Joyce Eisenberg-Keefer Medical Center

Community Health Needs Assessment

2026 – 2028

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About Joyce Eisenberg-Keefer Medical Center

The Joyce Eisenberg-Keefer Medical Center (JEKMC) is a specialized component of Los Angeles Jewish Health (LAJH), one of California's leading nonprofit providers of senior healthcare services. JEKMC serves older adults with complex medical and behavioral health needs through a comprehensive, interdisciplinary approach focused on compassionate, person-centered care.

Located on LAJH's Reseda campus, JEKMC includes a skilled nursing facility and acute inpatient geriatric psychiatric services designed to support seniors requiring inpatient psychiatric care, rehabilitation, or behavioral health treatment. Patients benefit from coordinated care delivered by physicians, nurses, therapists, social workers, and other specialists working together to support recovery, preserve independence and enhance quality of life.

As part of the broader LAJH continuum of care, JEKMC is connected to a wide range of senior services, including residential living, skilled nursing, memory care, rehabilitation, and community-based programs. This integrated approach helps ensure older adults receive the right level of care as their needs evolve over time.

Our Mission

Every day, JEKMC provides high-quality, compassionate care for seniors in and around the Los Angeles area. JEKMC's mission is excellence in senior care, reflective of Jewish values: charity, quality, dignity, and fiscal responsibility.

Our Services

JEKMC includes a 344-bed, distinct part, skilled nursing facility and a 10-bed acute geriatric, psychiatric hospital that provides specialized and holistic care for older adults experiencing complex medical, behavioral health, and cognitive conditions. Care is delivered through an interdisciplinary team of healthcare professionals who work

collaboratively to develop, implement, and continuously evaluate individualized treatment plans for every patient. Features of JEKMC's patients' care experience include:

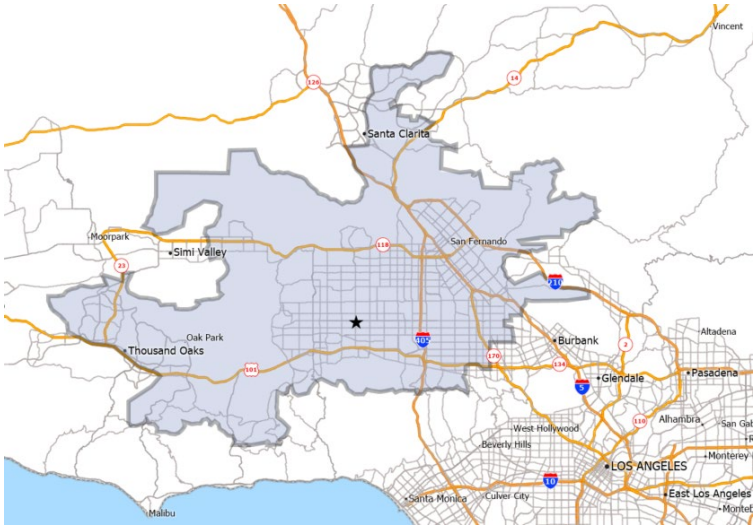
- Specialized staff, including board-certified geriatric psychiatrists, experienced psychiatric RNs, pharmacists, and psychiatric social workers
- 24/7 nursing care and physician availability
- 24/7 pharmacy services
- Comprehensive medical evaluation and treatment
- Individual, group, cognitive, recreational, and family therapies
- Spiritual counseling
- Kosher meals

As a skilled nursing facility with acute geriatric psychiatric services, JEKMC serves a vulnerable and high-need senior population throughout the greater Los Angeles region. Every three years, JEKMC conducts a Community Health Needs Assessment (CHNA) to better understand the health needs of the community, identify emerging health priorities, and inform strategies to improve health outcomes for seniors.

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 2020 and 2023 CHNAs, consists of over 1.6 million residents located in a total of 40 ZIP codes (ZIP codes contain both incorporated and unincorporated cities and communities) of the San Fernando Valley. This area is surrounded by suburban and rural communities, mountain ranges, and public open spaces. JEKMC provides services for this geographically, economically, and ethnically diverse region of California.



JEKMC's service area
★ JEKMC

Methodology

Our Process

JEKMC engaged Wipfli Advisory LLC (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:

Review past needs assessment	Define our community	Gather and analyze data	Prioritize needs	Implement strategy
• Assess impact of previous CHNA	• Review patient origin • Assign geographic boundaries	• Utilize primary and secondary data sources • Summarize key health needs	• Develop prioritization criteria • Select priorities	• Identify strategies • Identify collaboration opportunities • Develop implmentation plan

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
Janice Gershon, Director of Social Services, Auerbach Geriatric Psychiatric Unit, JEKMC
Jasmine Mogadam, 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 Grancell Village Board of Directors on July 29, 2026.

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 collected firsthand from stakeholders within the JEKMC's community. The data from the stakeholders provides insight into the lived experiences of seniors living in the community, and what challenges they most pressingly face. Further, the primary data allows analysis into which specific subgroups of the community may face additional challenges or health disparities.

Interviews were conducted from April to May 2026 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' organizations is located in the Reference and Acknowledgments section of this report.

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.

Sources of secondary data include the following list as well as other sources imbedded in the report footnotes:

- American Community Survey
- California Health Interview Survey
- County Health Rankings
- ESRI Business Information Solutions
- Healthiest Communities
- Health Resources & Services Bureau
- United States Census Bureau
- United States Centers for Disease Control and Prevention (CDC)

Prioritization of Community Needs

Once the primary and secondary data were gathered, the information was collectively analyzed to identify key themes that represented the unmet health and health-related 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 following criteria were utilized to define unmet needs and determine the areas of focus:

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 holistic and representative perspectives, this needs assessment is limited as the perspectives and opinions of these participants may not be fully representative of the residents in the service area. Additionally, county-level data is 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 to any degree of certainty.

JEKMC's emphasis on recruiting a set of broad perspectives for stakeholders and using local or regional data when available to determine the demographic, social, economic, and health-related needs of the community demonstrates JEKMC's commitment to understanding and meeting the needs of our service area.

Community Health Priorities

The 2026 CHNA priorities, in no particular order, include access to outpatient geriatric-focused behavioral health care, care coordination and navigation gaps, and social isolation and limited engagement. Additional context regarding the selection of these health needs as priorities for JEKMC is provided below.

Access to outpatient geriatric-focused behavioral health care

The Issue

There are unique behavioral health challenges associated with aging-related transitions

Existing behavioral health services are often not designed to address the clinical, social and emotional needs of older adults

Limited supply of outpatient behavioral health providers and programs with expertise in the geriatric population

The Impact

Limited access to behavioral health services designed for older adults may delay intervention until symptoms escalate

Care models designed for the broader adult population may not fully address the complex interactions between behavioral health, cognitive and chronic conditions, and aging-related life circumstances

The Needs

Increased availability of outpatient based providers and programs with expertise in geriatric behavioral health

Outpatient care environments that foster peer connection, social participation, and engagement among older adults

Approximately 64% of community stakeholders interviewed for this needs assessment identified access to outpatient geriatric-focused behavioral health care as a significant health need to promote healthy aging in the community. Older adults often experience behavioral health concerns alongside other complex medical conditions, cognitive changes,

and major life transitions that can affect emotional well-being.[1,2] Examples of major life transitions include retirement, loss of a spouse or partner, declining physical health, reduced independence, and changes in housing. These major life transitions can all contribute to increased vulnerability to depression, anxiety, loneliness, and other behavioral health concerns.[3] Access to outpatient behavioral health care that is tailored to seniors is important to address the unique challenges faced by seniors, support healthy aging, and to maintain quality of life.

Community stakeholders were specific in describing this need. They emphasized that the primary gap is not access to outpatient behavioral health services in general, but rather access to outpatient behavioral healthcare that has been specifically designed for seniors. Stakeholders described how current behavioral health care models in the community, specifically group therapy, often span all age groups, and may make it difficult for seniors to feel supported, understood, and empathized with, due to the major life transition experiences that are often unique to seniors. Further, geriatric behavioral health care often requires healthcare providers to have specialized knowledge of aging-related conditions, including dementia, Alzheimer's disease, medication management, and the interaction between physical and behavioral health.[4] Research indicates that older adults with serious mental illness frequently experience complex medical, psychiatric, and social needs that benefit from coordinated and specialized approaches to care that go beyond behavioral health care models designed for the general population.[5]

Further, limited access to behavioral healthcare designed for seniors may contribute to delays in care and reduce opportunities for early intervention. While the need for higher acuity care, such as emergency, inpatient, or long-term care services, is often an expected component of the psychiatric care continuum, limited availability of outpatient services reduces the chance of identifying and addressing concerns earlier. Consequently, some seniors may seek care only after symptoms have intensified, persisted for extended periods of time, or affected their health, functioning, or quality of life. In addition, there are other factors that impact the accessibility of behavioral health care for older adults. These factors include, but are not limited to, affordability, transportation, awareness of available resources, and cultural considerations.

Community stakeholders interviewed emphasized that increasing access to behavioral health providers trained in geriatrics and creating care environments that allow seniors to

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[1] Stanley, C., Namasivayam, A., Colman, S., & Stergiopoulos, V. (2025). Exploring the landscape of intensive outreach services for older adults with serious mental illness: A scoping review. *The American Journal of Geriatric Psychiatry*, 33(8), 911–926. https://doi.org/10.1016/j.jagp.2025.04.208

[2] Ribeiro-Gonçalves, J. A., Costa, P. A., & Leal, I. (2022). Loneliness, ageism, and mental health: The buffering role of resilience in seniors. *International Journal of Clinical and Health Psychology*, 22(3), 100339. https://doi.org/10.1016/j.ijchp.2022.100339

[3] Jester, D., Kohn, J., Tribirica, L., Thomas, M., Brown, L., Murphy, J., Jeste, D. (2023). Differences in Social Determinants of Health Underlie Racial/Ethnic Disparities in Psychological Health and Well-Being: Study of 11,143 Older Adults. *The American Journal of Psychiatry*, 180(7). https://doi.org/10.1176/appi.ajp.20220158

[4] Carroll, C., Sworn, K., Booth, A., Tsuchiya, A., Maden, M., & Rosenberg, M. (2022). Equity in healthcare access and service coverage for older people: a scoping review of the conceptual literature. *Integrated healthcare journal*, 4(1), e000092. https://doi.org/10.1136/ihj-2021-000092

[5] Stanley et al., "Exploring the landscape of intensive outreach services for older adults with serious mental illness: A scoping review" 911-926.

be with their peers are amongst the top pathways to address this need. As behavioral health needs become more prevalent among aging populations, ensuring that outpatient services are accessible, age-appropriate, and responsive to the needs of older adults are important safeguards to healthy aging in the community.

