Racial Disparities in Nursing Facilities – and How to Address Them

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
Justice in Aging’s Commitment to Advancing Equity

To achieve Justice in Aging, we must:

• **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

• Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.

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Issue Brief on Racial Disparities with Policy Recommendations

• See Justice in Aging’s issue brief containing:
  • Overview of research and studies identifying racial disparities in long-term care
  • Evaluating racial disparities research
  • Targeted policy recommendations aimed primarily at reducing disparities identified in the literature
Nursing Facility Disparities Data
Nursing Facility Quality as a Measure for Racial Disparities

• Most of the research reviewed data between facilities, with some researchers looking within facilities.

• Researchers looked at nursing facility quality metrics to identify disparities, including:
  • Low Medicare star rating
  • Excessive re-hospitalizations
  • Poor staffing levels
Admissions Disparities

• Nursing facility admissions are heavily segregated, mimicking residential neighborhoods
  • Among Medicare beneficiaries, 80% of Black patients were admitted to 28% of facilities, while 80% of Latino patients admitted to 20% of facilities

• These admissions correlated to lower quality nursing facilities, based on Medicare star rating
Rehospitalization Rates

• Research focused on excessive rates of hospitalization, not individual hospitalizations

• Racial disparities more prevalent among residents with severe impairments
  • One study found Black residents were less likely to be hospitalized than white residents, but among residents with severe impairments, Black residents had higher rates of hospitalization
Hospitalization Rates Vary Depending on Facility

- Research identifies greater disparities between facilities than within facilities
  - Black and white residents had similarly high rehospitalization rates in facility with higher percentage of Black residents
- Indicates the source of the disparity is the facility’s characteristics (e.g. fewer resources, poor staffing)
Staffing Levels

- Facilities with higher percentage of residents of color have fewer Registered Nurses (RN), fewer nurse aides, and fewer skilled Licensed Practical Nurses (LPN).

- One study found majority-white facilities had RN staffing levels 34% and 60% higher respectively than majority Black and Latino facilities.

  - Neither resident payor source, facility location, nor residents’ medical condition could account for disparities.
Some Challenges in Remedying Racial Disparities

• Many racial disparities found in the literature can be tied to factors like income, geography, or payor source
  • Some studies account for non-race variables; others exclude them

• Ensuring policy recommendations specifically address the disparities identified in the literature
Targeted Policies to Alleviate Disparities

• Colorblind policies can be ineffective since they perpetuate existing inequities... but race-based policies can be illegal

• Our recommendations are race focused to alleviate disparities that have the greatest impact on residents of color
  • Proposed policies improve nursing facility care for all residents, but primarily benefit residents with the worse levels of care
Medicaid Distinct Part Certification

• Medicaid statute allows facilities to designate only part of facility for Medicaid beneficiaries
  • In states that do not require full certification, resident could be admitted as a private payor or Medicare, spend down their assets, then get evicted when they become Medicaid eligible because they are not in “Medicaid room”

• Eliminating “distinct part” language would limit discrimination against Medicaid beneficiaries, who are disproportionately people of color
Consider Rate Equalization

- Some racial disparities are connected to discrimination against Medicaid recipients
- Some states have worked to blunt this discrimination by tying private-pay rates to Medicaid rates
  - Minnesota
  - North Dakota
Improve Staffing Levels

• One of the largest measures of racial disparities in nursing facilities is in RN, LPN, and nurse aide staffing levels
  • Improved staffing could help to resolve other nursing facility disparities like rehospitalization rates and use of restraints and antipsychotics

• CMS issued Request for Information (RFI) on mandatory staffing levels; study being done by Abt Associates
Increased Cultural Competency

• Residents’ quality of life can be improved if facilities provide more cultural competency

• Regulations require facilities to provide culturally competent services under resident’s care plan

• Facilities should emphasize the importance of cultural competency in training, and surveyors should cite facility that fails to comply with cultural competency standards
Improved Training for Nursing Facility Staff

• Much like low staffing levels, residents of color are more likely to reside in facility with poorly trained nurse aides

• Federal law requires 75 hours of nurse aide training across a variety of areas, but does not include implicit bias training
  • Institute of Medicine recommends a federal minimum of 120 hours

• Recommend increasing training hours and adding implicit bias training
Expand Home- and Community-Based Services (HCBS)

• Many older adults, including older adults of color, end up in nursing facilities despite wanting to receive care at home
  • This is due to institutional bias that makes nursing facility coverage mandatory and HCBS optional

• Making HCBS a required benefit, and permanently funding diversion/transition programs like Money Follows the Person, would allow Medicaid beneficiaries more options for quality long-term care
Questions?

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