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State *Of the* State Survey

*Michigan's Sore Thumb:
Regional Variations in Public
Perceptions of Nursing
Home Reform*

*by Maureen A. Mickus
Andrew J. Hogan*

Briefing Paper No. 2000-46

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Michigan's Sore Thumb: Regional Variations in Public Perceptions toward Nursing Home Reform

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BACKGROUND

Efforts to improve care in Michigan's 450 nursing homes have met with heated controversy. Advocates claim that care for nursing home residents—among our most frail and vulnerable citizens—is far less than adequate. They cite a recent report* by the U.S. General Accounting Office (GAO), the investigative arm of Congress, which concluded that one-fourth of this nation's nursing homes have serious deficiencies that place residents at high risk of severe injury or death. The report also concluded that efforts by state governments—including Michigan's—designed to protect nursing home residents and correct deficiencies within facilities are ineffective.

Nursing home providers, on the other hand, claim that family members of nursing home residents attest to high levels of satisfaction with care. Furthermore, they contend that funds needed to improve care are lacking due to the 1997 Balanced Budget Act (BBA), which resulted in serious financial setbacks for nursing homes.

This briefing paper summarizes the public voice in this controversy by reporting on Michiganders' sentiments regarding nursing home quality, willingness to implement reform, and regional differences in these views. It also describes shifts in statewide perceptions during the past two years.

*[GAO/HEHS-99-46. Full report available online at <http://www.gao.gov/reports.htm>]

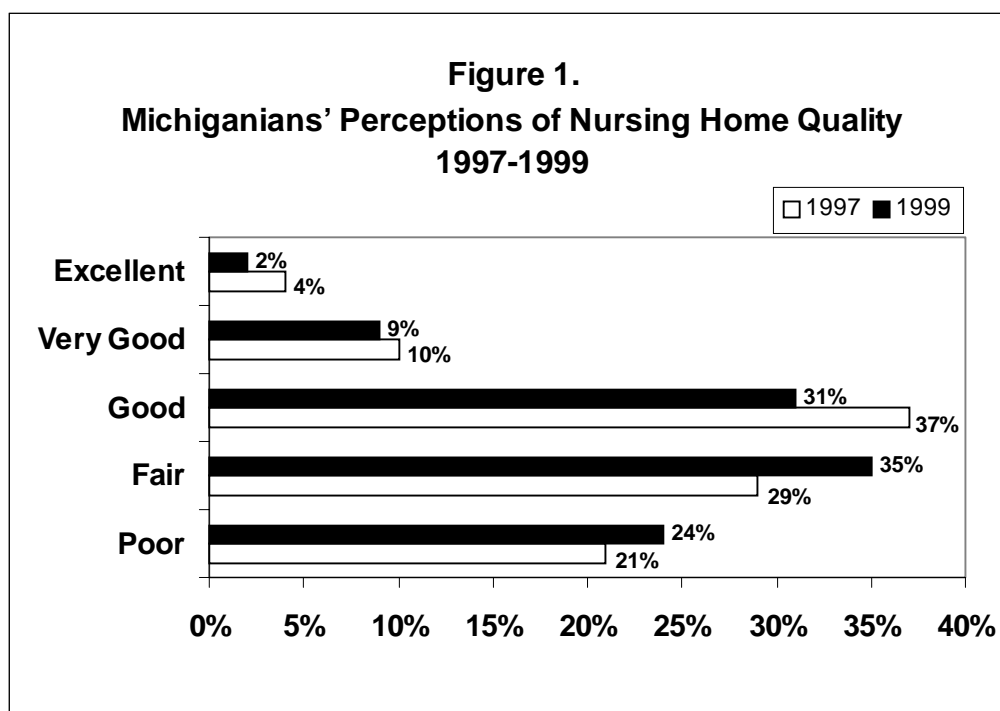
THE SURVEY

This report is based on the 18th State of the State (SOSS) telephone survey conducted by Michigan State University's Institute for Public Policy and Social Research between July and October 1999, which focused on health policy issues. This survey involved a total of 1408 Michigan adults with an oversampling of 458 respondents age 50 and older. All of the findings contained in this report are based on the entire sample except for those involving regional comparisons. Regional variations were analyzed using only the core sample of 950. The overall analysis presented here provides comparison to an earlier 1997 SOSS, which included 971 respondents and was summarized in the briefing paper, "Michigan Nursing Homes: Are We Paying the Price for Not Paying the Price?" by Maureen A. Mickus and Andrew J. Hogan (MSU SOSS Briefing Paper No. 98-39). The overall sampling error is 3.2%. All of the statistical relationships in this report fall beyond the range of sampling error.