Care coordination and navigation gaps

The Issue

In general, the overall healthcare system is complex and difficult to navigate for patients and caregivers

Patients and caregivers struggle to identify what resources are available and how to access them

The Impact

Delays in accessing needed services and supports

Increased stress for patients and caregivers when receiving care and during times of care transitions

The Needs

Stronger navigation and communication with the patient and family members before, during, and after care transitions

Increased assistance connecting seniors with post-acute behavioral health, and supportive services

Care coordination and navigation gaps were identified as significant health related needs by approximately 45% of stakeholders interviewed. As individuals age, healthcare needs become increasingly complex and often require support from multiple providers, specialists, and insurers. Older adults with complex health needs often rely on a combination of medical, behavioral health, social service, and long-term care resources. Identifying available services and understanding how to access them can be challenging, particularly when eligibility requirements, referral processes, and coverage options vary across programs, and insurers. Stakeholders noted that healthcare navigation challenges are often compounded when patients and caregivers are not aware of available resources until care is needed. In these cases, navigating the healthcare system can become increasingly challenging during times when health needs are most urgent.

Stakeholders discussed in the interviews that navigating the healthcare system, particularly Medicare and Medi-Cal, can be challenging for older adults and their caregivers. In the San Fernando Valley, approximately 1 in 5 seniors are covered by Medi-Cal.[6] This provides insight into the potential magnitude of seniors who may be having trouble in understanding their care and what care options they have in the community. Stakeholders described how care coordination challenges and difficulties navigating the healthcare system may contribute to delays in accessing healthcare and supportive services, especially during periods of transition between care settings. The transition from hospitals to rehabilitation facilities, behavioral health programs, long-term care, and back into the community was reported to be anxiety and stress inducing for patients and family

[6] California Health Interview Survey, ages 65+, 2024

members by stakeholders. These transitions often require coordination among multiple organizations, the patient, and family members. When communication or navigation support feels limited to the patient and their loved ones, there is the potential for feelings of increased stress and uncertainty while attempting to arrange follow-up care or identifying the next step for the senior.

Addressing care coordination and navigation gaps may require stronger connections between healthcare providers, insurance organizations, and the patient and their loved ones. Stakeholders identified opportunities to increase support for patients and caregivers before, during, and after care transitions, while improving awareness of available services. For example, providing patients transitioning from an inpatient setting back into the community with post-acute care options, connecting the patient and caregiver with community-based services that support ongoing care and following up with the patient post-discharge to confirm if they are utilizing the available resources, or what barriers they are facing.

Social isolation & limited engagement

Approximately 73% of community stakeholders interviewed identified social isolation and limited engagement as significant health-related concerns among older adults in the community. Social connections play a vital role in healthy aging, emotional well-being, and overall quality of life for seniors.[7,8] However, aging-related transitions may reduce opportunities for older adults to maintain social connections and participate in meaningful activities. It was noted from several stakeholders interviewed that aging-related transitions, such as moving from an independent living environment to an environment

[7] Levasseur, M., Dubois, M. F., Généreux, M., Menec, V., Raina, P., Roy, M., Gabaude, C., Couturier, Y., & St-Pierre, C. (2017). Capturing how age-friendly communities foster positive health, social participation and health equity: a study protocol of key components and processes that promote population health in aging Canadians. *BMC public health*, 17(1), 502. https://doi.org/10.1186/s12889-017-4392-7

[8] Shi, J., Hua, W., Tang, D., Xu, K., & Xu, Q. (2021). A Study on Supply-Demand Satisfaction of Community-Based Senior Care Combined with the Psychological Perception of the Elderly. *Healthcare (Basel, Switzerland)*, 9(6), 643. https://doi.org/10.3390/healthcare9060643

that is associated with reduced personal independence, such as a memory care unit or other higher acuity settings, can be distressing and may contribute to feelings of isolation and disconnection amongst seniors. It was emphasized by stakeholders the importance of strong family, caregiver, and community support systems as they described older adults without adequate support may be more vulnerable to social isolation and poorer overall well-being. As social networks become smaller or less accessible than they used to be, seniors may experience increased feelings of loneliness and a diminished sense of connection to their community.

Stakeholders frequently described loneliness as one of the most significant challenges impacting older adults in the community, particularly following the loss of a spouse or partner. Transportation and mobility challenges were additionally identified as barriers to social participation, with stakeholders describing how the loss of the ability to drive can significantly limit opportunities for older adults to remain socially engaged and connected to their communities. Research has found that social participation is an important determinant of health among older adults and is associated with positive outcomes related to physical health, functional independence, and psychological well-being.[9] Conversely, research has found that limited social participation and social isolation have been associated with increased risk of depression, anxiety and poorer overall mental health outcomes.[10] A recent research study found that older adults who do not participate in social activities are more than twice as likely to experience depression compared to those who remain socially engaged.[11]

Certain factors may increase vulnerability to social isolation among older adults. Limited mobility, transportation barriers, chronic illness, cognitive decline, and other factors may make it more difficult for seniors to participate in activities outside the home. It was reported by stakeholders that older adults who live alone or have limited family support face additional challenges maintaining meaningful social connections in the community. In addition to social interaction, opportunities for meaningful engagement and a continued sense of purpose contribute to healthy aging.[12] Participation in community activities, educational programs, activities in nature or green-space, creative pursuits, and other personally meaningful activities can help older adults remain connected to their communities, provide a sense of purpose, all while supporting overall well-being and quality of life.[13] Increasing awareness of social isolation and its effects on health, while promoting accessible opportunities for engagement, may help older adults maintain social connections in the community.

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[9] Levasseur et al., "Capturing how age-friendly communities foster positive health, social participation and health equity: a study protocol of key components and processes that promote population health in aging Canadians."

[10] Kang, H., & Kim, H. (2022). Ageism and Psychological Well-Being Among Older Adults: A Systematic Review. *Gerontology & Geriatric Medicine*.

[11] Das, P., Saha, S., Das, T. et al. A systematic review and meta-analysis on association between social non-participation and falling in depressive state among the older adult people. *Discov Ment Health* 5, 108 (2025). https://doi.org/10.1007/s44192-025-00255-w

[12] Levasseur et al., "Capturing how age-friendly communities foster positive health, social participation and health equity: a study protocol of key components and processes that promote population health in aging Canadians."

[13] Shi et al., A Study on Supply-Demand Satisfaction of Community-Based Senior Care Combined with the Psychological Perception of the Elderly.

Other Identified Needs

The following health needs were also identified throughout the community health need assessment process. JEKMC will continue to engage in and support community partnerships with other organizations within the community with expertise in these areas.

Financial barriers and affordability of care

Financial barriers and affordability of care is a healthcare concern across the United States, especially for seniors who may be on reduced or limited income. Approximately 36% of community stakeholders identified financial barriers and affordability of care as challenges affecting older adults in the community. Stakeholders described the high costs associated with assisted living, memory care, caregiving services, and other supportive resources as significant concerns for many seniors and their families. A unique finding from the stakeholder interviews was that there is a gap in accessibility of care among those who cannot qualify for financial assistance but cannot independently afford the level of care they require. Financial constraints may delay care-seeking behaviors and limit access to supportive services.

Stigma and language barriers

Approximately 64% of community stakeholders discussed stigma and language barriers as barriers affecting behavioral healthcare access and utilization for seniors. Stigma was discussed on the personal level, where seniors may feel embarrassed over their mental health struggles and do not want to seek care because of personal perceptions surrounding mental health care, and also on a cultural level, where cultural perceptions of mental illness may discourage individuals from discussing behavioral health concerns or seeking support. Several stakeholders noted that language differences and communication barriers can make it more difficult for older adults to navigate available resources, access providers, and engage in care. Further, stakeholders emphasized the importance of culturally responsive care, reporting that older adults may be more likely to seek services when providers understand their cultural background and language.

Transportation

Transportation was discussed as a challenge for accessing care and supporting healthy aging by approximately 55% of community stakeholders. It was frequently noted by stakeholders that limited transportation affects the ability to access healthcare services, community resources, and opportunities for social engagement. Loss of driving ability was associated with an increased risk of social isolation, reduced dependence, and increased reliance on family members by stakeholders. In addition, for the geriatric-psychiatric community, stakeholders noted that public transportation is a less feasible option, especially for individuals experiencing cognitive impairment.

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?

Impact

- What impact will achieving these goals have on community health?

Tactics

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

Resources

- What resources or programs can JEKMC commit to address these issues?

Partnerships

- What community organizations can JEKMC collaborate with to improve health outcomes?

