

Study finds poor blacks likely to get worse nursing home care

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If you're poor and aging in America, the golden years may not be pretty, especially if you are black.

University of Central Florida assistant professor Latarsha Chisholm and colleagues conducted a study, which found that nursing homes that serve predominantly black residents tend to struggle financially and provide lower quality care than nursing homes with no black residents. Results were recently published in the *Health Services Research* journal.

"There is no simple fix," Chisholm said. "It is a complex issue, but we need to address it because disparities are everyone's issue."

The team analyzed financial and quality data of more than 11,500 nursing homes nationwide from 1999 to 2004. The data was obtained from several secondary data sources. Unlike prior studies that used Medicaid as a proxy for financial performance, this study used actual financial performance measures, such as total profit and operating margin.

So how can this disparity exist and why does it play out along racial lines?

Racial/ethnic disparities in health care settings are complex, Chisholm said. Black residents' concentration in Medicaid-reliant nursing homes has been documented as a potential contributor to [health care disparities](#). However, understanding factors that contribute to the overrepresentation

of black residents in nursing homes is unclear. Chisholm suggests that [residential segregation](#) and admission practices are also possible contributors of racial/ethnic disparities in nursing homes.

Blacks tend to reside in nearby community nursing homes, which may serve mostly black residents covered by Medicaid. Nursing homes with a high proportion of black residents may encounter financial challenges to invest in staffing and staff training, which can influence racial/ethnic disparities in care.

Statistically, blacks rely on Medicaid more than non-blacks to pay for nursing home needs. And because [reimbursement rates](#) for Medicaid are lower, these nursing homes tend to have issues with finances, Chisholm said. With less financial resources, there are fewer resources available for clients, which impacts the quality of care.

The other contributing factor is related to the admission process nursing homes use. Some nursing homes may be reluctant to take Medicaid residents because of the low reimbursement from Medicaid. These homes will take clients who have private insurance that pays better. With more financial resources, these homes are likely to have more resources that can enhance the delivery of quality care.

With the Baby Boomers expected to hit their golden years in droves within the next decade, the challenge of affordable and high-quality nursing homes will only intensify, Chisholm said. By 2015, those 50 or older will represent 45 percent of the U.S. population and by 2050 there will be more than 88 million people 65 years or older.

Chisholm said several potential solutions to mitigate racial/[ethnic disparities](#) in nursing homes exist. The ideas range from giving [nursing homes](#) financial incentives to perform better – think pay for performance. Others suggest Medicaid needs to be restructured to

provide better reimbursement rates.

The Affordable Care Act currently being implemented in several states may do little to remedy healthcare disparities found in long-term care settings.

"An indirect benefit of the healthcare plan I see is that perhaps there will be better continuity of care in a person's earlier years," said. "So their problems may be better managed early on and that could reduce costs and complications as they age and enter a nursing home. But other than that, the plan doesn't address the financing of long-term care.

Provided by University of Central Florida

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