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RACE, OLD AGE VULNERABILITIES, AND LONG-TERM CARE

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INTRODUCTION

African American older adults face a major retirement crisis (Rhee, 2013; Vinik, 2015)). Owing to a legacy of racial discrimination in education, housing, employment, and wages or salaries, they are less likely than their white counterparts to have accumulated wealth over the course of their lives (Sykes, 2016). In 2013, the median net worth of African American older adult households ($56,700) was roughly one-fifth of the median net worth of white older adult households ($255,000) (Rosnick and Baker, 2014). Not surprising, given these disparities in net worth, African American older adult males (17%) and females (21%) were much more likely than their white male (5%) and female (10%) counterparts to live in poverty (Johnson and Parnell, 2016; U.S. Department of Housing and Urban Development, 2013a). They also were more likely to experience disabilities earlier in life and to have shorter life expectancies (Freedman and Spillman, 2016).

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Research shows that the most vulnerable African American older adult households—an estimated 1.6 million or over half (57%) of all African American older adult households--are renters and/or burdened by excessive housing cost irrespective of whether they own or rent their homes (Johnson and Huan, 2018). That is, they spend in excess of 30% of their monthly income on housing, and many spend as much as 50% of their monthly income on housing. For many, their dwellings are old and structurally unsound, presenting major risks to health and safety. Close to 90,000 of these most vulnerable older adult households are in North Carolina (Johnson and Parnell, 2017).

Most of these older adults live alone or in married couples (independent households—71%). Some are heads of multi-generational households (caretaker households—21%). And some live with their adult biological children (caregiver households—7%). For these most vulnerable African American older adults, social security and other means-tested public benefits are the primary sources of income. Medicare is their primary source of health insurance, but for about a third of the cases, Medicaid is a significant source of health insurance.

Because they report "challenges with a range of activities of daily living (ADL) and instrumental activities of daily living (IADL)....[including] difficulty dressing, vision difficulty, difficulty going out, physical difficulty, and difficulty remembering" (Johnson and Huan, 2018, 8), these older adults are least likely to be able to age in place, that is, in their homes and communities. Rather, they are the ones most likely to need long term care and support services as they continue to age—in all likelihood in an institutional setting unless viable strategies to update and modify their existing dwelling units and broader living environments are devised (U.S. Department of Housing and Urban Development, 2013a; Mann, et. al., 2016; Mosqueda and Sabatino, 2016).

CURRENT STATE OF LONG TERM CARE SERVICES AND SUPPORT

Two primary options for long term care services and support exist for the most vulnerable older adults (Atkins, Tumlinson, and Dawson, 2016; Marek, et al., 2012). The first is family members and friends. The second is Medicaid-financed in home and community-based services or nursing home care. In both instances, major concerns exist of about the quality of care.

For example, family members and friends who serve as caregivers often are also taking care of their own children and/or grandchildren and dealing with their own health challenges, making it difficult, if not impossible, to provide high-quality care to an aging loved one. And, due to the Opioid crisis and other debilitating health and social problems affecting Generations X and Y, the number of potential caregivers is declining sharply (VanBooven, 2018; Farrell, 2018; Johnson and Huan, 2018).

Racial disparities in the quality of nursing home care are well documented (Mor, et. al., 2004; Smith, et. al., 2008; Campbell, et. al., 2016; Hefele, et. al., 2017). African Americans reportedly are more likely than their white counterparts to be placed in nursing homes that are racially segregated, disproportionately occupied by residents covered by Medicaid, and located in poor neighborhoods that "...lack sufficient resources to adequately staff the facility and deliver care that meets industry quality standards" (Yuan, et. al., 2018). With Medicaid as the primary source of payment, these nursing home are less financially secure, have difficulty recruiting professional staff, and their frontline staff often lacks the proper "hard" and "soft" skills to treat older adults who often come in with untreated chronic diseases (diabetes, AIDS, chemical dependency, etc.) or are frail and mentally or physically incapacitated (Mor, 2004; Smith, et. al., 2008; Campbell, et. al., 2016; Hefele, et. al., 2017).

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Given this state of affairs, some such facilities have been cited for service deficiencies. Others' eligibility for Medicaid funding of long-term care services and support has been terminated (Smith, et. al., 2008; Hefele, et. al., 2017; Green, 2017). These actions, while undoubtedly necessary and appropriate, have further limited or depleted the supply of long-term care services and supports available to the most vulnerable African American older adults.

MOVING FORWARD

Creative solutions are urgently needed to ensure that our most vulnerable African American older adults are able to receive proper care and live out their remaining years of life with dignity (Hoagland, 2016). To derive such solutions, we need answers to two critical questions:

- How do we address existing disparities in the provision of long-term care services and support?
- How do we reduce the *demand* for institutionalized care?

ADDRESSING RACIAL DISPARITIES

To eliminate disparities in long-term care services and supports, it is essential for policymakers, first, to acknowledge they exist and understand the multitude of reasons for them (Levey, 2017; Mann, et. al., 2016). Current disparities have resulted from both long-standing discrimination in the delivery of services and more recent discriminatory policy making (Green, 2017). Refusals at the state level to accept Medicaid expansion dollars have exacerbated racial disparities. Congressional proposals to block grant Medicaid or impose per-capita caps on federal funding will likely further exacerbate racial inequities in the provision of long term care services and support (Rosenbaum, et. al., 2016; LaRochelle, 2017).

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Second, the Affordable Care Act established several initiatives, including the State Balancing Incentives Program, Community First Choice, Money Follows the Person, Real Choice Systems Change Grants, which were designed to narrow the racial gap in access to Medicaid long term care services and supports (Watts, Reeves, and Musumeci, 2015; Dickey, n.d., Vardaman, 2016; Kehn and Lipson, 2014). More specifically, the initiatives were formulated to help states achieve greater balance in the provision Medicaid-funded nursing home care and home- and community-based services and to ensure that such services and supports were administered in culturally competent ways. The goal of these initiatives is to provide long-term services and supports that are person-driven, with maximum consumer choice over the types of services received and of providers.

Every effort must made to ensure that the current administration does not dismantle these initiatives and that every state in the nation accept its share of Medicaid expansion dollars so that these initiatives can be implemented in the broadest way possible (Levey, 2017; Mann, et. al., 2016)). Targeted efforts also are needed to ensure that information on these initiatives and services is widely disseminated in African American communities in ways that comply with federal civil rights laws.

REDUCING DEMAND FOR INSTITUTIONALIZED CARE

One way to reduce the demand for costly institutionalized care for vulnerable African American older adults is to institute policies, procedures, practices and initiatives that are designed to facilitate successful aging in place for a long as possible (Marek, et. al., 2012; Joint Center for Housing Studies, 2014; U.S. Department of Housing and Urban Development, 2013a). Elsewhere we have offered a portfolio of strategies (see Johnson

and Huan, 2018). Here we highlight three.

First, leverage technological innovations that are designed to help older adults with activities of daily living and instrumental activities of daily living as well as health care management. For vulnerable older adults that live alone, such technologies also can potentially address the loneliness and isolation problems that they routinely face or experience, which reportedly are similar in terms of impact to smoking 15 cigarettes a day (Horowitz, 2017).

Second, given that many of the most vulnerable African American older adults are renters, enact legislation requiring both public -sector housing authorities and private-sector owners of multi-family rental properties to make age-friendly upgrades to their properties, including the built environment around them (Kubey, 2016). Doing so will reduce the likelihood of accidental falls that often lead to institutionalized care. Emblematic of the potential cost savings, accidental falls cost Medicare $31 billion in 2015, an amount that is likely to increase sharply in the years ahead if such actions are not taken given older adults' increased longevity and the size of the aging Boomer population (Johnson and Parnell, 2016; Centers for Disease Control and Prevention, 2016).

Third, for vulnerable African American older adults living in multigenerational care taker households, advocate for Medicaid expansion and leverage the Medicaid housing and community development waivers program, which allows Medicaid dollars to be used to train and pay an existing family member to provide in-home long term care services and supports (Centers for Medicare and Medicaid Services, 2015). This will contribute in a significant way to solving the senior care worker shortage which is projected to reach 1.25 million by 2025 (Farrell, 2018; VanBooven, 2018).

CONCLUDING REMARKS

Through their unremitting toil African American older adults were instrumental in building the American society as we know it today. In many ways, owing to racial discrimination in all walks of life, they have not fully benefitted from their seminal contributions to making America great. It is therefore incumbent upon us—all of us—to do everything humanly possible to ensure they are able to spend their remaining years of life in age-friendly and socially-supportive residential environments with access to quality health care. The proposals set forth above, if implemented, would constitute a small investment in uplifting and improving life outcomes for our most vulnerable older adults.

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