

# Efforts to Address Health Disparities: A Multipronged Approach

By Rachel Meyer

In many ways, kidney disease is the poster child for health disparities in the United States. In 2012, African Americans were nearly four times as likely and Native Americans nearly twice as likely as whites to experience kidney failure (1). African Americans, Hispanics, Native Americans, and Alaska Natives are twice as likely as whites to have diabetes, the leading cause of kidney disease. The incidence of ESRD in people with diabetes is six times as high in Native

Americans compared with the incidence in the general population of diabetes patients. Moreover, minority populations spend more time on the wait list for a kidney transplant and are less likely to utilize a home dialysis modality (2).

Addressing these health disparities was a top ASN Public Policy priority in 2014, and in 2015 the society will continue to prioritize efforts at the federal legislative, regulatory, and profession-sanctioned levels to

raise awareness and reduce disparities. Table 1 depicts ASN's efforts to integrate health disparities advocacy into every aspect of the society's 2014 policy priorities. ASN endeavors to ensure that Congress, federal research funding agencies, and Medicare are aware of these discrepancies and take every opportunity to confront them on behalf of the millions of Americans who are at disproportionate risk for kidney disease or compromised access to kidney care. ●

**Table 1. 2014 ASN Policy Efforts to Address Health Disparities**

2014 ASN Public Policy Priorities	Efforts to Address Health Disparities
1. Influence the evolution of the ESRD Quality Incentive Program and participate, in collaboration with the entire kidney community, in the bundle rebasing process.	<ul style="list-style-type: none"> <li>Highlighted effects of proposed changes to the ESRD bundle and QIP on underrepresented minorities in all comment letters.</li> <li>Encouraged development and selection of QIP measures and risk-adjustment strategies that properly account for the unique needs and characteristics of underrepresented minorities.</li> </ul>
2. Shape the implementation and evaluation of the ESRD Seamless Care Organization (ESCO) program.	<ul style="list-style-type: none"> <li>Promoted the need for providers and practices of all sizes and types, serving all patient populations and geographic regions, to be able to participate in the ESCO program.</li> <li>Advocated for strong oversight to prevent cherry-picking of vulnerable patient populations.</li> <li>Emphasized need for vigilance regarding equitable access to transplant.</li> </ul>
3. Develop and implement a long-range strategic plan regarding interactions with NIH and NIDDK, and continue to expand ASN's research advocacy beyond NIH.	<ul style="list-style-type: none"> <li>Promoted health disparities research among and collaboration between federal research agencies and programs as ASN's key research recommendation, including NIH and the VA's research office.</li> <li>Asked the GAO to specifically assess gaps in health disparities research as part of GAO's assessment of the overall federal investment in kidney research funding.</li> </ul>
4. Collaborate with other stakeholder coalitions to ensure a successful launch of the NIDDK Coalition.	<ul style="list-style-type: none"> <li>Advocated that the Friends of the NIDDK join ASN in emphasizing the importance of disparities research as a crucial, cross-cutting area in all interactions with NIDDK.</li> </ul>
5. Promote recognition of Kidney Health Initiative (KHI) within FDA and Congress, and begin to develop policy positions on legislation related to the FDA.	<ul style="list-style-type: none"> <li>Highlighted the fact that significant health disparities exist in kidney disease as an important reason to promote innovative technologies and therapies that could potentially help reduce inequities in risk, diagnosis, and care of underrepresented minorities.</li> </ul>
6. Foster the interest of younger and more diverse nephrologists in public policy issues, including establishing a policy track at Kidney Week.	<ul style="list-style-type: none"> <li>Ensure diversity in terms of speaker and moderator selection in public policy sessions.</li> </ul>
7. Identify potential legislative or regulatory strategies to address the declining interest in nephrology careers.	<ul style="list-style-type: none"> <li>Explored developing federal loan repayment programs that support underrepresented minorities</li> <li>Encouraged federal funding agencies, especially NIMHD and NIDDK, to continue to expand programs that specifically fund underrepresented minorities</li> </ul>

1. USRDS, 2014.
2. DPC Education Center. <http://dpcedcenter.org/kidney-health-disparities>

**UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)**

**Statement of Ownership, Management, and Circulation**

1. Publication Title: ASN Kidney News

2. Publication Number: 19438044

3. Filing Date: 10/1/2014

4. Issue Frequency: Monthly

5. Number of Issues Published Annually: 12

6. Annual Subscription Price: 12.00

7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®): American Society of Nephrology, 1510 H Street NW #800, Washington DC 20005

Contact Person: Bob Henkel

Telephone (include area code): 202-657-8360

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer): American Society of Nephrology, 1510 H Street NW #800 Washington DC 20005

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank):  
 Publisher (Name and complete mailing address): American Society of Nephrology, 1510 H Street NW #800 Washington DC 20005  
 Editor (Name and complete mailing address): Pacale Lane, MD, Oklahoma University, 1200 North Phillips, Suite 14200, Oklahoma City OK 73104  
 Managing Editor (Name and complete mailing address): Dawn McCoy, 2016 Lonacera Way Charlottesville, VA 22911

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
American Society of Nephrology	Tod Ibrahim Executive Director 1510 H St NW #800 Washington DC 20005


11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box.  None

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)  
 Has Not Changed During Preceding 12 Months  
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

PS Form 3526, July 2014 (Page 1 of 4 (see instructions page 4)) PSN: 7530-01-000-9931 PRIVACY NOTICE: See our privacy policy on www.usps.com

13. Publication Title		14. Issue Date for Circulation Data Below	
ASN Kidney News		9/1/2014	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		19371	18546
b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	17424	17609
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	818	819
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		18242	18428
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
	(2) Free or Nominal Rate In-County Copies included on PS Form 3541	0	0
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	0	0
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		0	0
f. Total Distribution (Sum of 15c and 15e)		18242	18428
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		1129	118
h. Total (Sum of 15f and g)		19371	18546
i. Percent Paid (15c divided by 15f times 100)		100.00%	100.00%

\* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.



**Kidney Watch 2015**

**Don't miss the January Kidney News predictions for top issues to watch in the new year.**