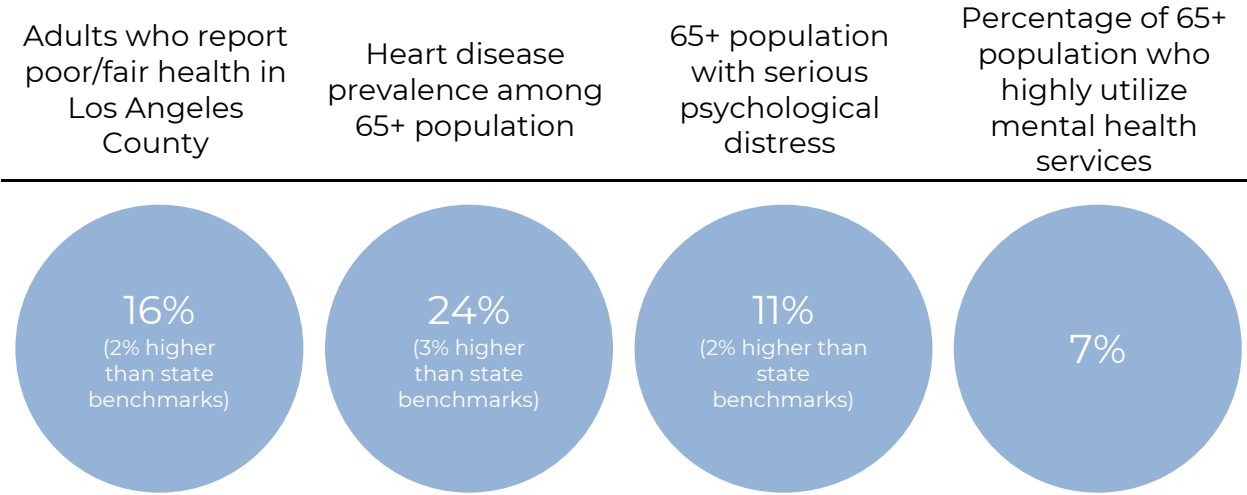
Households experiencing severe housing problems



Source: County Health Rankings
Metric: Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities

Health and Disease Indicators

COMMUNITY PROFILE AT A GLANCE



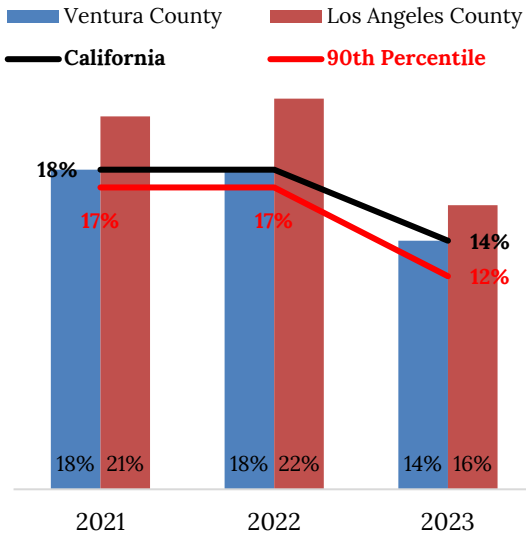
Source: County Health Rankings; California Health Interview Survey

POPULATION HEALTH AND CHRONIC DISEASE

Physical health can be impacted by a multitude of factors, including age, gender, race, socioeconomic status, physical activity and chronic disease. Adults in Ventura and Los Angeles Counties are generally reporting better health since 2021, similarly to state and national trends.

