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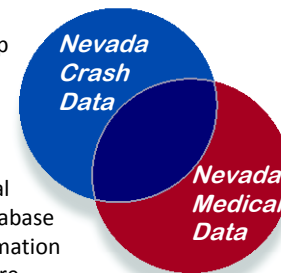
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The University of Nevada School of Medicine (UNSOM) and the Nevada Department of Public Safety, Office of Traffic Safety have formed a partnership to establish a state repository for crash medical outcomes data.

Nevada Motor Vehicle Crash records from 2005-2012 were linked to Nevada trauma records from the four Nevada trauma centers: University Medical Center, Renown Regional Medical Center, St. Rose Dominican Hospital and Sunrise Medical Center. These records were linked to create a unique database that includes crash scene data and hospital information. This integrated information allows us to better understand the impact of crashes on human life, cost of care to our medical facilities, and our state economy.



Special Issue:



Restraint Use, Injury and Hospital Resource Utilization: Disparities in Nevada

- **Almost 1 in 3 of African American (AA) patients (29.3%, 222 patients) involved in MVCs in Nevada were unrestrained**, compared to 25.1% of patients of other race/ethnicity. There is a **significant difference in restraint status** between AA patients and patients of other races/ethnicities (Figure 1, $\chi^2 = 6.628$, $p=.010$), which can guide injury prevention activities.
- There were no significant differences in overall injury severity score (10.2 vs. 10.1, $p=.834$) and hospital length of stay (5.2 vs. 5.4 Days, $p=.051$) between AA motor vehicle crash (MVC) patients and patients of other races/ethnicities. AA patients spent significantly shorter time in the ICU compared to patients of other races/ethnicities (2.6 vs. 1.9 Days, Mann Whitney U, $p=.001$). **However, African American patients accrued significantly more in hospital charges compared to patients of other races/ethnicities** (Figure 2, Mann Whitney U = 4276337.0, $p=.002$).
- When hospital charges are observed among AA patients: **35.5% (284 patients) self-paid the hospital charges or did not have medical insurance**, 30.6% (245 patients) used commercial/non-profit insurance, 7.1% used Medicare, 2.8% used Medicaid, 1.5% other government, and 1.5% paid by workers comp.

Figure 1. Restraint use of patients involved in MVCs year 2005-2012

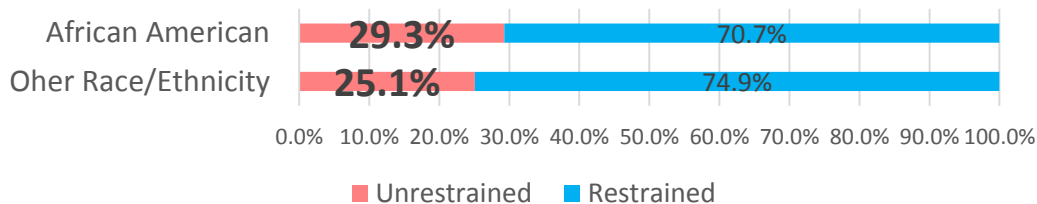


Figure 2. Average Hospital Charges of Patients involved in MVCs

