A Matter of Justice: Racism as a Fundamental Cause of Long-term Care Inequities.

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We acknowledge that as representatives of the University of Minnesota we gather on the traditional land of the Dakota People, past and present, and acknowledge with gratitude the Land itself and the People. We take to heart and commit through action to learn and honor the traditional cultural Dakota Values: Courage, Wisdom, Respect and Generosity.
Agenda

• Inequities in Care & Outcomes
• About Racism
• A Pathway Forward
Minorities Access Lower Quality & Segregated NHs

Separate And Unequal: Racial Segregation And Disparities In Quality Across U.S. Nursing Homes

Residential segregation in U.S. cities disproportionately places blacks in poorer-performing nursing homes.

by David Barton Smith, Zhanlian Feng, Mary L. Fennel, Jacqueline S. Zinn, and Vincent Mor

Disparities in Nursing Home Use and Quality Among African American, Hispanic, and White Medicare Residents With Alzheimer’s Disease and Related Dementias

Maricruz Rivera-Hernandez, PhD¹, Amit Kumar, PhD¹, Gary Epstein-Lubow, MD¹², and Kali S. Thomas, PhD¹³

Black-White Disparities in Care in Nursing Homes

David C. Grabowski and Thomas G. McGuire
Department of Health Care Policy Harvard Medical School

Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care

VINCENT MOR, JACQUELINE ZINN, JOSEPH ANGELELLI, JOAN M. TENO, and SUSAN C. MILLER

Relationship between State Medicaid Policies, Nursing Home Racial Composition, and the Risk of Hospitalization for Black and White Residents

Andrea Gruneir, Susan C. Miller, Zhanlian Feng, Orna Intrator, and Vincent Mor

Racial Segregation and Quality of Care Disparity in US Nursing Homes

Momotazur Rahman, PhD and Department of Health Services Policy and Practice, Brown University, Box G-S121(6), Providence, RI 02912, Tel: 401-863-1275

Andrew D. Foster, PhD

Nursing Home Quality and Financial Performance: Does the Racial Composition of Residents Matter?

Latarsha Chisholm, Robert Weech-Maldonado, Alex Laberge, Feng-Chang Lin, and Kathryn Hyer
Black-White Disparities in Care in Nursing Homes

David C. Grabowski and Thomas G. McGuire
Department of Health Care Policy Harvard Medical School

Non-Hispanic Black-White disparities in pain and pain management among newly admitted nursing home residents with cancer

Disparities in use of antipsychotic medications among nursing home residents in Arkansas

Teresa J Hudson, Marisue Cody, Tracey L Armitage, Martha A Curtis, Greer Sullivan

Racial Disparities in In-Hospital Death and Hospice Use Among Nursing Home Residents at the End-of-life

Nan Tracy Zheng, PhD,

Racial/Ethnic Disparities in Influenza and Pneumococcal Vaccinations Among Nursing Home Residents: A Systematic Review

Jasmine L. Travers, PhD, RN, Krista L. Schroeder, PhD, RN, Thomas E. Blaylock, PhD, and Patricia W. Stone, PhD, FAAN

Racial Disparities in the Use of Physical Restraints in U.S. Nursing Homes

Kimberly M. Cassie and William Cassie
Decreased Access to Other LTC Options & Lower Quality of Life

Distribution of African Americans in Residential Care/Assisted Living and Nursing Homes: More Evidence of Racial Disparity?

| Daniel L. Howard, PhD, Philip D. Sloane, MD, MPH, Sheryl Zimmerman, PhD, J. Kevin Eckert, PhD, Joan F. Walsh, PhD, Verita C. Buie, MS, Persephone J. Taylor, BS, and Gary G. Koch, PhD

Growth Of Racial And Ethnic Minorities In US Nursing Homes Driven By Demographics And Possible Disparities In Options

Zhanlian Feng, Mary L. Fennell, Denise A. Tyler, Melissa Clark, and Vincent Mor


Racial Disparities in Medicaid home and community-based service utilization and expenditures among persons with multiple sclerosis

Chanee D Fabius1,2, Kali S Thomas1,3, Tingting Zhang1, Jessica Ogarek1, and Theresa I Shireman1

Racial Disparities In Nursing Home Residents: Quality of Life: Does The Gap Persist Over Time?

Tetyana P Shippee,1 Weiwen Ng,2 John Bowblis,3 Yinfei Duan,2 Odichinma Akosionu,1 and Mark Woodhouse1
A **disparity** is a difference where a historically disadvantaged or marginalized group is further disadvantaged.

An **inequity** connotes unfairness, injustice, and avoidability.
ZIP Codes are a better predictor of health than the healthcare received...

But the healthcare received is determined by ZIP Code.
# Social Determinants of Health

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<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<td>Housing</td>
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<td>Hunger</td>
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<td>Health Coverage</td>
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<td>Early Childhood Education</td>
<td>Social Engagement</td>
<td>Community Engagement</td>
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<td>Vocational Training</td>
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## Health Outcomes
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

[Logo: KFF]
What is Racism?

Definition

Racism is a system. It is not an individual character flaw, not a personal moral failing, nor a psychiatric illness. It is a system (of structures, policies, practices and norms) that structures opportunity and assigns value based on phenotype or the way people look.

