

December 9, 2020

The Honorable Richard E. Neal  
Chairman  
Committee on Ways and Means  
US House of Representatives  
Washington, DC 20515

Dear Chairman Neal:

On behalf of the Endocrine Society, thank you for your attention to the issue of racial health equity and for contacting us regarding your concern about racial bias in clinical tools. Founded in 1916, the Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology. The Society's membership of over 18,000 includes experts in all research and clinical aspects of hormone health, including osteoporosis and bone health. Like you, we are deeply disturbed about racial inequities in medicine and believe medical societies like ours must take a clear stand not only against misuse of race and ethnicity in screening, but also for increasing diversity among the medical and research workforce and in clinical trial participation and for improving access to care. During the past year, we have prioritized our efforts to address and raise awareness about racial and ethnic inequities in health care so we can improve outcomes in minority populations. Below please see our answers to the questions you shared with us:

**1. What strategies has the Endocrine Society undertaken to reevaluate the scientific basis for the use of race in SCORE and FRAX calculation?**

A recent article in the *New England Journal of Medicine* (NEJM) questioned the use of race-adjusted algorithms in medical decision-making. In the case of osteoporosis, the authors noted that the US FRAX calculator returns a lower fracture risk score for women who are Black, Asian, or Hispanic. They conclude that the lower FRAX score for Black, Asian and minority ethnic women may delay intervention with osteoporosis therapy. However, Dr. John Kanis, a lead researcher of the WHO Scientific Group involved in the development of FRAX, has suggested<sup>1</sup> that the NEJM authors may have misinterpreted the use of fracture epidemiology and application of risk assessment. Screening for osteoporosis through bone density measurement should be performed based on clinical criteria set forth by the USPSTF that do not include ethnicity or race. The purpose of FRAX is to characterize fracture risk so that decisions can be facilitated on the need for treatment. This includes the consideration of an intervention threshold that applies to all ethnicities based on fracture probability and epidemiology. There are marked differences in fracture risk and mortality in different regions of the world and between genders. For example, the incidence of hip fracture is lower in Blacks compared to Whites, but Blacks have higher mortality related to hip fracture. Therefore, failure to account for ethnicity-based differences in fracture epidemiology could lead to errors in risk stratification and, potentially, adverse consequences such as overtreatment. As Kanis argues, the use of FRAX may help to address rather than to exacerbate racial inequities.<sup>2</sup> Therefore, the Endocrine Society is not currently reevaluating these clinical algorithms. We believe, however, that FRAX has both limitations and strengths. It must be used appropriately and reassessed and updated as needed. Furthermore, it is important to educate clinicians on using race-neutral clinical tools when assessing the need for bone mineral density measurement.

**2. What has the Endocrine Society done and what does it plan to do to inform clinicians of the connection between race correction in SCORE and FRAX and racial health inequities in outcomes?**

We recognize there is a need to clarify the use of race in SCORE and FRAX and, more generally, to educate clinicians about the use of race in clinical tools and in treatment of osteoporosis. We are exploring the establishment of an expert task force to develop this guidance. The Endocrine Society has several communication channels in which to quickly share guidance to our clinical audience. This includes an ability to expedite publication in our journals, to create educational webinars for our members using our online platform, and to include information through our online communities, magazine, and podcast series.

**3. What role could the federal government play in supporting interventions to ensure improved access to screening for patients and what specific racial health equity metrics and outcomes will the Endocrine Society track and work to improve?**

Screening is a useful measure of health service uptake and inequities in screening can perpetuate health disparities. There are several actions the federal government can take to improve access to screening and osteoporosis care for racial minorities. This includes 1) Increasing funding for the Centers for Disease Control and Prevention to establish programs and research opportunities in osteoporosis. 2) Ensuring adequate Medicare reimbursement for bone density screening through Dual energy X-ray Absorptiometry (DXA) without reliance on FRAX. 3) Supporting the creation of new pilot opportunities in telehealth legislation to reduce secondary fractures for people with osteoporosis. For example, the use of telehealth provides an opportunity to increase the number of individuals with post-osteoporotic fractures who receive standard-of-care treatment. Following a fracture, many patients receive post-acute care in a Skilled Nursing Facility. Existing models of care have failed to appropriately screen or treat individuals for osteoporosis following a fracture. Creating a pilot to evaluate whether a telehealth visit with an endocrinologist, geriatrician, or another health care provider with expertise in bone health would improve outcomes in this patient population and care setting could reduce costs and improve outcomes. While not specific to racial minorities, this type of quality improvement program could also show increased access to care for racial minorities.

