

“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

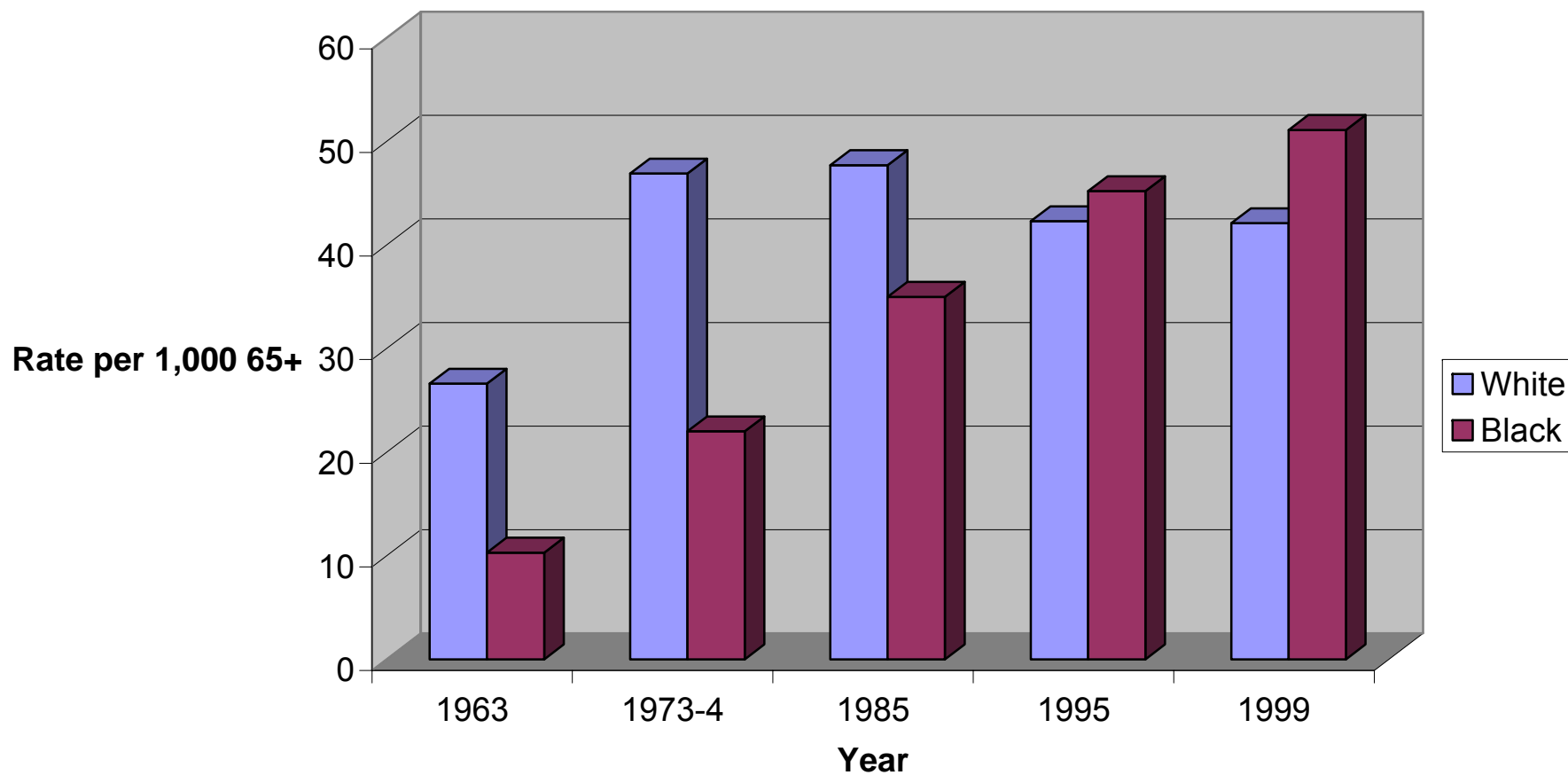
Background

- 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.)

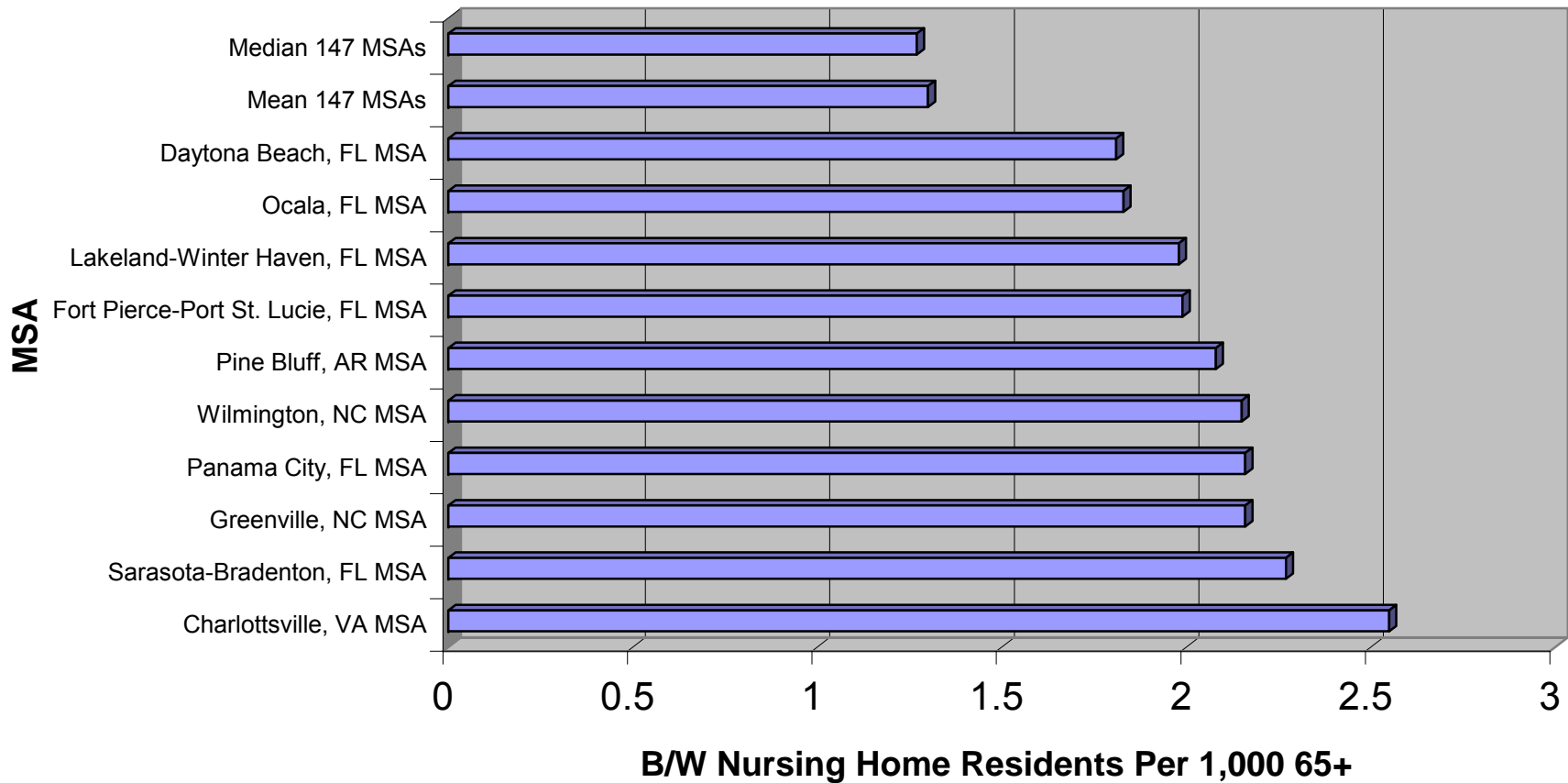
- Over last four decades black elderly use of nursing homes has increased
- Growth in the Assisted Living industry has met rising demand for residential long term care among the white population
- There has been a recent drop in the use of nursing homes among white elderly
- Assisted Living made possible “white flight” from US nursing homes

