



October 15, 2020

The Honorable Richard Neal  
Chairman  
House Ways and Means Committee  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington D.C. 20515

*Submitted electronically: Rural\_Urban@mail.house.gov*

**RE: Request for Comment on the Misuse of Race Within Clinical Care Across the Health Industry**

Dear Chairman Neal:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to submit comments in response to the Chairman's request for comment on the misuse of race within clinical care across the health industry. APTA is dedicated to building a community that advances the physical therapy profession to improve the health of society. As experts in rehabilitation, prehabilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span, helping individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

APTA provides the following feedback to the question below:

- 1. To what extent is it necessary that health and health related organizations address the misuse of race and ethnicity in clinical algorithms and research? What role should patients and communities play?**

Studies have shown that there are minimal genetic differences between races, and that sometimes genetic differences are greater within a race population. However, health disparities by race and ethnicity are evident in research and government reporting. These disparities are the result of provider or clinician bias in practice, exclusion of underrepresented minority populations in research, differences in access, environmental factors, a history of unethical research and treatment practices, and other factors grounded in institutional racism.

Health care organizations have a professional and moral obligation to combat race and ethnicity-related health disparities and to equally support all individuals. They only can do that, however, by actively and strategically working to eliminate racial and ethnic misuses in clinical algorithms and research. Misuse of race and ethnicity in clinical algorithms can compound existing clinician bias, lead to race-based treatment, and widen the gap of health disparities.

In addition, patients and their communities have a shared interest; thus, they should serve as partners in health, well-being, and research. Researchers must be community leaders and must be involved in identifying what is important to community members about their health. Community-based participatory

research is necessary to eliminate health disparities and address misuse of race and ethnicity in clinical algorithms and research. Community-based participatory research allows all entities to share expertise and be part of the processes of planning, implementation, and goal-setting for the health of individuals and the broader community.

### **Conclusion**

APTA thanks the Chairman for this opportunity to provide feedback. Should you have any questions about our comments, please contact Kara Gainer, director of regulatory affairs, at [karagainer@apta.org](mailto:karagainer@apta.org) or 703-706-8547. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn, PT, PhD  
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy  
President