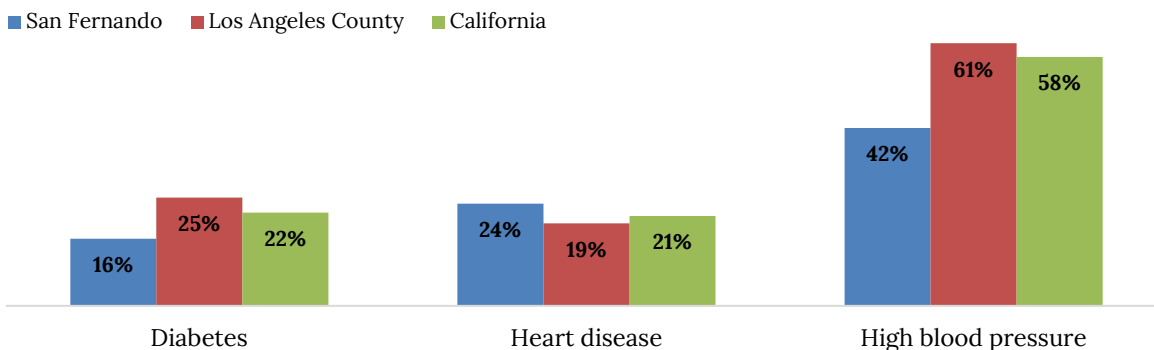
A health-related issue that significantly impacts the 65+ age cohort is the impact of chronic disease. Chronic disease has a profound impact on communities, affecting individuals, families and the broader economy. Research indicates that chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from a combination of genetic, lifestyle and environmental factors. Over time, exposure to risk factors increases the likelihood of developing chronic disease, which disproportionately impacts the elderly.

Percentage of adults reporting poor or fair health



Source: Center for Disease Control and Prevention, 2018
Metric: Percentage of adults who stated that their physical health was not good 14 or more days in the past month

Population ages 65+ who have ever been diagnosed with a chronic health issue



Source: California Health Interview Survey, 2021

Metric: Percentage of adults ages 65 and older who have ever been diagnosed with the indicated disease

Data from the California Health Interview Survey indicates that the 65+ age cohort of the San Fernando region of Los Angeles County, which most closely aligns with JEKMC's service area, overall exhibits lower rates of chronic disease risk factors such as high blood pressure, but higher rates of some chronic diseases such as heart disease.

CAUSES OF DEATH

Knowing a community's top causes of death is essential in assessing health needs as it helps identify the most significant health issues affecting the community. Understanding the top causes of death can guide health promotion efforts, prioritize public health initiatives, and help identify and address what health issues are most significant.

Ages 65 - 79

Rank	2020		2021		2022	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Coronary Heart Disease	174.3	COVID-19	386.7	Coronary Heart Disease	167.6
2	COVID-19	94.3	Coronary Heart Disease	171.1	COVID-19	109.0
3	Diabetes Mellitus	59.5	Diabetes Mellitus	62.8	Diabetes Mellitus	65.1
4	Lung Cancer	52.1	Stroke	48.6	Lung Cancer	51.2
5	Stroke	48.5	Lung Cancer	48.4	Stroke	79.0

Ages 80+

Rank	2020		2021		2022	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Coronary Heart Disease	831.9	COVID-19	978.3	Coronary Heart Disease	736.7
2	Alzheimer's Disease	582.2	Coronary Heart Disease	794.3	Alzheimer's Disease	588.1
3	COVID-19	402.4	Alzheimer's Disease	571.9	COVID-19	393.5
4	Stroke	318.4	Stroke	306.7	Stroke	312.3
5	COPD	246.3	COPD	194.3	COPD	187.0

Source: County of Los Angeles, Office of Health Assessment and Epidemiology, 2022

Metric: Annual deaths per 100,000 people in each population cohort

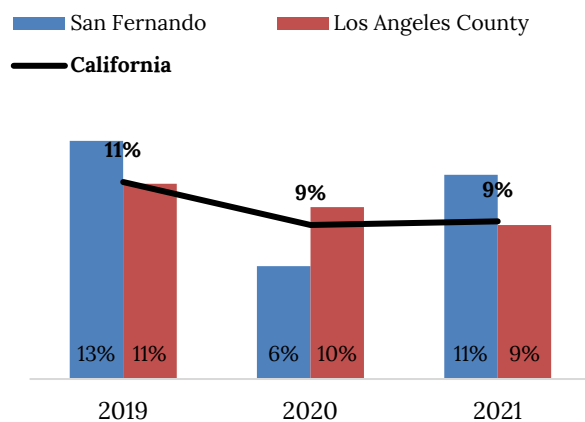
Over the past three years in Los Angeles County, COVID-19 has been one of the top three leading causes of death of the 65+ age cohort. Importantly, Alzheimer’s disease (a neurodegenerative disease that affects memory, thinking and behavior) has historically been one of the top three leading causes of death of the 80+ age cohort, resulting in nearly 600 deaths per 100,000 Angelenos on an annual basis.