Nursing Home Residents Per 1,000 Population 65+ in the United States 1963-1999



Source: National Nursing Home Survey as reported in Health in the United States 2006 and 1996-97

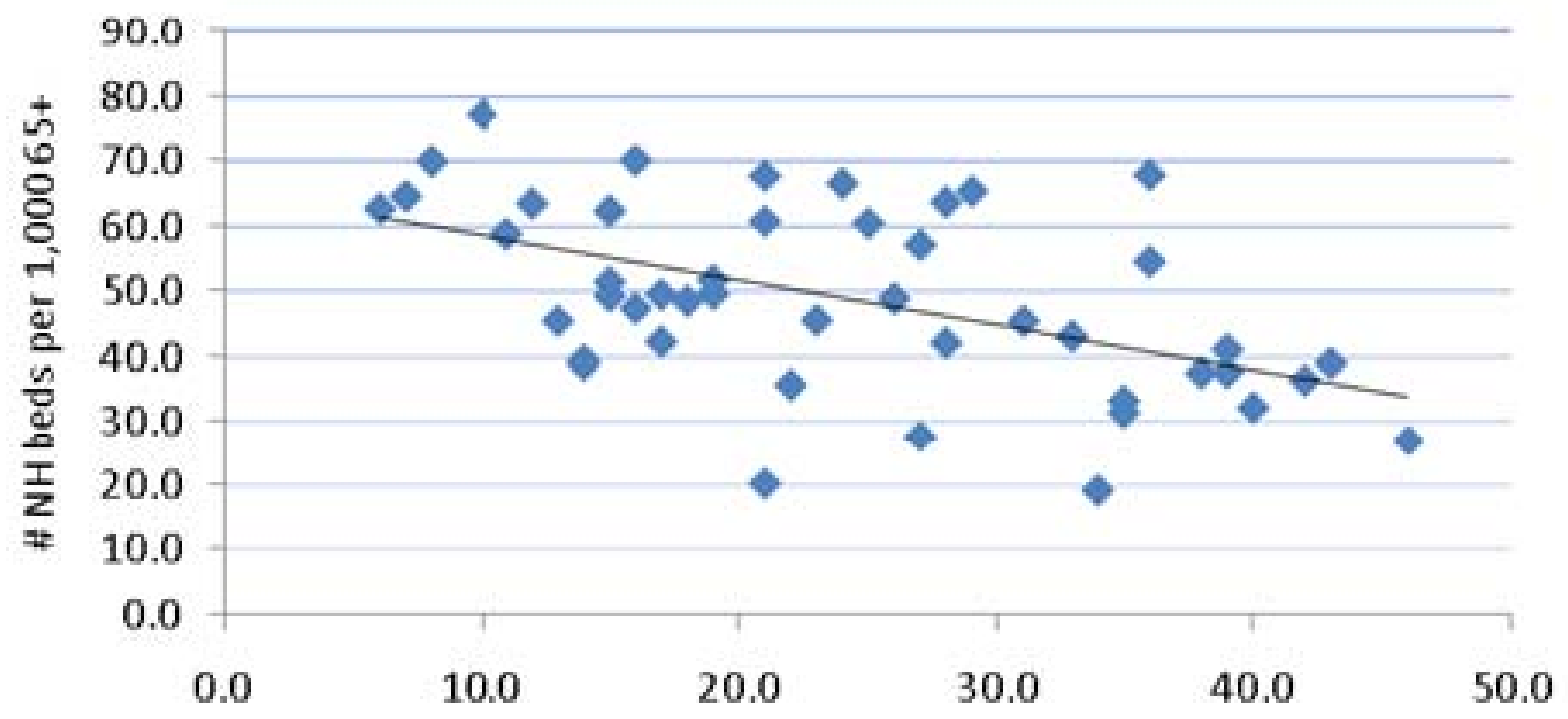
MSAs with the Highest Black/White Ratio of Nursing Home Residents per 1,000 Population Over 65



Source: MDS and 2000 Census

State Rates of Nursing Home beds/1000 elders by Asst Living beds/1000

NH (2005) vs. ALF beds (2004) per 1,000 65+



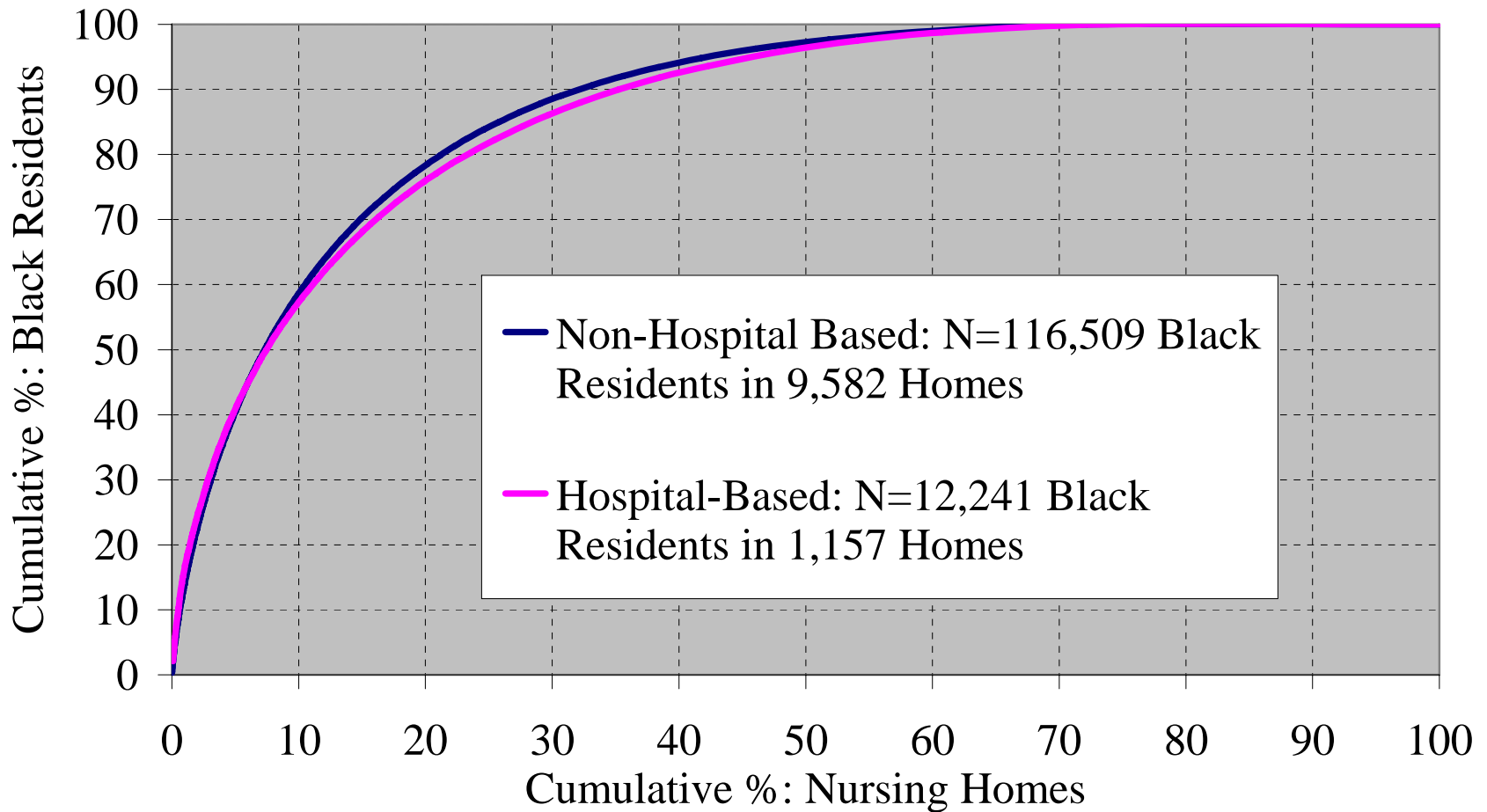
Correlation -0.51

ALF beds per 1,000 65+

Source: OSCAR & Brown lists

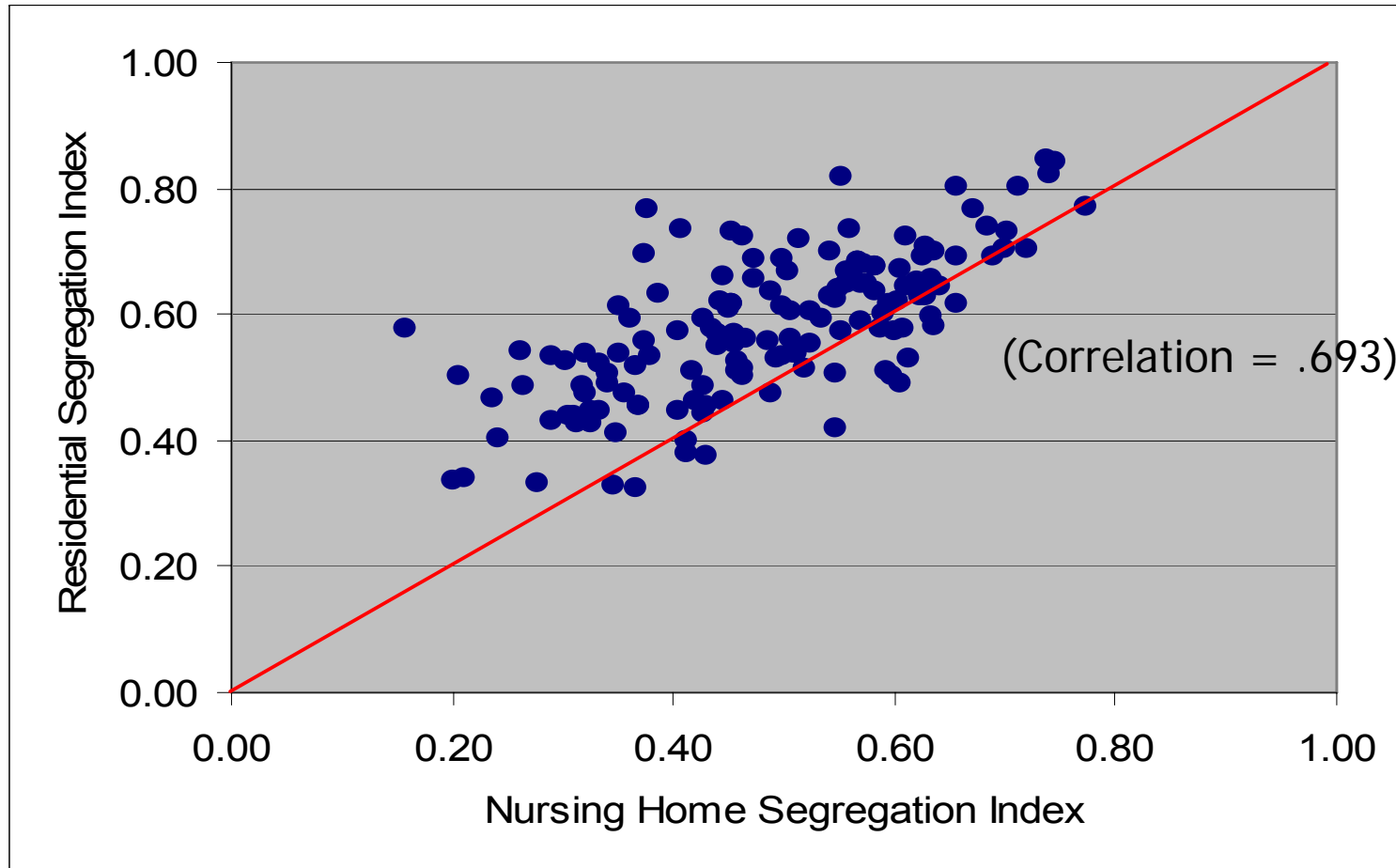
Nursing Home Segregation

