360-Degree View of Racism in Nursing Homes: Starting on a Path of Change

By Christine Kilgore

A special article on systemic racism in nursing homes, published in the April issue of JAMDA, documents racial disparities in long-term care and how these disparities are largely the result of long-standing and pervasive systemic racism.

The comprehensive and richly sourced article, "Addressing Systemic Racism in Long-Term Care: A Time for Action," is coauthored by the co-editors in chief of JAMDA and a team of highly published researchers and scholars (J Am Med Dir Assoc 2021;22:886–892).

To a “significant extent,” they wrote, “the current racially segregated residential long-term care system and its relatively poor outcomes for Black residents represent a centuries-old pattern of systemic racism, which was underscored by the increased COVID-19 risk experienced by Black residents and high-minority nursing homes.” The quintile of nursing homes with the highest proportion of Black residents had three times the COVID-19 incidence rate and 3.3 times the COVID-19 mortality rate of the nursing homes in the quintile with the fewest Black residents, they pointed out.

JAMDA co-editor in chief Philip D. Sloane, MD, MPH, initiated the article after searching the literature and finding no comprehensive accounts of racism in long-term care as there have been about the broader health care system. Disparities in nursing home processes and outcomes by race have been documented for decades — differences in the treatment of pain and in the development of pressure ulcers, for instance — but after a year of national discussion about racial equality and justice and after COVID-19’s inequitable impact, Dr. Sloane said he felt inspired to “paint the whole picture.”

Dr. Sloane said in an interview, “It was very clear [going into development of the article] that there’s a racially separate if not segregated system.” Black individuals disproportionately reside in lower-resourced, lower-quality nursing homes. Regulatory/survey policies aggravate these disparities by taking resources from majority-Black nursing homes and giving monetary awards to majority-White nursing homes, he said.

“Then COVID came along and [unsurprisingly], the facilities with the fewest resources had the worst problems. They didn’t have the connections, the money, and the wherewithal to get [personal protective equipment], and the staff were more likely to get sick,” he said. “On top of that there was no clear [regulatory] effort … to help the disadvantaged facilities. They struggled and then would get punished and fined when outbreaks occurred … it just reinforced inequality.”

Components of Racism Affecting Long-Term Care
The article provides historical perspectives, breaking down via text and tables the structural/institutional, cultural, and interpersonal components of systemic racism. Black individuals “tend to be concentrated in a relatively smaller number of homes that are largely for-profit, serve a high proportion of persons who have lower levels of nursing staffing, and tend to have worse resident outcomes regardless of race,” the authors wrote.

The 14% of nursing home residents who are Black are concentrated in a small number of homes (17%), which are majority Black — a segregation that “tends to mirror residential segregation.” And nursing homes with a 1-star quality rating are more than twice as likely to house 50% or more Black residents compared with facilities with a 5-star rating, and the former nursing homes are more likely to have over half their residents paid for by Medicaid, the article says.

The current payment system — chiefly the lack of Medicare coverage of long-term care, and Medicaid policies that result in low reimbursement rates compared with other payers — leaves nursing homes vying to admit non-Medicaid patients. Because the latter are disproportionately not Black, this has become a root cause of the segregated care system and a structural/institutional component of the systemic racism affecting long-term care.

Hiring, pay, and promotion practices throughout the United States have contributed to large wealth disparities by race. The median wealth of the average White household is 10 times that of the average Black household. This disparity, which began to manifest economically centuries ago, has affected generation after generation (“intergenerational drag” in wealth accumulation). As a result, Black residents have far fewer resources to enter nursing homes or assisted living on a private-pay basis, the authors wrote.

The article also describes a racially stratified workforce, where supervisory roles (e.g., registered nurses), administrative roles, and the jobs of physicians and physical and occupational therapists are most commonly filled individuals who are White. By contrast, nursing and home health aides — more than a quarter of whom are Black — are paid barely more than minimum wage, often receive temporary placements, and tend to live in poorer and more densely populated areas.

Cultural and interpersonal components of the systemic racism impacting long-term care also include normative patterns of microaggressions, attitudes that frame the cause of disparities as biological or genetic, racially biased long-term care placement and admission decision-making, and “language use, food choices, activity selection and decorations within facilities that disavow disenfranchise select groups,” the authors wrote.

The Sweet Spots for Action
Diane Sanders-Cepeda, DO, CMD, senior medical director of UnitedHealthcare Retiree Solutions, told Caring she feels “excitement and gratitude” for the article because it “really provides a 360-degree view of the problem that we are facing in post-acute and long-term care.”

The Florida Medical Directors Association journal club, which she co-chairs, discussed the article in May. Systemic racism and racial disparities are sensitive subjects, and the article “has provided us with a tool to refine our discussions,” she said. “It challenges us to become the architects, redesign our infrastructure, create policy, and take action from wherever we sit in PALTIC.”

Addressing the impact of systemic racism on long-term care, the authors said, “necessitates significant and transformative reform,” such as fundamental reforms to address inequities in housing and employment, and investment in neighborhoods that have been racially segregated to enable the building of wealth.

There are also “sweet spots for advocacy” within the long-term care community, Dr. Sloane emphasized. These include increasing Medicaid reimbursement to reduce the Medicare-Medicaid rate differential, and reforming survey and certification processes so that lower-performing, lower-resourced nursing homes “aren’t just asked to improve, but are given more resources to improve … true facility technical assistance,” he said.

Professionalizing the nursing assistant role, with better educational requirements, increased pay, more opportunities for advancement, and a greater voice in care decisions is another achievable priority, he said.

In addition to Sheryl Zimmerman, PhD, JAMDA’s other co-editor in chief, Dr. Sloane’s coauthors were Ruqaiijah Yarby, JD, MPH; Yue Li, PhD; R. Tamara Konetzka, PhD; and Robert Espinoza, MPA.

Spotlight on Policy: CMS to Improve Home Health Services for Older Adults and People with Disabilities

The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes quality and value. The rule also seeks feedback on ways to attain health equity for all patients through policy solutions, including enhancing reports on Medicare/Medicaid dual eligibility, disability status, people who are LG-BTQ+, religious minorities, people who live in rural areas, and people otherwise adversely affected by persistent poverty or inequality.

The CY 2022 Home Health Prospective Payment System (HH PPS) proposed rule addresses challenges facing Americans with Medicare who receive health care at home. The proposed rule also outlines nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model to incentivize quality of care improvements without denying or limiting coverage or provision of Medicare benefits for all Medicare consumers, and updates to payment rates and policies under the HH PPS.

Additionally, the proposed rule would improve the Home Health Quality Reporting Program by removing or replacing certain quality measures to reduce burden and increase focus on patient outcomes. CMS would also begin collecting data on two measures promoting coordination of care in the Home Health Quality Reporting Program effective January 1, 2023, as well as measures under Long-Term Care Hospital and Inpatient Rehabilitation Quality Reporting Programs effective October 1, 2022. This would position the agency with data to monitor outcomes across diverse populations and support the recent Executive Order 13985 of January 20, 2021, entitled “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

“Homebound Medicare patients face a unique set of challenges and barriers to getting the care they need,” said CMS Administrator Chiquita Brooks-LaSure. “[This] announcement is a reaffirmation of our commitment to these older adults and people with disabilities who are counting on Medicare for the health care they need. This proposed rule would streamline service delivery and value quality over quantity – at a time when Americans need it most.”