make the most effective and substantial reductions in racial/ethnic disparities in health and health care, we need to understand the influence of race concordance on experiences in care, and improve our ability to detect the mechanisms of racial/ethnic disparities more broadly.

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Authors Reply to Caution

To the Editor,

I appreciate Drs. Stevens, Mistry and Halfon's cautionary reminder that merely increasing the numbers of African American health care providers will not substantially reduce racial disparities in health. I agree. In fact, our article[1] made no such assertion. We found that African American patients reported greater satisfaction with care when they were matched with African American health care providers. I believe, as does the Institute of Medicine,[2,3] that patient satisfaction is an important endpoint in its own right.

However, while we are in agreement on the general point regarding increasing the number of African American providers, there are other points made in their letter that I cannot agree with. For example, they state, "without concomitant evidence linking patient-provider race concordance with more objective measures of the content or quality of care, meaningful reductions in disparities may not be fully realized." On first reading, this statement seems to be true, but upon closer examination it is one of the most common fallacies in health disparities research and policy. I would argue that even if there were no racial disparities in health care quality (as has been thoroughly documented in the Institute of Medicine's report, Unequal Treatment[4]), and even if efforts to substantially increase the ranks of African American health care providers were successful, disparities in health status still would exist.

There is substantial evidence that environmental, economic and social factors, such as lower socioeconomic status, poor housing, greater exposure to environmental toxins, targeting of African Americans for consumption of tobacco and alcohol, and so on, serves to degrade the health of the African American community before they ever encounter health care providers.

Let's set aside the fact that there are disparities in access to health care, and that this also plays an important role in producing health disparities. Even if equity in access to high-quality care were to be achieved, there is little in the physician's arsenal (regardless of his or her race) that can address the social ills that underlie racial disparities in health status.

I certainly agree that increasing the numbers of African American patients who are racially concordant with their health care providers will not solve the problem of health disparities, but I would go further. Progress in the elimination of health disparities cannot be made without the efforts of many facets of society. Certainly, medicine has an important role to play. My reading of the evidence leads me to conclude that medical interventions alone will have little more than a negligible impact on realizing the goal of health equality.

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