**Figure 1. Cumulative Distribution of Black Residents by
Cumulative Distribution of Nursing Homes in 2000**



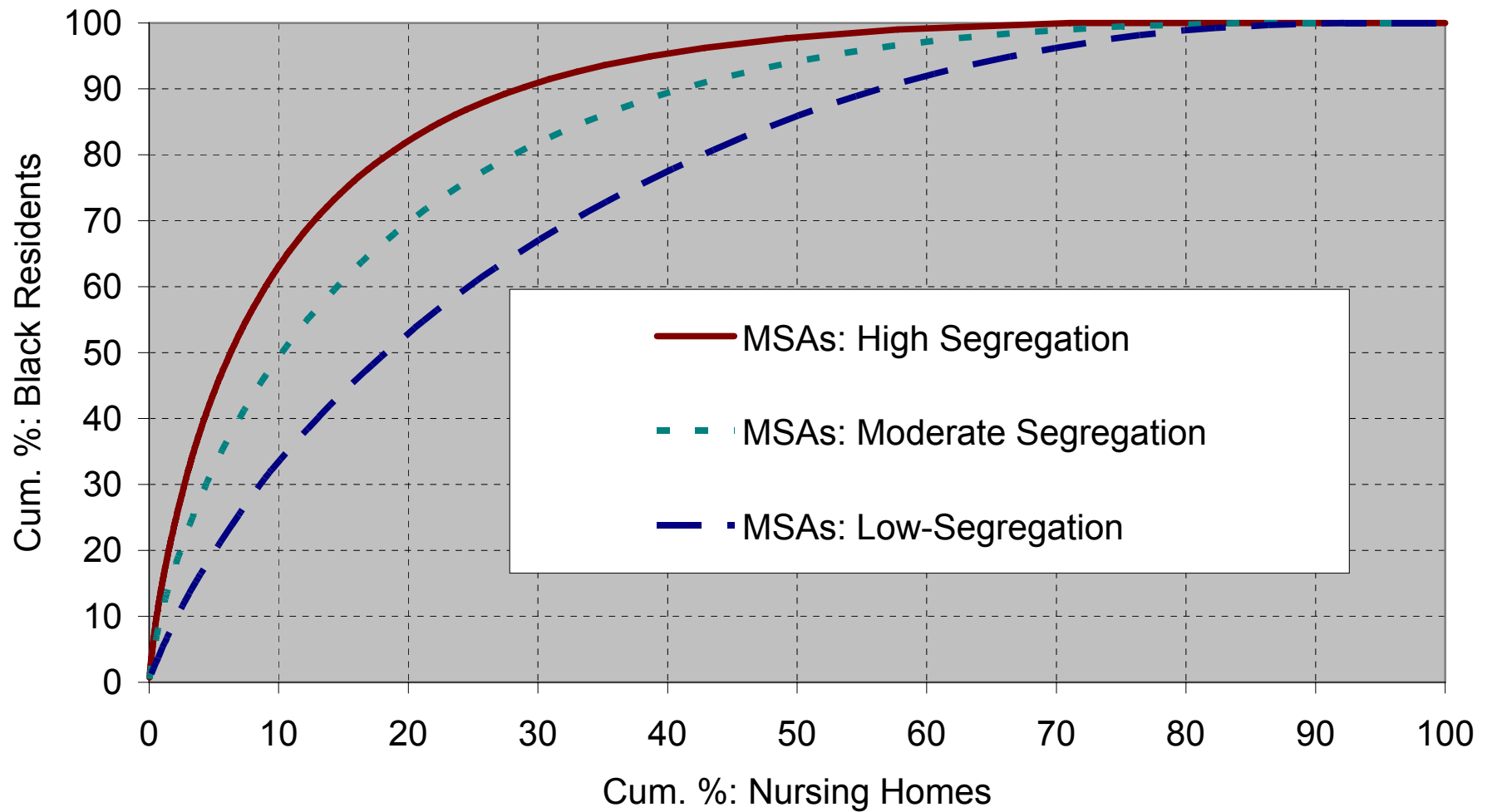
Source: MDS and OSCAR

Residential and Nursing Home Segregation in 147 MSAs



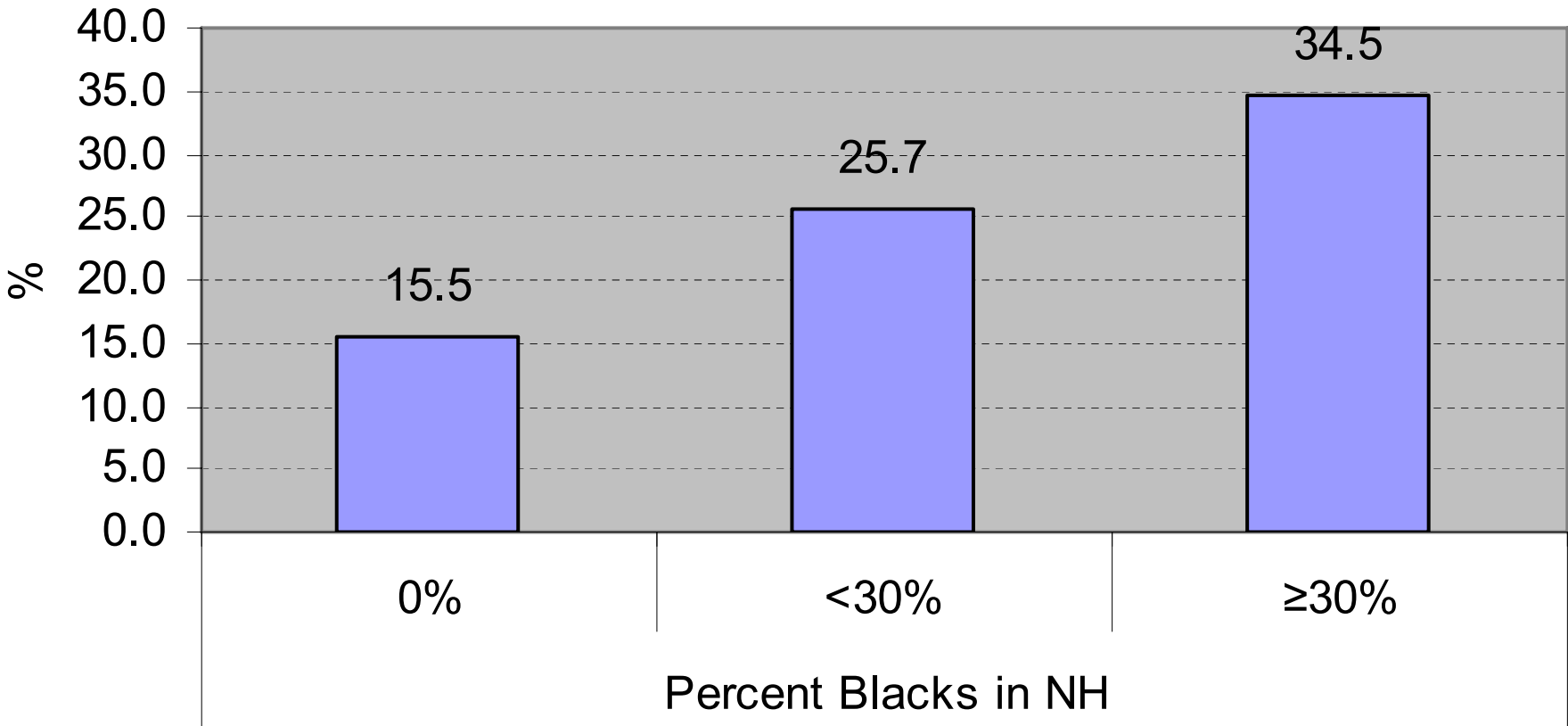
Source: MDS and 2000 census

Cumulative Percentage Distribution of Black Residents vs. Nursing Homes by Levels of MSA Segregation, 2000

