

## **DECADES OF DISPARITIES HAVE LEFT US WITH FEW OPTIONS: The time for action is now**

### **Racism has created a Public Health Crisis**

Racism is a preventable public health crisis that undermines American values. We like to characterize the American public as self-sufficient, neighborly, strong, independent and civic minded. Yet for decades – in fact for centuries, systemic and institutional racism have contributed to social, economic and health disparities among minority populations.

These disparities are even more pronounced as we age. Older adults from racial and ethnic minorities are often deprived of the resources necessary to live healthy and independent lives across settings.<sup>1</sup> The federal government must adequately fund a continuum of programs and services to promote older adult health and independence among minority older adult populations.

### **Disparities among Minority Older Adults across Settings**

We have learned a lot during the COVID-19 pandemic. The naked truth is that minority older adults are less likely to have access to quality health care, healthy housing, aging and social services and other supports. The adverse effects of these disparities are even more evident in the disproportionate share of positive cases and deaths from COVID-19 among both residents and staff in U.S. nursing homes with predominately minority populations.<sup>2</sup> Estimates are that nursing home resident and staff member deaths account for at least 30% of all deaths from COVID-19 in the United States.<sup>3</sup>

To further compound the impact of racial and ethnic disparities on health outcomes, nursing homes are staffed predominately by minorities who on average make \$13.38 an hour to support multiple residents at once.<sup>4</sup> One of the greatest predictors of the rapid spread of COVID-19 in a nursing home is the zip code/location where the majority of staff lives.<sup>5</sup> If workers live in a low income/poor community, and work in a nursing home without proper protection or supervision, the virus is likely to spread faster, infecting both residents and workers.<sup>6</sup> So racial disparities,

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<sup>1</sup> Mauldin RL, Lee K, Tang W, Herrera S, Williams A. Supports and gaps in federal policy for addressing racial and ethnic disparities among long-term care facility residents [published online ahead of print, 2020 Apr 27]. *J Gerontol Soc Work*. 2020;1-17. doi:10.1080/01634372.2020.1758270

<sup>2</sup> The Striking Racial Divide in How Covid-19 Has Hit Nursing Homes. (2020, May 21). Retrieved from <https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html>

<sup>3</sup> Chidambaram, P. (2020, May 7). State Reporting of Cases and Deaths Due to COVID-19 in Long-Term Care Facilities. Retrieved from <https://www.kff.org/medicaid/issue-brief/state-reporting-of-cases-and-deaths-due-to-covid-19-in-long-term-care-facilities/>

<sup>4</sup> Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. 2019. *IPUMS USA: Version 9.0*. Minneapolis, MN: IPUMS, University of Minnesota.

<https://doi.org/10.18128/D010.V9.0>; analysis by PHI (July 8, 2019). “Hispanic or Latino” refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories.

<sup>5</sup> Gawande, A. (2020, May 13). Amid the Coronavirus Crisis, A Regime for Reentry. *The New Yorker*. Retrieved from <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>

<sup>6</sup> *Ibid*.

often magnified in poor neighborhoods, impact health outcomes for nursing home and home care residents, families, care partners and staff.

## **A Disadvantaged Workforce**

For years, the plight of long-term care certified nursing assistants (CNAs) and other direct care workers has been described in detail, including the financial stress and impoverishment, and negative impact on quality of life for individual workers, their families and children.<sup>7</sup> In addition, limited supervision and support, lack of career ladders or lattices, no opportunities for career development and not being part of decision-making processes has led to workers feeling neglected if not completely ignored. These and other issues have resulted in a high turnover rate among long-term care workers.<sup>8</sup>

*We need to act now in order to change the dynamic.* How can we support and protect long-term care workers across all racial and ethnic groups? What would make people want to pursue a career in long-term care? What would need to change in order to incentivize more quality applicants for direct care worker roles across settings? Clearly salaries that reflect a living wage and a richer benefit package are needed. Also, having standard weekly hours without a sudden or unannounced reduction is essential.

## **We Need to Test Solutions Now**

The United States is in the middle of a significant demographic shift, and the population of older adults in the country will more than double in the next forty years, leading to an increased need for aging programs and services, including nursing home care and home and community-based services.<sup>9</sup> This has implications for programs that rely on family members, friends or neighbors to be care partners or live-in helpers, as well as nursing homes and home health agencies that rely on workers to provide care and services. A comprehensive strategy must be implemented now in order to prevent further deterioration and to create a holistic and effective system of care for all.

The United States cannot afford to continue a non-system of care that exacerbates health disparities among minority older adults and communities. We propose federal investment in a continuum of care across settings, so that there are appropriate healthy housing and other options to meet the individual needs of older adults. Two such community programs that could meet the needs of older adults and reduce the impact of health disparities are Community Aging in Place: Advancing Better Living for Elders (CAPABLE) and the Program for All-Inclusive Care of the Elderly (PACE). These programs enable older adults to remain in their neighborhoods and communities throughout the lifespan, recognizing that supervised long-term care such as in nursing facilities may eventually become necessary in some cases.

The United States must evaluate care and services across the continuum, including race and ethnicity data, to determine whether new models will reduce racial and ethnic disparities among

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<sup>7</sup> PHI. (2019). U.S. Nursing Home Assistants Employed in Nursing Homes—Key Facts.

<sup>8</sup> *Ibid.*

<sup>9</sup> Mather, M., Jacobsen, L., Pollard, K., “Aging in the United States,” Population Bulletin 70, no 2. (2015).

residents and workers. Finally, we need to implement evidence-based home and community-based programs such as CAPABLE, PACE and others, to evaluate the overall effectiveness and efficiency of these programs, particularly in low-income, minority communities.

*The time is now.* We must act and we must thoroughly evaluate the clinical and economic impacts of new programs and services across the continuum. The federal government has the authority to intervene to support and further develop a true system of care for all Americans.

Thank you for the opportunity to submit this letter as written testimony. We welcome the opportunity to further discuss these matters with staff or legislators.

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