

# Longer trips to the ER, especially for minorities and poor

October 5 2011

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Closures of hospital trauma centers are disproportionately affecting poor, uninsured and African American populations, and nearly a fourth of Americans are now forced to travel farther than they once did.

In a new study led by the University of California, San Francisco (UCSF), researchers examined changes in driving time to trauma centers, which have increasingly been shuttered in recent years.

They found that by 2007, 69 million Americans – nearly one in four – had to travel farther to the nearest [trauma center](#) than they traveled in 2001. Most affected by the closures were African Americans, poor, uninsured and rural residents.

The study will be published in the October issue of *Health Affairs*.

"Trauma centers aren't just for 'certain' people – if you sustain a serious injury from a car accident or fall off your roof, you need a trauma center," said lead author Renee Y. Hsia, MD, an assistant professor of emergency medicine at UCSF. She is also an attending physician in the emergency department at San Francisco General Hospital & Trauma Center and a Robert Wood Johnson Foundation Physician Faculty Scholar.

"We found evidence that vulnerable communities have less geographic access to trauma care, adding to their health disparities," Hsia added.

"This study will help us better understand how trauma center closures are

affecting people."

Hsia's research centers on illustrating inequalities in accessing trauma care as well as the decline of emergency care in the [United States](#). She has documented that tens of millions of Americans do not have ready access to a certified trauma center, and that nearly a third of urban and suburban emergency rooms have closed in the last two decades.

For their new study, the researchers analyzed 31,475 ZIP codes in the United States, covering some 283 million people, nearly the entire nation.

Overall, nearly three-quarters of the U.S. lives within 10 miles of a trauma center. Of the remainder, 14 percent live more than 30 miles from a trauma center. Communities with a higher number of residents under the federal poverty level, black residents, uninsured residents and rural residents faced longer drives compared to communities with a low share of these vulnerable populations.

For nearly 16 million people, the extra driving time amounts to about 30 minutes – a critical period for people facing life-threatening injuries such as stroke and gunshot wounds.

Trauma services are not, as commonly believed, available in all hospitals. They are hospitals with emergency departments that provide specialty care for injured patients, regardless of ability to pay. As a result, trauma centers face greater financial jeopardy depending on the surrounding patient population.

In 1990 there were 1,125 trauma centers in the United States; by 2005, about 30 percent of them had closed primarily because of the high costs and fewer patients able to pay the bills. The majority of closures took place in urban areas but rural communities have also been affected.

The study's co-author is Yu-Chu Shen, an associate professor of economics at the Naval Postgraduate School in Monterey, CA.

The authors recommend that policy makers should subsidize trauma centers that treat a large number of African American, uninsured or poor people. In rural areas, they recommend that hospitals establish agreements with nearby trauma centers to ease transfers of seriously injured patients.

Provided by University of California, San Francisco

Citation: Longer trips to the ER, especially for minorities and poor (2011, October 5) retrieved 3 May 2024 from <https://medicalxpress.com/news/2011-10-longer-er-minorities-poor.html>

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