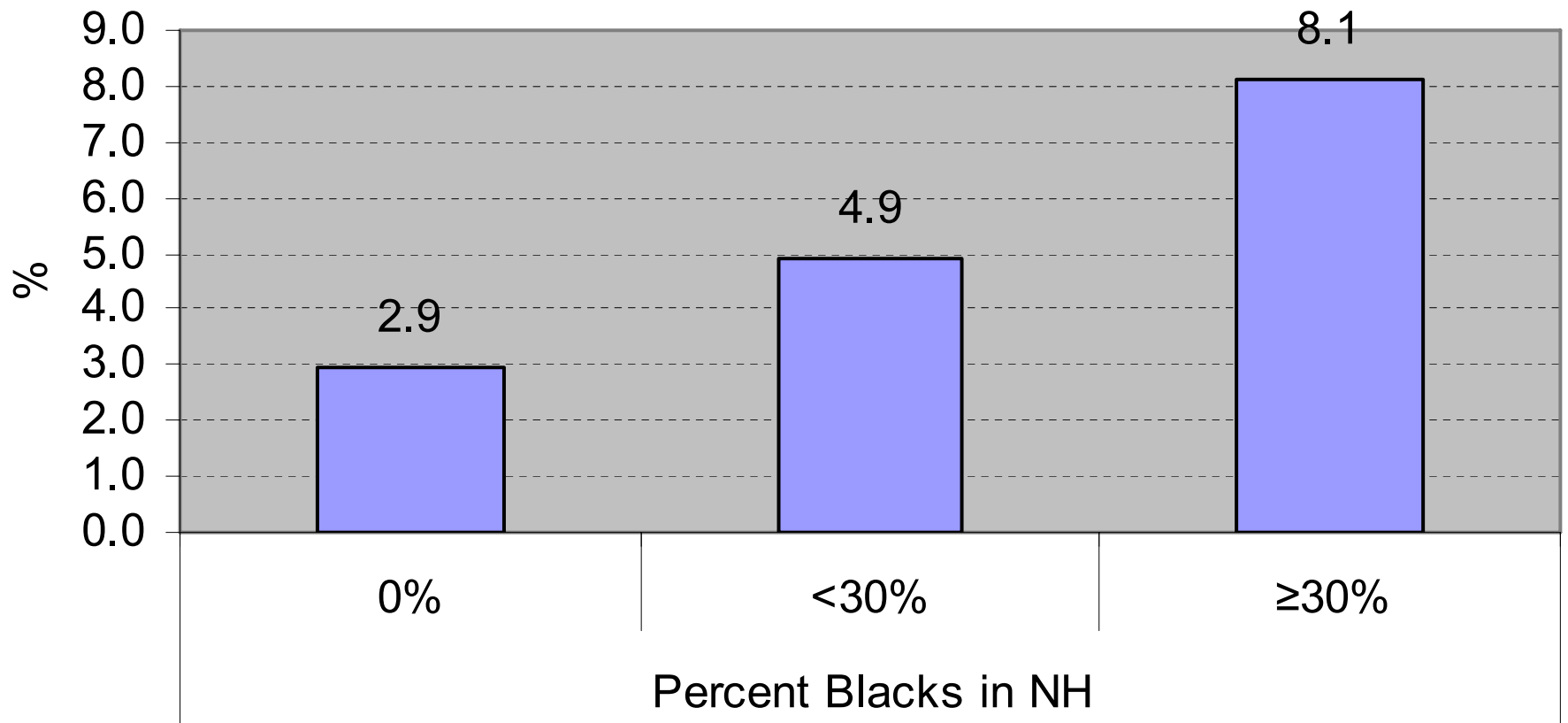


Racial Disparities in Access

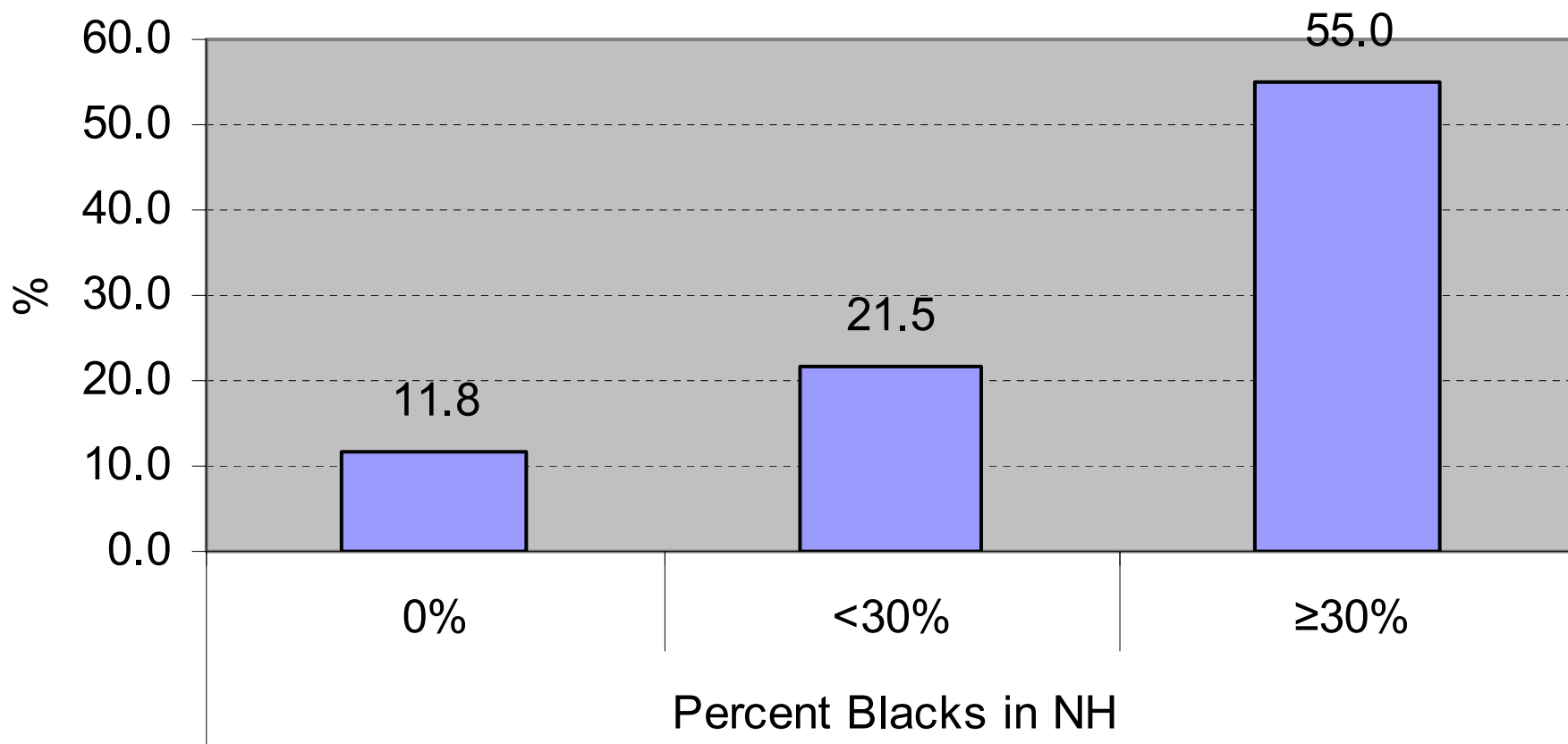
Percent NHs with MOST Scope-Severity Weighted Deficiencies Ranked within Local MSA (Top Quartile)