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

Access to outpatient geriatric-focused behavioral health care

Strategic Objectives

- To explore avenues and ways in which we can expand access to outpatient geriatric care

Impact

- Increase access to timely post-hospitalization outpatient behavioral health services
- Reduce hospital readmission rates
- Strengthen patient stabilization post-hospitalization

Tactics

- Develop referral pathways to remove barriers to outpatient behavioral health post-hospitalization to expand access to outpatient geriatric behavioral health
- Explore telehealth medicine for patients post-hospitalization

Resources

- Department of Social Services
- AGPU Medical Director

Partnerships

- Kaiser Permanente
- Precise Behavioral
- Department of Mental Health - Los Angeles County

Care coordination and navigation gaps

Strategic Objectives

- To ensure our patients and their families understand their care during and after their time at JEKMC

Impact

- Reduce hospital readmission rates
- Improve patient and patients' identified support system level of satisfaction and knowledge of post-hospitalization care plan

Tactics

- Review and potentially expand existing community resource guide and referral toolkit for patients, caregivers and providers that outlines available behavioral health care options, housing, transportation, caregiver support and social services
- Seek feedback from patients and family members prior to and post discharge from JEKMC to understand if they faced care coordination and navigation gaps during their stay
- Solidify discharge documentation and ensure it is provided in the patient's preferred language to bolster patient and family's understanding of next steps

Resources

- Department of Social Services
- Health Equity Committee

Partnerships

- Kaiser Permanente
- Department of Mental Health - Los Angeles County

Social isolation and limited engagement

Strategic Objectives

- To reduce the feeling of social isolation and loneliness in seniors during and after their stay at JEKMC

Impact

- Increase patients' engagement in social and therapeutic activities post-hospitalization
- Strengthen patient's sense of empowerment as a result of having an individualized post-hospitalization care plan regarding continued engagement in social and therapeutic recreational activities
- Reduce social isolation and loneliness during and after hospitalization

Tactics

- Engage with an internal Director of Activities to identify opportunities for seniors to identify, plan, and engage in social and therapeutic recreational activities post-discharge from JEKMC
- Connect with Dr. Levy-Storms and other community resources to identify how we can better support our patients post-discharge and identify potential community programs for collaboration and evidenced-based interventions and assessments

Resources

- Director of Activities

Partnerships

- PACE Programs
- University of California Los Angeles (UCLA)- Luskin School of Public Affairs

Evaluation of Previous CHNA Implementation Plan (2023–2025)

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:

- Loneliness and social isolation in seniors
- Early identification of mental health conditions in seniors

Impact Evaluation

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

Loneliness and social isolation in seniors

- Continued efforts to address loneliness and social isolation among older adults through educational programming focused on meaningful social engagement
- Hosted a presentation by Dr. Lené Levy-Storms at the Fountainview at Eisenberg Village. The presentation focused on:
  - The importance of maintaining relationships with family, friends, and the community
  - Challenges associated with aging
  - Strategies to promote well-being through social connectedness
- Continued therapeutic programming within the Acute Geriatric Psychiatric Unit (AGPU) including:
  - Group therapy
  - Recreational therapy
  - Family involvement
  - Discharge planning
- JEKMC programming is designed to strengthen social support systems and reduce isolation following hospitalization

Early identification of mental health conditions in seniors

- While JEKMC understands the importance of this need, based on the findings of the 2020 and 2023 community health need assessments, JEKMC identified and prioritized the community shortage of specialized acute behavioral health services for older adults
- JEKMC was awarded a large grant through the Behavioral Health Continuum Infastructure program, funded by the California Department of Health Care Services (DHCS), to expand specialized psychiatric care services
  - JEKMC is scheduled to open an additional 33 beds within the AGPU
    - This expansion will increase inpatient capacity for seniors experiencing acute psychiatric illness, allowing earlier evaluation, diagnosis, stabilization and treatment of:
      - Depression
      - Anxeity
      - Psychosis
      - Dementia-related behavioral disturbances
      - Suicidal ideation
- This expansion addresses a significant regional shortage of geriatric psychiatric beds and will improve timely access to specialty psychiatric care for older adults throughout Los Angeles County and surrounding areas

The steps taken by JEKMC to address the priorities identified in previous community health need assessments demonstrate JEKMC's ongoing commitment to improve behavioral health outcomes, reduce barriers to care, and meet the growing mental health needs of the aging population in the community.

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
- Kaiser Permanente
- Precise Behavioral Health
- Patients' Rights Advocate
- University of California, Los Angeles

Secondary Data Sources

Secondary data regarding the community served by JEKMC was referenced from the following sources as well as research articles that have been imbedded in the footnotes throughout this report:

- American Community Survey
- California Health Interview Survey
- County Health Rankings
- ESRI Business Information Solutions
- Healthiest Communities
- Health Resources & Services Bureau
- United States Census Bureau
- United States Centers for Disease Control and Prevention (CDC)

Consulting Services

Wipfli, a national, certified audit, tax and advisory 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

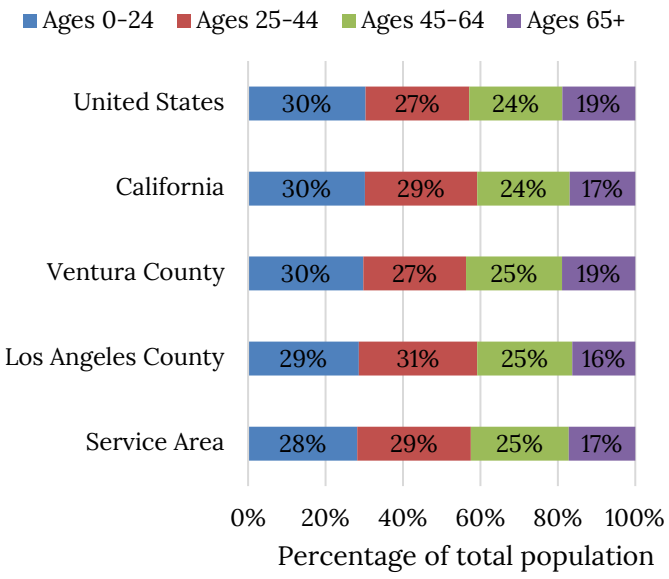
Community Profile At a Glance

Number of people living in the service area	Percentage of the service area population over the age of 65	Percentage of the service area population under the age of 25	Growth projected for the 65+ age cohort in the service area over the next five years
1.6 million	17%	28%	10%

Understanding the age composition of JEKMC's community provides important context for anticipated health needs. Population size and age distribution have a significant impact on the prevalence of certain health conditions, and what healthcare services are most needed in the community to promote health and well-being.

JEKMC's service area includes over 1.6 million residents, with approximately 1 in 6 individuals being age 65 or older. Although the rate of population growth in the overall service area is expected to be relatively flat over the next five years, the age 65 and older cohort is projected to grow by approximately 10%.

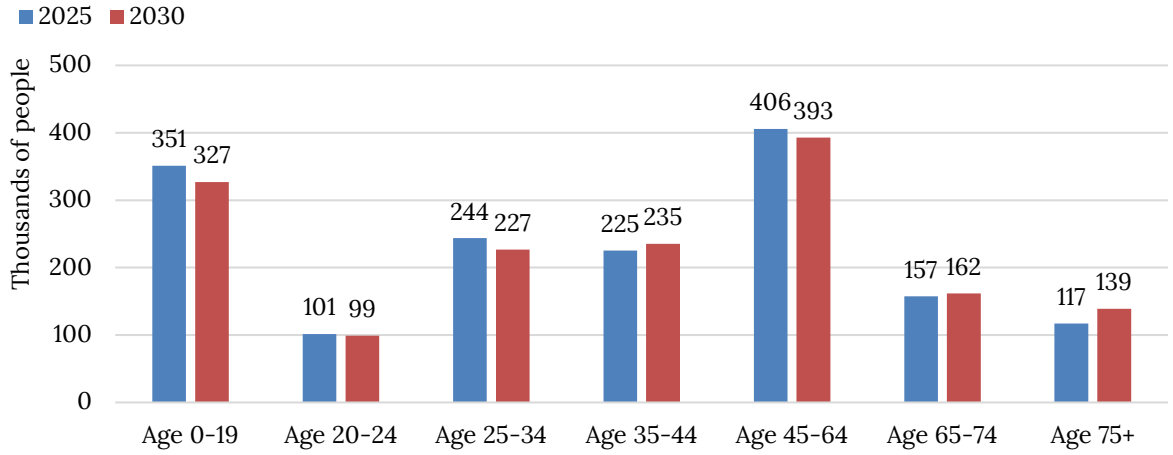
Population distribution by major age cohort



Source: ESRI Business Information Solutions, 2025

Research on aging populations indicates that health outcomes among older adults are shaped not only by age, but also by the availability of accessible healthcare services, supportive community environments, and opportunities for social engagement. As the population ages, communities that proactively align medical care, social support and age-friendly environments are better positioned to promote healthy aging, maintain independence, and reduce avoidable health disparities among seniors. [14, 15]

Projected population by major age cohort, JEKMC service area

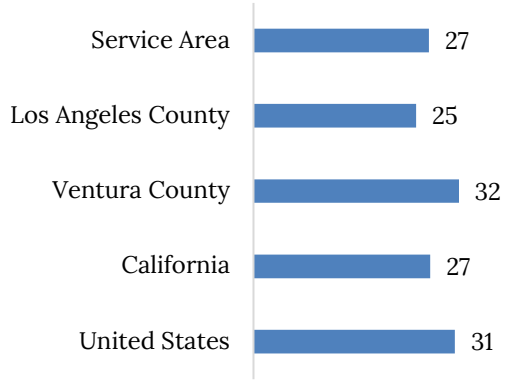


Source: ESRI Business Information Solutions, 2025

The senior dependency ratio provides additional context on the relationship between adults age 65 or older and the working-age population within a community. A higher number indicates a greater level of dependency on the working-age population. JEKMC's service area has a senior dependency ratio of 27, which is less than county, state, and national benchmarks.

While this suggests a lower current dependency burden, anticipated growth in the older population may influence this ratio over time and could have implications for long-term community planning.

