Understanding and Addressing Health Disparities in Nursing Home Care

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“Working to Achieve Health Equity”

CMS OMH Mission & Vision

Mission
To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, rural populations, and people with disabilities) are present as the Agency is developing, implementing, and evaluating its programs and policies.

Vision
All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.

CMS Health Equity Framework

Understanding, Solutions, Actions (U.S.A.)
Our path to equity in Medicare quality consists of three interconnected domains:

- Increasing understanding and awareness of disparities
- Developing and disseminating solutions
- Implementing sustainable actions

What is a Health Care Disparity?

Types of Health Disparities

- Racial and Ethnic
- Gender
- Socioeconomic Status
- Geographic
- Sexual Orientation
- Disability

United States Population Age 65 & Older by Race & Ethnicity, 2014

Total Population Age 65 & Older = 46.2 Million


Distribution of Nursing Home Residents by Race & Ethnicity, 2014

Total Nursing Home Population = 1.4 Million

Who receives care where?

- Nursing homes more segregated by race and ethnicity than geographically similar hospitals or neighborhoods. ¹
- Nursing homes in poorest geographic areas serve greater proportion of black and Medicaid residents, have fewer resources. ²
- Growth of racial and ethnic minorities living in nursing homes more rapid than growth of racial and ethnic minorities overall. ³

3 Health Affairs, 2011 July; 30(7): 1358-1365.

Some Disparities Are Present on Admission

- Much of the research has focused on differences between race and ethnicity in nursing home residents.
- Black and Hispanic nursing home residents tend to have greater cognitive and physical impairments when admitted to a nursing home. ¹
- Black nursing home residents tend to be younger, male, on Medicaid, and less likely to be married. ²
- Individuals tend to prefer nursing homes with populations similar to themselves, but the preference appears higher among black nursing home residents. ³

1 Med Care. 2015 July; 53(7): 566-573.
3 J of Health Economics. 2015 January; 39: 1-16.
Long-Stay Nursing Home Residents Who Received a Flu Vaccine by Race & Ethnicity, 2013

Long-Stay Nursing Home Residents Who Received a Pneumonia Vaccine by Race & Ethnicity, 2013

Long-Stay Nursing Home Residents Who Had a Fall with Major Injury by Race & Ethnicity, 2013

High-Risk Long-Stay Nursing Home Residents Who Had a Pressure Ulcer by Race & Ethnicity, 2013


Incidence of Residents with New or Worsened Pressure Ulcers by Quarter for NH/SNFs (NQF #0678), MDS 2016


Long-Stay Nursing Home Residents Who Had Antipsychotic Medicine by Race & Ethnicity, 2013


Social Determinants of Health

- Social Gradient
- Early Life
- Social Exclusion
- Work
- Unemployment
- Social Support
- Addiction
- Food
- Stress
- Transportation
- Environment/Community
- Health Insurance
- English Proficiency
- Health Literacy

**Median Per Capita Income among Medicare Beneficiaries by Race & Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$26,200</td>
<td>$17,350</td>
<td>$13,650</td>
<td>$30,050</td>
</tr>
</tbody>
</table>

Median per capita income among all beneficiaries: $26,200

**Median Per Capita Savings among Medicare Beneficiaries by Race & Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings</td>
<td>$74,450</td>
<td>$16,000</td>
<td>$12,250</td>
<td>$108,250</td>
</tr>
</tbody>
</table>

Median per capita savings among all beneficiaries: $74,450

**Health Coverage among Older Adults by Race & Ethnicity, 2014**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Total</th>
<th>White, Non-Hispanic</th>
<th>Black</th>
<th>Asian</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>92%</td>
<td>94%</td>
<td>92%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Medicare &amp; Private</td>
<td>48%</td>
<td>48%</td>
<td>53%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>Insurance</td>
<td>32%</td>
<td>7%</td>
<td>23%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Medicare &amp; Medicaid</td>
<td>23%</td>
<td>5%</td>
<td>13%</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

**Non-English languages most commonly spoken by Medicare beneficiaries with limited English proficiency throughout U.S.**

- Spanish: 92%
- French: 2%
- Italian: 1%
- Vietnamese: 2%
- Tagalog: 1%
- Chinese: 1%
- Polish: 1%

**Source:** Kaiser Family Foundation, "Income and Assets of Medicare Beneficiaries, 2014-2030," September 2017

States with highest prevalence of Medicare beneficiaries who are limited English proficient

Distribution of Nursing Home Residents by Region & Race & Ethnicity, 2012

Percentage of Nursing Home Surveys Resulting in Substandard Quality of Care Deficiencies by State, 2012

What Don’t We Know?


