



February 6, 2024

American Board of Family Medicine  
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American Board of Family Medicine Board of Directors;  
Warren Newton, MD, MPH | President and Chief Executive Officer;  
Gary LeRoy, MD, FAAFP | Senior Vice President of Diplomate Experience; and  
Keith Stelter, MD | Medical Director for Certification

Dear American Board of Family Medicine (ABFM) Board of Directors and distinguished executives, thank you for your steadfast work to provide a high standard of family medicine certification that allows all of us to demonstrate our commitment to delivering the best care possible to our patients. As the president of the Ohio Academy of Family Physicians (OAFP), we have enjoyed an ongoing partnership with the ABFM to deliver a number of value-added physician engagement programs that support continuous certification including group knowledge self-assessment (KSA) events and multiple performance improvement activities.

Today, I am writing to address a race-based medicine issue that was recognized during one of our recent group KSAs. It pertains to question #43 of the diabetes KSA and the screening guidelines recommended based on the race of a patient. Although the guidelines conform to recommendations of the American Diabetes Association, the OAFP and the American Academy of Family Physicians (AAFP) agree through mutual policy, that race is not an appropriate factor to base screening decisions.

The OAFP supports the AAFP policy on Race-Based Medicine which states:

“Race is a social construct that is used to group people based on physical characteristics, behavioral patterns, and geographic location. Racial categories are broad, poorly defined, vary by country and change over time. People who are assigned to the same racial category do not necessarily share the same genetic ancestry; therefore, there are no underlying genetic or biological factors that unite people within the same racial category. By using race as a biological marker for disease states or as a variable in medical diagnosis and treatment, the true health status of a patient may not be accurately assessed, which can lead to racial health disparities.

The AAFP opposes the use of race as a proxy for biology or genetics in clinical evaluation and management and in research. The AAFP encourages clinicians and researchers to investigate alternative indicators to race to stratify medical risk factors for disease states.”



The OAFP works with our members, our medical communities, and partner organizations to educate about the equity implications of race-based medicine and advocates for the removal of race from the clinical decision making process. In fact, with our chapter's urgency, the AAFP adopted a resolution during the 2023 Congress of Delegates to encourage several national stakeholder groups to update their race-based guidelines. The AAFP's Commission on Diversity, Equity and Inclusiveness in Family Medicine as well as the AAFP's Commission on Federal and State Policy are already on the task.

On behalf of the OAFP and the nearly 5,000 active, resident and student members, we call on the ABFM to:

- Issue a statement against the use of race-based medicine;
- Remove question #43 in the diabetes KSA and other questions from KSAs, Continuous Knowledge Self-Assessment, Family Medicine Longitudinal Assessment, and board exams that use race-based screening or treatment recommendations;
- Educate ABFM diplomates about the potential negative effects on health equity that is caused by race-based medicine.

Thank you for always valuing the patient-physician relationship and emphasizing clear communication with your diplomates regarding the trustworthiness family physicians hold within our communities. This is the hallmark of the ABFM and we owe it to our patients and our profession to always recognize that we can do better as life-long learners. Thank you for considering these important changes to resolving race as a clinical decision factor.

Should you have questions, please contact OAFP's Executive Vice President, Kate Mahler, CAE at (614) 914-5626 or at [kmahler@ohioafp.org](mailto:kmahler@ohioafp.org).

Thank you,  
Wayne Forde, MD, FAAFP

**References:**

AAFP Race Based Medicine Policy: <https://www.aafp.org/about/policies/all/racebased-medicine.html>

Vyas DA, Eisenstein LG, Jones DS. Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms. *N Engl J Med.* 2020;383(9):874-882.

Westby A, Okah E, Ricco J. Race-Based Treatment Decisions Perpetuate Structural Racism. *Am Fam Physician.* 2020;102(3):136-137. <https://www.aafp.org/pubs/afp/issues/2020/0801/p136.html>

**cc:**

- OAFP Board of Directors
- Margot Savoy, MD, MPH, FAAFP, Commission on Diversity, Equity and Inclusiveness in Family Medicine
- David Tully, Commission on Federal and State Policy