BEHAVIORAL HEALTH

Of growing concern is the rising prevalence of mental health and substance abuse issues in communities across the nation. Mental health can have far-reaching effects on individuals, families and communities, impacting physical health, social relationships, productivity and community safety.

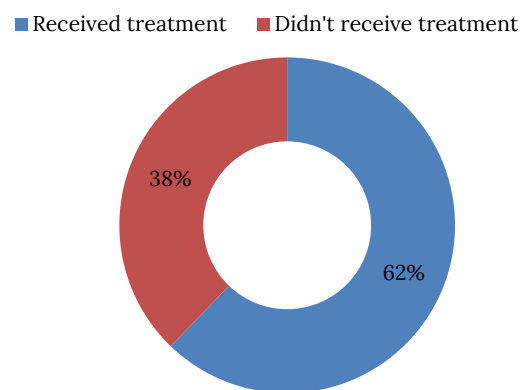
Since 2021, rates of psychological distress among the 65 and older age cohorts in the San Fernando region, as well as Los Angeles County and the state of California, have slightly declined, but approximately 11% of older adults in the San Fernando region continue to experience serious psychological distress each year. Barriers continue to exist for seniors: Of the San Fernando seniors who need help for their behavioral health issues, approximately 38% do not receive treatment. Addressing the barriers to mental health treatment for seniors requires a multifaceted approach that includes reducing stigma, increasing awareness and improving accessibility for specialized behavioral health care.

Population ages 65+ with serious psychological distress



Source: California Health Interview Survey
Metric: Percentage of population ages 65 and older who likely have had serious psychological distress in the past year

Population ages 65+ who needed help and received treatment

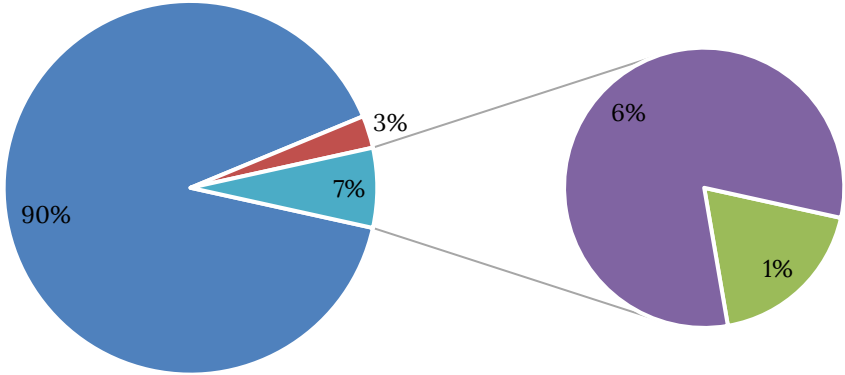


Source: California Health Interview Survey, 2019-2021, pooled responses
Metric: Percentage of population ages 65 and older in the San Fernando region who reported that they sought help for self-reported mental/emotional and/or alcohol/drug issues and whether they received treatment

In terms of utilization of behavioral health services, approximately 10% of seniors in the San Fernando region report at least one visit to a professional for behavioral health issues on an annual basis. However, a higher proportion of seniors who do utilize behavioral health services utilize them on a more ongoing basis (e.g., 7+ annual visits). This indicates that seniors in the San Fernando region who utilize behavioral health services often have complex needs that may require ongoing management and support, which is important when considering the needs of this community.

Behavioral health visit frequency, ages 65+ population

■ No visits ■ 1-3 visits ■ 4-6 visits ■ 7+ visits



Source: California Health Interview Survey, 2019-2021, pooled responses
Metric: Average number of visits to a professional for mental/drug/alcohol issues in the past year, per person, for the 65+ population in the San Fernando region

