Jasmine L. Travers, PhD, RN, MHS, Assistant Professor
New York University Rory Meyers College of Nursing
before the
U.S. House of Representatives
Select Subcommittee on the Coronavirus Crisis
Examining Long-Term Care in America:
The Impact of the Coronavirus in Nursing Homes
September 21, 2022
Chairman Clyburn, Ranking Member Scalise, and Members of the Select Subcommittee on the Coronavirus Crisis:

Thank you for this invitation to testify today. My name is Jasmine Travers. I am an Assistant Professor at New York University (NYU) Rory Meyers College of Nursing and I recently had the honor of serving on the National Academies of Sciences Engineering and Medicine Committee on the Quality of Care in Nursing Homes.

The COVID-19 pandemic has been the 9-11 moment for nursing homes. Without appropriate attention, workforce issues, inequities, and disparities that are unsurmountable in the nursing home setting will continue. The views I express today are my own as a researcher and clinician and not the views of NYU as an institution or the National Academies unless otherwise noted.

Workforce issues and challenges

Several issues and challenges are inherent to the nursing home workforce, with many rooted in structural inequities and racism—systematic disadvantages of one social group in comparison to other groups with whom they coexist; these disadvantages are deeply embedded in the fabric of society and result in differential allocation of societal resources and opportunities.[1-3] These inequities present as staffing shortages, inadequate pay and benefits, lack of advancement opportunities, poor working conditions, shift differences, staff substitution, and lack of integrated teams.[4-9] While these inequities are experienced across the nursing home workforce, certified nursing assistants (CNAs) bear the brunt, likely because the CNA workforce is disproportionately from traditionally underserved backgrounds and because their positions are undervalued by many members of society.[6,7]

Insufficient staffing

When asked about the biggest crisis or challenge affecting nursing homes' day-to-day operations, administrators often mention insufficient staffing.[10] Proposed minimum staffing hours for resident care were defined through bills introduced in the U.S. Senate and House of Representatives in 2019 *(S.2943, H.R.5216)* in order to assure resident safety and well-being and attain or maintain the highest practicable level of physical, mental, and psychosocial well-being of each resident. They include 4.1 total nursing hours per resident day, 0.75 of which should be provided by registered nurses (RNs), 0.54 by licensed practical nurses (LPNs), and 2.81 by CNAs. However, these levels are rarely met across nursing homes.[6,11,12] A recent study by Hawk and colleagues found that only 25% of nursing homes meet the total hours, 31% the RN hours, 84.5% the LPN hours, and 10.7% the CNA hours.[11] Nursing homes unable to meet the proposed minimums have a higher Medicaid census, more beds, for-profit ownership, higher county nursing home competition, and are located in severely deprived neighborhoods and rural

settings.[5,11] Outside of not meeting minimum staffing standards, our team's research found that nursing homes with higher proportions of Black residents and nursing homes located within severely socioeconomically deprived neighborhoods have fewer staff hours.[5] This is typically because Black residents are more likely to have their nursing home care funded with Medicaid, which fails to provide sufficient funds to the nursing home. Furthermore, Black residents are more likely to reside in for-profit nursing homes, which tend to prioritize providing profits to stakeholders, rather than spending on things that would improve resident care (e.g., staffing). Staffing levels in facilities located within severely deprived neighborhoods were 38% lower for physical and occupational therapists, 30% lower for RNs, and 5% lower for CNAs.[5]

Impact of staffing shortages. Staffing shortages have severe consequences for resident safety, quality of care, and job satisfaction.[10,11,13] One academic study completed for Centers for Medicare and Medicaid Services (CMS) in 2001 recommends one CNA should care for no more than eight residents.[14] CNAs have reported being responsible for more than 20 residents simultaneously, creating heavy workloads and unhealthy working conditions.[10] CNAs have further reported feeling frustration and demoralization, distressing and disturbing work environments, and troubling and worrisome quality of care.[15]

Insufficient staffing can result both from facilities being unable to recruit and retain workers and from facilities reducing costs by not scheduling sufficient staff.[10,16] Such challenges center around stigma toward nursing home work, including the type of work, the pay, and the workload.[10] In many cases, nursing home workers receive less pay than peers working in other settings, such as hospitals or ambulatory care—or even in other industries where the work is not as demanding.[10] In rural settings, the population density is lower, and many people move to more urban settings, adding to staffing challenges. Lastly, funding the care of older adults has often been deprioritized in deference to childcare, critical care, and other specialties.

Staffing interventions must address these issues. Indeed, CMS intends to propose a minimum staffing standard by March 2023. After requesting information from the public this past spring pertaining to this endeavor, CMS is beginning a study collecting information and opinions from staff, residents, and families in 75 nursing homes across all 10 CMS regions with a variety of quality star ratings and in disadvantaged areas.[17] Vital for the success of a minimum staffing standard are supplying more funding, considering local workforces in calculations and acuity level of residents, and making waivers available. As it stands, CMS is pushing states to use their Medicaid funding to improve nursing home funding and tie increases to accountability efforts, such as quality measures and higher staff wages, which California, Illinois, and Connecticut have done; however, CMS must do more than encourage state action. A strong commitment is needed to improve the working conditions and environment for all nursing home workers related to education and training, compensation and benefits (e.g., student loan forgiveness, tax credits, affordable housing and child-care assistance), opportunities, empowerment, and treatment through mandates, incentives, and accountability efforts along with temporary support such as strike teams.

Turnover and weekend measures have both been added to Care Compare and are being factored into the quality ratings.[18] This will be a start to nursing homes paying more attention to creating environments in which people want to work, but again accountability needs to be in place. Improved working environments will attract more workers, which will lead to decreased turnover and costs and, subsequently, better care for residents.

Equity

It is important to acknowledge the systemic inequities that have perpetuated disparities among nursing home residents for far too long and their multifaceted nature.[2,3] During the pandemic, nursing homes with any Black residents experienced significantly more COVID-19 infections and deaths than nursing homes with no Black residents.[19] Specifically, our research team found that there were 13.6 percentage points more infections and 3.5 percentage points more deaths in nursing homes with 50% Black residents than in nursing homes with no Black residents.[19] Beyond the pandemic, when compared to their White counterparts, Black and Latino residents are likelier to experience pressure ulcers, falls, and undertreatment for pain, likelier to be ordered antipsychotic medications and restraints, and less likely to receive preventive care such as influenza and pneumococcal vaccinations and advanced care planning.[2,3,20-24] Residents who identify as LGBTQ+ and/or are living with dementia often do not receive the care that they need because of limited staff knowledge and training on how to care for these groups.[25,26] Failure to hire a workforce that is culturally congruent to the residents served in nursing homes results in inequitable care experiences when residents' cultural and linguistic preferences are not honored.

To that end, there is a need to ensure that all older adults are treated equitably and receive good quality care regardless of their race, ethnicity, geographic location, socioeconomic status, diagnosis, culture, level of disability, or sexual orientation. Several recommendations in the National Academies report speak to this overarching goal.[27]

- The first is to identify care preferences and implement and monitor corresponding comprehensive care plans. This ensures that the goals, values, and preferences for care are solicited from all older adults and honored to enhance the care experiences of older adults across groups. The U.S. Department of Health's grant program, the IMPROVE Nursing Home Act, will award grants to nursing facilities to convert traditional nursing homes to small house facilities.[28] It will also require nursing homes to demonstrate person-centered care (i.e., soliciting and honoring care preferences). However, this requirement should not only be tied to these grants.
- The second is to ensure that nursing homes are accountable for the total cost of care and poor care delivery through alternative payment models. Setting up processes to incentivize good quality care and thoughtfully responding to care that results in disparate outcomes is essential.
- Require staff participation in ongoing diversity, equity, and inclusion training that includes cultural sensitivity and humility with respect to institutional factors, such as biases (e.g., hiring, pay, and promotion practices), cultural factors (e.g., discrimination and microaggressions), and interpersonal factors (e.g., racial biases). Racism, discrimination, and disrespect are all too salient in the nursing home setting.
- The fourth is to prioritize models that reduce disparities and strengthen connections to communities and broader health care systems. Attributes of place, such as resources, services, and providers, are important for equitable care and health outcomes that are not readily available to communities that are socioeconomically deprived and where nursing homes have greater proportions of Black residents.[5,19] Understanding what has already been developed that can be replicated and the importance of community involvement in supporting the care of the residents are vital. Relationships with health care systems were shown to be

beneficial during the pandemic, for example, when nursing homes with a limited supply of personal protection equipment were able to acquire these resources from health care systems.

