

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

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# Land Acknowledgement

*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, PhD<sup>1</sup>, Amit Kumar, PhD<sup>1</sup>, Gary Epstein-Lubow, MD<sup>1,2</sup>, and Kali S. Thomas, PhD<sup>1,3</sup>

## 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

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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

# Higher Risks of Restraint, Catheter, & Feeding Tube Use

## Inappropriate Antipsychotic Use: The Impact of Nursing Home Socioeconomic and Racial Composition

Shekinah Fashaw, MPSH,<sup>\*†</sup>  Latarsha Chisholm, PhD, MSW,<sup>‡</sup> Vincent Mor, PhD,<sup>\*†§</sup>  
David J. Meyers, MPH,<sup>\*†</sup>  Xinliang Liu, PhD,<sup>‡</sup> Denise Gammonley, PhD, MSW,<sup>§</sup> and  
Kali Thomas, PhD, MA<sup>\*†§</sup>

## 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

This article was published in the following Dove Press journal:  
Journal of Pain Research

Deborah S Mack<sup>1</sup>  
Jacob N Hunnicutt<sup>1</sup>  
Bill M Jesdale<sup>2</sup>  
Kate L Lapane<sup>2</sup>

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

Teresa J Hudson<sup>1</sup>, 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,<sup>1,\*</sup> Krista L. Schroeder, PhD, RN,<sup>2</sup> Thomas E. Blaylock, PhD,<sup>3</sup> and Patricia W. Stone, PhD, FAAN<sup>4</sup>

## 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

## 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

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

Chanee D Fabius<sup>1,2\*</sup>, Kali S Thomas<sup>1,3</sup>, Tingting Zhang<sup>1</sup>, Jessica Ogarek<sup>1</sup> and Theresa I Shireman<sup>1</sup>

## 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](#)

[Innov Aging](#). 2019 Nov; 3(Suppl 1): S780.

PMCID: PMC6844922

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## RACIAL DISPARITIES IN NURSING HOME RESIDENTS: QUALITY OF LIFE: DOES THE GAP PERSIST OVER TIME?

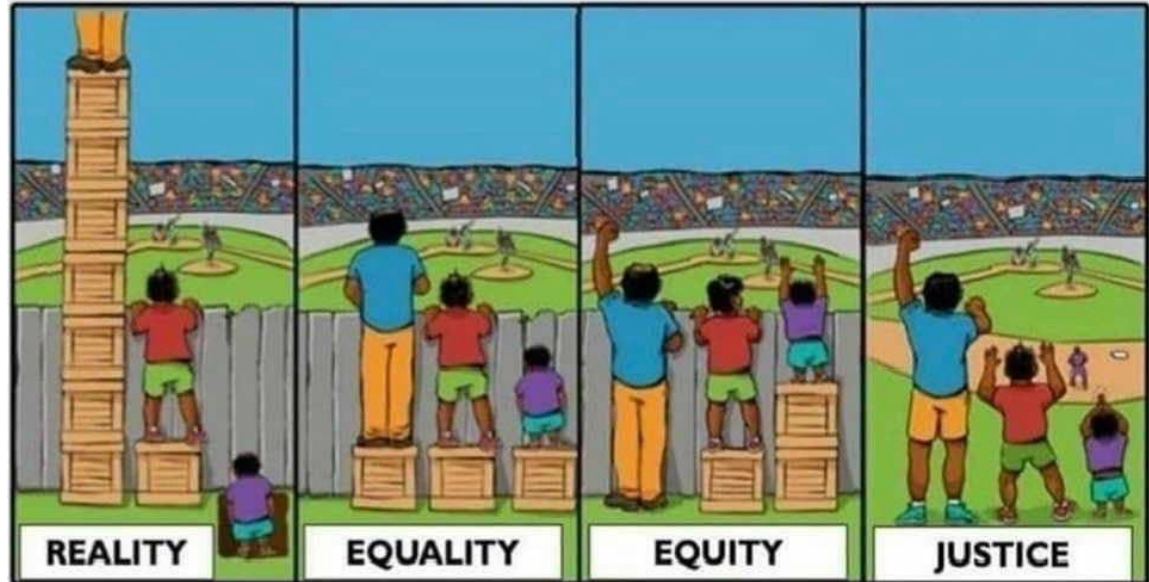
[Tetyana P Shippee](#),<sup>1</sup> [Weiwen Ng](#),<sup>2</sup> [John Bowblis](#),<sup>3</sup> [Yinfei Duan](#),<sup>2</sup> [Odichinma Akosionu](#),<sup>1</sup> and [Mark Woodhouse](#)<sup>1</sup>



# Disparities vs. Inequity | Equality vs. Equity

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.**



Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	
Medical Bills	Playgrounds	Higher Education		Stress	Quality of Care
Support	Walkability				
	Zip Code/ Geography				

### Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



# What is Racism?

## Types & Levels of Racism

- Personally mediated (Interpersonal)
- Internalized
- Institutionalized

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

## 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

“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...

## Overt White Supremacy (Socially Unacceptable)

Lynching  
Hate Crimes  
Blackface The N-word  
Swastikas Neo-Nazis Burning Crosses  
Racist Jokes Racial Slurs KKK

“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)

## Covert White Supremacy (Socially Acceptable)

Calling the Police on Black People White Silence Colorblindness  
White Parents Self-Segregating Neighborhoods & Schools  
Eurocentric Curriculum White Savior Complex Spiritual Bypassing  
Education Funding from Property Taxes Discriminatory Lending  
Mass Incarceration Respectability Politics Tone Policing  
Racist Mascots Not Believing Experiences of BIPOC Paternalism  
"Make America Great Again" Blaming the Victim Hiring Discrimination  
"You don't sound Black" "Don't Blame Me, I Never Owned Slaves" Bootstrap Theory  
School-to-Prison Pipeline Police Murdering BIPOC Virtuous Victim Narrative  
Higher Infant & Maternal Mortality Rate for BIPOC "But What About Me?" "All Lives Matter"  
BIPOC as Halloween Costumes Racial Profiling Denial of White Privilege  
Prioritizing White Voices as Experts Treating Kids of Color as Adults Inequitable Healthcare  
Assuming Good Intentions Are Enough Not Challenging Racist Jokes Cultural Appropriation  
Eurocentric Beauty Standards Anti-Immigration Policies Considering AAVE "Uneducated"  
Denial of Racism Tokenism English-Only Initiatives Self-Appointed White Ally  
Exceptionalism Fearing People of Color Police Brutality Fetishizing BIPOC Meritocracy Myth  
"You're So Articulate" Celebration of Columbus Day Claiming Reverse-Racism Paternalism  
Weaponized Whiteness Expecting BIPOC to Teach White People Believing We Are "Post-Racial"  
"But We're All One Big Human Family" / "There's Only One Human Race" Housing Discrimination

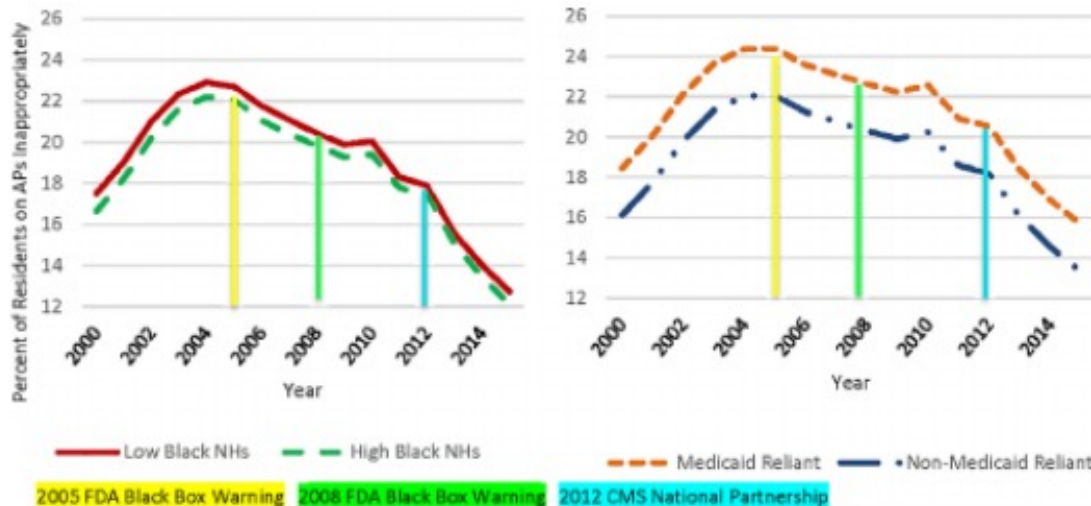
# Manifestations of Structural Racism in LTSS

- 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

# Disparities in Nursing Homes

## 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.

**DESIGN:** This study used a longitudinal approach to examine national data from Long-Term Care: Facts on Care in the US (LTCFoCUS.org) between 2000 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.

