

Race and insurance status associated with death from trauma

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African American and Hispanic patients are more likely to die following trauma than white patients, and uninsured patients have a higher death risk when compared with those who have health insurance, according to a report in the October issue of *Archives of Surgery*, one of the *JAMA/Archives* journals.

Health disparities based on race, income and insurance status have previously been documented in patients with cancer and those undergoing surgery, among other treatments and conditions, according to background information in the article.

Adil H. Haider, M.D., M.P.H., of the Johns Hopkins University School of Medicine, Baltimore, and colleagues reviewed data from the National Trauma Data Bank for 429,751 patients age 18 to 64 years treated at approximately 700 trauma centers nationwide between 2001 and 2005. Of these, 72,249 were African American, 41,770 were Hispanic and 262,878 were white; 47 percent had health insurance.

Overall, death rates were higher among African American (8.2 percent) and Hispanic (9.1 percent) patients than among white patients (5.7 percent). Uninsured patients were also more likely to die than insured patients (8.6 percent vs. 4.4 percent). "Mortality rates were substantially higher for all uninsured patients, almost doubling for African American (4.9 percent to 11.4 percent) and Hispanic patients (6.3 percent to 11.3 percent) compared with white patients (4.2 percent to 7.9 percent)," the authors write. "The absence of health insurance increased a trauma

patient's adjusted odds of death by almost 50 percent."

Patients in minority groups were much more likely to be uninsured than white patients—about one-third of white patients, two-thirds of African American patients and two-thirds of Hispanic patients lacked insurance. Lack of insurance is associated with poorer baseline health status; because pre-existing conditions are known to affect trauma outcomes, this could partially account for the higher death rates in the uninsured, the authors note.

However, insurance status alone could not explain all racial disparities in trauma death rates. "Of the insured patients, both Hispanic and African American patients had significantly higher odds of mortality compared with white patients," the authors note. Other issues that may contribute to racial differences include mistrust, subconscious bias and stereotyping, but further study is needed to explore these possibilities, they continue.

"Understanding insurance and race-dependent differences is a crucial first step toward ameliorating health care disparities," the authors conclude. "The next step will be to comprehend the underlying reasons for these differences, which will enable the development of interventions to close the gap between patients of different races and payer statuses."

Source: JAMA and Archives Journals

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