Capacity Strain and Racial Disparities in Hospital Mortality

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A growing literature has documented racial disparities in health care. We argue that racial disparities may be magnified when hospitals operate at capacity, when behavioral and structural conditions associated with poor patient outcomes – e.g., limited provider cognitive bandwidth or reliance on biased care algorithms – are aggravated. Using detailed, time-stamped electronic health record data from two large hospitals, we document that in-hospital mortality increased more for Black patients than for White patients when hospitals approached capacity. We estimate that 8.5% of Black patient deaths were capacity-driven and thus avoidable. We then investigate the extent to which differential care inputs explain our findings. While strain exacerbated wait times similarly for Black and White patients, Black patients both waited the longest at high strain and faced greater mortality consequences from prolonged wait times. Finally, the largest racial disparities in mortality were among women and uninsured patients, highlighting biases in provider behavior and hospital processes as key mechanisms driving our results.