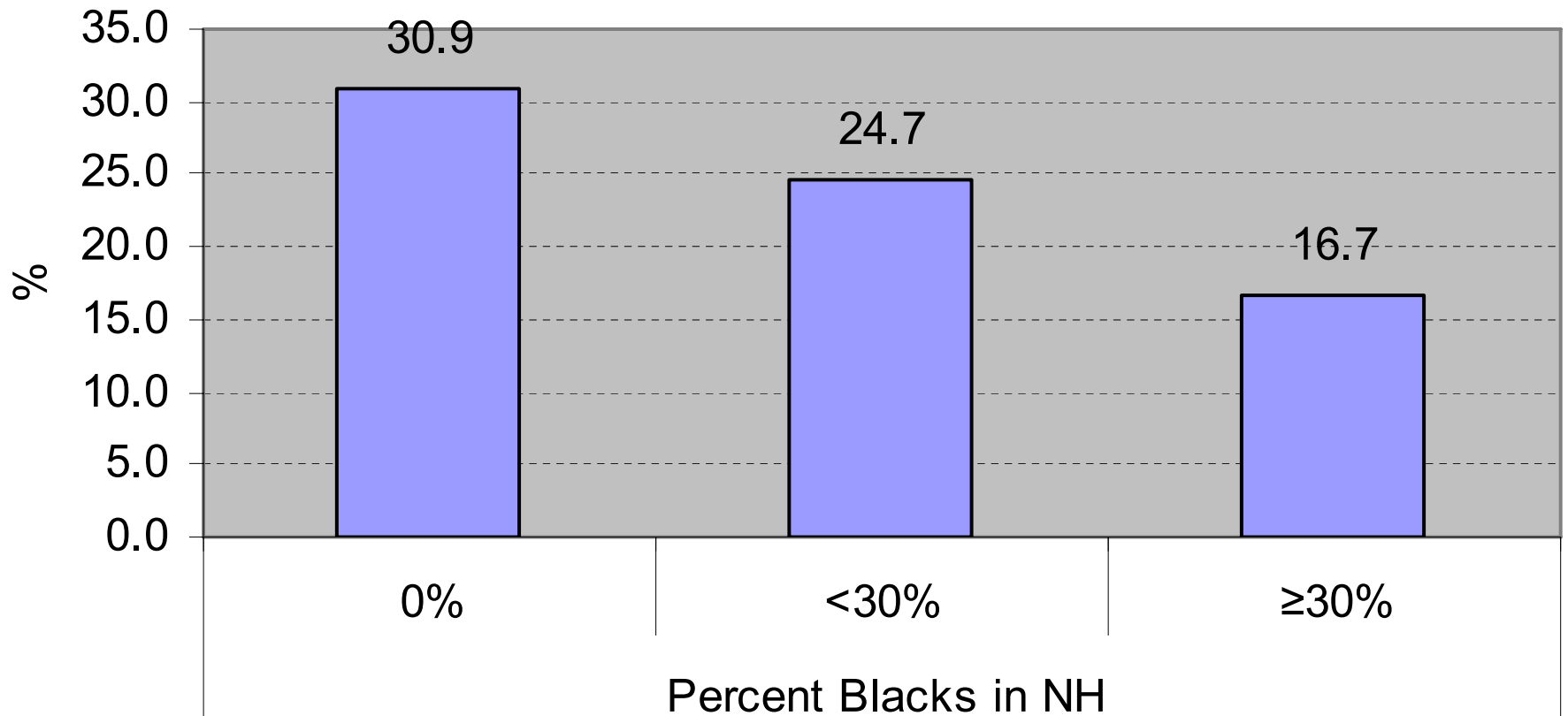
Percent NHs Cited with Actual Harm or Immediate Jeopardy to Residents



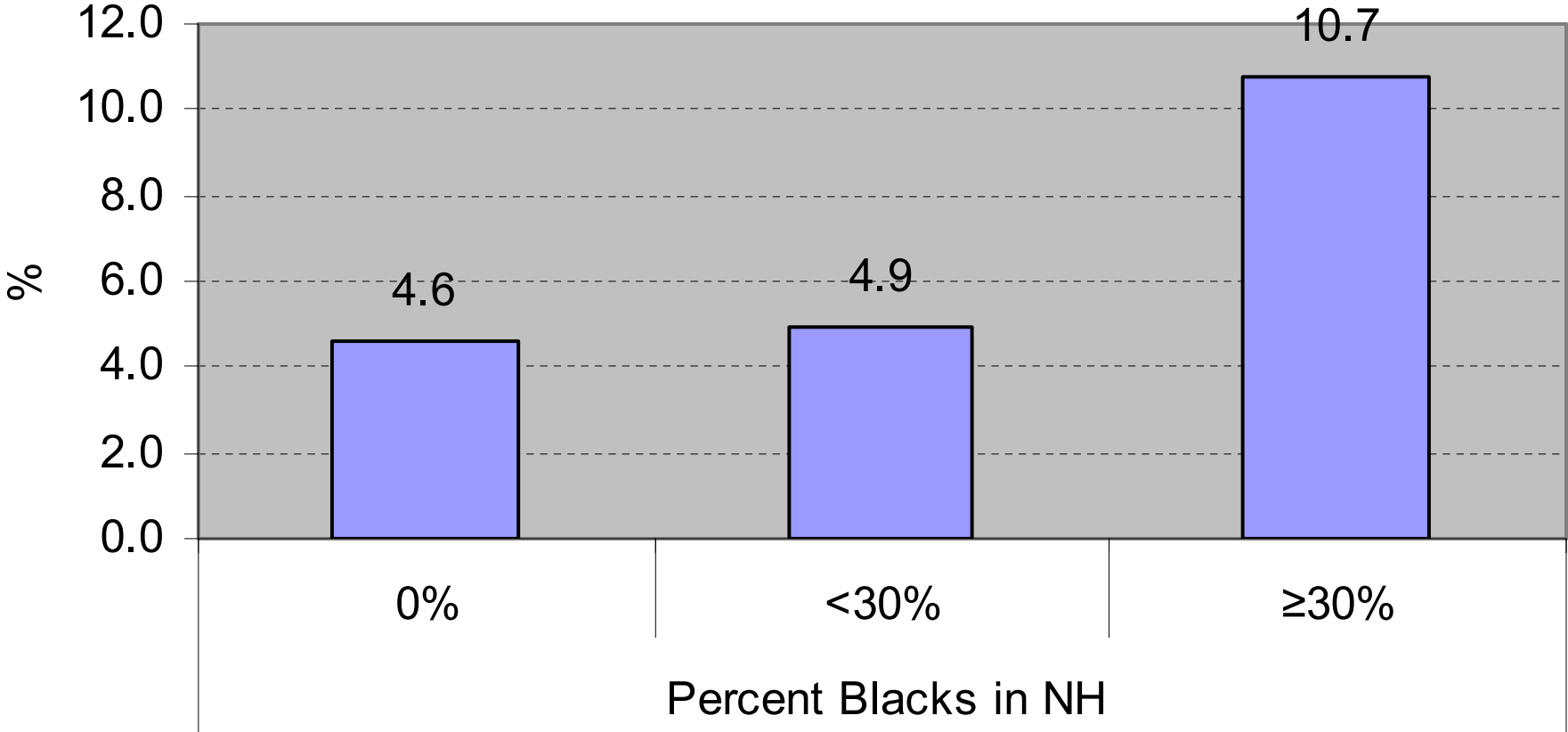
Percent NHs with HIGHEST % of Medicaid Residents Ranked within Local MSA (Top Quartile)



