Introduction
Illinois is at a turning point, over 4 million older adults are 50 years of age or older—comprising more than 34 percent of the state population. While the total state population is shrinking, the aging population continues to grow and diversify. Of Illinoisans above the age of 50, more than a quarter are African American and Black (AA/B), Hispanic or Latino (H/L), or Asian American or Pacific Islander (AAPI). In Cook County and Chicago, almost one-half to two-thirds, respectively, of older adults are people of color.

AARP Illinois has commissioned a series of research projects with Loyola University Chicago Center for Urban Research and Learning (CURL) to better understand the experiences and needs of AA/B, H/L, and AAPI older adults in Illinois and to advocate for the public policy legislation in response to the growing needs and challenges of these communities.

The Research
This report specifically focuses on how disparities in Skilled Nursing Facilities (SNF) in Illinois look by using the following: (1) a review of national research, literature and reports, focusing on research on or including Illinois facilities; (2) Illinois Department of Public Health (IDPH) 2019 Long-Term Care (LTC) Data; (3) AARP Nursing Home COVID-19 Dashboard data for Illinois.

Findings
Due to relatively small number of Hispanics/Latinos and Asian Americans Pacific Islanders and their relatively even distribution among the nursing home, most of the racial/ethnic difference that we can ascertain between facilities are those driven by the composition of either White or African American/Black demographics.

Quality of Care

- In one study, African American/Black residents in high-proportion white nursing homes reported lower quality of life (QoL) measures than their white counterparts.1
- In another, white residents in high-proportion white facilities reported higher QoL than both white and non-white residents in low-proportion white facilities.2

Composition of Nursing Staff

- Looking at the multi-level long-term care facility data maintained by the Illinois Department of Public Health, high-proportion white nursing facilities have higher Registered Nurse (RN) staffing than high-proportion non-white facilities.3

Overcrowding

According to Illinois Department of Healthcare and Family Services report:5
- High proportion AA/B facilities are 4 times higher to have 3 or more beds per room compared to high proportion white facilities in Illinois

Covid-19 Staff Vaccination

- High majority AA/B Chicago communities saw COVID spread rates 5.2 times faster than high majority white communities.4
- Approximately 30% of high-proportion AA/B facilities in the state have met the 75% staff vaccination benchmark—comparably lower than high-proportion white facilities with 37% of staff vaccinated
- Approximately 18% of high-proportion non-white facilities in Chicago have over 75% of staff vaccinated—astoundingly lower than 80% high-proportion white facilities with over 75% of staff vaccinated.

Funding

- While a 25% of net revenue from high-proportion white facilities in the state was sourced by private payment, only 9% of revenue of high-proportion non-white facilities was funded through these means.
- While 34% of net revenue of high-proportion white facilities in Chicago was sourced by private payment, only 2% of revenue of high-proportion non-white facilities was funded through these means.

Discussion
Mapping these disparities leads to a description of a bifurcated system. On one hand, there are facilities serving primarily older White residents with little over-crowding, indications of stronger staffing, more staff vaccinated against COVID-19, and more sources of revenue. On the other hand, there are facilities serving primarily a slightly younger mix of African American/Black residents, with significantly overcrowded rooms, indication of weaker staffing, reliance primarily on Medicaid funding and low staff Covid-19 vaccination rates.

Areas for Further Research
The different resident age concentrations in SNF. The IDPH 2019 LTC data used in the analysis of this report shows two age concentrations of SNF residents: (1) concentration within the age range of 45-64 and (2) another concentration within the age range of 85 and over. These two peaks in the older adult population beg further research into areas of mental health, access to home care, and disability and how (if) that reflects disparities between white older adults and older adults of color in nursing homes.

Cultural and language barrier. Impact of immigration status, cultural, and/or language barriers may also be areas of future research and may help give insight into disparities in health outcomes in SNF and long-term care settings.

Timing of Moves. Cultural factors may also play a role in aging-in-place preferences and delayed admissions rates. Additional disparities to potentially explore are disparities with respect to selection of long-term care facilities by facility type.

References
3. Illinois Department of Public Health. 2019 Long-Term Care Data. https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx