NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

September 25, 2022

Dear American Thoracic Society,

The New York City (NYC) Department Health and Mental Hygiene (DOHMH) has made it a priority to place equity and antiracism at the core of its collaborative work with health systems across the city. This is such a priority for us that our Board of Health declared racism a public health crisis in October 2021 and mandated a series of actions be taken by our agency to advance anti-racism in public health policy and practice.[1] We are gravely concerned at the continued use of race and ethnicity in clinical algorithms, which have severe consequences in the diagnoses and care of patients of color.[2] Race is a sociopolitical construct. It does not represent biological variation, and ultimately, its use in clinical algorithms is unscientific and detrimental to patients of color whose spirometry results are "adjusted" for their race. While the European Respiratory Society and American Thoracic Society interpretive standards guidelines of 2021 discourage the approach of fixed adjustment factors for race,[3] more needs to be done to substantially impact inequities in pulmonary health as well as overall population health. **Race norming is contributing to lung health inequities in the US and globally. On this World Lung Day 2022 we urge the ATS to immediately issue guidance to end the use of race adjustment in spirometry testing.**

Race adjustment in spirometry, incorrectly assumes that Black and Asian individuals have innately lower lung capacity compared to White individuals. Frighteningly, spirometry was used to demonstrate exactly these kinds of false physiological differences in lung capacity between races in order to justify slavery.[4] Scientists agree that race does not represent biological differences and the human genome project has demonstrated that there are more genetic difference within races than between races.[5,6] Race is a sociopolitical construct that has had relentless effects on racial health inequities, not through innate biological differences, but through systematic racism.[1]

Black patients experience significantly worse outcomes in chronic lung disease and asthma. This demands immediate action. A significant body of evidence has shown that race adjustments in spirometry are not scientifically justified.[7,8] Patients of color are being underdiagnosed and not receiving certain types of care or transplantation. Astonishingly, removing race adjustment from spirometry could results in as much as a 20% increase in diagnosis of Black patients with any pulmonary condition.[9]

COVID-19, a respiratory illness, disproportionately impacted Black, Indigenous and people of color (BIPOC) communities on a backdrop of underdiagnosed and under treated pulmonary illnesses. Addressing the full recovery from COVID-19 infection and the potential post-acute sequalae of COVID-19 (i.e. Long COVID) are an important issue in public health.[10] Because of race adjustment in spirometry, Black patients will inexcusably be less likely to be diagnosed with post-acute respiratory COVID-19 sequelae such as pulmonary fibrosis,[11] which will continue to exacerbate racial inequities in pulmonary health.

As an utmost priority in tackling racial health inequities, the NYC DOHMH has launched the Coalition to End Racism in Clinical Algorithms (CERCA), which is the first citywide initiative addressing race norming as a public health priority. As part of the coalition, eleven health systems across NYC have committed to eliminating at least one race-based algorithm from clinical practice, including several systems addressing the inappropriate use of race adjustment in spirometry. Disastrously, race as biology continues to permeate clinical practice and it must end immediately.

Recently, the National Kidney Foundation (NKF) and the American Nephrology Society (ASN) published new recommendations from their long-awaited joint taskforce reassessing the inclusion of race in diagnosis of kidney disease.[12] The consensus recommendation was that the race variable be removed immediately from estimated glomerular filtration (eGFR) across the United States. This is a bold step forward in advancing racial equity in health care.

World Lung Day presents an opportunity to raise awareness and spur action towards health equity in pulmonary care. The ATS should have a crucial role in leading the work to promote the end of use of race adjustment in spirometry. The NYC DOHMH and the members of CERCA would like to work with the ATS leadership and colleagues to accelerate addressing this most urgent matter in racial justice and health equity. We would appreciate a response from ATS leadership on the following requests:

1. The NYC DOHMH Chief Medical Officer would like to meet with ATS leadership to further discuss the work of CERCA, plans to address the inappropriate use of race adjustment in spirometry, and what commitments ATS can make to support ending racism in clinical algorithms.

2. What work is currently being carried out at ATS to address the misuse of race adjustment in lung function calculation? Does ATS have plans and a timeline to launch a taskforce to reassess this issue; and if so when would leadership expect to make recommendations?

3. What role does the ATS leadership envision having in patient engagement, and redressing of underdiagnosis and inadequate treatment for pulmonary conditions among communities of color because of race adjustment in spirometry?

We thank you for your consideration and attention to this important and urgent health equity issue.

Sincerely,

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