Demographics of Older Sexual and Gender Minorities

- Nearly 1 percent of adults age 65+ self-identified as lesbian, gay, or bisexual (LGB) on the National Health Interview Survey (NHIS 2013, 2014).
- Data from NHIS indicate that sexual minority women age 50+ report higher rates arthritis, asthma, stroke and a higher number of chronic conditions, and sexual minority men are more likely to report angina pectoris or cancer.1
- NHIS data indicate that aging LGB adults have higher rates of poor mental health, disability, and low back or neck pain.


What Does Care Look Like for Older Sexual and Gender Minorities?

- Very little research looking at older sexual and gender minorities.
- What exists tends to be on gay men and lesbians; thus, the needs of bisexual and transgender people remain largely unknown.
- The health, social care and housing needs of older sexual and gender minorities are influenced by a number of forms of discrimination which may impact the provision of, access to and take-up of health, social care and housing services.
- Significant gaps exist regarding the provision of culturally competent care for older sexual and gender minorities.


Nursing Home Experiences for Older Sexual and Gender Minorities

- Much of the information is anecdotal. Little to no information on clinical quality.
- Challenges include:
  - Hostile fellow residents;
  - Denial of visits from families of choice or from friends the staff does not approve of;
  - Refusal to allow same-sex partners to room together; and
  - Refusal to involve families of choice in medical decision making, even when there are legal directives in place.
- Staff may refuse to place transgender individuals in the ward that matches their gender identity.
- Problems can worsen when a patient is mentally or physically incapacitated and unable to advocate for themselves.

**CMS OMH Health Equity Innovation Incubator**

- Contract with NCQA, subcontract with L&M Policy Research
- Analysis explored intersection of resident safety and culturally and linguistically appropriate services (CLAS) in nursing homes
  - Research Questions:
    - What are the critical resident and patient safety issues in nursing homes?
    - What safety disparities exist in nursing homes and how might they be addressed by improving the delivery of CLAS?
    - Which data are available to identify or monitor disparities in resident safety in this setting?
    - What key initiatives are underway related to resident safety in nursing homes?

**Research Approach**

- Conducted multi-media literature review
  - Identified resident safety issues in nursing homes, particularly those disproportionately affecting vulnerable populations
- Conducted Federal and industry stakeholder interviews
  - Elicited a range of perspectives on resident safety in nursing homes and explore how delivery of CLAS might be leveraged to improve resident safety

**Key Resident Safety Issues**

- Abundant literature on resident and patient safety issues; interviewees concur key concerns include:
  - Falls, pressure ulcers, medication errors, use of physical restraints, transitions in care, and avoidable hospitalizations
- Poor staff/resident communications and low cultural competence viewed as significant contributors
  - Interviewees suggest broader focus on improving workforce communication skills

**Limited Attention to Disparities**

- Interviewees’ knowledge of disparities was generally anecdotal, outside of emphasis on facility-driven factors
- Most stakeholders do not use data from the MDS or other sources to identify or monitor disparities in resident safety*
- Improving safety for all residents viewed as higher priority
- Disparities influenced by facility-driven factors

*Exceptions include some federal stakeholders and one academic expert.
Interviewee Perspectives on Resource Support

- Existing resident and patient safety resources can be dense and difficult to navigate; large campaigns can be intimidating
- Many existing resources lack guidance on cultural competence and building communication skills
- Nursing home resources must be straightforward, concise, and tailored to the environment

Stakeholders’ Thoughts

- Best place to start (with TA), it's with the CNAs and nurses who exercise the CHAs since they deal with 95% of the issues with residents. Then they'll disseminate it [to the rest of the staff]
- If you don’t have cultural awareness in your staff, then they don’t understand the resident. The residents get unhappy, they get hard to get along with, they attempt to do more on their own. You’re going to have falls (etc.)… you’re going to have frustration not only on the resident’s part, but on the family’s part.
- Offer [training] in 15, 30-minute segments so people can have a choice and be able to flex how they can participate to get the important information.
- Trust is required for dissemination – people filter things from CMS because they don’t trust it, so having it come through [an association] is important.

