

# **COMPARING THE CHARACTERISTICS OF DETROIT AND STATEWIDE NURSING FACILITY USERS 2008 DATA**

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## Comparing the Characteristics of Detroit and Statewide Nursing Facility Users: Summary

In certain respects, the characteristics of persons who use Detroit nursing facilities are similar to those of persons in nursing homes elsewhere across the state. For example, both Detroit and statewide prevalence of certain diseases among newly admitted patients, like congestive heart failure (26.1% for Detroit vs. 26.4% for the state), multiple sclerosis (0.9% vs. 0.8%), and cancer (11.8% vs. 10.0%), is similar. Also similar is the prevalence of patients who resist care (9.2% vs. 9.3%) or experience some difficulty in communicating (2.8%).

When looking at the long-stay population, i.e., individuals who have resided in a facility for at least one year, the same percentage of the Detroit and the statewide long-stay population has experienced recent weight change (5.5%), has traumatic brain injury (0.9%), and uses a ventilator or respirator (0.4%); a similar percent experiences emphysema (21.2% vs. 22.2%).

However, there are also a number of important differences in the two long-stay populations. Demographically speaking, long-stay residents in Detroit are more likely to be male (39.4% in Detroit vs. 25.5% statewide), younger (median age in Detroit is 75.2 years compared to 81.9 years statewide) and more likely to be African-American (80.3% in Detroit vs. 14.7% statewide). Furthermore, long-stay residents in Detroit facilities are much more likely to be under the legal care of a guardian (46.9% vs. 21.6%) and far less likely to have a durable power of attorney for either their health care (3.9% vs. 42.5%) or their finances (2.7% vs. 29.1%).

Certain health conditions are more prevalent in Detroit nursing facilities. For example, long-stay residents in Detroit facilities are more likely to be survivors of stroke (34.9% vs. 22.4%), have non-Alzheimer's dementia (57.3% vs. 49.4%) and have HIV (0.8% vs. 0.1%). Conversely, long-stay residents in Detroit facilities have a lower prevalence of a number of health conditions common among older people, including Alzheimer's disease (10.3% vs. 22.5%), osteoporosis (11.1% vs. 26.6%) and arthritis (28.5% vs. 45.7%).

Both newly-admitted individuals as well as long-stay residents in Detroit facilities also appear to be less depressed than the statewide population, as indicated on various measures of depressed mood (feelings of sadness or being depressed, persistent anger, repetitive complaints, worried facial expression and recurrent crying) and the interRAI Depression Rating Scale. Challenging behavior (including verbal abuse, wandering, resisting care) is no more prevalent among Detroit residents than in the statewide population. Detroit long-stayers are less likely to have "Severe Impairment" (4.2% vs. 10.4%) on the Cognitive Performance Scale, though the percent of residents with "Very Severe Impairment" is similar for both Detroit and statewide residents (7.7% vs. 8.7%). Pain is more prevalent statewide at every level of the interRAI Pain Scale; residents in Detroit are more likely to report "No Pain" (74.1% vs. 67.2%).

The average acuity among long-stayers is similar in Detroit and statewide, as measured by the RUG-III case mix index (0.78 vs. 0.79). Detroit also has more long-stayers who

are in the “least impaired” (reduced physical function A) case mix group. These individuals do not meet the state’s nursing facility level of care threshold, apart from their duration of stay. They could likely be transitioned to community settings if housing and supports were available.

In conclusion, like the statewide population of nursing facility users, there is much diversity among residents in Detroit. When closely examining the populations in individual facilities, this diversity is further magnified. Approaches to address quality of life or quality of care issues must account for this diversity; one size fits all solutions across all Detroit facilities are not likely to be successful, nor are strategies that fail to account for the age, racial, mental health, and health status mix among the residents in a given facility.