“White Flight” from US Nursing Homes: The quality consequences of nursing home segregation

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Purpose

• Describe changes in the composition of the nursing home population
• Describe the scope of racial segregation in US nursing facilities;
• Examine the impact of nursing home racial segregation on access to quality nursing home care among elderly Blacks and on disparities in care received
• Consider alternative policies to redress the situation now and in the future
Background

- Historically older blacks used nursing homes at much lower rates than whites.
- After passage of Medicare/Medicaid, blacks’ use of hospital and doctor care rose dramatically, but NH care did not.
- Indeed, minority elderly have historically been less likely to use formal long term care services, HHA, Day Care, Hospice.
Background (cont.)

- Over last four decades black elderly use of nursing homes has increased
- Growth in the Assisted Living industry has met rising demand for residential long term care among the white population
- There has been a recent drop in the use of nursing homes among white elderly
- Assisted Living made possible “white flight” from US nursing homes
Nursing Home Residents Per 1,000 Population 65+ in the United States 1963-1999

Rate per 1,000 65+

Year


Source: National Nursing Home Survey as reported in Health in the United States 2006 and 1996-97
MSAs with the Highest Black/White Ratio of Nursing Home Residents per 1,000 Population Over 65

- Median 147 MSAs
- Mean 147 MSAs
- Daytona Beach, FL MSA
- Ocala, FL MSA
- Lakeland-Winter Haven, FL MSA
- Fort Pierce-Port St. Lucie, FL MSA
- Pine Bluff, AR MSA
- Wilmington, NC MSA
- Panama City, FL MSA
- Greenville, NC MSA
- Sarasota-Bradenton, FL MSA
- Charlottsville, VA MSA

B/W Nursing Home Residents Per 1,000 65+

Source: MDS and 2000 Census
State Rates of Nursing Home beds/1000 elders by Asst Living beds/1000

Correlation  -0.51

Source: OSCAR & Brown lists
Nursing Home Segregation
Figure 1. Cumulative Distribution of Black Residents by Cumulative Distribution of Nursing Homes in 2000

Non-Hospital Based: N=116,509 Black Residents in 9,582 Homes

Hospital-Based: N=12,241 Black Residents in 1,157 Homes

Source: MDS and OSCAR
Residential and Nursing Home Segregation in 147 MSAs

Source: MDS and 2000 census
Cumulative Percentage Distribution of Black Residents vs. Nursing Homes by Levels of MSA Segregation, 2000

- **MSAs: High Segregation**
- **MSAs: Moderate Segregation**
- **MSAs: Low-Segregation**
Racial Disparities in Access
Percent NHs with MOST Scope-Severity Weighted Deficiencies Ranked within Local MSA (Top Quartile)

Percent Blacks in NH

0% | <30% | ≥30%
---|---|---
15.5 | 25.7 | 34.5
Percent NHs Cited with Actual Harm or Immediate Jeopardy to Residents

Percent Blacks in NH

<table>
<thead>
<tr>
<th>Percent Black in NH</th>
<th>NHs Cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>2.9</td>
</tr>
<tr>
<td>&lt;30%</td>
<td>4.9</td>
</tr>
<tr>
<td>≥30%</td>
<td>8.1</td>
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</tbody>
</table>
Percent NHs with HIGHEST % of Medicaid Residents Ranked within Local MSA (Top Quartile)

Percent Blacks in NH

- 0%: 11.8%
- <30%: 21.5%
- ≥30%: 55.0%
Percent NHs with HIGHEST Occupancy Ranked within Local MSA (Top Quartile)

- 30.9% of NHs have 0% occupancy.
- 24.7% of NHs have <30% occupancy.
- 16.7% of NHs have ≥30% occupancy.

Percent Blacks in NH
Percent NHs Terminated From Medicare/Medicaid Programs during 2000-2004

Percent Blacks in NH

<table>
<thead>
<tr>
<th>Percent Blacks in NH</th>
<th>0%</th>
<th>&lt;30%</th>
<th>≥30%</th>
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<tbody>
<tr>
<td>Percent NHs Terminated</td>
<td>4.6</td>
<td>4.9</td>
<td>10.7</td>
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</tbody>
</table>
Bivariate Risk Ratio That Blacks (Relative to Whites) Reside in NHs with Selected Organizational Characteristics (from OSCAR)

- Free of physical restraints: 0.97
- With highest % of private pay residents: 0.32
- With highest % of Medicaid residents: 2.64
- With highest occupancy: 0.78
- With highest RN to nurse ratio: 0.77
- Substantially understaffed relative to acuity profile: 1.12
- With highest total direct care staffing level: 0.81
- Terminated in future 4 years: 1.70
- Cited with a G+ deficiency: 1.42
- Deficiency free: 0.48
- With most deficiencies: 1.31

Ratio
FIGURE 2 Hispanic/White Disparity in NH Quality against Degree of Segregation
(N=50 MSAs)
### Bivariate Risk Ratio That Blacks (Relative to Whites) Acquired a Negative Clinical Quality Attribute

<table>
<thead>
<tr>
<th>Condition</th>
<th>Ratio</th>
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<tbody>
<tr>
<td>Use of Restraints</td>
<td>1.01</td>
</tr>
<tr>
<td>Pressure ulcers (incidence)</td>
<td>1.13</td>
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<tr>
<td>Pressure ulcers</td>
<td>1.21</td>
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<tr>
<td>Use of Antipsychotics</td>
<td>0.99</td>
</tr>
<tr>
<td>ADL Decline</td>
<td>0.91</td>
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<tr>
<td>Hospitalized in a 5-month period</td>
<td>1.31</td>
</tr>
</tbody>
</table>

Source: MDS and Medicare claims data, 2000
Summary of Findings

• Whites’ use of NHs dropping and minorities’ use of NHs is rising; Assisted Living represents the “private schools” for the aged.
• US facilities are highly segregated, more so in MSAs that are residentially segregated
• Blacks are more likely to be served by facilities with low staffing, high inspection problems, lower revenue (% Medicaid & occupancy) AND which may be closed in future
• Recent analyses of elderly Hispanics’ growing use of Nursing Homes reveal identical pattern
• Disparities primarily due to WHERE you get your care and not WHO you are
Implications

• In an era of public reporting and P4P, NH management must be sophisticated
• Predominantly minority homes tend to be located in predominantly minority neighborhoods that are poor
• Market forces and consistent regulatory enforcement closes minority homes disproportionately
• Now that there is an “upscale” alternative to NH care will advocates stop pushing for improved quality of care?
Policies to Overcome Segregation & Disparities

• Can pay more for “improvement” that achieving benchmarks
  – Hard to change culture without strong management; hard to recruit and retain good management into NH industry at all

• “Community” can take over failing homes by eminent domain
  – But, would need more $ for investment and to contract with “turn-around” specialists
Policies to Overcome Segregation & Disparities

• Closing “bad” homes disproportionately affects minority residents
  – Where do they go? To the suburbs? To home or family members?

• How long do you wait to “turn around” the poor performers?
  – Closure is irrevocable and associated with “transfer trauma” BUT non-responsive homes left operating put residents at risk
Final Thoughts

• “White flight”, “busing”, segregated care are good metaphors for NH quality
• Will desegregating nursing homes be any more successful than desegregating public schools?
• Is there a parallel to “charter schools” and if so, who’ll have access to them?