

Researchers find race disparity in post-hospital arrival homicide deaths at trauma centers

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New research based on post-hospital arrival data from U.S. trauma centers finds that even after adjusting for differences in injury severity, gun use, and other likely causes of race difference in death from assault, African-Americans have a significantly higher overall post-scene of injury mortality rate than whites. The study was conducted by Anthony R. Harris, emeritus professor of sociology at the University of Massachusetts Amherst, and colleagues and published in August by the *Journal of Trauma, Injury, Infection and Critical Care*.

The study, from a nationally representative sample of trauma centers, covered the period from 2005-08 and adjusted for types of weapons used, severity of injury, age, physiological condition, year, and trauma center differences. It concluded that, in addition to [insurance status](#), among patients brought to the Level I and II trauma centers, race is a substantial [independent predictor](#) of who dies from assault. Blacks, especially the uninsured, have significantly worse outcomes overall, though there is some evidence that this pattern is minimized at higher levels of [injury severity](#).

Black patients showed higher overall raw [mortality rates](#) from assault than whites (8.9 percent vs. 5.1 percent), but after statistical adjustment, the researchers found the black to white adjusted risk ratio for death from assault (homicide) dropped significantly. After adjustment, estimated black deaths were 29 percent in excess of white deaths for

firearm injuries, 36 percent in excess for cutting/piercing injuries, and 61 percent in excess for blunt injuries. Uninsured blacks comprised 76 percent of all excess [trauma center](#) deaths from assault.

Harris says that the findings are consistent with the bulk of the medical research findings on race and insurance disparities in hospital outcomes from causes other than intentional assault. But he also notes that, as is the case with almost all of these studies, the causes of the disparities are not easily identified. He adds:

"The observed disparities raise questions about the social causes of the very large black/white difference in overall U.S. homicide victimization rates (about 7 to 1) and have important implications for individual lives, including whether or not a victim remains a victim in an assault case or becomes a victim in a homicide case. The victim's outcome is, in turn, likely to impact the chances the offender will be apprehended and, if so, faced with a charge of aggravated assault or of homicide. Unlike other medical outcomes, in the case of intentional assault, insurance and racial disparities in hospital mortality are thus likely to affect no less than two separate parties, and, often, two or more unrelated families."

Provided by University of Massachusetts at Amherst

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