Race correction in health care: a primer

What is race correction in health care?

Health care providers often use tests to assess a patient's health. In many cases, health care providers calculate test results differently for Black people than they do for everyone else. Health care providers may also use different criteria when deciding whether or not Black people are good candidates for specific surgeries. In addition, they may use different criteria when deciding whether or not the symptoms Black people are reporting require treatment. These are examples of "race correction" in health care, a harmful practice which is also referred to as "race adjustment," "race modification" or "race norming." Race correction can occur at many different points in a Black person's health care journey, and across different specialties, physicians and health care providers. As a result, it can be difficult to figure out when and where race correction has been applied, and what this may mean for someone's access to treatment and supports.

What are the consequences of race corrections in health care?

Race corrections are based on the old, discredited and racist idea that Black people are inherently biologically different from white people. For example, health care providers frequently calculate kidney function tests differently for Black people than they do for everyone else. This "race correction" makes Black people seem healthier than they are. That means that a Black person can have serious kidney problems, but, after the race correction is applied, their test will come back as "normal." An examination of US health data from 2015 to 2018 found that, without race correction, 300,000 additional Black people would have qualified for a referral to a kidney doctor, and 31,000 additional Black people would have become eligible for kidney transplant waitlists (Tsai et al, 2021).

Lung function tests are another example (Braun, 2005). Once again, the race correction applied to these tests makes Black people seem healthier. As a result, Black people 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 people would have increased by 20 per cent (Moffett, Eneanya, Halpern & Weissman, 2021).

Overall, race correction means that Black people are systematically diagnosed late, or never diagnosed at all, for serious conditions from heart, kidney and lung diseases to cognitive impairment. It also means that Black people are systematically excluded from timely access to life-saving treatments like organ transplants and other surgeries.

How do health care providers decide who is "clinically Black?"

That's a good question, because there's no such thing. "Race" is not biological (Graves, 2015; Opara, Riddle-Jones & Allen, 2022). It is a social construct that is applied differently in different times and in different places (Roberts, 2011; Deyrup & Graves, 2022A). In addition, as is obvious, people classified as "Black" in the health care system come from a wide variety of ancestral and geographic backgrounds (Deyrup & Graves, 2022B; Opara, Riddle-Jones & Allen, 2022). That said, white cisgender men, who have generally been used as the reference group in health care studies, cannot be used to stand in for the variability all of humanity. In addition, anti-Black racism has serious implications for health, and these negative consequences can be seen in health outcomes (Graves, 2015; Opara, Riddle-Jones & Allen, 2022).

None of this means, however, that Black people's body systems work differently than white people's body systems. They do not. This is why the "logic" of race correction is completely unscientific. Because it assumes that any differences in health outcomes between Black people and white people are based on fundamental differences in biology, and therefore should result in adjustments to health care treatment (Vyas, Eisenstein, & Jones, 2020).

If you are confused, we understand, because it makes no sense. The ideas that underpin race correction were never based on real science. For example, the race correction that is applied to lung function tests is based on the myth that Black people have naturally lower lung function than white people, an idea first expressed by slave owners and their apologists in the United States (Braun, 2014; Grubbs, 2020; Roberts, 2021). 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:

> Some algorithm developers offer no explanation of why racial or ethnic differences might exist. Others offer rationales, but when these are traced to their origins, they lead to outdated, suspect racial science or to biased data (Vyas, Eisenstein & Jones, 2020).

More generally, the whole idea of biological "races" was invented to justify colonization and slavery:

> The idea that human beings are naturally divided into biologically distinct races was developed in 18th century scientific justifications for European conquest, dispossession, and enslavement of other peoples. In the 19th century, US doctors promoted the racial concept of disease to legitimise slavery as based on innate distinctions rather than on white supremacy (Roberts, 2021).

These racist myths became embedded in medicine and health care, and are the basis of the race corrections that are still used today.

What are some examples of race correction?

Take a look at this Table 1 from this article for some of the different contexts in which race correction is applied (Vyas, Eisenstein & Jones, 2020). Remember while you look at it, however, that race correction is only applied systematically to Black people. There may be some contexts in which this is applied to other people. Generally, however, race correction is only applied to Black people across body systems and on a regular basis. It's also important to remember that this is not an exhaustive list—there are many examples of race correction that are not included.

What is happening around race correction in the US and Canada?

Physicians in the US and their respective associations are finally making changes after decades of grassroots advocacy from Black patients, medical students, physicians, scientists and communities. For example, the National Kidney Foundation and the American Society of Nephrology have issued new guidelines that are intended to eliminate race correction from kidney function tests in the US (Delgado et al, 2022). Similarly, the American Thoracic Society is urging health systems to remove race correction from lung function tests (Bhakta et al, 2023). Unfortunately, there has been no broad scale, systematic action in the US or Canada to address race correction.

There have been some small moves forward. For example, in April 2024, labs in Ontario were asked to remove race correction from kidney function tests (Ontario Renal Network, 2024). To our knowledge at this writing, however, there has been no publicly reported implementation or auditing process associated with this change. In addition, we are not aware of systematic efforts to inform Black patients, or to re-assess Black patients whose care may have been impacted by race correction.

Why is it particularly important to end race correction in health care now?

Increasingly, health care systems are applying artificial intelligence (AI) to many different aspects of a person's health care journey. Clinicians and developers input large batches data (e.g. medical records) into AI programs. AI then uses this data to try and predict what may happen to a patient's health and suggest a course of action to clinicians. Since generations of Black people's medical records are tainted by race correction, AI predictions will be inaccurate and have negative implications for Black patients. Once tainted data is included in (often privately-owned) AI algorithms, it is often difficult (if not impossible) to identify and weed out (Benjamin, 2019; Abdalla, 2024).

A second, urgent reason to end race correction now is the COVID-19 pandemic. "Long COVID" attacks many of the same body systems targeted by race correction, such as the lungs. This means Black people will have a more difficult time getting appropriate diagnoses and treatment for long COVID. Research in the US demonstrations that race correction may also make it more difficult for Black people to access the insurance and social service benefits they are entitled to in the face of long COVID and other respiratory conditions (Diao et al, 2024).

What should patients consider?

When Black people question what a health care provider is telling them about their own health, they can face severe consequences. Even with supportive health care providers, it can be difficult to figure out when and where race correction has been applied during your health care journey, and what this might mean for your treatment. Please contact us at ERC2022@pm.me with your questions about race correction, and we will do our best to help. You will get a response from us within a week.

What can health care providers and organizations do?

Race correction has been with us for more than 150 years. Removing it is complex, and could have negative implications for patients in the short term if not done carefully. For more information contact us at ERC2022@pm.me.

About this primer

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You can find more information on our website at: www.EndRaceCorrection.com

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