

### RACE AND GENDER DIFFERENCES IN PHYSICAL FUNCTIONING AMONG COMMUNITY-DWELLING OLDER ADULTS

Chanee D. Fabius,<sup>1</sup> Lauren J. Parker,<sup>1</sup> and Roland J. Thorpe Jr.,<sup>1</sup> *1. Johns Hopkins University, Baltimore, Maryland, United States*

Prior work has demonstrated that there are race and gender disparities in the prevalence of need for assistance with tasks such as self-care, mobility, and household activities. Research has historically shown that older black Americans and women experience greater prevalence of physical functioning declines. It is unclear whether these differences persist among those receiving assistance. Using data from the 2015 National Health and Aging Trends Study (NHATS), a nationally representative study of Medicare beneficiaries aged 65 and older, and after adjusting for covariates, black men received less assistance with self-care and mobility activities, and white and black women received more help with mobility and household activities, compared to white men. Findings are critical to advancing our understanding of the needs of vulnerable older adults receiving assistance. More research is needed to understand the implications of these differences on long-term services and supports provided by both informal and formal caregivers.

### THE ROLE OF GEOGRAPHIC-LEVEL RACE AND SOCIOECONOMIC FACTORS ON ACCESS TO HIGH QUALITY MEDICARE HOME HEALTH

Shekinah A. Fashaw,<sup>1</sup> and Kali Thomas,<sup>1</sup> *1. Brown University, Providence, Rhode Island, United States*

Prior research suggests that neighborhoods with predominantly minority and low-income individuals have decreased access to high quality hospitals, primary care physicians, and nursing homes. The purpose of this study is to determine if low quality Home Health Agencies (HHAs) are concentrated within more disadvantaged neighborhoods, while high quality HHAs cluster in more affluent neighborhoods. We characterize neighborhoods by racial and ethnic composition, and the proportion of residents below the federal poverty line; and HHAs according to their star ratings. We conduct a national, observational descriptive study using data from the 2017 HH Compare and American Community Survey. Predominantly black neighborhoods are served by the highest proportion of unrated and low-rated HHAs, while predominantly white neighborhoods have the highest proportion of high quality HHAs. This study signals and potential explanation for why minorities and duals receive care from lower quality HHAs. Such knowledge may help inform reimbursement and incentive practices.

### RACIAL DISPARITIES IN NURSING HOME RESIDENTS: QUALITY OF LIFE: DOES THE GAP PERSIST OVER TIME?

Tetyana P. Shippee,<sup>1</sup> Weiwen Ng,<sup>2</sup> John Bowblis,<sup>3</sup> Yinfei Duan,<sup>2</sup> Odichinma Akosionu,<sup>1</sup> and Mark Woodhouse,<sup>1</sup> *1. University of Minnesota, Minneapolis, Minnesota, United States, 2. Dr. Minneapolis, Minnesota, United States, 3. University of Miami Ohio, Oxford, Ohio, United States*

The proportion of racial/ethnic minorities in nursing homes (NHs) has increased steadily in recent years. This

study longitudinally examines minority NH residents' quality of life (QoL); a key measure of overall well-being. We used unique data from Minnesota annual QoL interviews (2011-2015), merged with resident and facility characteristics to model QoL. Mixed models with various resident and facility level controls, facility random effects, and both fixed and random effects for year were fit to estimate the effect of being a minority and living in a high-proportion minority facility on QoL. While white residents' unadjusted QoL scores remained stable over time, scores for minority residents declined. In full models, white residents in low-minority facilities consistently had the highest QoL scores while minority residents in high-minority facilities had the lowest scores. More policy attention is needed to address these persistent and possibly widening racial disparities, with targeted attention needed for high-minority facilities.

### RACIAL DISPARITIES IN 30-DAY READMISSION RATES AMONG MEDICARE PATIENTS DISCHARGED TO SKILLED NURSING FACILITIES

Maricruz Rivera-Hernandez,<sup>1</sup> Maricruz Rivera-Hernandez,<sup>1</sup> Momotazur Rahman,<sup>1</sup> Vincent Mor,<sup>1</sup> and Amal N. Trivedi,<sup>1</sup> *1. Brown University, Providence, Rhode Island, United States*

The 30-Day All-Cause Readmission Measure is part of the Skilled Nursing Facility Value-Based Purchasing (SNFVBP) beginning 2019. The objective of the study was to characterize racial and ethnic disparities in 30-day rehospitalization rates from SNF among fee-for-service (FFS) and Medicare Advantage (MA) patients using the Minimum Data Set. The American Health Care Association risk-adjusted model was used. The primary independent variables were race/ethnicity and enrollment in FFS and MA. The sample included 1,813,963 patients from 15,412 SNFs across the US in 2015. Readmission rates were lower for whites. However, MA patients had readmission rates that were ~1 to 2 percentage points lower. In addition, we also found that African-Americans had higher readmission rates than whites, even when they received care within the same SNF. The inclusion of MA patients could change SNF penalties. Successful efforts to reduce rehospitalizations in SNF settings often require improving care coordination and care planning.

### (UN)EQUAL BURDEN OF CARE: STAFF PERSPECTIVES ON NURSING HOME CARE AND QUALITY OF LIFE FOR RESIDENTS OF COLOR

Odichinma C. Akosionu,<sup>1</sup> Tetyana P. Shippee,<sup>1</sup> Heather Davila,<sup>2</sup> Mai See Thao,<sup>3</sup> Moses Waiswa,<sup>1</sup> and Tricia Skarphol,<sup>1</sup> *1. University of Minnesota, Minneapolis, Minnesota, United States, 2. VA Boston Healthcare System, Boston, Massachusetts, United States, 3. Medical College of Wisconsin, Wauwatosa, Wisconsin, United States*

Racial disparities in quality of care (QoC) and quality of life (QoL) for nursing home (NH) residents persist even as the proportion of minorities is significantly increasing. Staff of color are a growing part of the long-term care workforce and staffing is a key component for delivering quality care. This study looks at staff (n=60) perspectives on resident QOL through semi-structured interviews, using thematic analysis in six Minnesota high proportion minority NHs. Key findings show that staff of color are concerned about