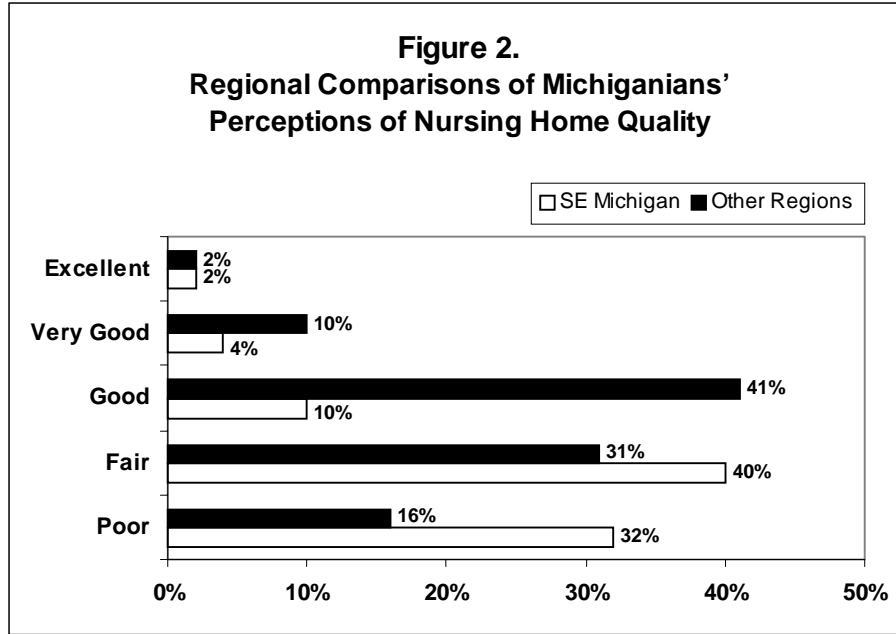
The sample was designed to provide representative information for residents from major regions of the state: Southeast Michigan, Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See "Regional Categories" at the back of this report for a list of the counties included in each region.) The data reported here are weighted to be representative of Michigan's adult population who have telephones.

KEY FINDINGS

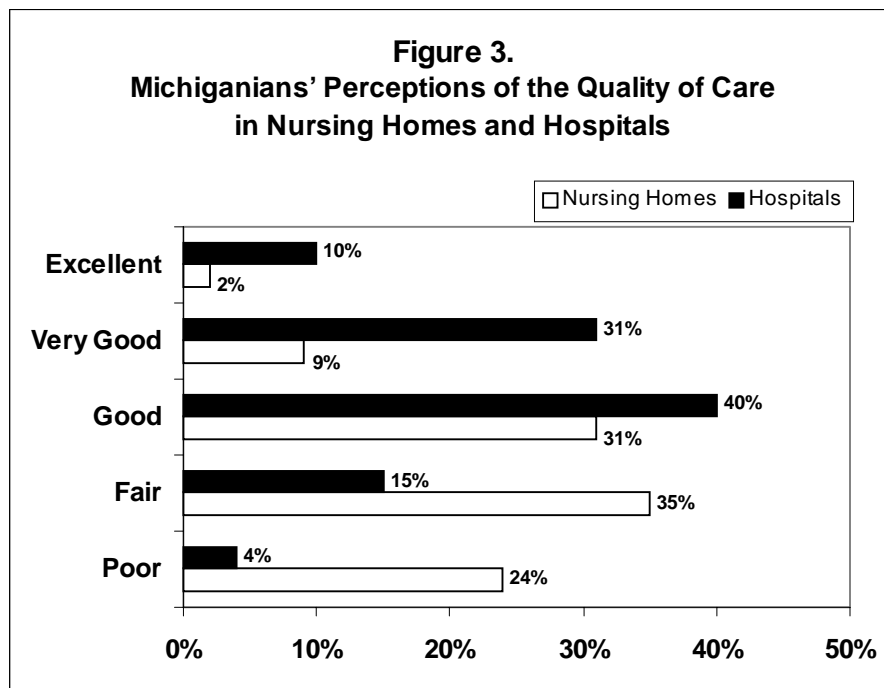
- **Public perceptions regarding nursing home quality have become consistently more negative since 1997.** As seen in Figure 1, the percentage of Michigan citizens who believe that nursing home quality was “excellent,” “very good,” or “good,” decreased while the proportion of those who believe quality was “fair” or “poor” increased during this two-year period. The most change was seen in the “good” category, with a drop from 37% to 31%, and in the “fair” category, which increased from 29% to 35%. These ratings were not dependent on whether or not the respondents had had long-term care experience (home care or nursing home) for either themselves or for a family member. Results did differ, however, by gender and age. Females are significantly more dissatisfied than males, with 65% rating nursing homes “poor” or “fair” compared to only 50% of the males surveyed. Additionally, persons under age 65 are much more likely to rate nursing home quality “fair” or “poor” (63%) compared to individuals 65 years and older (45%).