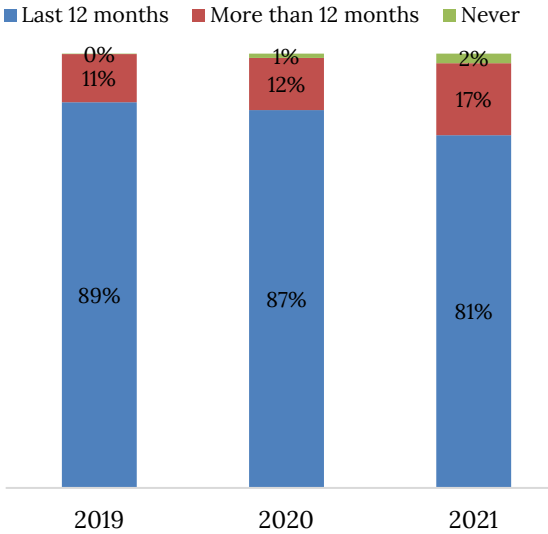
Preventative Health and Wellness Indicators

PREVENTATIVE HEALTH

Preventative health behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in maintaining and strengthening community health by promoting early detection and prevention of diseases, reducing healthcare costs, promoting healthy behaviors and overall improving population health.

While most San Fernando seniors (81%) receive annual checkups, since 2019, a higher percentage of seniors report less frequent checkups. Further, seniors in Los Angeles County exhibit lower rates of preventative health screenings compared to state and national benchmarks. Collectively, less frequent checkups and preventative health behaviors can result in poorer management of chronic conditions and impedes the ability to detect potential health problems earlier.

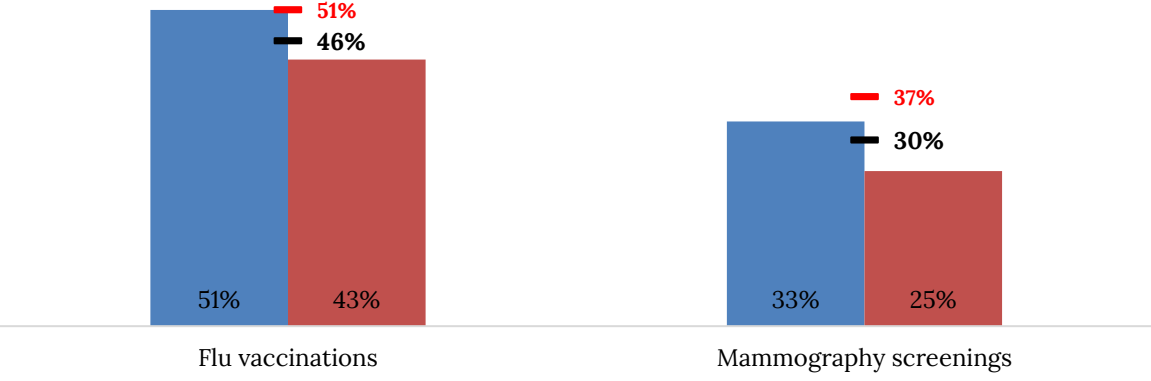
Frequency of last routine check-up with a provider



Source: California Health Interview Survey
Metric: Frequency in which population ages 65 and older in San Fernando region reported receiving their last checkup

Preventative health behaviors

■ Ventura County ■ Los Angeles County - California - 90th Percentile

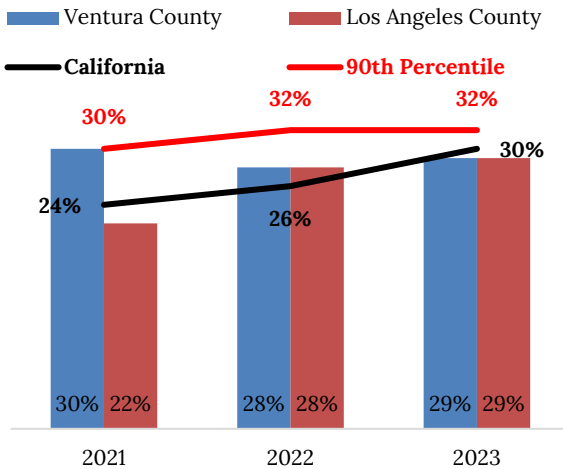


Source: County Health Rankings, 2021
Metric: Percentage of Medicare enrollees who received recommended clinical preventative services during the past year

