



Addressing Health Inequities and Disparities in Kidney Care

Health disparities among patients with chronic kidney disease (CKD) represent a serious challenge. Broadly speaking, causes of health disparities include limited access to early and regular care, inadequate access to good nutrition, gaps in public health education, language barriers and discrimination in the provision of care. Approximately 50 percent of dialysis patients in the United States are Black, Latinx, Native American, or Native Hawaiian and other Pacific Islander. People of color are less likely to receive a kidney transplant compared to white patients. Compounded by the presence of underlying disparities, factors including bias create an environment in which people of color are more likely to have negative experiences with the health care system.

The Nonprofit Kidney Care Alliance (NKCA) represents eight nonprofit dialysis providers: Centers for Dialysis Care; Central Florida Kidney Centers; Dialysis Center of Lincoln; Dialysis Clinic, Inc.; Independent Dialysis Foundation, Inc.; Northwest Kidney Centers; Puget Sound Kidney Centers; and The Rogosin Institute. Collectively, we serve more than 22,500 patients at 326 facilities in 32 states. In an effort to keep patients off dialysis, we also serve more than 10,000 CKD patients, with the goal of avoiding, or at least delaying, the onset of end-stage renal disease (ESRD). We are also committed to increasing kidney transplantation and eliminating barriers to access to care.

Our efforts include advocacy for appropriate and effective public policies to address health inequities and disparities in care. We believe that our own actions to tackle these challenges – actions in our communities and in our clinics and businesses – are critical to improving health outcomes and reducing disparities across the patients we serve. Our actions, both as caregivers to our patients and role models for others in our industry, are elements of the critical grassroots effort needed to achieve change. Toward that end, we have adopted these key principles.

Key Principles

- 1. We believe that everyone with CKD, regardless of income, race, gender, sexual orientation, or level of education should have access to and coverage for affordable, quality health care.** Providers must take steps to address challenges within their own companies through training and education and their own local communities through engagement and awareness campaigns. For example, staff must be well trained on cross-cultural issues and implicit bias and provide quality care regardless of a patient's race, religion, gender, sexual orientation, ability to pay, or educational attainment. State and federal laws and policies should support these goals.
- 2. We believe that patient trust in the health care system, both providers and payors, must improve.** While we know that nurses and doctors want to provide the best care to all their patients, we also recognize that disparities in care and health outcomes exist today, and more must be done to correct these disparities. For example, to improve outcomes for people of color with kidney disease, patients should have access to health and wellness checks with a primary care physician to delay the progression of kidney

disease and also receive more timely referrals for specialty care. Those from under-resourced communities are less likely to see a nephrologist prior to starting dialysis and therefore are more likely to have poorer outcomes on dialysis. Furthermore, they are less likely to have been evaluated and listed for kidney transplantation prior to starting dialysis.

3. **We believe that too many of our patients cannot meet their basic needs and that our safety net programs must be improved to ensure an integrated and coordinated strategy to meet the needs of our patients.** To gain patient trust and attention, patients' other basic needs must be adequately met as well. Food security, stable and affordable housing, job opportunities, and transportation are all critically important and sometimes woefully inadequate for kidney patients. When basic needs are met, patients can pay more attention to their health. A truly integrated care system for an individual needs to include services outside of those that are traditionally medical, including, for example, transportation and nutrition.
4. **We believe that peer-to-peer mentorship and community support are critically important for our disadvantaged patients and have been shown to help patients improve their health status.** In our own communities, we have seen how peer mentoring can be effective in helping individuals make more informed choices. Peer mentoring also lets patients and their families know that they are not alone. In addition, the dialysis unit can be a more integral and active part of the community in which it is located and better promote quality of life for patients and families.
5. **We believe that more data and more research are needed to better define the causes and consequences of health inequities and to measure the effectiveness of policy interventions.** While we know that approximately 37 million adults in the United States have CKD – that is, approximately 15 percent of the population – we also know that as many as 9 in 10 adults with CKD have not been diagnosed. More data on CKD prevalence in minority communities are necessary to understand how prevalence and awareness vary among subpopulations. To reduce disparities, we must be able to measure them so that we know whether we are closing the gaps, as well as gain insights on what works and what does not.