Swimming Upstream—Pathways To Advance Health Equity in Kidney Care

Overview

Disparities persist in End-Stage Renal Disease (ESRD) patient outcomes. Patients in disadvantaged neighborhoods are more likely to encounter barriers to care.

Challenges²

18% of ESRD patients reside in counties with more than 20% of poverty. ESRD patients in rural areas have lower access to primary care providers, dialysis facilities, and home programs compared to patients in urban areas. A higher percentage of ESRD patients reside in rural areas compared to the percentage of dialysis facilities in those areas (22% vs. 7%). Facilities in urban settings have a higher patient-to-station ratio than those in rural areas (3.6 vs. 2.9).



^{1.} End Stage Renal Disease Quality Reporting System (EQRS) data linked with U.S. Census analyzed by ESRD NCC. 2. ESRD NCC analyzed EQRS data linked with U.S. Census via Federal Information Processing Standards (FIPS) codes.







 \geq 20.0% Poverty

Poverty



Utilizing Community-Based Resources to Meet Patients' Needs, e.g., Neighborhood Navigator, Local Food Banks, Dial 2-1-1

Link Patients to Resources and **Povide Support**

Tools and Strategies

There is a need to ensure equitable access to care. Facilities could adopt and implement equity-promoting strategies, such as social workers connecting patients to resources and following through with referrals.

To effectively address patients' issues: • Engage the whole team to identify and resolve patients' non-medical needs. • Create an environment of trust with patients.

Next Steps

- on the End Stage Renal Disease health equity.
- Reducing implicit bias







• Health Equity Change Package: Based Quality Reporting System (EQRS) national data, the National Coordinating Center (NCC) interviewed high-performing dialysis facilities to find effective practices that can be used across the renal community to advance

• Equity Toolkit for kidney care providers Improving structural competency Health Equity Learning & Action Network Tracking Progress via equity measures and

identifying gaps to inform interventions