



NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Dave A. Chokshi, MD MSc
Commissioner

FOR IMMEDIATE RELEASE
Wednesday, November 24, 2021

HEALTH DEPARTMENT LAUNCHES COALITION TO CONFRONT RACISM IN MEDICAL ALGORITHMS

The Coalition aims to end the use of race adjustment in clinical algorithms

Clinical algorithms are used by health care providers to guide decision-making in medical care

Race adjustment, while originally intended to make care more individualized, perpetuates the false and racist assumption that individuals have different biology based on race alone

November 24, 2021 – The Health Department today announced the formation of the Coalition to End Racism in Clinical Algorithms (CERCA). Flowing from the [Board of Health’s landmark resolution](#) declaring racism a public health crisis, CERCA was formed to end the inclusion of race adjustment in clinical algorithms. The Coalition advances the Department’s anti-racism work and is expected to advance racial justice in health care for New Yorkers.

“The Coalition to End Racism in Clinical Algorithms will help lead to a healthier and more equitable city” said **Health Commissioner Dr. Dave A. Chokshi**. “I thank our inaugural Chief Medical Officer, Dr. Michelle Morse, and the Coalition members for their vision in confronting this issue; it represents a concrete and important action the Department is taking to address racial health inequities head on.”

Clinical algorithms are tools used by clinicians to guide their decision-making in medical care of patients. Clinical algorithms using race norming — also called “race adjustment”— often negatively impacts the treatment and care for persons of color. For example, the “adjustment” factor for Black patients, in reference to kidney function, calculates Black kidney function levels to be healthier than white patients for the same measured result, sometimes delaying needed care.

Similarly, “race norming” in maternal health means Non-Hispanic Black or Latino/a birthing people of the same age, health status and past birthing history as White women may be significantly more likely to have an unnecessary caesarean section. The use of race leads to less favorable outcomes for Non-Hispanic Black and Latino/a birthing people, such as birth complications, and may make existing maternal and health inequities worse.

“In this call to action to end structural racism, which systematically excludes, marginalizes, harms Black, Indigenous, and People of Color (BIPOC), we are asking clinical providers to

intentionally apply an anti-racism practice to their work,” said **First Deputy Commissioner and Chief Equity Officer, Dr. Torian Easterling**. “This critical work builds on the purpose and objectives of the NYC’s Board of Health resolution in advancing a health equity agenda.”

“Health equity remains one of the Health Department’s top priorities and we need to reinforce anti-racism practices in public health and health care,” said **Deputy Commissioner and Chief Medical Officer, Dr. Michelle Morse**. “Raising awareness about the problematic concept and practice of race adjustment in clinical algorithms has the potential to create more equitable health care outcomes and experiences for those who identify as Black, Indigenous, and People of Color (BIPOC).”

“Our public health system looks forward to collaborating with our City’s health department and other health systems to continue dismantling the use of race adjustments in clinical algorithms that perpetuate racist assumptions in health care and can lead to sub-standard care,” said **NYC Health + Hospitals President and CEO Mitchell Katz, MD**. “This coalition has the power to further accelerate the work and impact of our system’s existing ‘Medical Racism’ initiative that also aims to challenge the status quos of race-based algorithms present in diagnosis and treatment that have been widely accepted in our field for decades.”

“Equitable and truly individualized health care is a foundational pillar of our public health system, which holds more importance given the diversity of our patients,” said **NYC Health + Hospitals Vice President and Chief Population Health Officer Nichola Davis, MD, MS**. “As a founding member of this coalition, we look forward to sharing the progress we’ve made within our health system at breaking away from race-based algorithms and continuing to accomplish more progress in this important space with our colleagues.”

“Now is the time to stop practices that may exacerbate health inequities,” said **Assistant Professor of Medicine and Epidemiology at Penn Medicine, Dr. Nwamaka Eneanya**. “We must immediately implement clinical tools that do not introduce racial bias into care.”

“Race adjustments in medicine are not only based on false, racist beliefs about human biology, but also have been shown to harm Black patients,” said **Professor of Africana studies, Law and Sociology at the University of Pennsylvania, Dr. Dorothy Roberts**. “CERCA is an exciting step toward ending this barrier to achieving health equity and can serve as a model for more widespread change that will improve health for everyone.”

“On behalf of the National Medical Association, we applaud the work of the NYC Department of Health and Mental Hygiene and NYC Health and Hospitals in ending the use of discriminatory race-based clinical algorithms,” said **President of the National Medical Association, Dr. Rachel Villanueva**. “This is a critical step in the quest to end health disparities and achieve equitable health care for all. Our local NYC societies and national organization look forward to future collaborative efforts, as we continue to address racism as a significant public health issue.”

The 12 members of CERCA, who have pledged to end race adjustment in at least one clinical algorithm and create plans for evaluation of racial inequities and patient engagement, will meet

bi-monthly for two years. The CMO at the NYC Health Department will produce CERCA's first annual report in June 2022 capturing the work and achievements of CERCA members over the first several months of the coalition. Institutions participating in CERCA include: NYC Health + Hospitals, Maimonides Medical Center, MountSinai Health System, New-York Presbyterian, Northwell Health, NYU Langone Hospitals, One Brooklyn Health, SBH Health System, SUNY Downstate, Wyckoff Heights Medical Center, and Cortelyou Medical Associates.

CERCA's Advisory Council includes national experts in racial inequities research, representing a wide range of disciplines and specialties. The CERCA Advisory Council includes

- Dr. Ayrenne Adams, Clinical Director of Social Determinants of Health at New York City Health and Hospitals
- Dr. Salman Ahmed, Nephrologist and Assistant Professor at Baylor College of Medicine
- Dr. Leo Eisenstein, Resident Physician Internal Medicine at New York University and Bellevue Hospital
- Dr. Arielle Elmaleh-Sachs, Department of General Internal Medicine at Columbia University Medical Center
- Dr. Nwamaka D. Eneanya, Assistant Professor of Medicine at Hospital of the University of Pennsylvania
- Dr. Sophia Kostelanetz, Internal Medicine and Pediatrics Physician, Physician Liaison for Health Equity at Tennessee Department of Public Health
- Dr. Duncan Maru, Assistant Commissioner for the Bureau of Equitable Health Systems, Center for Health Equity and Community Wellness, NYC Department of Health and Mental Hygiene
- Dr. Jennifer Tsai, Emergency Medicine Physician, Department of Emergency Medicine at Yale School of Medicine
- Dr. Marie Plaisime, Health and Human Rights & NSF SBE Postdoctoral Research Fellow, FXB Center for Health and Human Rights, Harvard T.H. Chan School of Public Health

Last month, the NYC Board of Health passed a landmark resolution to declare racism a public health crisis and called on the NYC Health Department to take concrete action steps to advance the agency's anti-racism public health work. This [resolution](#) drives action toward a racially just recovery from COVID-19, as well as other actions to address this public health crisis in the short and long-term.

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