Senior dependency ratio

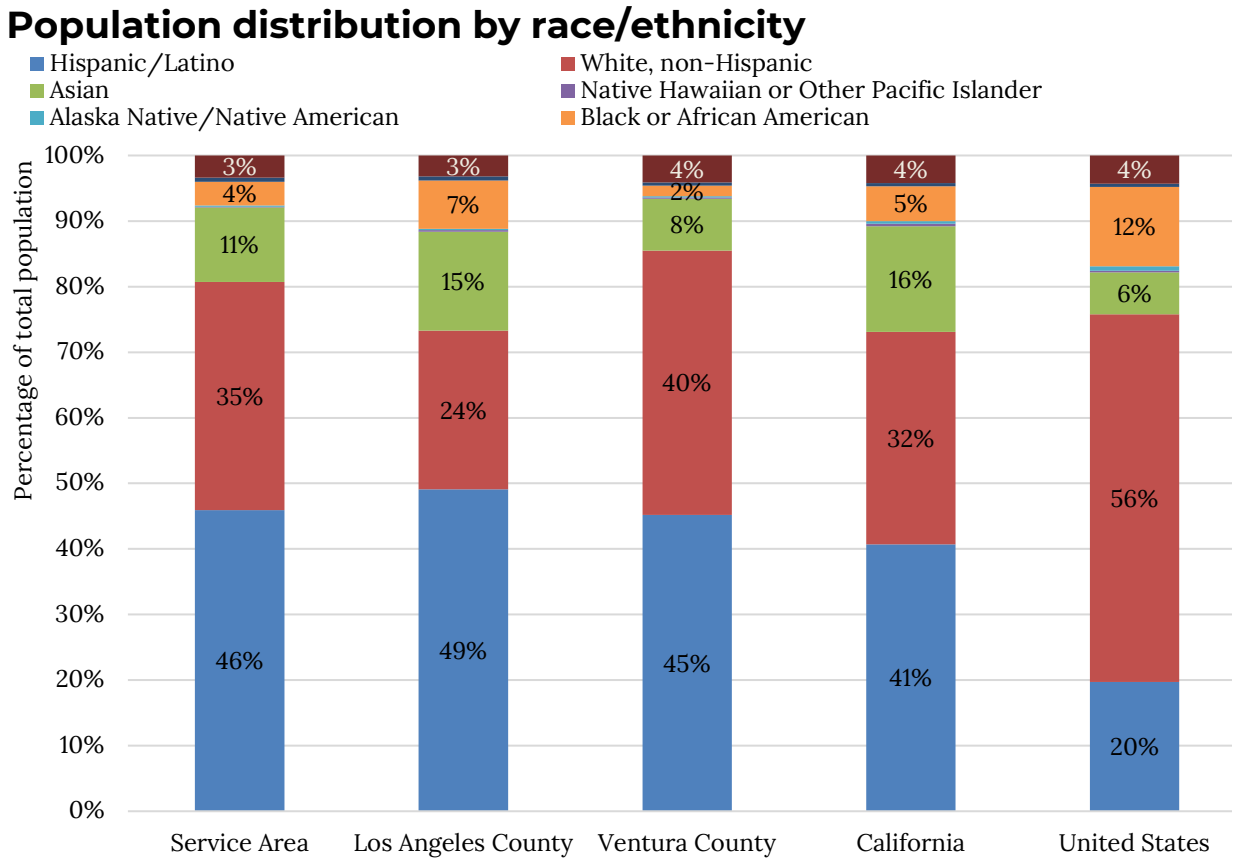


Source: ESRI Business Information Solutions, 2025

[14] Levasseur et al., "Capturing how age-friendly communities foster positive health, social participation and health equity: a study protocol of key components and processes that promote population health in aging Canadians"
[15] Shi et al., "A Study on Supply-Demand Satisfaction of Community-Based Senior Care Combined with the Psychological Perception of the Elderly."

Race and Ethnicity

Race and ethnicity are important social determinants of health, as they are closely linked to differences in social, economic, and environmental conditions that influence health outcomes. Many racial and ethnic minority populations experience disproportionate rates of chronic disease, mental health challenges, being un-and-under-insured and poorer overall health outcomes. These inequities are driven not by race or ethnicity itself, but by longstanding structural factors such as disparities in access to healthcare, education, employment opportunities, safe housing, and exposure to environmental hazards, as well as the effects of discrimination and systemic racism.



Source: ESRI Business Information Solutions, 2025

JEKMC's service area has a diverse population, with a higher percentage of residents identifying as Hispanic or Latino (46%) relative to other race and ethnicities. Los Angeles and Ventura counties, as well as the state of California, show similar population patterns. Compared to the county as a whole, JEKMC's community is significantly more diverse. This diversity is an important consideration when assessing community health needs, for example, nationally, Hispanic older adults have been shown to use mental health services at lower rates than other racial and ethnic groups. Research indicates that among older adults, differences in mental health, cognitive outcomes, and overall well-being are

influenced largely by social and economic factors, such as educational attainment, income stability, and insurance coverage.[16] Historical patterns of inequity have influenced access to education, economic opportunities, and health insurance coverage for many racial and ethnic minority populations.[17] Further, differences in cultural perceptions of mental health may create barriers to behavioral healthcare access and utilization among some older adult populations. Together, these patterns highlight the importance of considering structural and socioeconomic factors when assessing and planning for mental health needs among diverse senior populations. [18, 19]

[16] Jester, D. J., Kohn, J. N., Tibiriçá, L., Thomas, M. L., Brown, L. L., Murphy, J. D., & Jeste, D. V. (2023). Differences in Social Determinants of Health Underlie Racial/Ethnic Disparities in Psychological Health and Well-Being: Study of 11,143 Older Adults. *The American journal of psychiatry*, 180(7), 483–494. https://doi.org/10.1176/appi.ajp.20220158

[17] Jester et al., "Differences in Social Determinants of Health Underlie Racial/Ethnic Disparities in Psychological Health and Well-Being: Study of 11,143 Older Adults."

[18] Jester et al., "Differences in Social Determinants of Health Underlie Racial/Ethnic Disparities in Psychological Health and Well-Being: Study of 11,143 Older Adults."

[19] Epps, F., Gore, J., Flatt, J. D., Williams, I. C., Wiese, L., Masoud, S. S., & Franks, N. (2024). Synthesizing Best Practices to Promote Health Equity for Older Adults Through Community-Engaged Research. *Research in gerontological nursing*, 17(1), 9–16. https://doi.org/10.3928/19404921-20231205-01

Socioeconomic Indicators

Community Profile At a Glance

Median household income in service area	Median home value in service area	Households in Los Angeles County with high housing cost burden	Households living below the poverty level in service area
$100,521	$882,510	24% (9% higher than state benchmarks)	13%

Source: ESRI Business Information Solutions, 2025; American Community Survey five-year estimates, 2019-2023

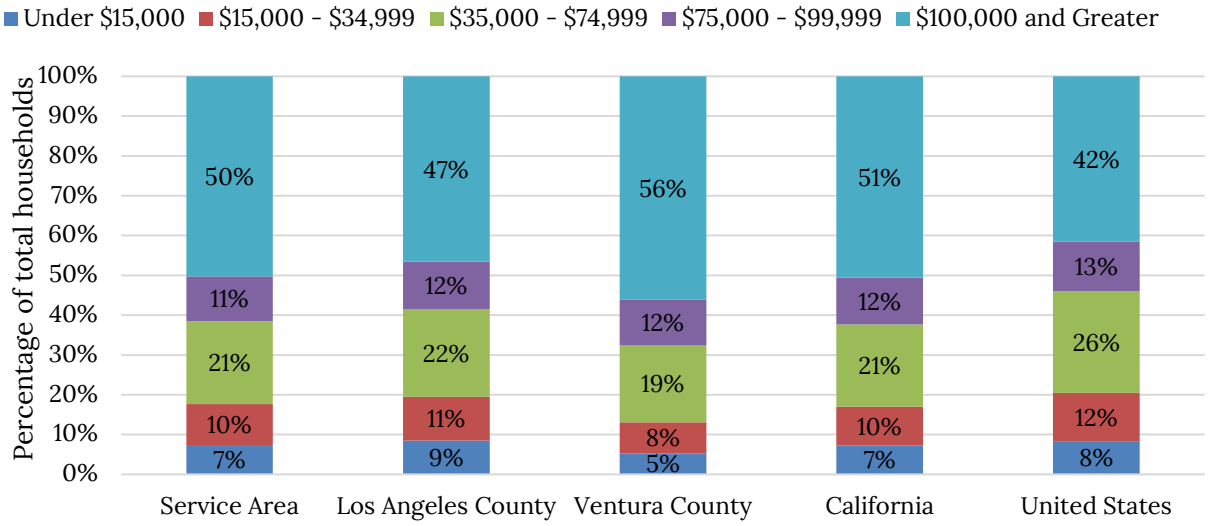
Income and Poverty

Income plays a key role in determining access to resources that support health and stability across a person's lifetime. Research has revealed that income has a significant impact on the ability to have safe housing, abundant and nutritious food, quality education, and accessible transportation. In addition, the interconnected web of income security, educational attainment, and work history have been shown to influence mental health, cognitive functioning, and overall well-being in later stages of life. These factors often interact cumulatively over time, contributing to disparities that persist in older adulthood. [20]

Furthermore, socioeconomic status has a critical role in healthcare access, as it is closely tied to an individual's insurance coverage status and ability to prioritize receiving healthcare amongst other needs. On average, from 2022-2024 in Ventura and Los Angeles counties, 11% of adults aged 65 or older reported delaying healthcare, of which 16% cited that cost or lack of insurance was the reason for delaying care. Older adults with lower incomes are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poorer health outcomes, while facing greater barriers to accessing healthcare and other essential resources.

[20] Jester et al., "Differences in Social Determinants of Health Underlie Racial/Ethnic Disparities in Psychological Health and Well-Being: Study of 11,143 Older Adults."