-Camara Phyllis-Jones

Types & Levels of Racism

• Personally mediated (Interpersonal)
• Internalized
• Institutionalized

Check out “A Gardner’s Tale” by Camara Phyllis-Jones.

“The totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.”

-Bailey et al. 2017: “Structural racism and health inequities in the USA: evidence and interventions”
Structural Racism is...

"the macrolevel systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups.” (Powell, 2008)

“The Iceberg” (Gee et al., 2009)
Manifestations of Structural Racism in LTSS

• Availability of types of LTSS
  – White-flight from NHs – Segregated care
  – Decreased availability of more desirable community-based options

• Availability of high-quality LTSS

• Medicaid reliance & Low Reimbursement

• COVID19 – Environmental Racism

• Low pay & limited benefits for direct care work

• Americanized food choices and white-centric activity programming in NHs

• Colorblind Policymaking
Inappropriate Antipsychotic Use: The Impact of Nursing Home Socioeconomic and Racial Composition

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OBJECTIVES: Previous research suggests black nursing home (NH) residents are more likely to receive inappropriate antipsychotics. Our aim was to examine how NH characteristics, particularly the racial and socioeconomic composition of residents, are associated with the inappropriate use of antipsychotics.

METHODS: This study used a longitudinal approach to examine national data from Long-Term Care: Facts on Care in the US (LTConnor.org) between 2008 and 2015. We used a multivariate linear regression model with year and state fixed effects to estimate the prevalence of inappropriate antipsychotic use at the NH level.

RESULTS: We examined 0.946 NHs.

MEASUREMENTS: Our outcome variable was inappropriate antipsychotic use at the facility level. The primary indicator variables were whether a facility had high proportions of black residents and the proportion of residents with Medicaid as their primary payer.

RESULTS: NHs with high and low proportions of blacks had similar rates of antipsychotic use in the unadjusted analysis. NHs with high proportions of black residents had significantly lower rates of inappropriate antipsychotic use.

CONCLUSIONS: Findings from this study indicate a decline in the use of antipsychotics. Although findings from this study indicated that facilities with higher proportions of black residents had lower inappropriate antipsychotic use, facility-level socioeconomic disparities remained to present among NHs. Policy interventions that focus on reimbursement must be considered to promote reductions in antipsychotic use, specifically among Medicaid-reliant NHs. J Am Geriatr Soc 68:676-686, 2020.

Key words: racial/ethnic disparity; medication restraint use; socioeconomic disparities; quality of care; nursing homes

In 2014, approximately 16,000 nursing homes (NHs) provided care to an estimated 1.4 million residents who had cognitive and physical impairments. NHs provide care to some of the most vulnerable populations, and poor quality of care continues to be a concern for residents, families, and policymakers. Concerns with the inappropriate use of restraints, both physical and chemical, within NHs have plagued the industry for a number of years.3 Chemical restraints are psychotropic medications such as antipsychotics that are used inappropriately for so-called off-label management of dementia-related behaviors (e.g., aggression and agitation), and they are an important measure of NH quality.4 A number of national initiatives have worked to decrease inappropriate antipsychotic use, specifically the 2007 Omnibus Budget Reconciliation Act’s Nursing Home Reform Act (SNRRA-3), the 2007 and 2008 Food and Drug Administration (FDA) black box warnings, and the 2012 Centers for
Disproportionate increases in schizophrenia diagnoses among Black nursing home residents with ADRD

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Abstract

Background: Previous research demonstrated an increase in the reporting of schizophrenia diagnoses among nursing home residents after the Centers for Medicare & Medicaid Services National Partnership to Improve Dementia Care. Given known health and healthcare disparities among Black NH residents, we examined how race and Alzheimer’s and related dementia (ADRD) status influenced the rate of schizophrenia diagnoses among NH residents following the partnership.

Methods: We used a quasi-experimental difference-in-differences design to study the quarterly prevalence of schizophrenia among US long-stay NH residents aged 65 years and older, by Black race and ADRD status. Using 2011-2015 Minimum Data Set 3.0 assessments, our analysis controlled for age, sex, measures of function and frailty (activities of daily living [ADL] and Changes in Health, End-stage disease and Symptoms and Signs scores) and behavioral expressions.

Results: There were over 1.2 million older long-stay NH residents annually. Schizophrenia diagnoses were highest among residents with ADRD. Among residents without ADRD, Black residents had higher rates of schizophrenia diagnoses compared to their nonblack counterparts prior to the partnership. Following the partnership, Black residents with ADRD had a significant increase of 1.7% in schizophrenia as compared to nonblack residents with ADRD who had a decrease of 1.7% (p = 0.007).

Conclusions: Following the partnership, Black NH residents with ADRD were more likely to have a schizophrenia diagnosis documented on their MDS assessments, and schizophrenia rates increased for Black NH residents with ADRD only. Further work is needed to examine the impact of “colorblind” policies such as the partnership and to determine if schizophrenia diagnoses are appropriately applied in NH practice, particularly for black American with ADRD.
Policies for Advancing Equity in Nursing Homes

- Targeted changes
- Increase nursing staff levels
- Increase Medicaid reimbursement
- Adjust for the SDOH/racism in reimbursement
- Measure health equity
- Encourage culture change practices
- Improving staff experiences, benefits, and pay
Questions & Discussion

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