Coalition of health care experts announces new Canada-US campaign to end race correction

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On the International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade, leading experts from Canada and the US announce a new campaign to end "race correction" in health care, clinical services and research.

Race correction is the practice of adjusting tests and other diagnostic criteria for Black patients, without their prior knowledge or consent. As a result of race correction, Black patients are routinely denied clinically-indicated and often life-saving treatments for heart, kidney and lung diseases; head injuries; and psychiatric conditions, just to name a few.

"Our health systems are systematically ensuring that Black patients and communities do not receive clinically-indicated treatments," says LLana James, a post-doctoral fellow at Queen's University, and a Co-Chair of the Canada-US Coalition to End Race Correction in Health Care (CU-CERCH). "Addressing the 'health disparities' faced by Black communities starts with addressing race correction, which must end via a safe, systematic and nuanced de-adoption process. It's not enough to quietly change equations, especially when you're not implementing the best practice. For example, in the context of kidney tests, new US guidelines recommend both removing the race correction that was applied to the eGFR *and* the routine use of creatinine and cystatin C combined, because this provides clinicians and patients with better information to make high quality decisions. This is the bar that needs to be met, if Black patients are to have more than the subpar care many have been subjected to."

In Canada, CU-CERCH is leading the national project to de-adopt race correction safely, responsibly and systematically. The Coalition is the culmination of James' PhD

research at the Faculty of Medicine at the University of Toronto, and includes Black scientists, clinicians, public health professionals and researchers, who are also patients. CU-CERCH raises awareness about race correction among physicians, nurses, clinicians, health care workers, laboratories, scientists, medical educators, researchers and insurers.

CU-CERCH also works with professional associations, health institutions, public health systems, academic health centres and professional schools to ensure the responsible elimination of race correction in Canada and the US. Importantly, CU-CERCH works to support Black patients and communities facing the impacts of race correction in the context of their own health care diagnoses and treatment.

"Ending race correction is a matter of life and death," says Dr. Ijeoma Nnodim Opara, an internal medicine and pediatrics physician, Assistant Professor of internal medicine and pediatrics at Wayne State University, Michigan, and a Co-Chair of CU-CERCH. "So-called 'race correction' reinforces the current system of medical apartheid and upholds the normalization of preventable Black suffering and death. The status quo is no longer an option if we truly value Black lives and recognize the humanity of Black bodies."

Race correction is based on the old, discredited and racist idea that Black people are inherently biologically and intellectually inferior to white people and less deserving of resources and clinical services. When researchers trace the assumptions that led to race corrections back to their origins, they routinely find no science, bad science, or nothing at all.[1,2] More generally, the ideas that underpin race correction are based on racist myths that were developed to justify colonialism and the transatlantic slave trade.[2,3]

"One of the major challenges with 'race correction' is the innocuous way it is portrayed in medical education as a tool for inclusion of Black people or a way to provide

specialized care," says Gbolahan (GB) Olarewaju, Research Committee Chair for the Black Medical Students' Association of Canada and third year student at UBC Faculty of Medicine. "The historical contexts are usually missing, and the 'corrections' are presented as 'evidence-based.' So future physicians carry these 'corrections' into their practice without realizing the harm they are doing to their Black patients."

For example, the "race correction" applied to lung function tests makes Black patients falsely appear healthier. This "correction" is based on the racist myth that Black people naturally have smaller lungs, an idea first propagated by slave owners in the US.[3] As a result, Black patients are less likely to be diagnosed with lung disease, and less likely to receive appropriate treatment. An examination of lung function tests performed at the University of Pennsylvania Health System between 2010 and 2020 found that, without race correction, diagnoses of lung disease in Black patients would have increased by 20 per cent.[4]

Kidney function tests are another example. Health providers calculate a kidney function test called the "estimated glomerular filtration rate" (eGFR) differently for Black patients than they do for everyone else. This "race correction" makes Black patients falsely appear healthier than they are. That means that a Black patient can have serious kidney problems, but, after the race correction is applied, their test will read as "normal." An examination of US health data from 2015 to 2018 found that, without race correction, 300,000 additional Black patients would have qualified for a referral to a kidney doctor, and 31,000 additional Black patients would have become eligible for kidney transplant waitlists.[5,6,7]

"This is a public health crisis. We need a systematic approach to ending race correction in Canada," says Jo-Ann Osei-Twum, MSc, MPH, member of the Black Public Health Collective and applied public health scientist. "That's why we need the Canada-US Coalition to End Race Correction in Health Care, to prevent a haphazard approach. We're going to work with health providers, institutions and systems step-by-step to get this done responsibly and safely."

Importantly, some progress has been made in the US when it comes to kidney function tests. Specifically, in September 2021, the National Kidney Foundation and the American Society of Nephrology issued new guidelines that eliminate race from the eGFR test in the US.[8] However, many clinicians and laboratories continue to apply race correction to the eGFR despite these changes. Unfortunately, updated Canadian guidelines have not been published by the Canadian Society of Nephrology.

"It's important to note things are no better in Canada than in the US," says LLana James. "In Canada, there's a myth that racism, and anti-Black racism in particular, isn't as bad as in the US. That's simply not true, and Canada's almost non-existent efforts to act on race correction is a powerful example of that. It's particularly urgent to address race correction as artificial intelligence enters clinical practice. If they are not addressed now, these harmful, racist practices will become embedded under layers of code, and it will be impossible to root them out."

For more about the Canada-US Coalition to End Race Correction in Health Systems, please see our website: www.EndRaceCorrection.com. To contact us, email us at ERC2022@pm.me. For more information about race correction in health care, please see our primer here.

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