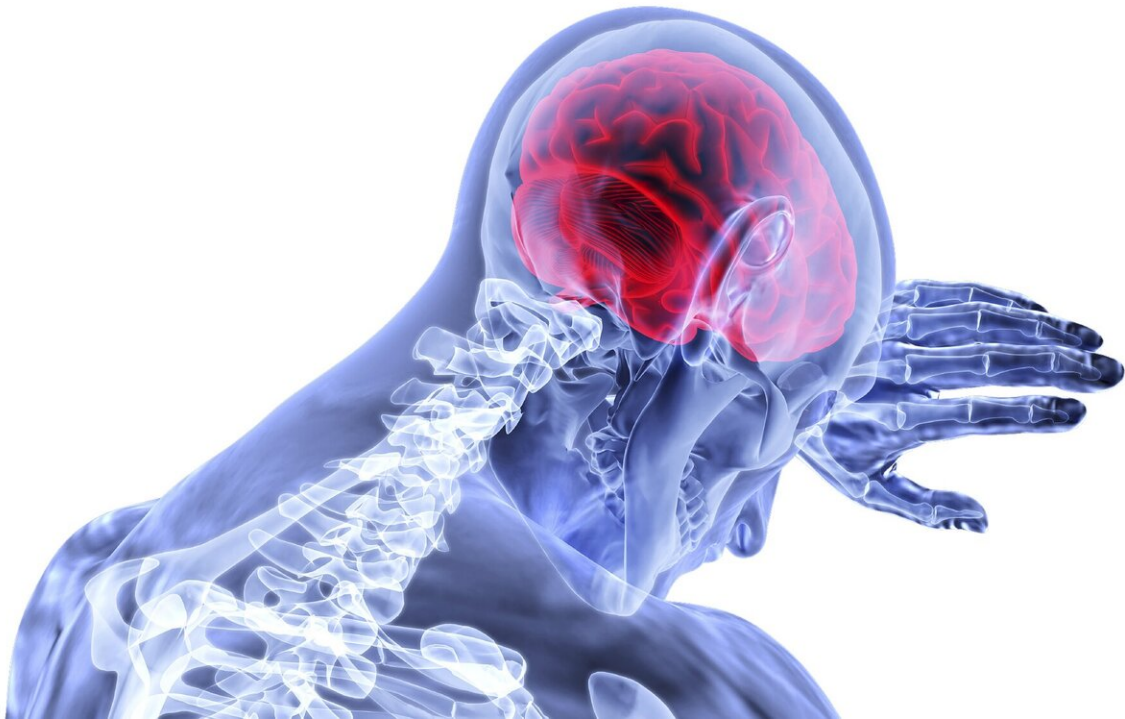


Local stroke center may be off limits to patients in Black neighborhoods

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Residents in predominantly Black communities are more likely than those in predominantly white communities to live near a hospital with a certified stroke center. But a new study shows that when residents in these Black communities have a stroke, they are at greater risk of receiving care at a less-resourced hospital, where their chances of

recovery are slimmer.

In their [retrospective study](#), researchers led by corresponding author Renee Hsia, MD, MSc, of the Department of Emergency Medicine at UC San Francisco, tracked patient demographics of general acute-care hospitals in the United States that offered stroke certification over a 10-year duration. Of the 4,984 hospitals, 961 were stroke certified in 2009, versus 1,763 in 2019, the researchers reported in their study publishing in *JAMA Neurology* on June 27, 2022.

Stroke center certification ranges from primary stroke centers, which provide standard care, to [comprehensive stroke centers](#) that can treat the most complex cases. Treatment at stroke centers is associated with lower rates of mortality and severe disability, according to recent studies that point to features such as rapid triage, specialized neurosurgeons, advanced imaging facilities and swift access to thrombectomy, a surgery to remove a blood clot from inside an artery or vein.

The researchers found that residents of majority Black communities, which were served by 10% of the hospitals in the study, were 1.67 times more likely to live close to hospitals with specialty stroke centers, compared to residents of majority white communities. However, when adjusting for population and [hospital](#) bed capacity, these patients were 26% less likely to receive care there, the researchers stated.

Greater demand for stroke care in Black communities

"Black, racially segregated communities tended to cluster in areas with large populations, where stroke care must accommodate a much higher level of demand," said Hsia, who is also a core faculty member at the UCSF Philip R. Lee Institute for Health Policy Studies. "Crowding may prevent patients from accessing the stroke center, and even if they do access it, they may not be able to be seen as quickly due to shortages of

beds, critical care physicians, nurses and equipment."

The researchers also found a significant disparity in access to stroke centers when they compared residents' resource levels. Residents in predominantly high-income areas were 3.4 times more likely to live close to a hospital with a certified stroke center compared with residents in predominantly low-income areas. Similarly, patients in [rural areas](#) were markedly less likely to be served by hospitals with certified stroke centers than those living in [urban areas](#).

The decision to open a new stroke center should take into account population size and underlying needs of the community that the center will serve, said Hsia. "Currently, the distribution of stroke care is more motivated by profit potential, rather than community need. We found that for many in low-income, minority and rural communities, specialized stroke services are not even an option. Policymakers may want to consider how they can reduce financial barriers for hospitals in these communities where certified [stroke](#) centers are needed."

Provided by University of California, San Francisco

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