Household income by income cohort

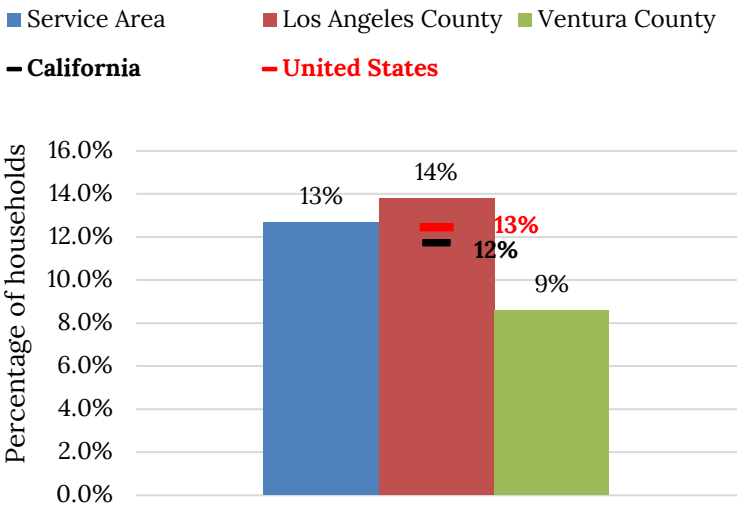


Source: ESRI Business Information Solutions, 2025

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. Los Angeles County exhibits a higher poverty rate than JEKMC's service area, while Ventura County exhibits 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

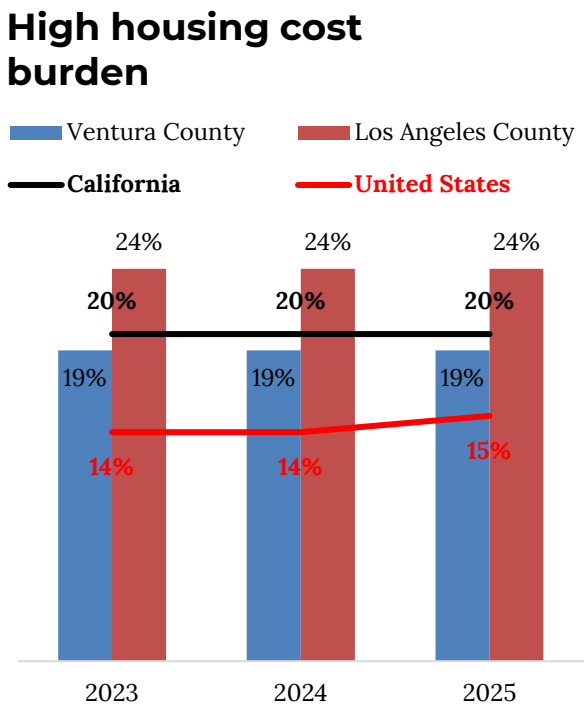


Source: American Community Survey five-year estimates, 2019-2023

Affordable Housing

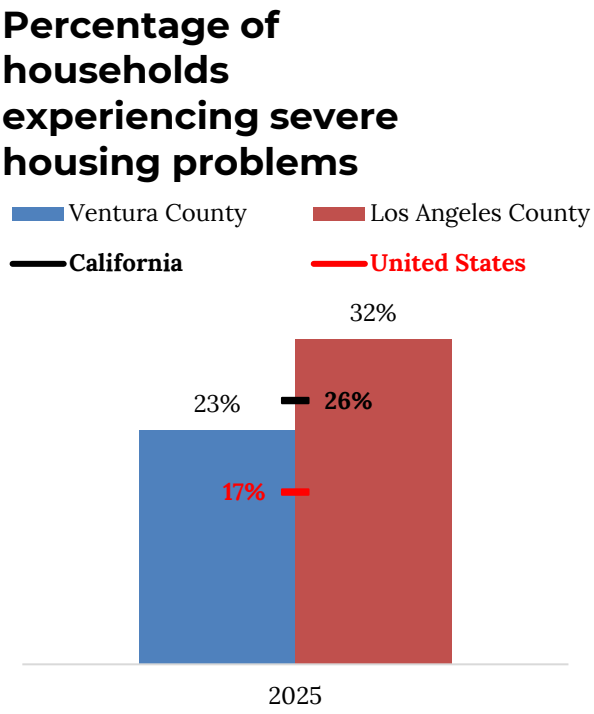
Access to affordable, safe, and stable housing is a critical component to living a healthy lifestyle, particularly for older adults. Housing is generally less affordable in California than in much of the United States. Residents of Los Angeles County in particular experience higher housing cost burdens and a greater prevalence of housing challenges, including overcrowding and substandard living conditions.

For seniors, the housing cost burden can limit the financial resources available for healthcare, medications, transportation, and social participation, all of which are essential for maintaining health and independence in older age. Research indicates that housing instability may compound social isolation and unmet care needs among older adults, especially those with limited incomes or mobility constraints. [21]



Source: County Health Rankings

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



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

[21] Carroll et al., "Equity in healthcare access and service coverage for older people: a scoping review of the conceptual literature."

Health and Disease Indicators

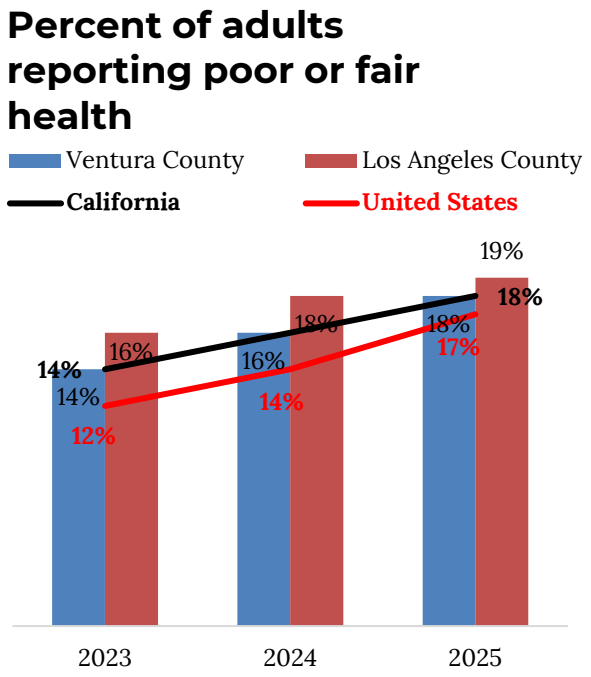
Community Profile At a Glance

Adults who report poor/fair health in Los Angeles County	Heart disease prevalence among 65+ population in San Fernando Valley	65+ population with serious psychological distress in San Fernando Valley	Percentage of 65+ population who needed behavioral health treatment, but did not receive it in San Fernando Valley
19%	19%	5% (1% higher than state benchmarks)	39% (equal to state benchmarks)

Source: County Health Rankings, 2025; California Health Interview Survey, 2022-2024

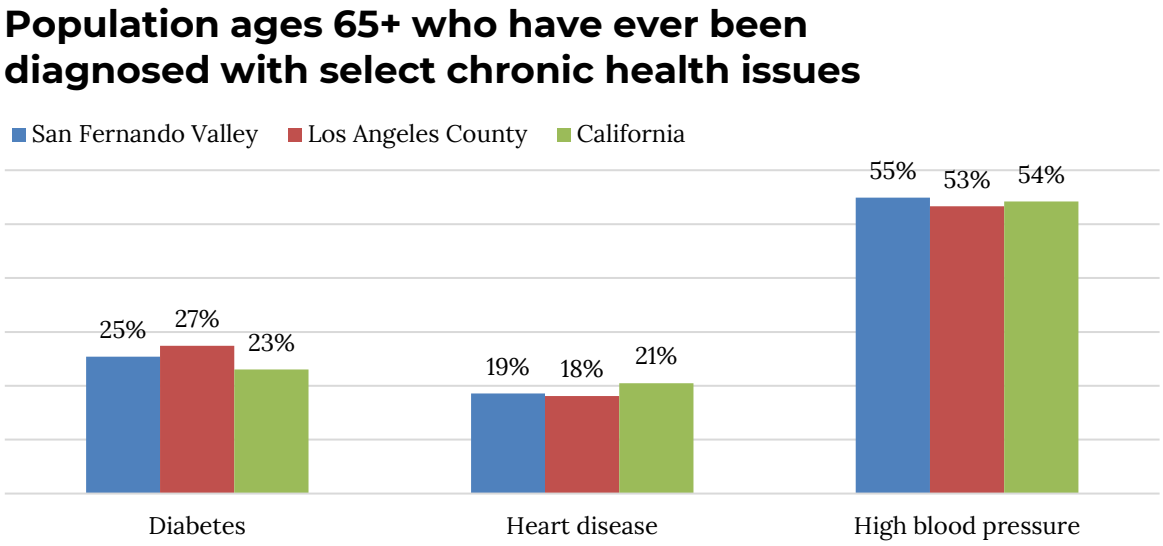
Population Health and Chronic Disease

Physical health outcomes are influenced by a range of factors, including age, socioeconomic status, chronic disease prevalence, and access to preventive care. The percentage of adults reporting poor or fair health has increased modestly from 2023 to 2025 regionally and nationally. By 2025, approximately 17% of adults nationally reported their physical health was not good for 14 or more days in the past month, compared to 12% in 2023 and 14% in 2024. Los Angeles County and Ventura County follow a similar upward trend, with Los Angeles County consistently reporting slightly higher rates than Ventura County. These patterns suggest a gradual worsening in self-reported physical health over time, consistent with broader state and national trends.



Source: Center for Disease Control and Prevention, 2025
Metric: Percentage of adults who stated that their physical health was not good 14 or more days in the past month

Research indicates that declining self-reported physical health is often associated with increasing prevalence of chronic conditions, functional limitations, and compounding social and economic stressors, particularly among the 65+ age cohort. 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, as individuals age, cumulative exposure to health risk factors, including chronic disease burden and barriers to care, can contribute to poorer overall physical health and increased healthcare needs.