ADULT OBESITY AND PHYSICAL ACTIVITY

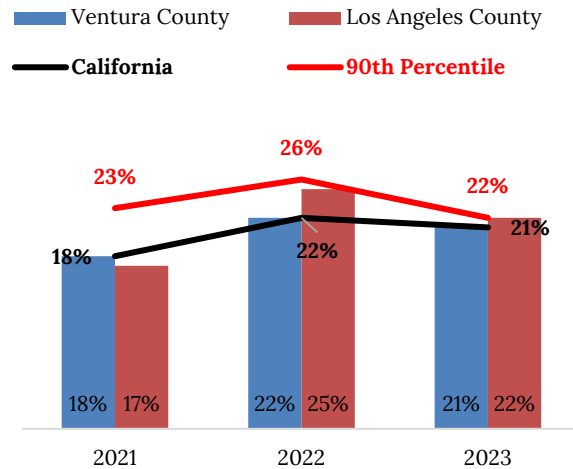
Many chronic diseases such as diabetes, heart disease and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden of these chronic diseases in their populations.

Adult obesity rates



Source: County Health Rankings
Metric: Percentage of the adult population who are obese according to the body mass index

Adult physical inactivity rates



Source: County Health Rankings
Metric: Percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month

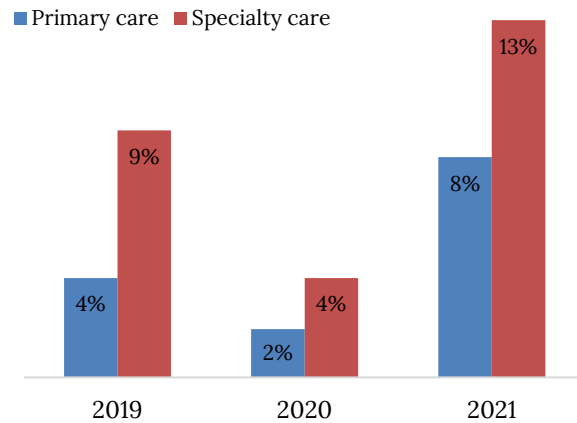
Rates of adult obesity and physical inactivity have generally increased in Los Angeles County since 2021, which may increase future risk for chronic disease and reduced quality of life. It is important to address these trends through public health initiatives that promote healthy behaviors and provide access to healthy food options and safe places to exercise.

Accessibility of Care Indicators

PROVIDER ACCESSIBILITY

One of the most important facets of community health is the availability of healthcare services, including accessibility to providers. Being able to access healthcare services, both preventatively and as needed, enables individuals to receive the care and support they need to maintain good health, prevent and manage health problems, and improve their quality of life. Regular checkups can help detect health problems early on, which can be crucial in preventing more serious health issues from developing. While seniors in the San Fernando region generally receive a checkup at least once a year, the overall frequency of checkups has been declining since 2019 as difficulty finding both primary and specialty care has increased, which can worsen community health outcomes in the long run. Thus, continuing to facilitate access to healthcare providers is an important factor in supporting community health.

Difficulty finding care by service type



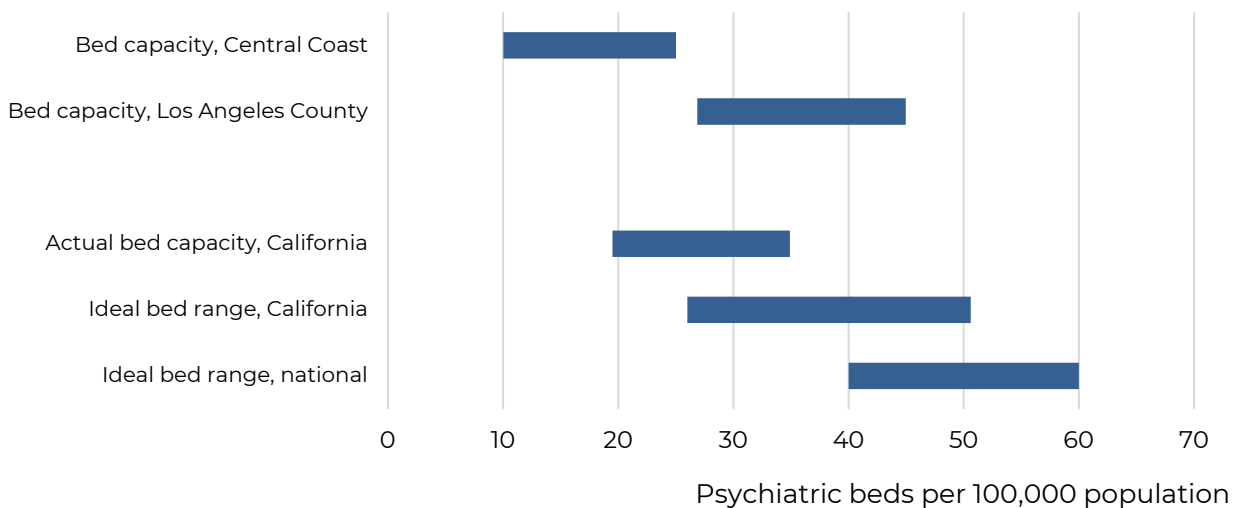
Source: California Health Interview Survey
Metric: Percentage of population ages 65 and older in San Fernando region who reported difficulty finding care by service type