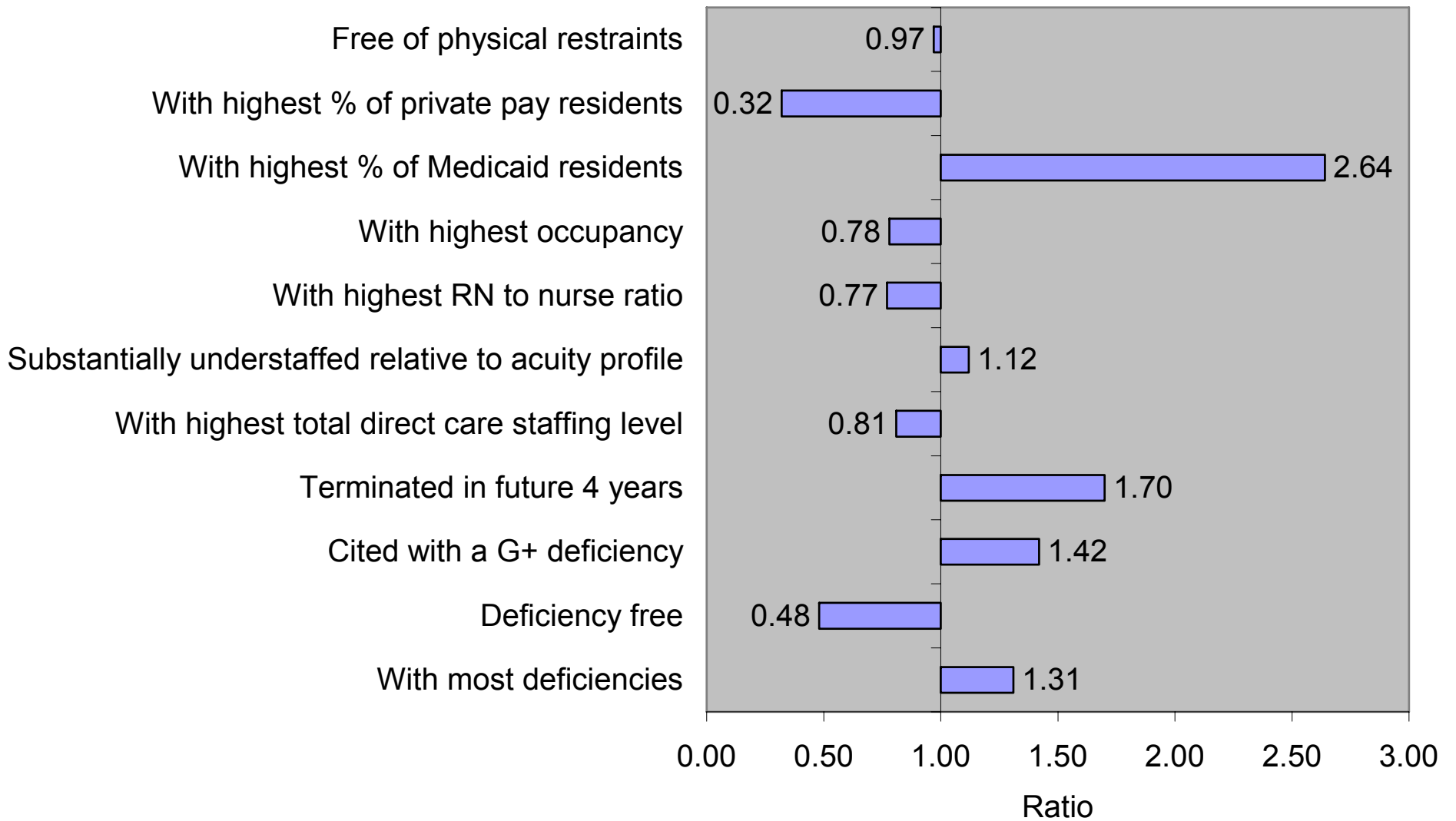
Percent NHs with HIGHEST Occupancy Ranked within Local MSA (Top Quartile)



