

Racial Health Disparities that Generates Longer Emergency Room Visits.

Literature Review

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Throughout this introduction, the disparities and discrepancy emergency department (ED), length of stay (LOS), and patients of color, specifically African Americans, will be discussed. Research conducted by the Western Journal of Medicine stated that "Black/African American and Asian patients were 3.6% and 13.8% longer than white patients at a teaching hospital". Furthermore, upon triage African Americans, with systems in place such as Emergency Severity Index, are more likely to receive a lower number on the acuity scale because of the falsely believed thought of higher pain tolerance in African Americans (Schrader, C.D, 2013). Undoubtedly, the provided information indicates racial bias in healthcare despite measures and systems set in place to provide equivalent healthcare and treatment despite race. As stated in the Western Journal of Medicine, people of color (POC), white patients' average stay time is 175 minutes. In contrast, black/African and Asian Americans are upwards of 225 minutes LOS (Schrader, C.D., 2013). The information and data above convey the racial bias that could cause healthcare disparities.

The first article starts here. (note that the article name centered)

The article's primary focus is to educate and inform the reader of the still apparent racial bias and healthcare disparities that happens in Emergency Departments across the nation. The researchers conducted a quantitative study of over 6930 hospital admissions from 994 Emergency departments over two years, 2009-2011. The study's data concluded that African Americans have longer wait times in the emergency department until discharged or admitted to the hospital. The article concluded that non-white patients admitted to the hospital do have longer wait times and show racial bias (Mostajabi, M., 2017).

Key Points (note that the key points are flush to the far left)

The key points from this article are Racial Disparity, Emergency Department Crowding, and Bias. Racial disparity is a difference that may or may not be related to discrimination; emergency department crowding is an issue because there are not enough rooms. Patients can go by the wayside because of the urgency to get them in and out; furthermore bias is the disproportionate weight in favor or against something.

Assumptions

The author is assuming that racial and ethnic disparities persist in almost every healthcare.

Deficit/Conclusion

The conclusion restated the article's topic, "Racial and ethnic minorities experience disparities in numerous health status measures and health outcomes." The researchers study also revealed that geographic location factored into patient emergency room treatment and length of stay. If the research conducted here and elsewhere weren't acknowledged, this would lead to mistrust of physicians, nurses, healthcare providers, and African Americans. However, if this were to be addressed and trying to solve the racial bias, and health disparity, African Americans are more likely to visit the emergency room without their own bias

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Key Points

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Assumptions

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Deficit/Conclusion

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Deficit/Conclusion

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Conclusion

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As you can see, the reference is centered and is not bolded.

Review this citation of the source. The first line is NOT tabbed over; all other lines are.

A fantastic hint is a click the "cite" paper within your searches.