Source: California Health Interview Survey, 2022-2024 pooled responses
Metric: Percentage of adults ages 65 and older who have ever been diagnosed with the indicated disease

Chronic disease is a significant determinant of health and quality of life for older adults, and has wide-ranging implications for individuals, families, and healthcare systems. Data from the California Health Interview Survey indicates that the 65+ age cohort of the San Fernando Valley of Los Angeles County, which most closely aligns with JEKMC's service area, exhibits higher rates of diabetes and high blood pressure than state benchmarks. Over time, unmanaged or poorly controlled chronic conditions can contribute to functional decline, increased risk of disability, and reduced quality of life.

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 - 74

	2023		2024		2025	
Rank	**Cause of Death**	**Rate**	**Cause of Death**	**Rate**	**Cause of Death**	**Rate**
1	Malignant neoplasms	434.1	Malignant neoplasms	424.7	Malignant neoplasms	420.8
2	Diseases of heart	333.4	Diseases of heart	328.5	Diseases of heart	328.7
3	Diabetes Mellitus	90.6	Diabetes Mellitus	83.4	Diabetes Mellitus	86.4
4	Cerebrovascular diseases	62.9	Cerebrovascular diseases	64.6	Cerebrovascular diseases	64.8
5	Chronic lower respiratory diseases	48.5	Chronic lower respiratory diseases	55.3	Chronic lower respiratory diseases	52.6

Ages 75+

	2023		2024		2025	
Rank	**Cause of Death**	**Rate**	**Cause of Death**	**Rate**	**Cause of Death**	**Rate**
1	Diseases of heart	1,510.2	Diseases of heart	1,419.8	Diseases of heart	1,492.7
2	Malignant neoplasms	976.5	Malignant neoplasms	996.2	Malignant neoplasms	1,061.3
3	Alzheimer's Disease	600.5	Alzheimer's Disease	580.9	Alzheimer's Disease	619.5
4	Cerebrovascular diseases	374.2	Cerebrovascular diseases	348.6	Cerebrovascular diseases	373.3
5	Chronic lower respiratory diseases	266.1	Chronic lower respiratory diseases	247.4	Chronic lower respiratory diseases	262.0

Source: California Vital Data (Cal-ViDa), State of California
Metric: Annual deaths per 100,000 people in each population cohort

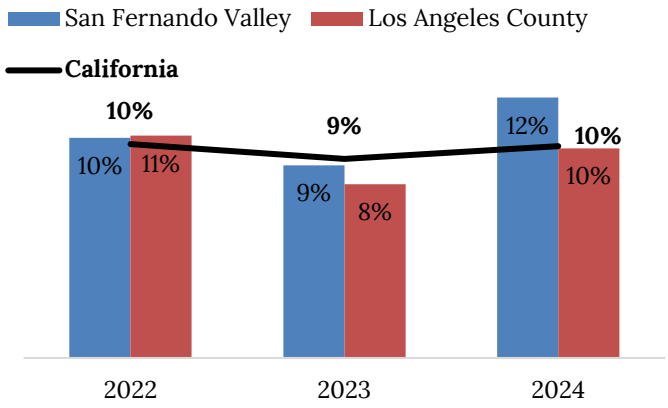
Over the past three years in Los Angeles County and Ventura County, malignant neoplasms, more commonly known as cancer, has been a top leading cause of death in the 65+ age cohort and the 75+ age cohort. Alzheimer's disease (a neurodegenerative disease that affects memory, thinking and behavior) has historically been one of the top three leading causes of death of the 75+ age cohort, resulting in nearly 600 to 620 deaths per 100,000 residents in Los Angeles and Ventura counties on an annual basis.

Behavioral Health

Mental and behavioral health challenges among older adults remain a significant consideration for community health planning, as these conditions affect not only emotional well-being, but also physical health, functional status, independence, and social connection. As the senior population grows in JEKMC's community, the demand for behavioral health services and supportive resources continues to place pressure on families, caregivers, healthcare providers, and community systems.

Recent data indicate that rates of serious psychological distress among adults ages 65 and older in Los Angeles County and California have remained relatively stable since 2022. In the San Fernando region, rates have increased slightly since 2022, increasing from 10% to 12% of adults aged 65 and older in 2025. These patterns suggest that while overall distress has eased slightly, a meaningful share of seniors in JEKMC's community continue to experience ongoing mental health challenges.

Population ages 65+ with serious psychological distress

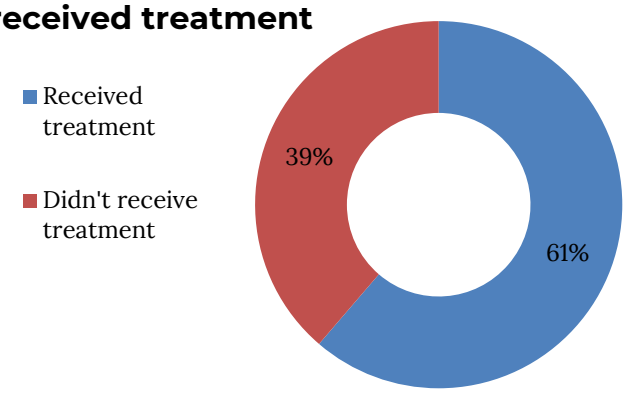


Source: California Health Interview Survey
Metric: Percentage of population ages 65 and older who likely have had serious psychological distress in the past year

Research highlights that behavioral health outcomes in later life are shaped by both clinical and social factors. Loneliness and social isolation are strongly associated with increased risk for depression, psychological distress, and declines in overall well-being among older adults. Seniors who face mobility limitations, chronic disease, transportation barriers, housing instability, or reduced opportunities for social participation are more likely to experience social isolation, which can exacerbate mental health challenges and contribute to unmet health needs.

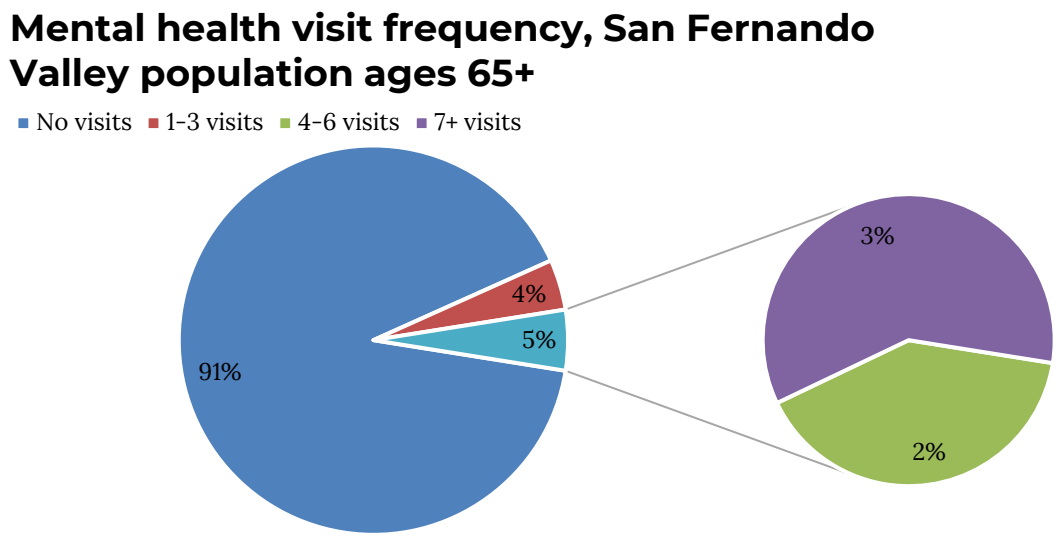
Barriers to accessing treatment persist for seniors experiencing behavioral health concerns. Among older adults in the San Fernando Valley who report needing help for mental, emotional, or substance-related issues, approximately 39% do not receive treatment, reflecting challenges related to stigma, cost, limited awareness of services, cultural beliefs, and difficulties accessing age-appropriate behavioral healthcare. These barriers can delay intervention and increase the likelihood that symptoms worsen over time.

San Fernando Valley population ages 65+ who needed help and received treatment



Source: California Health Interview Survey, 2022-2024, pooled responses
Metric: Percentage of population ages 65 and older in the San Fernando Valley who reported that they sought help for self-reported mental/emotional and/or alcohol/drug issues and whether they received treatment

Utilization patterns further illustrate the complexity of behavioral health needs among seniors. While approximately 9% of older adults in the San Fernando Valley report at least one behavioral health visit in the last year, a higher proportion of seniors who do utilize behavioral health services, utilize them on a more ongoing basis. Collectively, these trends underscore the importance of a multifaceted approach to senior behavioral health that emphasizes early identification, improved access to care, and strategies that address social isolation and strengthen social connection as part of broader efforts to support mental health and quality of life among older adults.