**SETTING:** Free-standing NHs in the United States.

**PARTICIPANTS:** The sample consisted of 12 964 NHs.

**MEASUREMENTS:** The 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 percentage 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 analyses. NHs with high proportions of black residents had significantly lower rates of inappropriate antipsychotic use

( $\beta = -.2$ ;  $P < .001$ ) in the adjusted analyses. Facilities with high proportions of Medicaid-reliant residents had higher proportions of inappropriate use ( $\beta = .04$ ;  $P < .001$ ).

**CONCLUSION:** Findings from this study indicate a decline in the use of antipsychotics. Although findings from this study indicated facilities with higher proportions of blacks had lower inappropriate antipsychotic use, facility-level socioeconomic disparities continued to persist among NHs. Policy interventions that focus on reimbursement need to be considered to promote reductions in antipsychotic use, specifically among Medicaid-reliant NHs. *J Am Geriatr Soc* 68:630-636, 2020.

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

In 2014, approximately 16 000 nursing homes (NHs) provided care to an estimated 1.4 million residents who had cognitive and physical impairments.<sup>1</sup> 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.<sup>2</sup> Chemical restraints are psychotropic medications such as antipsychotics that are used inappropriately for so-called off-label management of dementia-related behaviors (eg, aggression and agitation), and they are an important measure of NH quality.<sup>3</sup> A number of national initiatives have worked to decrease inappropriate antipsychotic use, specifically the 1987 Omnibus Budget Reconciliation Act's Nursing Home Reform Act (OBRA-87), the 2005 and 2008 Food and Drug Administration (FDA) black box warnings, and the 2012 Centers for

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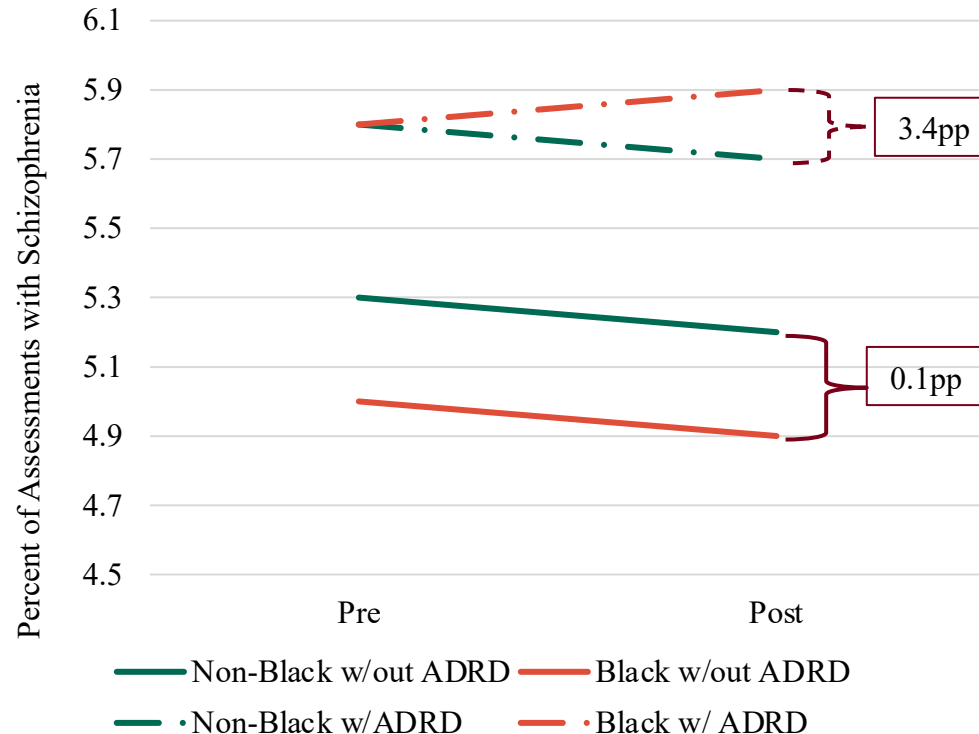
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# CMS National Partnership



## 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 (NH) 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 Americans 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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