EXECUTIVE SUMMARY
SEPARATE & UNCONSCIONABLE: A REPORT ON RACIAL AND ETHNIC DISPARITIES IN PENNSYLVANIA’S NURSING HOMES WITH RECOMMENDATIONS FOR IMMEDIATE ACTION

A CRISIS WITHIN A CRISIS

The COVID-19 crisis has not only devasted the world, but it has also starkly illuminated the disparate inequalities in our society. One of the most egregious examples is the disparate harm and vulnerabilities suffered by Black and Hispanic residents in nursing homes, before and during the COVID-19 crisis.

Throughout the pandemic, Black and Hispanic people were getting sick and dying of COVID-19 at rates higher than White individuals and at rates higher than their share of the general population. A Kaiser Health Network study of CDC data found that “African Americans ages 65 to 74 died of COVID-19 five times as often as White individuals.”[1]

Comparatively, Black and Hispanic residents, particularly those in nursing homes where they were the majority population, were more likely to have a COVID-19 outbreak, more likely to have a severe outbreak, and more likely to have deaths as a result of COVID-19.[2] Additionally, nursing homes with at least 7 in 10 Black and Hispanic residents saw a death rate that was about 40 percent higher than homes with majority-White populations.[3]

This paper will center the unequal impact of the COVID-19 virus on Black and Hispanic nursing home residents, as well as the underlying quality of care crisis affecting the same populations. Though quality of care and COVID-19 impact all nursing home residents, systemic race-based inequity has created a crisis within a crisis for Black and Hispanic nursing home residents.

Evidence shows that, regardless of race, most nursing homes have been severely impacted by COVID-19. The mortality rate among all older residents with chronic conditions and/or medical complexities in nursing homes far exceeded their counterparts in the community. “Nursing home residents account for less than half-of-1-percent of the U.S. population but roughly a quarter of the deaths related to COVID-19.”[4] Simply put, the longstanding infection control failures, staffing shortages, and other quality of care issues that many nursing homes face has negatively affected most nursing home residents irrespective of racial make-up.

However, Black and Hispanic nursing home residents have been affected by COVID-19 most severely. Not only are Black and Hispanic nursing home residents enduring the
crisis of a cross-national virus and the crisis of long-established quality of care problems in nursing homes, but they are also enduring the crisis of race-based systemic inequity that is foundational in creating disparate and disproportionate outcomes alongside the other two crises.

Although systemic race-based inequities harm people of all non-white races, most of the available data centers on Black and Hispanic nursing home residents. We found comparatively less data on quality-of-care issues impacting Asian American and Indigenous nursing home residents. Because of this, this paper primarily focuses on the inequity facing Black and Hispanic nursing home residents. However, one of the paper’s recommendations calls for significantly increased and sub-aggregated data on the experiences of Asian and Indigenous nursing home residents, in order to provide for more informed analysis and recommendations in the future.

It is important to explicitly acknowledge that race-based systemic inequity aids in formulating the egregious disparities discussed in this report, a disparity in harm that has existed since the creation of long-term care facilities for older adults and people with disabilities. This is evidenced by the longstanding history of racially segregated and poor performing nursing homes for Black and Hispanic nursing home residents.

The evidence of immense disparities in COVID-19 outcomes and mortality for Black and Hispanic people comes at a time when the country is reeling with a broader awareness of racial disparities and injustices across systems, services, communities, policing, policies, and more. We—as a country—must discuss and look to address not only the vast disparities that exist for Black and Hispanic people in nursing homes, but we must also address the systemic inequities that create the conditions for disparity across systems.

**RECOMMENDATIONS TO ADDRESS COMPLEX PROBLEMS**

Pennsylvania must take immediate and meaningful action to address race-based systemic inequities and the disparities that arise from them. A statewide task force should be convened engaging stakeholders, including Black and Hispanic residents, to help catalyze change. The Report contains an extensive list of detailed recommendations. Among the Report’s recommendations, specifically, the state must make changes to address racial and ethnic disparities by:

- Issuing regulations to address inadequate staffing levels, infection control requirements, and the numerous other deficiencies that COVID exposed.
  - During the research and writing of this paper, Pennsylvania proposed increasing staffing regulations to 4.1 hours per resident. As nursing homes with primarily Black and/or Hispanic residents are disproportionately understaffed, enacting this
proposed regulation would address racial and ethnic disparities in addition to enhancing quality of care for nursing home residents.

- Developing policies to incentivize improved quality in majority Black and Hispanic serving nursing homes.
- Enforcing civil rights requirements to operationalize prohibitions on discriminatory practices.
- Changing admissions protocols to protect against discriminatory admissions practices which disproportionately direct Black and Hispanic residents to poor performing nursing homes.
- Evaluating Medicaid reimbursement policy to ensure it can support improved quality and staffing levels and reward improved outcomes for Black and Hispanic residents.
- Engaging in robust and expansive sub-aggregated data collection and transparency to identify all racial and ethnic disparities, including those affecting Asian and Indigenous nursing home residents.
- Vigorously monitoring and enforcing quality and compliance by nursing home operators, prioritizing reoccurring poor performing nursing homes, where Black and Hispanic residents disproportionately reside.
- Requiring Community HealthChoices managed care organizations to ensure that their members who reside in nursing homes receive quality care, free from racial disparities or inequities.
- Creating immediate short-term payments to increase staffing and improve quality in nursing homes that disproportionately serve Black and Hispanic residents.


**CONTACT:**
Kathy Cubit, CARIE – cubit@carie.org – (267) 546-3438
Pam Walz, Community Legal Services – pwalz@clsphila.org – (215) 227-4798

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