

Race, insurance status cited in uneven death rates among pedestrians hit by cars

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Uninsured minority pedestrians hit by cars are at a significantly higher risk of death than their insured white counterparts, even if the injuries sustained are similar, new research from Johns Hopkins suggests.

The [death](#) rate disparity is compounded by the fact that minority pedestrians are far more likely than white pedestrians to be struck by motor vehicles, according to a study published in the August issue of the journal *Surgery*.

"It's a double whammy," says Adil H. Haider, M.D., M.P.H., an assistant professor of surgery at the Johns Hopkins University School of Medicine and the study's senior author. "Minorities are much more likely to get injured by this mechanism and much more likely to die by this mechanism."

Haider and Rubie Sue Maybury, M.D., M.P.H., reviewed National Trauma Data Bank information on 26,404 patients hit by vehicles between 2002 and 2006. African-American patients had a 22 percent greater risk of death and [Hispanic patients](#) a 33 percent greater risk of death than white patients involved in similar crashes. Meanwhile, the researchers said, [uninsured patients](#) had a 77 percent greater risk of death than those who were insured, even though the care they received was in emergency departments, long believed to be a great equalizer in health care delivery.

The greater [mortality rates](#) from pedestrian trauma in minorities and the

uninsured are not accounted for by greater rates of injury, Haider says.

"Do we treat minorities and the uninsured differently? I don't think so, but we've got to ask the question," says Haider, who is also co-director of the Johns Hopkins Center for Surgical Trials and Outcomes Research. "We don't actually know what is leading to these disparities."

Previous studies have shown that [insurance status](#) and race may increase mortality risk because of treatment delay or differences in services provided. A greater prevalence of, or lack of treatment for, comorbidities, such as obesity, diabetes or hypertension, could be factors that raise the risk of death among injured minority or uninsured crash victims.

Since the underlying causes of the disparities can't be easily answered, Haider says, policy makers need to focus in the short term on better pedestrian injury-prevention programs, particularly in the inner city, where many of these deadly crashes occur. He points to successes in getting people to use seat belts and in getting parents to put their children in safety seats — two innovations that have saved many lives. He concedes, however, that the problem of pedestrian injury may be more complicated.

Provided by Johns Hopkins Medical Institutions

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