Residents of Mostly Black Urban Communities Lack Access to Trauma Care

Residents of African-American neighborhoods in cities live farther from trauma centers than folks in white communities.

March 12, 2019 By Alicia Green

African Americans are likely to live in areas where people suffer critical injuries. Yet they are also more likely to live in so-called trauma deserts, areas with limited access to advanced emergency medical care, suggest new findings published in JAMA Network Open, reports the University of Chicago Medicine.

A trauma desert is defined as an urban community that is at least five miles away from advanced health care for severe injuries to the body.

For the study, researchers examined trauma care access in Chicago, New York and Los Angeles by gathering geographic imagery via GPS, satellite photography and historical data to compare the location of Level 1 and Level 2 designated trauma centers with the racial and ethnic composition of the cities' census tracts. (Trauma centers treat those with critical injuries, such as those sustained during car accidents, shootings and stabbings.)

Results showed that an estimated 73 percent of Chicago neighborhoods made up of mostly Black residents were located in trauma deserts.

But after UChicago Medicine, as the University of Chicago Medical Center is known, opened a trauma center in nearby Hyde Park almost one year ago, Black residents' odds of being farther away from care than those who lived in the city's white-majority census tracts were reduced sevenfold, from 8.5 times higher odds to 1.6 times higher.

According to the study, about 14 percent of Black communities in New York City are located in trauma deserts. In Los Angeles, the percentage rose to 89 percent.

Researchers noted that people in Hispanic communities in Chicago were also more likely than residents in largely white-inhabited areas to face such disparities in geographic access to trauma centers.

“The distribution of trauma centers along racially disparate lines may raise concerns about the legacy of structural inequality that places Black lives at higher risk in U.S. cities,” wrote the study authors. “Trauma care planning should explicitly address racial equity in the financing of lifesaving resources.”

Click here to read about how racial disparities in Baltimore drive disease, death and trauma.

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