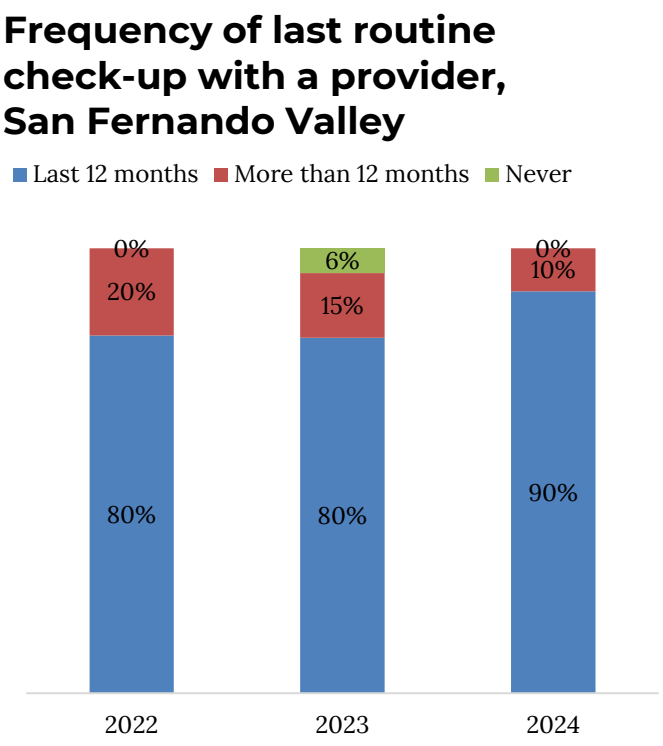


Source: California Health Interview Survey, 2022-2024, pooled responses
Metric: Average number of visits to a professional for mental/drug/alcohol issues in the past year, per person, for the 65+ population in the San Fernando Valley

Preventative Health and Wellness Indicators

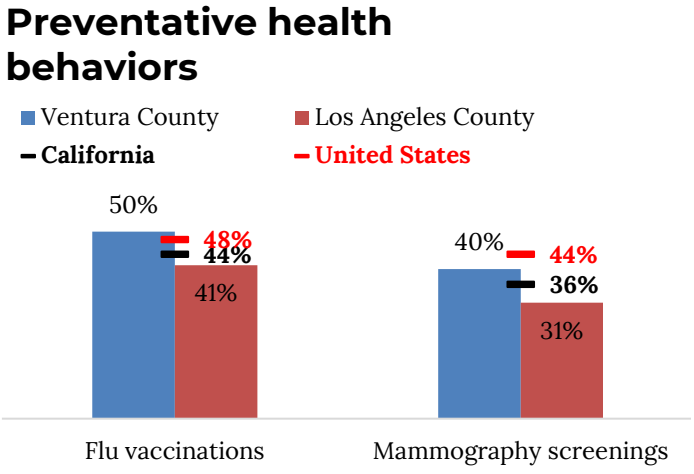
Preventative Health

Preventive health behaviors, including routine check-ups and recommended screenings, support early detection of disease and effective management of chronic conditions among older adults. In the San Fernando Valley, most seniors continue to receive routine care, with 80–90% reporting a check-up within the past 12 months between 2022 and 2024. However, a persistent share of seniors report delaying care beyond one year, approximately 10-20% of seniors between 2022 and 2024. This indicates opportunities to strengthen consistent preventive care use over time.



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

County-level data further suggests gaps in preventive service utilization. Compared to state and national benchmarks, Los Angeles County reports lower rates of recommended preventive services among Medicare enrollees, including flu vaccinations and mammography screenings. Lower engagement in routine preventive care may contribute to missed opportunities for early detection and disease prevention, particularly for older adults managing chronic health conditions.

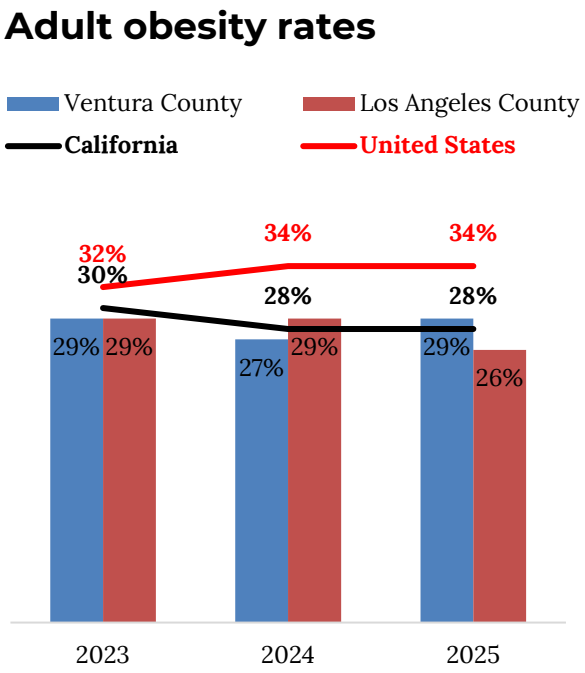


Source: County Health Rankings, 2025
Metric: Percentage of Medicare enrollees who received recommended clinical preventive services during the past year

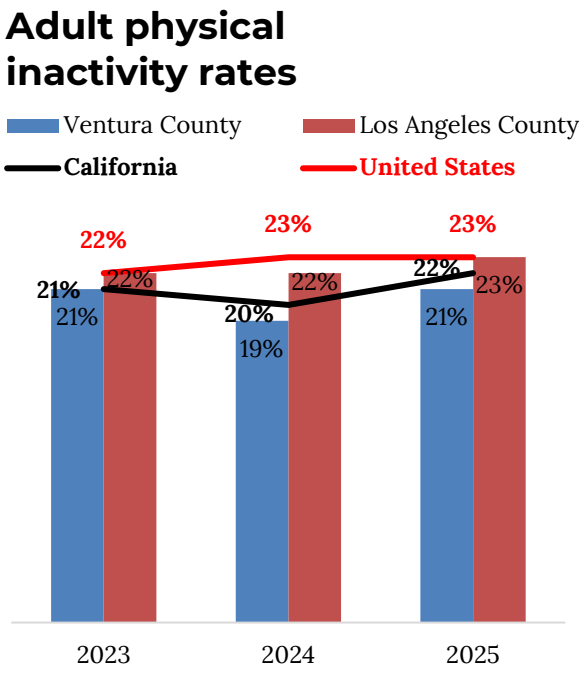
Adult Obesity and Physical Activity

Many chronic conditions are influenced by health behaviors established over time, including physical activity and a healthy diet. Recent data suggest that adult obesity has declined in Los Angeles County, falling from 29% to 26% in 2025, reflecting potential impact of community education, availability of new prescription weight loss medications, and access to a healthy lifestyle.

As adult obesity rates in Los Angeles County showed modest improvement in 2025, they remained lower than rates in Ventura County and California between 2023 and 2025. Rates of adult physical inactivity in Los Angeles County increased during this period and consistently exceeded state benchmarks. These trends indicate that a substantial share of adults may face barriers to maintaining regular physical activity, which can contribute to higher chronic disease burden over time.



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



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

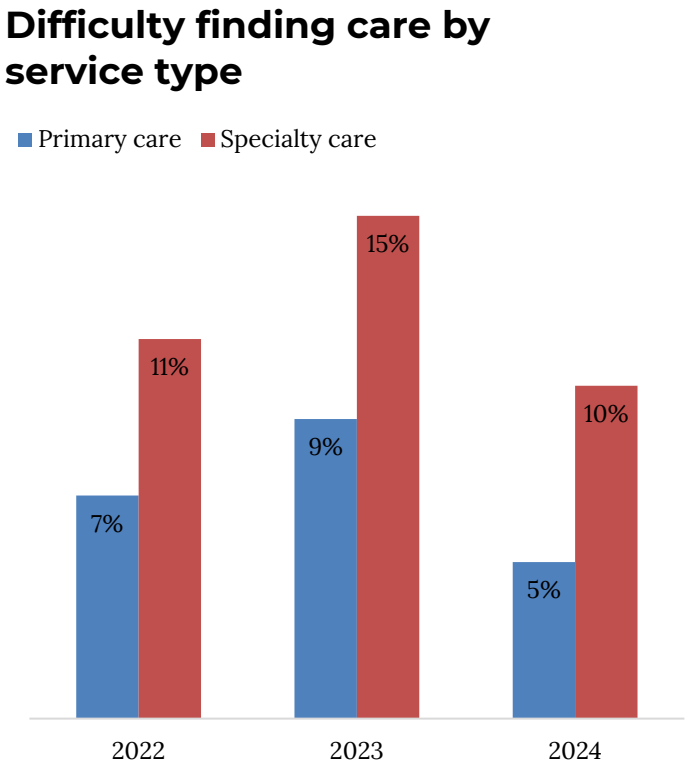
Persistently high rates of obesity and physical inactivity may place additional strain on the healthcare system and affect long-term health outcomes. Addressing these trends may require community-level strategies that improve access to opportunities for physical activity and support healthier lifestyles, particularly in communities experiencing higher risk.

Accessibility of Care Indicators

Provider Accessibility

Access to healthcare providers influences how consistently individuals can obtain routine, preventive, and specialty care. Recent data from the San Fernando Valley indicate increasing difficulty in accessing care, particularly specialty services, among adults age 65 and older.

Between 2022 and 2024, the share of seniors reporting difficulty finding primary care increased modestly, while difficulty accessing specialty care remained higher throughout the period. In 2024, seniors were nearly twice as likely to report difficulty obtaining specialty care compared to primary care. These patterns suggest ongoing barriers that may limit timely referrals, specialty follow-up, and continuity of care for individuals with more complex health needs.



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

Challenges in accessing providers can have broader implications for community health. Delays in specialty services may contribute to later diagnosis, poorer management of chronic conditions, and increased reliance on emergency or acute care settings. Over time, constrained provider access may place additional pressure on the local healthcare system and affect overall population health outcomes, underscoring the importance of maintaining adequate provider availability and coordination across levels of care.

