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Contacts: **Tracy Hampton** • (312) 339-9067 • thampton@nasw.org
Adrienne Lea • (202) 503-6560 • alea@asn-online.org

SURVIVAL DIFFERENCES AMONG YOUNG BLACK AND WHITE DIALYSIS PATIENTS MOST STRIKING IN POOR NEIGHBORHOODS

Efforts needed to identify modifiable factors contributing to the higher mortality among black patients

Highlights

- Young black adults on dialysis living in poor neighborhoods had a higher risk of dying while still young compared with all other young black and white adults.
- Among young adult dialysis patients living in poor neighborhoods, blacks had approximately a 1.5 times greater risk of dying compared with whites.

In the United States, the incidence of kidney failure is 3.4 times higher in black than in white individuals.

Washington, DC (June 12, 2014) — Among young adult dialysis patients living in poor neighborhoods, blacks have a significantly higher risk of dying while young compared with whites. The findings, which come from a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN), suggest that more work is needed to understand social factors that could worsen outcomes among young black adults with kidney failure.

Among young dialysis patients aged 18 to 30 years, blacks are nearly twice as likely as whites to die while still young. The reasons for this difference have not been well understood. Tanya Johns, MD, MHS (Albert Einstein College of Medicine, Montefiore Medical Center) and her colleagues wondered whether the wealth of patients' neighborhoods could play a role. The team merged information from the US Renal Data System pertaining to 11,027 young black and white patients initiating dialysis between 2006 and 2009 with US Census data regarding neighborhood wealth.

During a median follow-up of 23 months, the researchers found that young black adults living in poor neighborhoods had a higher risk of death compared with all other young black and white adults. When they looked only among young adults living in poor neighborhoods, blacks had approximately a 1.5 times greater risk of death compared with whites. In wealthier neighborhoods, the difference in mortality between black and white young adults was significantly less. The findings were not explained by medical factors,

including the cause of patients' kidney failure or other health conditions such as diabetes or high blood pressure.

"In our study, young black patients' risk of death was worse when they lived in poor neighborhoods. We need to better understand how the wealth of someone's neighborhood affects patients' health while on dialysis," said Dr. Johns.

Study co-authors include Michelle Estrella MD, MHS, Deidra Crews, MD, ScM, Lawrence Appel, MD, MPH, Cheryl Anderson, PhD, MPH, MS, Patti Ephraim, MPH, Courtney Cook, and L. Ebony Boulware, MD, MPH.

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The article, entitled "Neighborhood Socioeconomic Status, Race and Mortality in Young Adult Dialysis Patients," will appear online at <http://jasn.asnjournals.org/> on June 12, 2014. doi: 10.1681/ASN.2013111207.

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***&*& Deirdre Branley**
Assistant Director of Media Relations and Communications
dbranley@einstein.yu.edu

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