- **Persons living in southeastern Michigan are significantly more dissatisfied with the quality of nursing home care than are individuals from other parts of the state.** Almost one-third (32%) of persons from the southeast Michigan area rate nursing homes “poor,” the lowest possible rating, compared to 16% of residents in all other regions (Figure 2, page 3). A “good” rating by 23% of southeastern residents is far surpassed by 41% from other regions. There are no substantive differences in the most favorable categories of “excellent” and “very good” among regions.



- Quality ratings for Michigan nursing homes are significantly below ratings for hospitals (Figure 3).** More than three times as many respondents rate nursing home quality “fair” or “poor” (58%) compared with similar ratings for hospitals (18%). Conversely, hospitals are four times more likely to receive “excellent” or “very good” ratings (42%) compared to nursing homes (11%).



- **Satisfaction with the State of Michigan’s role in ensuring good quality care in nursing homes has markedly improved since 1997, although residents from southeastern Michigan hold the least favorable views.** In 1997, 45% of respondents rated state government “very effective” or “somewhat effective” versus 55% in 1999. Only one-half of individuals from southeastern Michigan (50%) perceive the state as either “very effective” or “somewhat effective,” compared to 65% from other regions. Reflecting quality rating views, females appear less satisfied with the state’s effectiveness than do males. Only half of the female respondents view the state positively (49%), compared to 63% of the males surveyed.
- **Only a minority of citizens (23%) are aware of the recent report by the U.S. General Accounting Office (GAO) investigation regarding state nursing home inspections. Moreover, many of these individuals are misinformed about the actual conclusions of this investigation.** Among persons who recollect the report, only about half (45%) understand that it identified serious problems with state inspections. More than one-third (36%) incorrectly believe the report concludes that state inspections are either “very effective” or “somewhat effective.” One-fifth of those aware of the report could not recall or were confused about the GAO findings.

While persons from southeastern Michigan are more likely than those from other regions to have heard about the report (23% vs 17%), they are no more likely to understand its implications. Individuals having prior nursing home experience either for themselves or for a family member are the most likely (30%) to have heard about the report, but they are also significantly more likely to have *misunderstood* its conclusions. Fifty-one percent of those with nursing home experience who read the report believe it suggests that state inspections are effective.

