

# Minorities, whites get equal care in hospitals

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A University of Maryland study of whether people receive different quality of hospital care because of their race or ethnicity found that when whites and minorities are admitted to a hospital for the same reason, they receive the same quality care in that hospital.

The study led by Darrell Gaskin, health economist in the University of Maryland's department of African American Studies, appears in the March 11 issue of *Health Affairs*. The study of 1841 hospitals in 13 states compares the quality of treatment for blacks, Hispanics and Asians to that of whites over a broad range of services. It found that only a few hospitals provide lower quality care to minorities than to whites.

"The good news," said Gaskin, "is that if you come to the hospital for care, you're probably getting the same quality as everyone else in that hospital."

The study also may help pinpoint where improvements need to be made to reduce the significant health care disparities that are known to exist because of race, ethnicity and income. "Our study confirms that all patients in low performing hospitals are at higher risk for mortality and complications. We need to focus on improving those low performers as opposed to hospitals nationwide," Gaskin said. "Our results also suggest that we need to look more carefully at other areas to find where disparities are originating, such as getting access to the good hospitals in the first place."

## Surprised at Findings

Gaskin admits he was surprised at the results of the three-year study. Earlier studies that looked at only a few specific conditions, such as cardiac care, and used general estimating equations, have shown quality differences based on race.

What made this study different, Gaskin said, is that "we compared a broader range of services and

directly compared hospital-specific quality indicators for racial and ethnic groups. We examined rates of mortality and complications – whether something bad happened in the hospital because of the care."

Gaskin's group looked at hospitals in 13 states that report patients' race and that collect the specific data the researchers needed to compute quality measures. Forty-four percent of the U.S. population live in these states, with 36 percent of Asians, about 50 percent of Hispanics, 46 percent of African Americans and more than 44 percent of whites residing in the areas studied. The study covered more than 45 percent of urban hospitals and 28 percent of rural hospitals.

"The findings indicate that the systems in place in the hospitals do work to deliver equal quality to patients in that same hospital. It's difficult for one person's bias to make a difference in treatment that would show in mortality rates," Gaskin said.

Gaskin is now working on a study to examine minorities' access to quality medical care, particularly how primary care affects equal access. "We have a tremendous problem with minorities, especially blacks and Asians, getting access to the good hospitals or being referred for care when it could make the most difference. The access problem isn't going to be solved in the hospital. It has to be solved in communities."

Source: University of Maryland

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