# Study investigates ethnic disparities in treatment of trauma patients

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The initial evaluation and management of injured patients from minority ethnic groups nationwide appears to be similar to that of non-Hispanic white patients, according to a report in the November issue of Archives of Surgery, one of the JAMA/Archives journals.

"Ethnic disparities in our health care system have been well documented in treatment of several diseases, such as coronary artery disease, congestive heart failure, renal failure, acute appendicitis and organ transplant," according to background information in the article. "These disparities range from limited access to health care to lower use of evidence-based therapies and a lower rate of invasive procedures."

Shahid Shafi, M.D., M.P.H., and Larry M. Gentilello, M.D., of the University of Texas Southwestern Medical School, Dallas, analyzed data obtained from 8,563 trauma patients in a 2003 national survey to determine if there were differences in the initial assessment and management of injuries based on patient ethnicity. Patients were divided into three groups: non-Hispanic white (n=6,106), African American (n=1,406) and Hispanic (n=1,051). Researchers noted patients' age, sex, insurance status, injury and measures of injury severity.

Minority patients were more likely to be younger, less likely to be insured and more likely to have been treated at a public hospital but were similar in sex, method of injury and injury severity when compared with non-Hispanic white patients.

There were no significant differences between non-Hispanic white patients and African American and Hispanic patients in intensity of emergency department assessment, monitoring, treatment or release from the emergency department. There were also no considerable differences by region, hospital ownership or patient insurance status.

"The obvious implication of the lack of ethnic disparities in emergency department management is that other causes of ethnic disparities in functional outcomes of trauma patients should be sought. These may include quality of inpatient care, use of high-cost medications and procedures, access to acute and long-term rehabilitation services and follow-up after discharge from acute care hospitalization," the authors conclude. "It is also entirely possible that the disparities in outcomes have little to do with quality of medical care received."

"Other factors, such as the socioeconomic status, educational level, employment and insurance status, rural vs. urban location, language barriers and cultural and religious beliefs and practices, need to be studied further to understand differences between various ethnic groups."

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