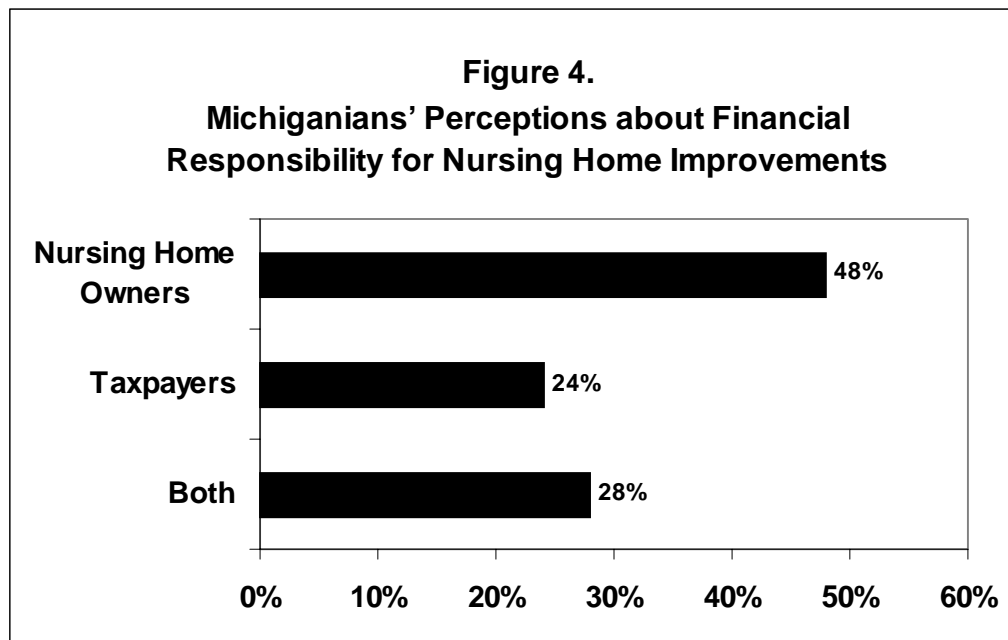
General perceptions regarding nursing home quality are strongly associated with how respondents viewed the GAO report. Responses that provide positive nursing home quality ratings correlate with a poor understanding of the report’s conclusions. Those who gave nursing home quality negative ratings more likely had a clear understanding of the GAO report finding that state inspections are ineffective.

Directions for Reform

- **Public support is evenly split between the various approaches for increasing nursing home quality.** One-fifth of Michigan citizens (21%) thought the best way to improve quality was to increase the number of state inspectors, followed closely by adding more nursing home staff (19%) and increasing staff wages (18%). The most common response was that all three approaches would be effective (28%). Only 1% of the sample stated that none of the three choices was useful.
- **Willingness among the general public to pay for improved quality by reducing staff turnover is also evenly split and has remained constant during the past two years.** The proportion of individuals willing to pay increased sales tax for purposes of reducing staff turnover increased slightly from 49% in 1997 to 52% in 1999.

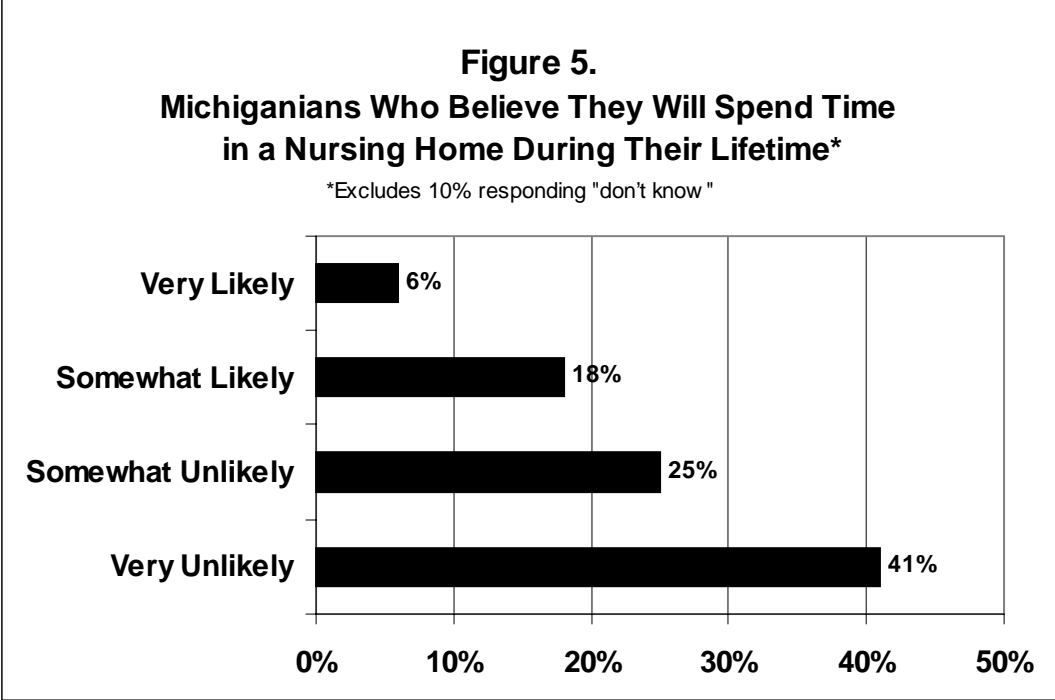
Fewer individuals were uncertain in 1999 (10% vs. 14%), but the percentage opposing increased sales taxes was unchanged (38% vs. 37%). As reflected in 1997 findings, the manner in which this question was asked shaped current responses. Respondents were more likely to endorse this expenditure in terms of a 1/3-cent sales tax (57%) or \$33 per household member (58%) than in terms of \$329 million dollars annually (38%), although all three options represent equivalent amounts.