Opportunities for Engaging Nursing Homes

- The Final Rule on requirements for long-term care facilities emphasizes person-centered care and mentions cultural competence (42 CFR Section 483.21)
  - Recognizing individual preferences/needs, improving communication, and building cultural awareness are intertwined with resident and patient safety
- Focusing on ‘building cultural competence,’ and ‘improving communication’ as a way to improve resident safety and deliver person-centered care resonates more so than discussions around CLAS

Implications of Findings for Resource Development

- Content - Direct care workforce cultural competence and communication skills to assist facilities in delivering person-centered care
- Audience - Nursing homes direct care staff and supervisors are most likely to benefit from educational resources on cultural competence
- Delivery components - Concise, interactive, multi-mode delivery to accommodate a range of adult learning styles
Data Opportunities and Research Needs

- Identify Performance Gaps
- Develop and Implement Initiatives Targeting the Gaps
- Increase Availability of CLAS
- Strengthen Person and Family Engagement
- Improve Care Coordination
- Partner with the Community

Collect and Analyze Data Using Standardized Categories

- Self-report is the gold standard of data collection
- Office of Management and Budget (OMB) 1997 standards:
  - White
  - Black
  - Asian
  - American Indian/Alaska Native
  - Native Hawaiian or other Pacific Islander
  - Allow multiple selections
  - Ethnicity is asked separately
- Expanded HHS Race and Ethnicity Standards

Steps for Identifying and Reducing Disparities

- Identify Performance Gaps
- Develop and Implement Initiatives Targeting the Gaps
- Increase Availability of CLAS
- Strengthen Person and Family Engagement
- Improve Care Coordination
- Partner with the Community

HHS Race and Ethnicity Standards

What is your race? (One or more categories may be selected)
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano/a
- Yes, another Hispanic, Latino, or Spanish origin
- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Filipino
- Yes, Chinese
- Yes, Japanese
- Yes, Korean
- Yes, Vietnamese
- Yes, Other Asian
- Yes, Other Pacific Islander
- Yes, Another Hispanic, Latino, or Spanish Origin

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Coding for Social Determinants of Health

- ICD-10 Z Codes – Supplemental factors influencing health status and contact with health services (Z00-Z99):
  - Death of a family member
  - Psychosocial circumstances
  - Spouse or partner relationship problems
  - Primary support group problems
  - Education or literacy problems
  - Low income
  - Acculturation difficulty
  - Personal history of abuse or neglect in childhood
  - Social exclusion and rejection

Data Opportunities under IMPACT Act

- Improving Medicare Post-Acute Care Transformation Act of 2014 requires submission of standardized data across post-acute care settings
- Implementation of reporting standardized patient assessment data across post-acute care settings using common standards and definitions
- Standardized measure domains, include functional status, changes in function, incidence of major falls, medication reconciliation, and preventable hospital readmissions
- Availability of demographic data within existing post-acute care (PAC) data sets allows for data stratification, enhancing the ability to identify disparities.

National CLAS Standards

- Intended to advance health equity, improve quality and help eliminate health care disparities.
- Culture includes race, ethnicity, language, geography, religion and spirituality, and biological and sociological characteristics.
- Emphasize the importance of cultural and linguistic competency at every point of contact along the health care and health services continuum.

CMS OMH Resources
Tools for Researchers and Health Care Professionals

- Data Tools:
  - Mapping Medicare Disparities Tool
  - Sexual and Gender Minority (SGM) Clearinghouse

- Building an Organizational Response to Disparities
  - Disparities Action Statement
  - Resources for Standardized Demographic and Language Data Collection
  - Guide for Implementing National CLAS Standards for Racial, Ethnic, Sexual, Gender and Linguistic Minorities, People with Disabilities

Questions?

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Go.CMS.gov/OMH

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