PSYCHIATRIC BED ACCESSIBILITY

Inpatient psychiatric care can provide a comprehensive range of services, including medication management, individual and group therapy, and other evidence-based interventions. For individuals with complex or severe psychiatric conditions, inpatient care can be a critical component of their treatment plan. Access to inpatient psychiatric beds ensures that these individuals can receive the timely and appropriate care that they need when they need it. The California Hospital Association has continually reported on the declining availability of inpatient psychiatric beds in the state of California, declining from 29.5 beds per 100,000 population in 1995 to just over 17 beds per 100,000 population in 2017.

Research from the RAND Corporation, which is displayed in the following chart, indicates a shortage of psychiatric beds in the state of California, as well as Los Angeles County and the Central Coast, which includes Ventura County. While accessibility of short-term acute care beds, whose purpose is to stabilize patients with highly acute behavioral health needs, is better in Los Angeles County, shortages persist along the Central Coast and for sub-acute beds, which are directed toward patients who require longer lengths of stay in order to recover.

Inpatient psychiatric beds rates, state and county comparisons



Source: McBain, Ryan K., Jonathan H. Cantor, Nicole K. Eberhart, Shreya S. Huilgol, and Ingrid Estrada-Darley, *Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021*, RAND Corporation, RR-A1824-1-v2, 2022. As of April 10, 2023: https://www.rand.org/pubs/research_reports/RR1824-1-v2.html

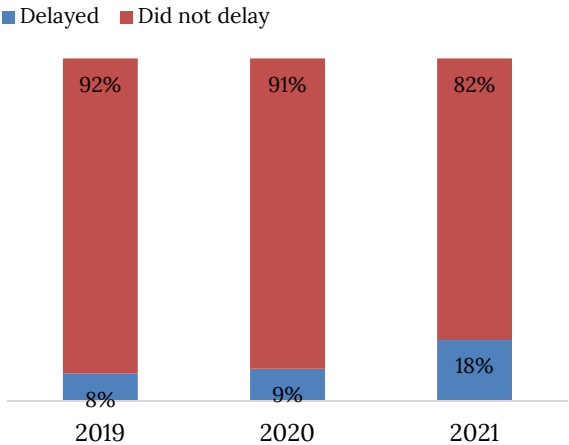
Note: Bed capacity counts exclude state hospital bed capacity. Per authors rationale, state hospital beds are generally not considered part of the continuum of care at a local level in terms of decision-making purposes. Low end of each range reflects acute bed need only, high end of range includes sub-acute beds.

Shortages persist not only for general inpatient psychiatric services, but for the geriatric psychiatric population specifically. The American Association for Geriatric Psychiatry (AAGP) recommends a range of 20-25 inpatient geriatric psychiatry beds per 100,000 seniors as a general guideline, which is based on the assumption that there is an adequate system of outpatient mental health services in place to provide ongoing care and support for seniors with psychiatric disorders. With only 71 dedicated gero-psych beds in the state of California (based on 2016 data), the actual capacity for inpatient gero-psych beds is 1.1 per 100,000 seniors, significantly below the recommended range. Further, these available beds are localized in just a few counties in the state, meaning that 95% of the state lacks access to these needed services.

