



HOUSE COMMITTEE ON WAYS & MEANS

CHAIRMAN RICHARD E. NEAL

Racism and clinical algorithms: Moving toward racial equity in health care

As our nation reckons with racial inequity in health care, we must address structural racism that is perpetuated in our clinical standards and practice, including the use of clinical algorithms for diagnosis and treatment.

ESSENTIAL FACTS: RACISM AND CLINICAL ALGORITHMS

THE BASICS

1. Race is a socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. Racism is a system that structures opportunity and assigns value based on the social interpretation of how one looks (race).
2. Analyses of the human genome continue to show that there are more differences within racial groups than there are among racial groups.
3. Some professional societies have created clinical algorithms that use race as a biological framework instead of measuring the impact of racism.

IMPLICATIONS FOR RACIAL EQUITY

1. Addressing systemic racism rather than focusing on purported biological differences will advance racial health equity.
2. Researchers and medical professionals should work to integrate the findings of the human genome project and the social definition of race into their conceptions of clinical care and their research questions.
3. Professional societies should work with patients, communities, health professionals, and health equity leaders to advance solutions.

Sources: Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. American Journal of Public Health. 2000; 90(8): 1212-1215. American Association of Physical Anthropologists. AAPA statement on race & racism. March 27, 2019.

What are clinical algorithms and how do they (mis)use race?

- Clinical algorithms are frameworks that use research and data to guide clinical assessment and decision-making. Examples include calculating kidney function, estimating risks of giving birth, and calculating lung function.
- For too long, racism has impacted medical research and data collection/interpretation. Racial differences in outcomes are too often misinterpreted as biological differences instead of the result of social and structural forces.
- Inaccurate beliefs about biological differences between races misdirected the creation and use of clinical algorithms.

Why is the Committee on Ways and Means asking some professional societies to re-evaluate the use of race in clinical algorithms?

- Ways and Means oversees hospital care, graduate medical education, and other aspects of health delivery.
- Almost two decades after publication of *Unequal Treatment*, progress on racial healthcare inequities has been limited.
- The series of letters Chairman Neal sent on Sept 3, 2020, were addressed to some of the professional societies responsible for creating clinical algorithms that misuse race and can change them to address health equity concerns.
- Ways and Means Democrats hope to engage many more professional societies and other stakeholders in the racial health equity agenda going forward.

Sources: Vyas et al, Hidden in Plain Sight. New England Journal of Medicine 2020; 383:874-882. And <https://waysandmeans.house.gov/media-center/press-releases/series-letters-neal-calls-professional-medical-societies-push-racial>

