Statement on Racial Inequities
June 2020

The recent murders of George Floyd, Ahmaud Arbery, Breonna Taylor, and Rayshard Brooks, and the resulting legitimate country-wide and world-wide protests, have shocked all those of good conscience. These events coincide with recent analyses that racial disparities are not limited to the wider communities in the U.S. – they are rife in our post-acute and long-term care (PALTC) settings as well.

The current pandemic has revealed the wide racial gaps among older adults stricken with COVID-19 in our nursing homes\textsuperscript{1,2,3}; this is mirrored in our PALTC direct care workforce. There is now evidence showing that nursing homes with a high percentage of brown and black residents are twice as likely to have COVID-19 cases and deaths, and to be punished\textsuperscript{4} by CMS with fines, lower reimbursement, and lower ratings. The majority\textsuperscript{5} of our heroic front-line workers are also people of color, mostly women, many without adequate access to health care themselves, putting them at disproportionate risk of illness and death.

We can and must do better as a nation, not only to heal systemic racism in the U.S., but also to honor our residents of color, and to support those who care for them. While there are no simple solutions, we can start by providing a living wage, with benefits, for our front-line nursing home workforce. We can advocate for payment reforms that serve to correct the care and quality imbalance in nursing homes with vulnerable and ethnically diverse populations. We can work to improve health promotion in brown and black communities. And we can promote research to better understand these long-standing health disparities in PALTC, to better inform our national policy agenda, and to begin to remedy these inequities.

The Society for Post-Acute and Long-Term Care Medicine is taking the following internal steps: We are creating a workgroup to evaluate the issue of inequality, inclusion, and diversity within the Society. We will actively work to increase diversity among our membership, particularly in our national committee and senior leadership positions, and we will evaluate other areas within our organization where we can improve. We will also develop

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\textsuperscript{1} A recent study by David Grabowski et al., published in the Journal of the American Geriatrics Society (JAGS) found that larger facility size, urban location, greater percentage of African American residents, non-chain status, and state were significantly (p<0.05) related to increased probability of having a COVID-19 case.

\textsuperscript{2} Work by Tamara Konetzka at the University of Chicago has found a strong and consistent relationship between race and the probability of COVID-19 cases and deaths. Nursing homes with the lowest percentage of white residents were more than twice as likely to have COVID-19 cases or deaths as those with the highest percentage of white residents.

\textsuperscript{3} The New York Times recently reported that more than 60 percent of nursing homes where at least a quarter of the residents are black or Latino have reported at least one coronavirus case. That is double the rate of homes where black and Latino people make up less than 5 percent of the resident population.

\textsuperscript{4} A 2019 study by Jennifer Hefele showed that nursing homes with a high proportion of Medicaid beneficiaries – strongly correlated with African American and Latino residents – were more likely to be penalized under value-based reimbursement models and receive lower rankings on Nursing Home Compare.

\textsuperscript{5} This disparity applies equally to the PALTC direct care workforce. A 2020 report from PHI details that the direct care workforce is primarily composed of low-income women and people of color, many of whom face barriers to education and work in other settings.
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and promote educational offerings for our members that address race, equity, and diversity, both within the facilities we serve and within the practice of PALTC medicine.

Finally, our Society leadership have committed to thoughtfully examine where there is implicit, systemic bias that we are unaware of. We are particularly concerned that this is a blind spot for us, as it is for most other organizations, and one we must both constantly guard against and conscientiously remedy.

Adopted by the AMDA Board of Directors, June 25, 2020