The Endocrine Society would like to work to improve all facets of racial inequity in health care. This includes screening, clinician and patient education, workforce, research, and health outcomes. Currently, the Society is developing a new module for the Society's Fellow Training series focused on osteoporosis and diagnosing disparities. We plan to launch this educational tool – specifically created for an audience of medical fellows – by mid-2021. The module will feature case-based scenarios and questions, as well as short video lectures, infographics, and information on osteoporosis disparities with the goal to introduce this education in the training curriculum to improve health outcomes by reducing racial bias. The Society is also currently completing the development of a Policy Perspective on Racism in Endocrinology inspired in part by the NEJM article. The perspective is authored by members from our Committee on Diversity and Inclusion and our Advocacy and Public Outreach Committee. Our plan is to publish this piece next January in the *Journal of Clinical Endocrinology & Metabolism* and include specific metrics and outcomes within.

**4. Black, Indigenous, and Latinx scholars have a leading and vital perspective on these issues and the proposed solutions, despite being underrepresented in medicine. How is the Endocrine Society ensuring racial diversity in the discussion and strategy development relating to health equity?**

As noted above, the Endocrine Society has prioritized the need to address racial inequity and has developed with the assistance of our Committee on Diversity and Inclusion (CoDI) a multifaceted approach, including the recruitment of underrepresented minorities to Society leadership and committees and the following activities:

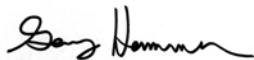
- Unconscious Bias Training – The Society plans to offer unconscious bias (and anti-racism) training for Endocrine Society leadership emphasizing the importance of increasing awareness around bias and delivering possible strategies to counter racism, prejudice, and discrimination. We recently provided online training to the Board of Directors, committee chairs, and members of the Nominating Committee and CoDI. Our goal is to continue to build on this initial training and explore opportunities to provide additional training to committee members and potentially our overall membership.
- Diversity Town Halls - We are developing a Diversity Town Hall series to facilitate collaboration and communication between the Society’s leadership, governance committees, and overall membership on issues related to diversity, equity, and inclusion. The Diversity Town Hall series will build on the Society’s commitment to support a diverse and inclusive network of clinician, researcher and educator members and leaders who promote health and work to eliminate endocrine health disparities in our local, national, and global communities.
- Excellence in Clinical Endocrinology Leadership (ExCEL) – The Endocrine Society hopes to launch a new program that will cultivate a diverse cohort of future clinician leaders from minority groups underrepresented in science and medicine. This comprehensive program will offer clinical fellows a pathway to develop their leadership abilities in a culturally responsive setting, opportunities to gain guidance and coaching from dedicated Society mentors, and the ability to engage in career building service activities.
- Annual Meeting Programs - Earlier this year, we offered an on-demand scientific session that covered health disparities in Glomerular filtration rate, unconscious bias in clinical care, and how to increase patient participation in clinical trials. This talk featured Nwamaka Eneanya, MD, MPH and James Gavin, III, MD, PhD. Our 2021 annual meeting program will include a session titled, "Lessons Learned from the History of Identifying and Addressing Health Disparities in Endocrinology and Diabetes" to provide a broad historical perspective on the emergence of research showing dramatic racial and ethnic disparities in endocrine related disorders such as diabetes. The presentation will consider the biological basis and clinical risk factors of endocrine health disparities and factors that help improve health indicators and potentially close the gap between racial and ethnic groups. CoDI will also host a live health-disparities related session at ENDO 2021, "Addressing the Impact of Structural Racism on Endocrinology and Health Care," which will address structural and institutional racism (e.g., redlining, lack of economic investment in certain communities) and how these issues have led to social determinants of health that contribute to risk of obesity, diabetes, and other metabolic disorders. It will also cover the

importance of integrating strategies to address social determinants of health into clinical and population health models.


- Publications – During 2021 we will develop a Scientific Statement examining the progress of and identifying ongoing gaps in health disparities research since the publication of the Endocrine Society’s 2012 Scientific Statement, “Health Disparities in Endocrine Disorders: Biological, Clinical, and Nonclinical Factors.” CoDi is also in the early stages of collaborating with our journals to support increased visibility of health disparities research, including developing a thematic issue on this topic.

Thank you for your leadership and attention to this important issue. If you have any questions or would like more information from the Society, please have your staff contact the Endocrine Society’s Chief Policy Officer Mila Becker at [mbecker@endocrine.org](mailto:mbecker@endocrine.org).

Sincerely,



Gary D. Hammer, MD, PhD  
President  
Endocrine Society



Robert W. Lash, MD  
Interim CEO, Endocrine Society