- Michigan taxpayers are not willing to shoulder the entire cost of nursing home reform.** Nearly half of the sample (48%) believes that nursing home owners should be responsible for financing improvements in patient care. One-quarter of respondents (24%) indicated that the public should bear this cost, while nearly the same proportion (28%) sees the public and nursing home owners jointly responsible (Figure 4), findings which did not vary by region. Four-fifths (79%) of all citizens, however, are willing to use funds from the settlement between the tobacco companies and the state to improve care.



- There is widespread support for a state bill that would allow a nursing home resident the right to withhold payment for care if a nursing home fails to meet public standards.** The vast majority of Michigan adults (82%) believe that withholding payment for care—funds would be held in an escrow account—would be either “very effective” (34%) or “somewhat” effective (48%) in improving the quality of care for long-term care residents.

- **The majority of Michigan residents do not envision themselves ever spending any time in a nursing home (Figure 5).** Overall, only one-quarter of Michigan adults rate their chances of residing in a nursing home at some point in their lives as “very likely” (6%) or “somewhat unlikely” (18%). These findings contrast somewhat with the estimated 40% lifetime risk of spending time in a nursing home.



CONCLUSIONS

Michiganians' perceptions of nursing home quality, especially when compared to hospital care, still reflect ongoing public concern. Much of the dissatisfaction appears to emanate from the southeastern portion or "thumb" area of the state. This view may have been influenced by a number of criminal and civil indictments against nursing home providers and by some nursing home closings in the greater Detroit area over the past few years.

Women under 65 living in southeastern Michigan have the least favorable views of nursing home quality. Given our understanding of the typical family caregiver, we speculate that this survey group probably represents adult daughters concerned about the care their aging parents receive or may receive in the future. While approximately one-quarter (28%) of the sample had had some experience with nursing homes within the past 10 years, this did not seem to have a major impact on their perceptions.

This report also suggests that Michiganians endorse various measures to improve the quality of nursing home care. This willingness is tempered, however, by the manner in which such efforts are financed. While a moderate level of support exists for increasing the state sales tax for this purpose, it is affected by the manner in which the issue is presented. A large number of Michigan citizens expect nursing home owners to pay for—or at least to share—the financing of improvements.

Efforts to improve the quality of nursing home care may need to be coupled with complementary programs to raise public awareness and understanding of nursing home care issues. Results show that few survey respondents had read and understood the GAO report, suggesting that the public remains poorly informed about nursing home issues. Successfully motivating Michiganians to learn more about nursing home issues may be difficult, however, since frailty and disability—the conditions that usually trigger nursing home placement—are difficult issues to grapple with in our society.

SURVEY QUESTIONS

The questions regarding Michigianians' perceptions about the quality of care in nursing homes are listed below, in their entirety, in the order in which they were discussed. Numbers in brackets are the actual question numbers that appear on the survey instrument.