- Finally, to develop a health equity strategy for nursing homes that includes defining, measuring, evaluating, and intervening in disparities in nursing home care. This is important for being able to see the fruit of our efforts and to understand what additional work needs to be done and where. This was another effort for which CMS solicited information.

Lastly, I want to emphasize the importance of putting policies, data, and experience together to truly appreciate the consequences of decreased oversight, limited accountability, and decreased support. During the pandemic, CMS waived certain routine inspection requirements outside of infection control and immediate jeopardy situations.[29] Thus, citations for deficiencies, such as odor and care planning, were ignored. Visiting nursing homes, my nose would sting from the pungent smells of urine and feces. Sheets were heavily soiled, and residents were severely unkempt. Pleas among residents for simple requests, such as going outside to feel the sun on their faces, were constant, yet unaddressed. Indeed, reports of residents going entire shifts without being toileted or even seen were salient.[10,17] These issues were more common in for-profit nursing homes as opposed to not-for-profit nursing homes. While such citations may seem unimportant, they lead to poor quality of care such as falls, pressure ulcers, infections, unplanned weight loss, depression and rejections of care along with avoidable hospitalizations and mortality.[30] We must consider the lives that were lost for these reasons and approach such waivers more meaningfully in the future, similar to the priorities given to airlines for operating a safe flight.

In conclusion, I urge the subcommittee to recognize that older adults do not want to stop living, although they might need help living. Only then will we be able to make the meaningful change necessary to improve nursing home care for our staff, residents, and families.

References

1. National Academies of Sciences Engineering and Medicine. Communities in action: Pathways to health equity. 2017.
2. Shippee TP, Fabius CD, Fashaw-Walters S, et al. Evidence for action: addressing systemic racism across long-term services and supports. *Journal of the American Medical Directors Association*. 2022;23(2):214-219.
3. Sloane PD, Yearby R, Konetzka RT, Li Y, Espinoza R, Zimmerman S. Addressing systemic racism in nursing homes: a time for action. *Journal of the American Medical Directors Association*. 2021;22(4):886-892.
4. Mitchell SL, Bloom S, Gifford D, Grabowski D, Travers J. Long-Term Care in the United States—Problems and Solutions. *New England Journal of Medicine*. 2022:e54.
5. Falvey JR, Hade EM, Friedman S, et al. Severe neighborhood deprivation and nursing home staffing in the United States. *Journal of the American Geriatrics Society*. 2022;
6. Travers JL, Caceres BA, Vlahov D, et al. Federal requirements for nursing homes to include certified nursing assistants in resident care planning and interdisciplinary teams: A policy analysis. *Nursing outlook*. 2021;69(4):617-625.
7. Travers JL, Teitelman AM, Jenkins KA, Castle NG. Exploring social-based discrimination among nursing home certified nursing assistants. *Nursing inquiry*. 2020;27(1):e12315.
8. Xu H, Intrator O, Bowblis JR. Shortages of staff in nursing homes during the COVID-19 pandemic: what are the driving factors? *Journal of the American Medical Directors Association*. 2020;21(10):1371-1377.
9. Travers JL, Castle, N., Weaver, S.H., Wu, B., Perera, G.U., Wu, B., Dick, A.W., Stone, P.,. Environmental and Structural Factors Driving Poor Quality of Care in the Most Vulnerable Nursing Homes before COVID-19. . *Journal of American Geriatrics Society (under review)*. 2022
10. Fraser J. 'Permanent shock' to nursing homes? Facilities fail to replace workers who quit after COVID outbreaks. *USA Today*. August 4, 2022. https://www.usatoday.com/story/news/investigations/2022/08/04/nursing-home-jobs-workers-quit-pay-covid-outbreaks/10219487002/
11. Hawk T, White EM, Bishnoi C, Schwartz LB, Baier RR, Gifford DR. Facility characteristics and costs associated with meeting proposed minimum staffing levels in skilled nursing facilities. *Journal of the American Geriatrics Society*. 2022;70(4):1198-1207.
12. Harrington C, Dellefield ME, Halifax E, Fleming ML, Bakerjian D. Appropriate nurse staffing levels for US nursing homes. *Health services insights*. 2020;13:1178632920934785.
13. Yang BK, Carter MW, Nelson HW. Trends in COVID-19 cases, deaths, and staffing shortages in US nursing homes by rural and urban status. *Geriatric Nursing*. 2021;42(6):1356-1361.
14. White A, Walker A, Feuerberg M. Chapter 7.0 Data sources of nursing home nurse staffing analysis, OSCAR: Reliability and validity. 2001.
15. Graham M. *Perceptions of Nursing Assistants on Safety, Quality, and Job Satisfaction: A Qualitative Exploratory Case Study*. University of Phoenix; 2021.
16. Brannon SD, Kemper P, Heier-Leitzell B, Stott A. Reinventing management practices in long-term care: how cultural evolution can affect workforce recruitment and retention. *Generations*. 2010;34(4):68-74.

17. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services Staffing Study to Inform Minimum Staffing Requirements for Nursing Homes. Updated August 22, 2022. Accessed September 20, 2022. https://www.cms.gov/blog/centers-medicare-medicaid-services-staffing-study-inform-minimum-staffing-requirements-nursing-homes
18. Centers for Medicare and Medicaid Services. Nursing Home Staff Turnover and Weekend Staffing Levels. Accessed September 20, 2022. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-staff-turnover-and-weekend-staffing-levels
19. Travers JL, Agarwal M, Estrada LV, et al. Assessment of coronavirus disease 2019 infection and mortality rates among nursing homes with different proportions of Black residents. *Journal of the American Medical Directors Association*. 2021;22(4):893-898. e2.
20. Cassie KM, Cassie W. Racial disparities in the use of physical restraints in US nursing homes. *Health & social work*. 2013;38(4):207-213.
21. Morrison R, Jesdale B, Dube C, et al. Racial/ethnic differences in staff-assessed pain behaviors among newly admitted nursing home residents. *Journal of Pain and Symptom Management*. 2021;61(3):438-448. e3.
22. Travers JL, Schroeder KL, Blaylock TE, Stone PW. Racial/ethnic disparities in influenza and pneumococcal vaccinations among nursing home residents: A systematic review. *The Gerontologist*. 2018;58(4):e205-e217.
23. Lopez RP, Hendricksen M, McCarthy EP, et al. Association of Nursing Home Organizational Culture and Staff Perspectives With Variability in Advanced Dementia Care: The ADVANCE Study. *JAMA internal medicine*. 2022;
24. Caceres BA, Travers J, Primiano JE, Luscombe RE, Dorsen C. Provider and LGBT individuals' perspectives on LGBT issues in long-term care: A systematic review. *The Gerontologist*. 2020;60(3):e169-e183.
25. Beeber AS, Zimmerman S, Fletcher S, Mitchell CM, Gould E. Challenges and strategies for implementing and evaluating dementia care staff training in long-term care settings. *Alzheimer's Care Today*. 2010;11(1):17-39.
26. Sengupta M, Decker SL, Harris-Kojetin L, Jones A. Racial differences in dementia care among nursing home residents. *Journal of aging and health*. 2012;24(4):711-731.
27. National Academies of Sciences Engineering and Medicine. The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. 2022.
28. H.R.8677 - IMPROVE Nursing Homes Act, 117th Congress, Rep. Schakowsky, Janice D sess (2022). August 5, 2022. https://www.congress.gov/bill/117th-congress/house-bill/8677/text
29. Centers for Medicare & Medicaid Services. CMS Announces Resumption of Routine Inspections of All Provider and Suppliers, Issues Updated Enforcement Guidance to States, and Posts Toolkit to Assist Nursing Homes. Updated August 17, 2020. Accessed September 20, 2022. https://www.cms.gov/newsroom/press-releases/cms-announces-resumption-routine-inspections-all-provider-and-suppliers-issues-updated-enforcement
30. Levere M, Rowan P, Wysocki A. The adverse effects of the COVID-19 pandemic on nursing home resident well-being. *Journal of the American Medical Directors Association*. 2021;22(5):948-954. e2.