

Identifying Health Disparities in Nursing Home End-of-Life Care

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BACKGROUND

- Nursing homes (NHs) are important end-of-life care settings
- End-of-life care is often suboptimal in NHs
- There has been an increase proportion of racial/ethnic minority older adults living in NHs
- NH segregation is well-documented
- Less is known about racial/ethnic health disparities in NH end-of-life care

RESEARCH OBJECTIVE

- To systematically review the literature on health disparities in NH palliative and end-of-life care for racial/ethnic minority residents

METHODS

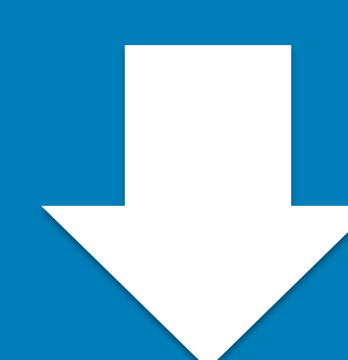
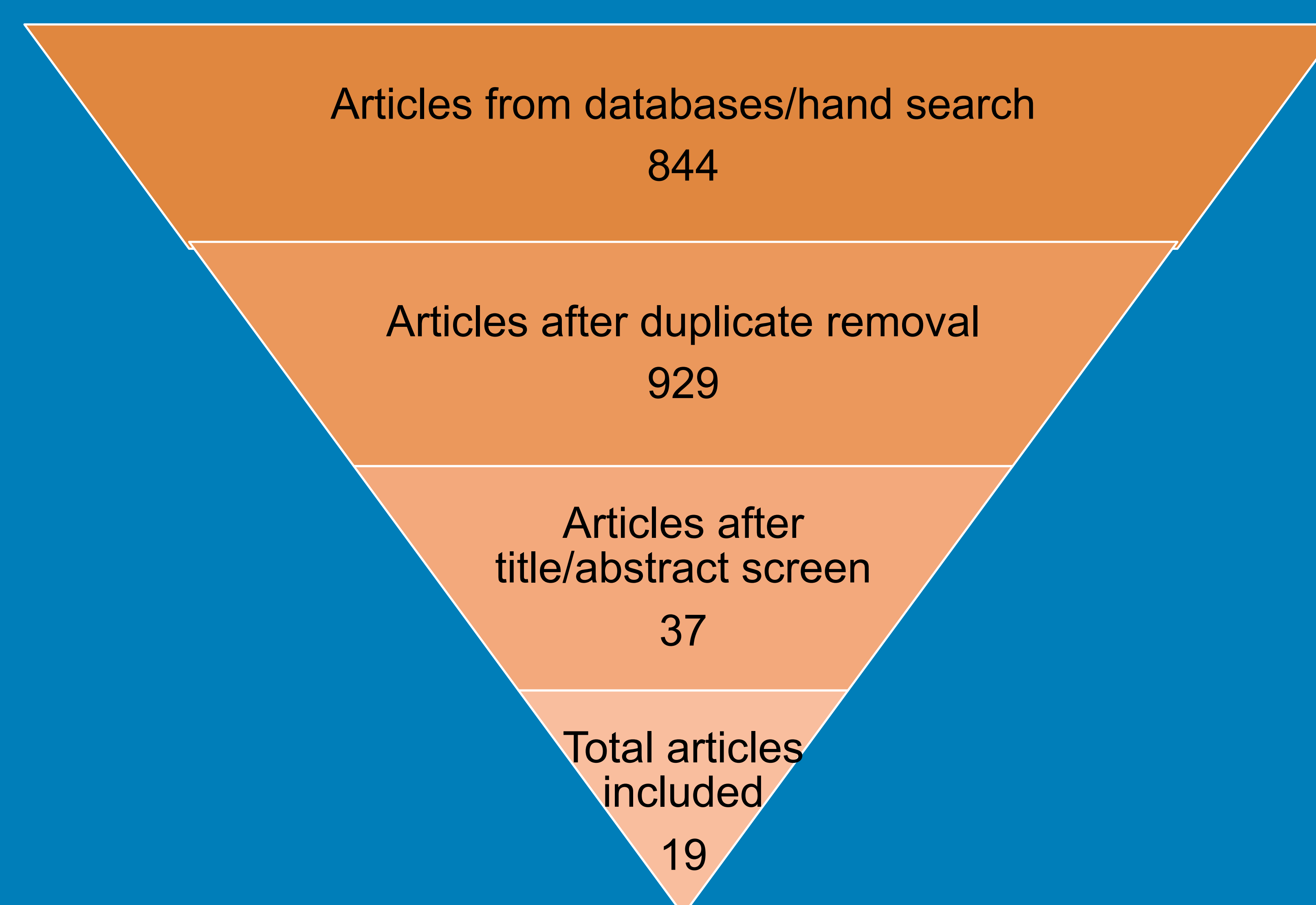
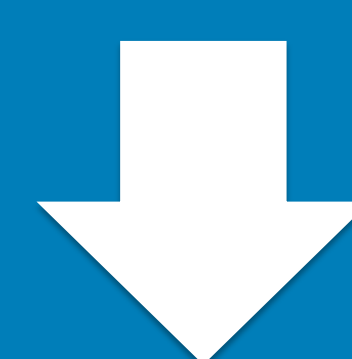
- Article search, selection, and appraisal conducted by 2 reviewers
- Protocol registered with Prospero on July 5, 2020

Inclusion	Exclusion
<ul style="list-style-type: none"> • Observational study • NH setting and sample • Examined end-of-life care • Reported results by racial/ethnic demographics 	<ul style="list-style-type: none"> • Published before 2010 • Non-US settings • Published in non-English language • Not full-text

- Quality appraisal tool: Newcastle-Ottawa
- Quality ratings determined from AHRQ reporting standards
- Results synthesized by Andersen's Behavioral Model for Vulnerable Populations and identifying outcome themes

RESULTS

Articles Identified from Database Search		
PubMed 151	CINAHL 197	Embase 826



Quality Rating	Number of Studies
Good	16
Poor	3

Outcome Themes	Number of Studies
Advance Care Planning	10
Hospice	8
End-of-Life Hospitalizations	6
Pain and Symptom Management	2

Racial/ethnic Groups Represented	Number of Studies
Black	15
Hispanic	9
Asian	6
American Indian	4
Asian/Pacific Islander	3
Alaska Native	2

RESULTS

- White NH residents more likely to complete advance directives
- Black and Hispanic NH residents less likely to convert to do-not-resuscitate status (42% and 28% respectively)
- Race was a strong predictor of decreased odds of hospice use within the same facility (OR=85, 95% CI: 0.78-0.94)
- Black and Latino NH residents more likely to experience an end-of-life hospitalization (RR=1.24, 95% CI: 1.22-1.26)
- Black NH residents reported higher end-of-life pain
- Statin use was higher for racial/ethnic minorities compared to White residents 75+ years old
- Residents in NHs with higher proportions of racial/ethnic minorities experienced worse end-of-life outcomes

CONCLUSION

- End-of-life care is suboptimal in NHs and NH health disparities otherwise are pervasive
- No studies explicitly examined palliative care delivery at the end of life
- There is a need to examine health disparities in NH palliative care services given the potential that palliative care has improving end-of-life care