Q. 1. How likely is it that you would reside in a nursing home at some time in your life? Would you say very unlikely, somewhat unlikely, somewhat likely, or very likely? [L2]

Q. 2. Have you or anyone from your family needed nursing home care or home health care within the past ten years? [L3]

Q. 3. Have they needed nursing home care or home health care services? [L3a]

Q. 4. How would you rate the quality of care in Michigan nursing homes? Would you say it is excellent, very good, good, fair, or poor? [L5]

Q. 5. How would you rate the quality of care in Michigan hospitals? Would you say it is excellent, very good, good, fair, or poor? [L5a]

Q. 6. How effective or ineffective is the State of Michigan in ensuring good quality of care in nursing homes? Would you say very effective, somewhat effective, somewhat ineffective, or very ineffective? [L6]

Q. 7. Have you heard anything about the recent report of the U.S. Government Accounting Office on the effectiveness of nursing home inspections in the state of Michigan? [L6a]

Q. 8. Do you remember whether the Government Accounting Office report found Michigan nursing home inspections to be very effective, somewhat effective, somewhat ineffective, or very ineffective? [L6b]

Q. 9. As you may know, Michigan recently received funds from the settlement of the lawsuit between the state and tobacco companies.

Would you be willing to have some of the funds obtained from the settlement of the lawsuit between the state of Michigan and the tobacco companies spent to improve the quality of care in Michigan's nursing homes? [L8c]

Q. 10. In your opinion, which measure would be the best way to improve the quality of nursing home care? [L9a]

- Increase wages and benefits to reduce worker turnover,
- Increase the monitoring and inspections of nursing homes, or
- Increase the number of staff working in nursing homes
- All equally effective
- None would be effective
- Other (specify)
- Do not know

Q. 11. In your opinion, which measure would be the best way to improve the quality of nursing home care? [L9b]

- Increase the number of staff working in nursing homes,
- Increase wages and benefits to reduce worker turnover, or
- Increase the monitoring and inspections of nursing homes
- All equally effective
- None would be effective
- Other (specify)
- Do not know

Q. 12. From which source do you think the additional money needed for nursing home care improvements should come? From Michigan taxpayers or from nursing home owners? [L10]

Q. 13. Recently a state bill was introduced which would allow a nursing home resident to withhold payment for care if a nursing home failed to meet public standards. These funds would be held in an escrow account.

In your opinion, how effective would this effort be in improving care? Would you say very effective, somewhat effective, somewhat ineffective or very ineffective? [L11]

Q. 14. One way to improve the quality of care in Michigan's nursing homes would be [to] reduce the employee turnover rate and thereby increase the number of experienced nursing home workers. This can be done by increasing employee wages and benefits.

Would you be willing to increase the Michigan sales tax by \$329 million dollars if it would reduce the worker turnover rate in nursing homes from 65% to 35%? [L7a]

Q. 15. One way to improve the quality of care in Michigan's nursing homes would be [to] reduce the employee turnover rate and thereby increase the number of experienced nursing home workers. This can be done by increasing employee wages and benefits.

Would you be willing to increase the Michigan sales tax rate by 1/3 of a cent to reduce the worker turnover rate in nursing homes from 65% to 35%? [L7b]

Q. 16. One way to improve the quality of care in Michigan's nursing homes would be [to] reduce the employee turnover rate and thereby increase the number of experienced nursing home workers. This can be done by increasing employee wages and benefits.

Would you be willing to increase the Michigan sales tax your family pays per year by \$36.50 per person to reduce the worker turnover rate in nursing homes from 65% to 35%? [L7c]

REGIONAL CATEGORIES

NOTE: This survey was conducted using regions established by the Michigan State University Extension Service, with one exception: Detroit City is treated as a separate region.

Detroit:	City of Detroit
East Central:	Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola
Northern L.P.:	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford
Southeast:	Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)
Southwest:	Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren
U.P.:	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
West Central:	Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

BACKGROUND INFORMATION

Michigan State University
State of the State Survey
[MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment.

Who Conducts SOSS?

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The Director of SOSS is Dr. Brian D. Silver, Professor of Political Science. The questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The Working Group for the Summer 1999 survey was comprised of:

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