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Impact of Socioeconomic Disparities and Education on Trauma –Induced Clinical Complications

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Objective: This study is conducted to investigate the impact of social status including unemployment and education on the outcomes of clinical complications after traumatic injury. **Study design and methods:** We included patients with unintentional blunt trauma who admitted to Surgical Intensive Care Unit (SICU). The patient's profile in terms of nature of injury (gun shot/knife stab wounds and motor vehicle collision), age and race were compatible with Level I trauma Center. A Statistical Analysis Software (SAS) program was applied to analyze effects of stratified Injury Severity Score (ISS), age, race, as well as preexisting social status on the outcome of clinical complications. **Results:** Stratified ISS was linearly correlated to the rates of Systemic Inflammatory Response Syndrome (SIRS) and sepsis in both African American and Caucasian trauma patients, but the linear correlation of stratified age to the rates of SIRS and sepsis was only observed in the Caucasian population. The unemployed trauma patients had higher rates of clinical complications than the employed patients. African American trauma patients with lower education level had higher rates of sepsis in those with age ≥ 35 than those with age < 35 years. The age and race were confounding risk factors in the context of unemployment and education status influencing the outcome of clinical complications such as sepsis. **Conclusion:** This study further substantiated the role of ISS in predicting clinical outcomes after traumatic injuries. Patient's age, ethnicity, education background and unemployment status were all considered as possible confounding risk factors, variably affecting the development of SIRS and sepsis after traumatic injury.

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