

Educational support materials for ABIM's *Care for the Underserved* Module

Module #23

Racial disparities in the quality of health care have been well documented. (1) Although racial disparities are often considered in the context of variability in access to appropriate care, disparities in health outcomes also include under and overuse of certain procedures in minority populations. Examples of under-use abound, and it is well documented in a variety of studies that African-Americans compared to whites are less likely to be referred for invasive cardiac interventions despite higher rates of adverse cardiac outcomes and less likely to receive hospice care at the end of life. (1,2,3) African Americans also tend to present with more advanced aggressive prostate cancer and are less likely to receive radical prostatectomies as compared to whites. (4) It is not clear; however, the extent to which differential screening in African-Americans may contribute to later stage diagnosis.

Inappropriate overuse of procedures has also been documented as contributing to health care disparities. The inappropriate use of hysterectomy for benign uterine conditions is one such example. Although inappropriate use of hysterectomies affects both minority and non-minority women (some studies have assessed up to 70% of hysterectomies as inappropriate) (5), African American and Latina women, particularly those with lower levels of education, have the highest rates. (5,6) Lack of adequate diagnostic evaluations and limited use of alternative treatments prior to hysterectomy are common reasons recommendations for hysterectomies are considered inappropriate. (6) Studies of procedural overuse and underuse highlight the importance of efforts to ensure that all patients are provided with awareness and tools to make informed decisions.

For further information, see the following:

1. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care: Unequal Treatment: Confronting Racial and Ethnic Disparities in Care. Washington, DC. The National Academies Press; 2002.
2. [Conigliaro J](#), [Whittle J](#), [Good CB](#), [Hanusa BH](#), [Passman LJ](#), [Lofgren RP](#), [Allman R](#), [Ubel PA](#), [O'Connor M](#), [Macpherson DS](#) Understanding racial variation in the use of coronary revascularization procedures: the role of clinical factors. [Arch Intern Med](#). 2000 May 8;160(9):1329-35.
3. [Cohen LL](#). Racial/ethnic disparities in hospice care: a systematic review. [J Palliat Med](#). 2008 Jun;11(5):763-8.
4. Hoffman RM, Harlan LC, Klabunde CN, Gilliland FD, Stephenson RA, Hunt WC, et al. Racial differences in initial treatment for clinically localized prostate cancer. Results from the prostate cancer outcomes study. [J Gen Intern Med](#) 2003 Oct;18(10):845-53.
5. Broder MS, Kanouse DE, Mittman BS, Bernstein SJ. The appropriateness of recommendations for hysterectomy. [Obstet Gynecol](#) 2000 Feb;95(2):199-205.

This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit www.sgim.org/qo/disparities

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6. Bower JK, Schreiner PJ, Sternfeld B, Lewis CE. Black-White differences in hysterectomy prevalence: the CARDIA study. *Am J Public Health* 2009 Feb;99(2):300-7.
7. Powell LH, Meyer P, Weiss G, Matthews KA, Santoro N, Randolph JF, Jr., et al. Ethnic differences in past hysterectomy for benign conditions. *Womens Health Issues* 2005 Jul;15(4):179-86.