

Treatment for minority stroke patients improves at top-ranked hospitals

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After years of research have shown that minorities do not receive the same quality of health care as whites do, a new study suggests there has been some improvement in reducing the gap, at least for stroke patients.

While about 795,000 Americans suffer from stroke each year, [minorities](#) historically have been less likely to be admitted for care at top-ranked hospitals than white [stroke patients](#), even though they might live nearby.

“What surprised us in our findings was that all minority groups were less likely to attend better hospitals in 2000, but significant changes happened in 2006,” said lead author Jay Shen of the health care administration and policy department at the University of Nevada at Las Vegas.

The researchers evaluated data from more than 273,500 stroke patients from the 2000 and 2006 National Inpatient Samples. Patients were categorized into one of four ethnic groups and hospitals were ranked based on their overall risk-adjusted stroke mortality rate. The study appears in the spring issue of the journal *Ethnicity & Disease*.

In 2000, white stroke patients had an unadjusted 13.2 percent rate of admissions to the top-ranked hospitals with the lowest mortality rates, compared with 10.2 percent for African Americans, 10.4 percent for Hispanics, and 6.8 percent Asian/Pacific Islanders.

By 2006, though, the disparities among the races decreased. Unadjusted percentages of admissions to top hospitals were 5.5 percent for whites, 5.6 percent for Hispanics, 3.9 percent for African Americans and 3.8 percent for Asians. Furthermore, whites had the highest percentages of admissions to lowest-ranked hospitals than all other races. After adjusting for patient and [hospital](#) factors, the odds of attending better hospitals for both African-Americans and Hispanics were 31 percent and 25 percent higher than that of whites, while odds for Asians were 12 percent lower.

Shen said he thinks multiple initiatives to eliminate health disparities in recent years and the national movement of improving quality of care drove the changes.

“The certification process for Primary [Stroke Centers](#) by the Joint Commission is revolutionizing stroke care delivery in the U.S.,” said Sheryl Martin-Schild, M.D., director of the stroke program at the Tulane University Health Science Center.

Primary Stroke Centers (PSCs) are hospitals committed to providing evidence-based interventions for stroke patients and this has improved outcomes, making them “higher-quality hospitals,” said Martin-Schild, who has no affiliation with the study.

The Joint Commission, which accredits and certifies [health care](#) facilities and programs, began certifying these stroke centers in 2003, she said.

“These PSCs also tend to be located in higher volume hospitals in urban and academic settings, where a greater proportion of minority patients may obtain access,” Martin-Schild added. “Disparity in the geographic distribution of PSCs needs to be addressed to improve global access to advanced stroke care.”

More information: Shen JJ, Lu M. Changes in patterns of racial disparities in attending low-mortality hospitals and outcomes among patients with stroke. *Ethn Dis* 21(2), 2011.

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