

# RACIAL/ETHNIC DISPARITIES IN HOME AND COMMUNITY BASED SERVICES: LITERATURE REVIEW

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## INTRODUCTION

### Home and community based services (HCBS) are a form of long-term care provided in a non-institutional setting

and include such services as nurse home-visits, transportation services, home maker services, and in-home physical therapy. HCBS are most frequently paid for via Medicaid waivers. Following the Olmstead Decision of 1999, there has been increasing funding for long-term care services in the community instead of institutional settings.

## PROJECT

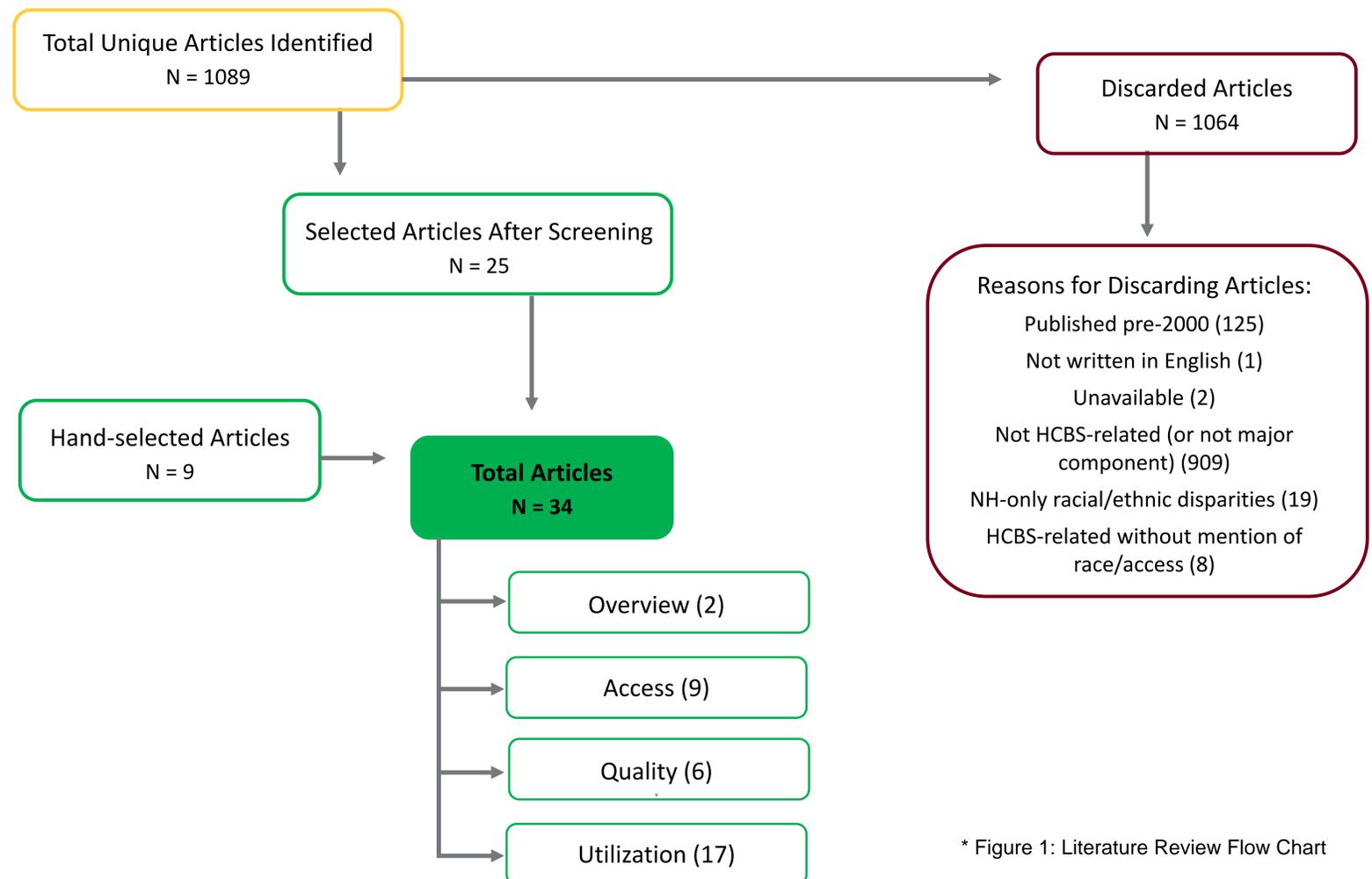
The purpose of this study is to provide a review of the literature on racial/ethnic differences in access to and use of HCBS. This study aims to develop recommendations for the Minnesota Department of Human Services of opportunities to better shape HCBS waiver programs and address racial/ethnic disparities. This review will also serve as a guidepost for future research on racial/ethnic disparities in HCBS access and service use.

## METHODOLOGY

The literature search was conducted via OVID Medline and CINAHL databases. Search terms used were grouped into five categories: home and community based services, racial/ethnic disparities, healthcare access, Medicaid waiver, and health outcomes. The search resulted in 25 relevant articles, and nine additional articles were hand-selected for inclusion by the authors. The combined 34 articles were divided into four categories as designated in Figure 1.

## RESULTS

- Two articles were literature reviews, 15 articles used national data, 6 studies used data specific to only one state, 4 articles included data from two or more states, and 7 studies focused on either city, regional, or organization-specific data.
- Some studies included individuals as young as 3 years old; most focused on older adults.
- Many studies found unmet needs/access for racial/ethnic minority groups in comparison to White individuals with disparities found across all ages.
- Racial/ethnic minority groups also received fewer relevant HCBS services than their White counterparts.
- Knowledge of services available and understanding of the process to apply for services were common challenges for racial/ethnic minority groups in accessing programs.
- Not all cases of lower utilization seemed to result in poorer outcomes (e.g. lower utilization of rehabilitation services did not show racial disparities in outcomes).



\* Figure 1: Literature Review Flow Chart

## RESULTS CONT.

- Dual eligibility, Black race, and residing in a lower income neighborhood were correlated with lower quality of HCBS outcomes.
- A few articles did not find racial disparities in access to HCBS.
- Quality of services received by users from racial/ethnic minority groups is often lower than that received by White individuals.

## CONCLUSIONS

The body of peer-reviewed research on racial/ethnic disparities in access to HCBS is small.

- There is much opportunity for improvement in access to and quality of HCBS services for users from racial/ethnic minority groups.
- More research is needed to better understand barriers to HCBS access for racial/ethnic minorities and to guide future policy to better address these disparities.

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