BARRIERS TO CARE

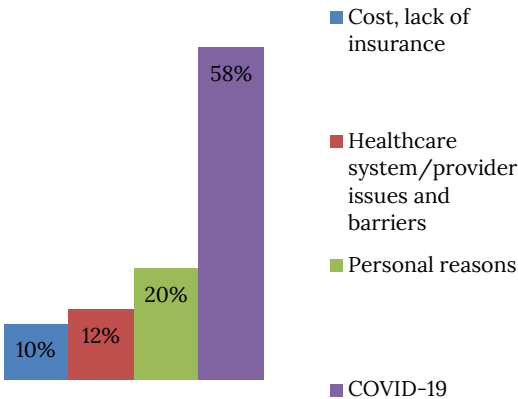
While inaccessibility of healthcare services and/or providers is one potential barrier to care, there are many other reasons that may impact an individual’s likelihood of seeking and receiving care when they need it, such as financial barriers, geographic barriers, language and/or cultural barriers, lack of health literacy, discrimination and stigma. When individuals experience barriers in accessing healthcare, it can have negative impacts on their health and well-being, resulting in delayed or missed diagnoses, increased health risks, worsening of health conditions and reduced quality of life.

Population ages 65+ who delayed getting care



Source: California Health Interview Survey
 Metric: Percentage of population ages 65 and older in San Fernando region who reported that they delayed getting care

Reasons for delaying care



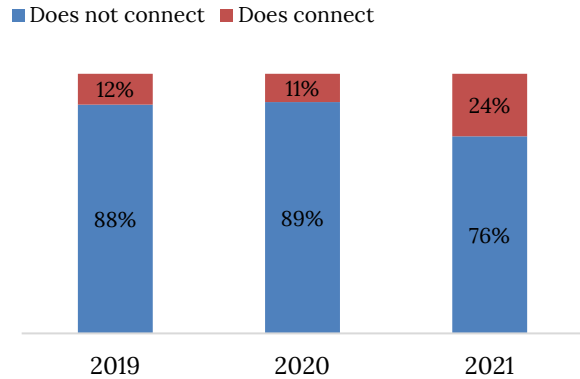
Source: California Health Interview Survey, 2021
 Metric: Main reason reported for population ages 65 and older in San Fernando region who delayed or had forgone needed medical care

The percentage of seniors in the San Fernando region who report delaying care has increased since 2019, with 18% of seniors reporting that they delayed getting care or didn’t access care when they needed it, largely due to the COVID-19 pandemic. Thus, continuing to monitor the lingering impact that COVID-19 may have on care-seeking behaviors will be important in improving accessibility of healthcare services for the senior population going forward.

CARE COORDINATION

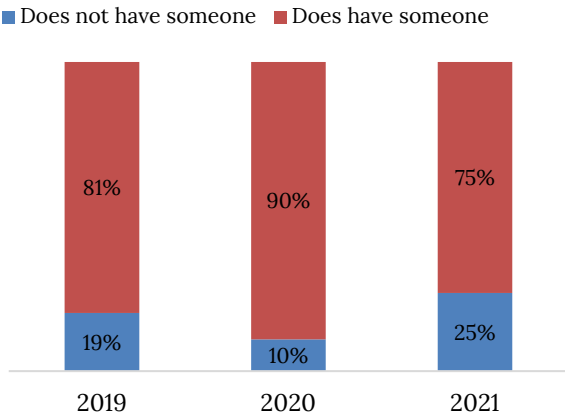
Care coordination and community-based services are important for promoting community health by improving access to care, enhancing social support, addressing social determinants of health and improving health outcomes while also reducing healthcare costs. By working together to provide services, healthcare providers and community organizations can improve the health and well-being of the communities they serve.

Population ages 65+ whose clinic connects patients with community-based services



Source: California Health Interview Survey
 Metric: Percentage of population ages 65 and older in San Fernando region whose doctor's office connects their family with community-based services

Population ages 65+ whose clinic provides care coordination services



Source: California Health Interview Survey
 Metric: Percentage of population ages 65 and older in San Fernando region who has someone at their doctor's office/clinic who helps coordinate care

While care coordination is becoming more accessible for seniors in the San Fernando region, with 75% of seniors reporting that their clinic provides care coordination services, coordination between healthcare organizations and community-based services still lags. While the adoption of care coordination and community-based services can be complex and challenging, there is a growing recognition of the importance of these services in improving health outcomes and reducing healthcare costs as the healthcare landscape continues to shift toward value-based care and population health management.

Existing Healthcare and Community Resources

Community asset mapping is an important aspect of the CHNA. The community assets and resources provided in this document help meet the needs of the communities in the JEKMC service area. Each of the following community-based organizations can work in partnership with health and social service providers to take collaborative action to address the identified health needs.

Los Angeles Jewish Health

Name	Address	Phone
Joyce Eisenberg-Keefer Medical Center	7150 Tampa Avenue, Reseda, CA 91335	(818) 758-5041
Brandman Centers for Senior Care (PACE)	7150 Tampa Avenue, Reseda, CA 91335	(855) 227-3745
Levy-Kime Geriatric Community Clinic	18855 Victory Boulevard, Reseda, CA 91335	(855) 227-3745
Fountainview at Gonda Westside	12490 Fielding Circle, Los Angeles, CA 90094	(424) 216-7788
Fountainview at Eisenberg Village	6440 Wilbur Avenue, Reseda, CA 91335	(818) 654-5531

Senior Mental Health Resources

Name	Address	Phone
Alzheimer's Association – California Southland Chapter	10000 Washington Boulevard, Suite 07-157, Culver City, CA 90232	(323) 309-8821
Los Angeles County Department of Mental Health	6800 Owensmouth Avenue, Suite 160, Canoga Park, CA 91303	(818) 610-6726
Phillips Graduate Institute Calfamily Counseling	19900 Plummer Street, Chatsworth, CA 91311	(818) 386-5600
West Valley Mental Health Center	20151 Nordhoff Street, Chatsworth, CA 91311	(818) 407-3200
ACT Health and Wellness	9003 Reseda Boulevard, Suite 100, Northridge, CA 91324	(818) 465-9368
Hillview Mental Health Center	12450 Van Nuys Boulevard, Suite 200, Pacoima, CA 91331	(818) 896-1161
Tarzana Treatment Centers	7101 Baird Avenue, Reseda, CA 91335	(818) 342-5897
Olive View Community Mental Health	14659 Olive Drive, Sylmar, CA 91342	(818) 485-0888
VA Greater Los Angeles Sepulveda Medical Center	16111 Plummer Street, North Hills, CA 91343	(818) 891-7711
Mission Community Hospital - Turning Point Intensive Outpatient	14850 Roscoe Boulevard, Panorama City, CA 91402	(818) 909-3082

Asian Pacific Community Treatment Center	15350 Sherman Way, Suite 200, Van Nuys, CA 91406	(818) 267-1100
San Fernando Valley Community Mental Health Center	16360 Roscoe Boulevard, Van Nuys, CA 91406	(818) 901-4830
Ventura County Behavioral Health Department	4258 Telegraph Road, Ventura, CA 93003	(805) 477-5700

Senior Support Services

Name	Address	Phone
Advocates for African American Elders	1150 South Olive Street, Suite 1400, Los Angeles, CA 90015	(213) 740-1887
Los Angeles County Aging and Disabilities Department	510 South Vermont Avenue, 11th Floor, Los Angeles, CA 90020	(888) 211-0644
- Meals and nutritional programs		
- Supportive services program		
- Health insurance counseling and advocacy		
- Traditional legal assistance program		
- Caregiving services		
- Adult protective services		
Los Angeles County Aging & Disabilities Department	510 South Vermont Avenue, 11th Floor, Los Angeles, CA 90020	(800) 510-2020
211 Los Angeles		211
Access Paratransit		(213) 270-6110
LA Found		(833) 569-7651
Center for Health Care Rights	520 South Lafayette Park Place, Suite 214, Los Angeles, CA 90057	
In-Home Supportive Services	20101 Hamilton Avenue, Suite 250, Torrance, CA 90502	(888) 822-9622
ONEgeneration	18255 Victory Boulevard, Reseda, CA 91335	(818) 705-2345
Visiting Angels Living Assistance Services	17750 Sherman Way, Suite 310, Reseda, CA 91335	(818) 206-8121
Partners in Care Foundation	732 Mott Street, Suite 150, San Fernando, CA 91340	(818) 837-3775
Jewish Family Service LA	12821 Victory Boulevard, North Hollywood, CA 91606	(877) 275-4537
Helping Hands Senior Foundation	Serving Los Angeles, Orange, Centura, Riverside, San Bernardino, and San Diego counties	(818) 279-6580

This report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

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