

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Identifying and Addressing Racial Disparities in Nursing Facilities

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FIGHTING SENIOR POVERTY THROUGH LAW

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.

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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 Home Disparities Data

NF 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 home quality metrics to identify disparities, including
 - Low Medicare star rating
 - Excessive re-hospitalizations
 - Poor staffing levels

Admissions Disparities

- Nursing home 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 homes, 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 less 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
 - Resident payor source, facility location, nor residents' medical condition could account for disparities

Some Challenges in Remediating Racial Disparities

- Many racial disparities found in the literature can be tied to factors like income, geography, or payor source
- Ensuring policy recommendations specifically address the disparities identified in the literature
 - Proposed recommendations would still benefit residents of color the most since they primarily improve the lowest performing facilities



Policy Recommendations

Medicaid Distinct Part Certification

- Medicaid statute allows facilities to designate part of facility for Medicaid beneficiaries
 - A 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 “designated” Medicaid room
- Eliminating “distinct part” language would ensure all facilities accepting Medicaid do not discriminate against Medicaid beneficiaries, who are disproportionately people of color

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 would resolve other nursing home disparities like rehospitalization rates and use of restraints and antipsychotics
- Advocates recently submitted Request for Information (RFI) on mandatory staffing levels.

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 a resident's care plan
- Facilities should emphasize the importance of cultural competency in training, and surveyors should cite facility that fail 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 homes despite wanting to receive care at home
 - This is due to the 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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