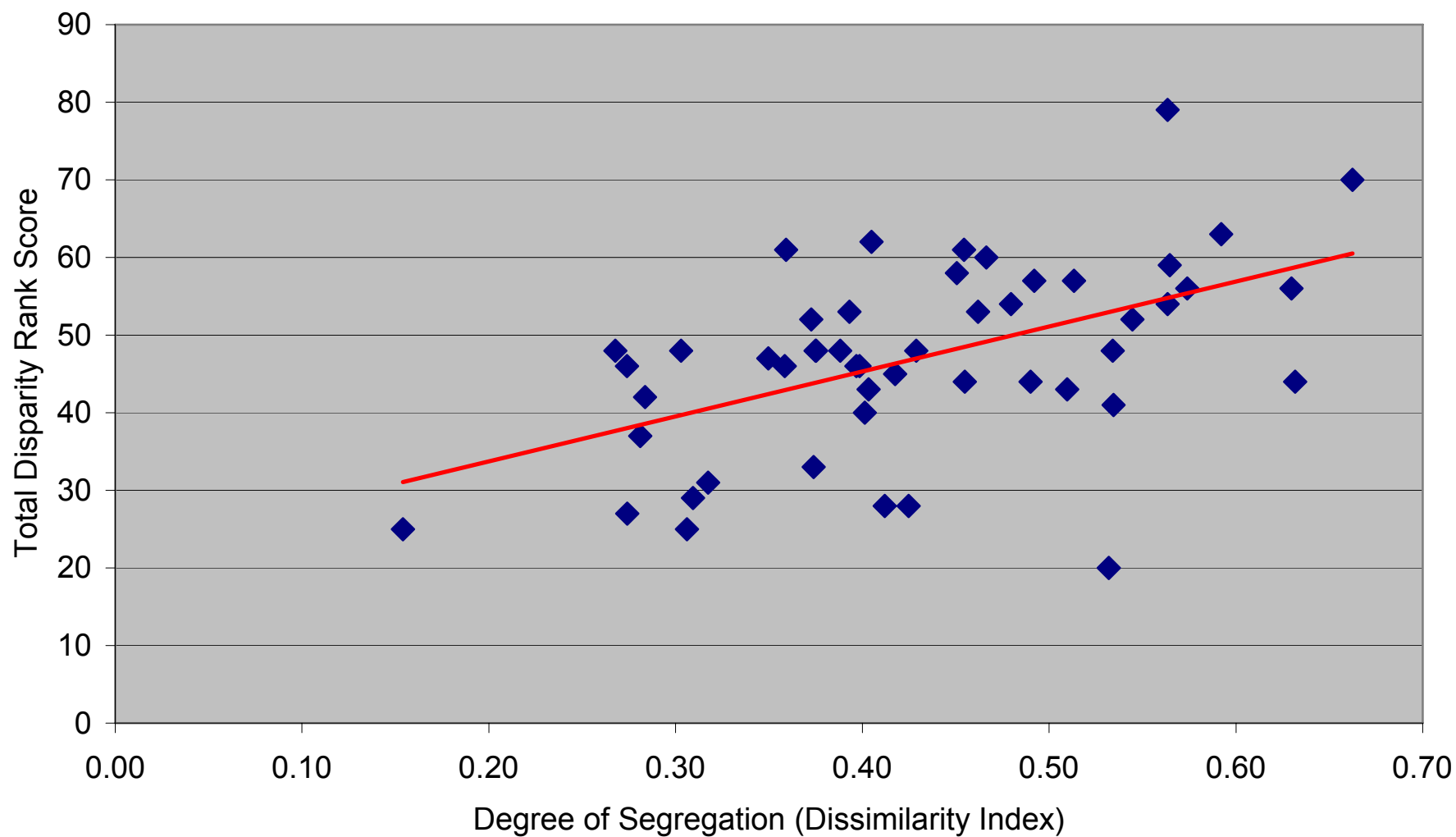
Percent NHs Terminated From Medicare/Medicaid Programs during 2000-2004



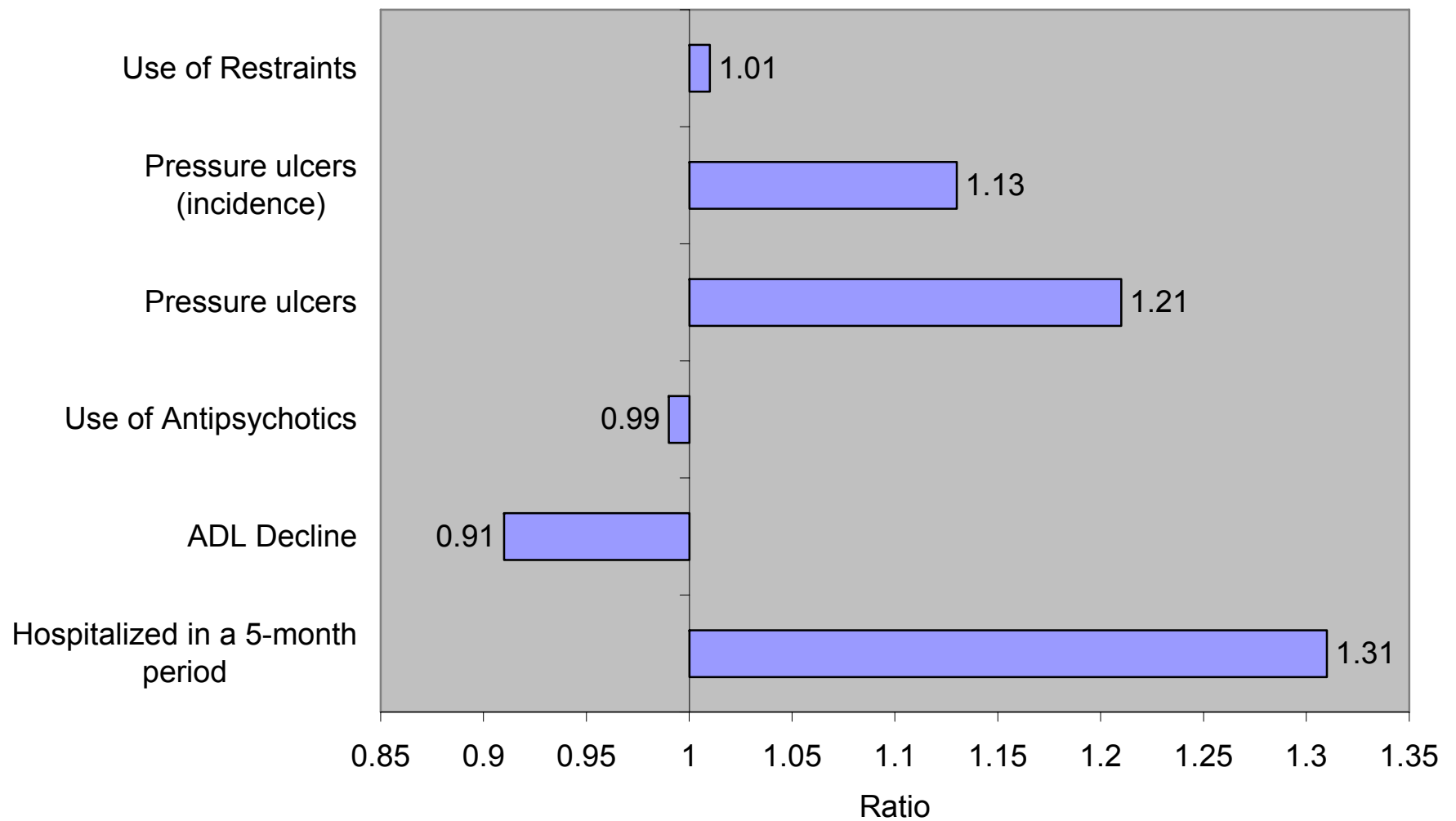
Bivariate Risk Ratio That Blacks (Relative to Whites) Reside in NHs with Selected Organizational Characteristics (from OSCAR)



**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



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?