

Study shows racial and socioeconomic disparities in hip fracture care

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A study by researchers at Hospital for Special Surgery (HSS) finds that people in certain racial and socioeconomic groups are at a disadvantage when it comes to care they receive after fracturing a hip.

The study, titled, "Racial and Socioeconomic Disparities in Hip Fracture Timing of Care, Complications, and Mortality," will be presented at the annual meeting of the American Academy of Orthopaedic Surgeons in Las Vegas on March 24.

Investigators based their findings on information available for nearly 200,000 patients in a statewide database. "Despite overall declines in the incidence of hip fractures and associated mortality, we found that there are racial and [socioeconomic disparities](#) in treatment access and outcomes," said Michael Parks, MD, a study author and orthopedic surgeon at Hospital for Special Surgery.

Dr. Parks and colleagues evaluated the presence and implications of disparities in the delivery of care, hypothesizing that race and community socioeconomic factors would influence quality of care for patients with hip fractures.

"The study found that black patients, Medicaid patients, and patients from impoverished communities are at increased risk for poor outcomes," Dr. Parks said.

Individuals who had surgery for a broken hip in New York State from 1998 to 2010 were identified from a statewide database. Researchers looked at a number of factors related to care and outcomes, including the need for a subsequent procedure within one year; hospital readmissions within 90 days of surgery; complications within 90 days; and in-hospital mortality within one year of discharge following [hip fracture](#) surgery.

The study compiled information for 197,782 patients. After adjusting for patient and community

characteristics, investigators found that African American patients had a 55 percent increased risk for delayed surgery. They were 18 percent more likely to be readmitted to the hospital within 90 days and had a 12 percent higher risk of dying within one year compared to Caucasian patients.

Compared to Medicare patients, Medicaid patients had a 15 percent increased risk for delayed surgery. Patients who had private insurance were 21 percent less likely to experience delayed surgery, 23 percent less likely to be readmitted to the hospital and 20 percent less likely to experience complications, compared to Medicare patients. Those with private insurance were 19 percent less likely to die within one year.

Researchers found that patients from the most impoverished communities were at significantly greater risk for delayed surgery (26 percent increased risk) and were at higher risk (14 percent) of dying within one year of hip fracture surgery.

"As the Affordable Care Act expands health care access to larger and more diverse groups, we need to understand their needs and the factors that contribute to disparities in care," said Dr. Parks. "Once we understand these issues, we can develop targeted interventions to mitigate the effects of care inequalities in [patients](#) at greatest risk."

More information: Racial and Socioeconomic Disparities in Hip Fracture Timing of Care, Complications, and Mortality, Presentation Number: Paper 033 , American Academy of Orthopaedic Surgeons in Las Vegas

Provided by Hospital for Special Surgery

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