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## **CALTCM COVID-19 Webinar Series**

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**May 17, 2021**

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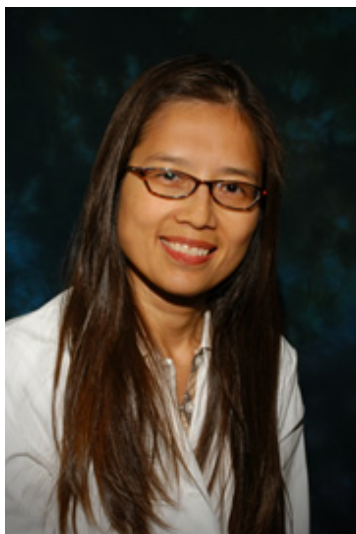
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## Webinar Faculty

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Geriatrician

Regional Medical Director, Molina Health  
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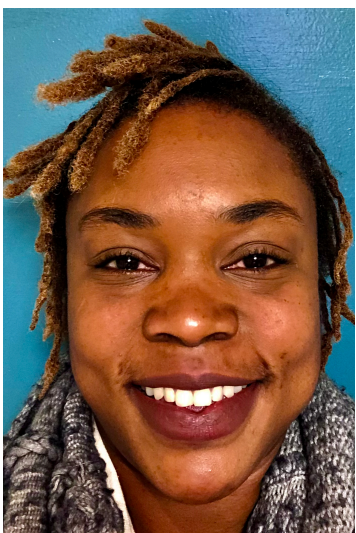
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## Webinar Moderator

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Administrator

Forest Hill



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## Webinar Faculty

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**Philip David Sloane, MD, MPH**

Professor

University of North Carolina at Chapel Hill

Co-Editor-in-Chief of JAMDA – the Journal  
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## Webinar Faculty

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**Michael Wasserman, MD, CMD**

Geriatrician

Immediate Past-President and  
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## Webinar Faculty

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**Tiffany Whiten**

Senior Government Relations Advocate  
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## ***Systemic Racism & Microaggression in PALTC: A Call to Action***



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# Systemic Racism and Long-Term Care in the U.S.A.

**Philip D. Sloane, MD, MPH**

**Elizabeth and Oscar Goodwin Distinguished  
Professor of Family Medicine**

**Co-Director, Program on Aging, Disability, and  
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**JAMDA Co-Editor-in-Chief**



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Special Article

**Addressing Systemic Racism in Nursing Homes: A Time for Action**

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**ABSTRACT**

**Keywords:**  
Racial disparities  
racism  
nursing homes  
COVID-19

Long-term services and supports for older persons in the United States are provided in a complex, racially segregated system, with striking racial disparities in access, process, and outcomes of care for residents, which have been magnified during the Coronavirus Disease 2019 pandemic. These disparities are in large measure the result of longstanding patterns of structural, interpersonal, and cultural racism in US society, which in aggregate represent an underpinning of systemic racism that permeates the long-term care system's organization, administration, regulations, and human services. Mechanisms underlying the role of systemic racism in producing the observed disparities are numerous. Long-term care is fundamentally tied to geography, thereby reflecting disparities associated with residential segregation. Additional foundational drivers include a fragmented payment system that advantages persons with financial resources, and reimbursement policies that systematically undervalue long-term care workers. Eliminating disparities in health outcomes in these settings will therefore require a comprehensive approach to eliminating the role of systemic racism in promoting racial disparities.  
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Disparities in nursing home processes and outcomes by race have been documented for decades. When compared with White residents, Black residents are more often physically restrained,<sup>1</sup> more frequently develop pressure ulcers,<sup>2–5</sup> less often receive influenza vaccines,<sup>6</sup> less often have pain treated,<sup>7,8</sup> are more frequently hospitalized,<sup>9,10</sup> and report lower quality of life.<sup>11,12</sup> Similar disparities have been observed

contribution of nursing homes to hospitalizations and deaths from the severe acute respiratory syndrome coronavirus 2 and the concentration of cases and deaths among Black individuals.<sup>16,17</sup> As of February 12, 2021, only 5% of all US cases, but 37% of total deaths, had originated in nursing homes, with 13 states reporting half or more of their COVID-19 deaths linked to nursing homes.<sup>18</sup> When risk factors for

# Historical Racial Disparities in LTC

- Private pay options are overwhelmingly White -- assisted living communities, continuing care retirement communities, Green House homes
- Most Blacks in LTC are in nursing homes, but over half of the Black residents are concentrated in a minority (17%) of facilities that are majority-black
- Majority-black nursing homes tend to be located in minority/poor neighborhoods, serving a population that is >90% Medicaid, and with a lower rating in the Star rating system (27% of majority-black homes have a star rating of 1)
- The majority of nursing assistants are racial/ethnic minorities, and as one ascends the supervisory/pay ladder the proportion of Blacks diminishes
- CNA pay is so low (median annual income in 2018 was \$20,300) as to put many under the Federal Poverty Level



# COVID-Associated Disparities in LTC

- Between March 1, 2020, and December 31, 2020, the proportion of Black residents in a nursing home increased the probability of a COVID-19 outbreak by between 45% and 300%
- Homes that are majority-Black had 3 times the COVID incidence rate of majority-white homes
- Similar pattern found in assisted living, where a few homes house the majority of Black residents
- Majority Black homes, being more financially stressed, tended to have less PPE and a more difficult time obtaining PPE
- CMS policy, which rewarded NHs without COVID outbreaks and penalized those with outbreaks, aggravated these disparities

## Historical, Policy and Organizational Level Factors that Disadvantaged Blacks

- Commonly available jobs associated with low-pay and unhealthy work environments  
Slavery → Agricultural → Factory or CNA
- Biased hiring and promotion practices in white collar jobs
- Limited Intergenerational wealth transfer
- Minority neighborhoods high-risk, low service
- Unequal health care access and treatment
- Chronic psychosocial trauma
- Lack of Federal LTC benefit → Private pay-dominated LTC system with limited options for poor or minority patients
- Low resource facilities in poor neighborhoods
- CMS policies and practices that reinforce inequities within nursing homes
- Racist placement and admission policies

## Black Americans with Less Wealth, More Chronic Illness, and Fewer Opportunities

**Disparities in Wealth, Education, and Chronic Illness by Race**

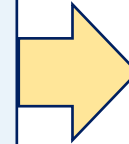
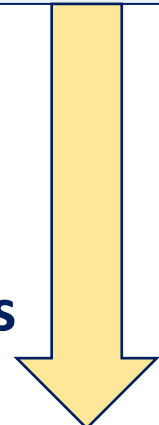
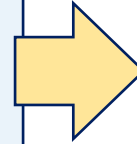
**High prevalence of poor, minority, high-COVID-risk direct care workers in LTC**

**High prevalence of poverty and chronic illness among Blacks seeking LTC**

**Poor LTC Outcomes for Blacks**

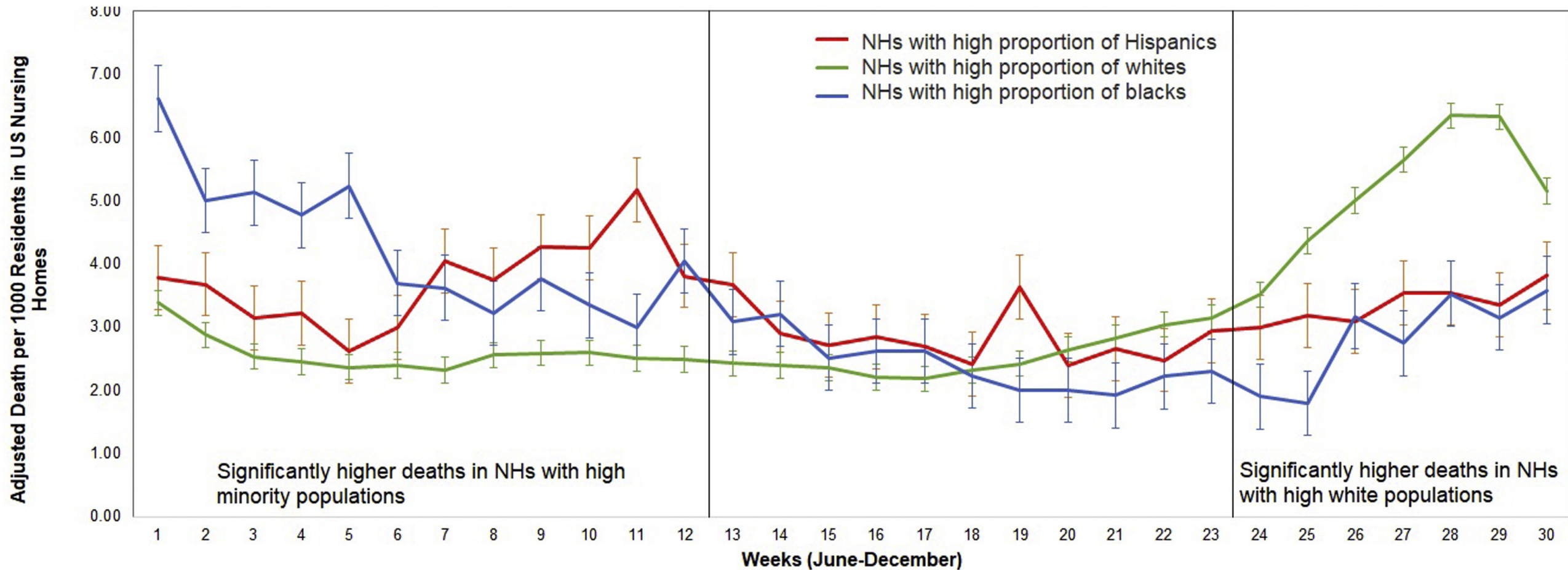
**Concentration of high-risk older and disabled Blacks in low-resourced, high-minority nursing homes**

**Increased morbidity and mortality among Black LTC residents historically and during COVID-19**



# Gradual Shift in Profile of COVID Cases

## - Data Published in May 2021 JAMDA -



Kumar A, Roy I, Karmarkar AM, Rudolph JL, et al. Shifting US Patterns of COVID-19 Mortality by Race and Ethnicity From June–December 2020. J Am Med Dir Assoc 22(5): 966-970.



# Reducing Racial Disparities in LTC

## How to reduce LTC outcome disparities

- Universal Long-Term Care Benefit
- Increase in Medicaid Rates
- Providing Resources and Aid to Low-Performing NHs
- Increase education/ job/income opportunities for minorities

## How to reduce LTC workforce disparities

- Increased education, pay, and benefits for CNAs
- More scholarships for minority nursing students



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