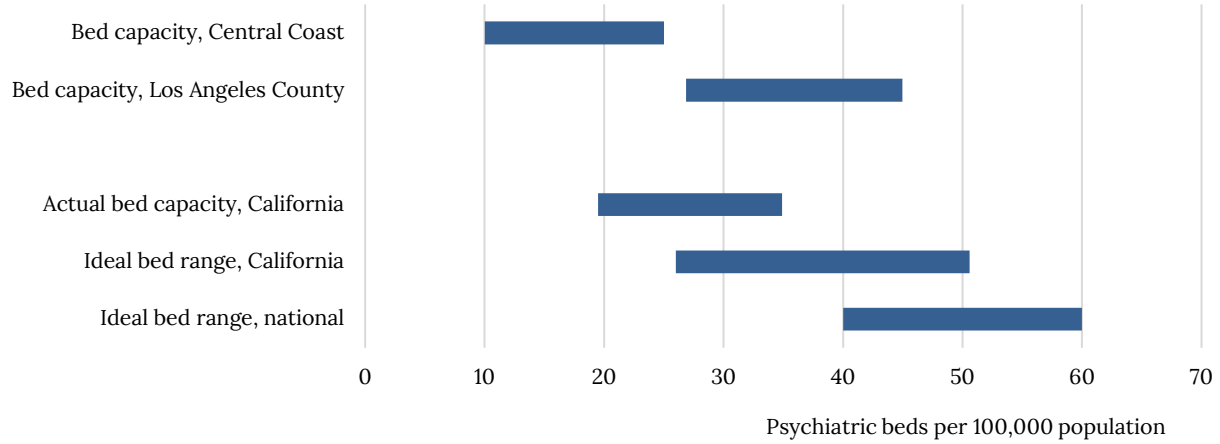
Psychiatric Bed Accessibility

Inpatient psychiatric care plays a critical role in stabilizing individuals experiencing acute behavioral health conditions and supporting recovery for those with complex or long-term needs. California continues to face a substantial shortage of inpatient psychiatric beds. As of 2022–2023, the state averaged approximately 17 inpatient psychiatric beds per 100,000 population, a level that remains well below national benchmarks and estimates of population need. In response to this gap, recent statewide

investments have aimed to expand capacity at scale, particularly for populations with complex care needs, such as older adults.[22]

Proposition 1's Behavioral Health Continuum Infrastructure Program (BHCIP) represents a significant statewide response, directing 1.18 billion dollars toward expanding behavioral health infrastructure. Initial funding rounds are expected to support the creation of more than 5,000 residential treatment beds with long-term goals exceeding 6,800 beds statewide. These investments are designed to expand capacity across acute, subacute, and longer-term care settings, reflecting persistent shortages that affect residents across the community and state.

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 15, 2026: https://www.rand.org/pubs/research_reports/RRA1824-1-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.

Project-level investments further illustrate both the scale of need and the types of capacity expansion required. In 2025, LAJH was awarded $28 million through BHCIP to expand inpatient behavioral health services for older adults. The expansion is expected to increase geriatric psychiatric bed capacity from approximately 10 beds to an additional 30 to 33 beds, effectively tripling existing capacity and significantly improving access to specialized inpatient care for seniors.

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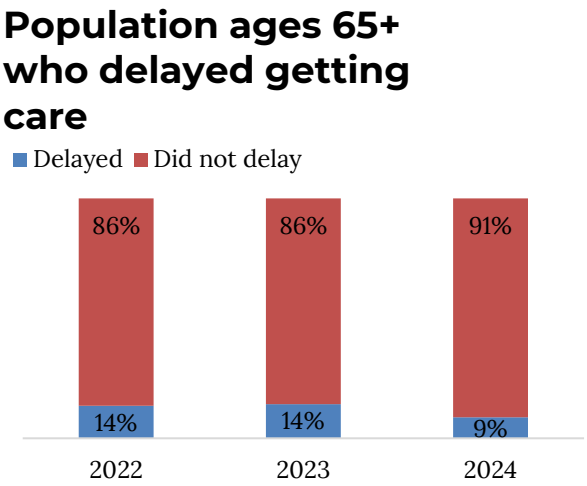
[22] Ruder, E. (2026, March 23). *California to invest $1.18B in Behavioral Health: 10 largest projects - Becker's behavioral health.* California to invest $1.18B in behavioral health: 10 largest projects. https://www.beckersbehavioralhealth.com/behavioral-health-capital-investment/california-to-invest-1-18b-in-behavioral-health-facilities-10-largest-projects/

These targeted expansions are occurring within the context of growing demand, particularly among older adults. California's senior population is projected to increase substantially over the coming decades, with corresponding rises in dementia, depression, and other behavioral health conditions. Geriatric psychiatric capacity remains limited and geographically concentrated in a small number of counties across California, contributing to delays in care, extended emergency department boarding, and challenges in placing patients at the appropriate level of care. While recent investments represent meaningful progress, they also underscore the scale of unmet need and the continued importance of expanding inpatient psychiatric capacity statewide.

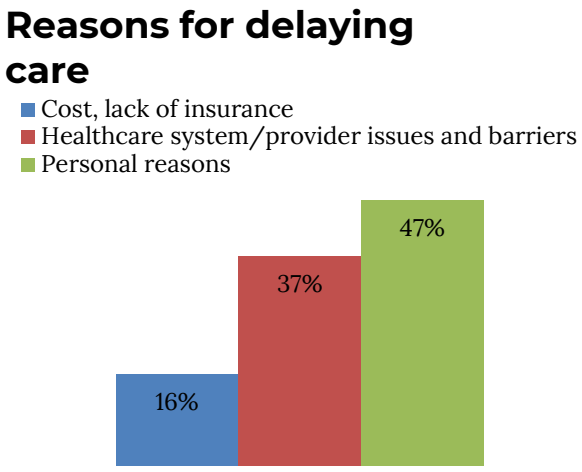
Barriers to Care

Beyond provider availability, a range of factors can influence whether individuals seek and receive medical care when needed. Financial concerns, system-level challenges, and personal circumstances may all contribute to delayed or forgone care, with potential implications for health outcomes, particularly among older adults.

Recent data indicate that most adults age 65 and older in the San Fernando Valley did not delay care between 2022 and 2024. However, a consistent minority of seniors reported postponing needed care during this period. While the proportion of reporting delays declined in the most recent year, the presence of ongoing barriers suggests that not all seniors are able to access care as promptly as needed. Addressing non-financial and system-level barriers may be important for improving timely access to care and supporting better health outcomes for the senior population.



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



Source: California Health Interview Survey, 2022-2024 pooled responses
Metric: Main reason reported for population ages 65 and older in the San Fernando Valley counties who delayed or had forgone needed medical care

Among seniors who reported delaying care, personal reasons and healthcare system or provider-related barriers were cited more frequently than cost or lack of insurance. These

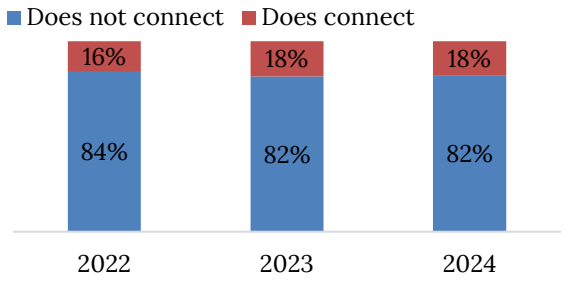
findings suggest that challenges such as appointment availability, navigation of the healthcare system, transportation, or competing personal priorities may play a larger role than direct financial barriers for older adults in the region.

Care Coordination

Care coordination and connections to community-based services can support continuity of care and help address social and non-medical factors that influence health outcomes for older adults. These services play a key role in supporting seniors with complex needs, though access varies across service types.

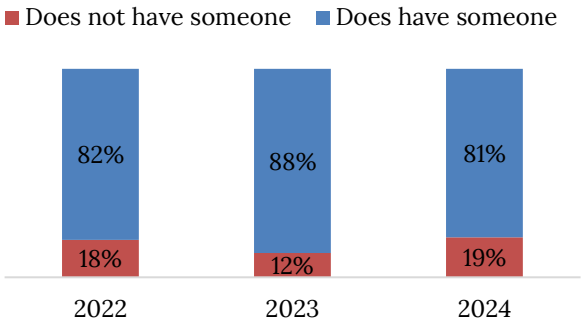
Recent data indicate that most adults age 65 and older in the San Fernando Valley are not connected to community-based services through their clinic. Between 2022 and 2024, more than four out of five seniors reported that their clinic does not connect patients or families with community-based resources, with little change observed over time. This pattern suggests a persistent gap in linking older adults to services that may support social needs, independence, and overall well-being.

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 older in the San Fernando Valley 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 the San Fernando Valley who has someone at their doctor's office/clinic who helps coordinate care

In contrast, most seniors reported having someone at their clinic who helps coordinate their care. Access to care coordination peaked in 2023 at 88% but declined in 2024 to 81%, meaning approximately one in five older adults consistently report no care coordination support. While care coordination appears more widely available than community-based service connections, access is not universal and has not shown sustained improvement. Limited linkage to community-based services, combined with gaps in care coordination, may contribute to unmet social needs, challenges managing chronic conditions, and fragmented care. Strengthening both care coordination and referral pathways to community-based resources may help improve continuity of care and better support the health of older adults in the community.

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	5900 Wilshire Boulevard, Los Angeles, CA 90036	(323) 309-8821
Los Angeles County Department of Mental Health	550 South Vermont Avenue, Los Angeles, CA 90020	(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	22115 Roscoe Boulevard, Canoga Park, CA 91034	(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 Urgent Care Center	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 - Meals and nutritional programs - Supportive services program - Health insurance counseling and advocacy - Traditional legal assistance program - Caregiving services - Adult protective services	510 South Vermont Avenue, 11th Floor, Los Angeles, CA 90020	(888) 211-0644
Los Angeles County Aging & Disabilities Department	510 South Vermont Avenue, 11th Floor, Los Angeles, CA 90020	(800) 510-2020
211 Los Angeles - Crisis and Disaster response - Outreach, service navigation, and care coordination		211 or 800-339-6993
Access LA - Program for seniors and people with disabilities to schedule curb-to-curb, public transportation		(800) 827-0829
LA Found		(833) 569-7651
Center for Health Care Rights	4601 Wilshire Boulevard, Suite 160, Los Angeles, CA 90010	
In-Home Supportive Services	20101 Hamilton Avenue, Suite 250, Torrance, CA 90502	(888) 822-9622
ONEgeneration Senior Enrichment Center	18255 Victory Boulevard, Reseda, CA 91335	(818) 705-2345
Visiting Angels Living Assistance Services	10999 Riverside Drive, Suite 305, Toluca Lake, CA 91602	(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) 488-6535

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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