



PRESS RELEASE

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STUDY EXAMINES SOCIAL DETERMINANTS OF DISPARITIES IN KIDNEY TRANSPLANTATION

Highlights

- Race and social determinants of health were associated with the likelihood of undergoing kidney transplantation among US adults with kidney failure.
- Interventions that target social determinants of health may improve access to kidney transplantation.

Washington, DC (January 28, 2021) — Among US adults with kidney failure, race and social determinants of health were associated with patients' likelihood of receiving a kidney transplant. The findings come from an analysis that will appear in an upcoming issue of *CJASN*.

Blacks are more likely than whites to develop kidney failure, but they're less likely to undergo kidney transplantation, the optimal treatment for kidney failure. Blacks also have disproportionately lower rates of kidney transplants from living donors, which offer superior patient and transplant survival rates compared with deceased-donor kidney transplants.

To assess whether social determinants of health—such as demographics, cultural factors, psychosocial characteristics, and transplant knowledge—may play a role in these disparities, Larissa Myaskovsky, PhD (University of New Mexico Health Sciences Center) and her colleagues prospectively followed 1,056 patients referred for kidney transplantation from 2010 to 2012 (with follow up through 2018) at the University of Pittsburgh Medical Center. Patients completed an interview soon after their initial kidney transplant evaluation and were followed until their kidney transplants was performed.

The team found that even after accounting for social determinants of health, Blacks had a lower likelihood of receiving a kidney transplant overall, and specifically a living-donor transplant but not deceased-donor transplant.

Black race, older age, lower income, public insurance, more comorbidities, being transplanted before 2014 kidney allocation policy changes, greater religiosity, less social support, less transplant knowledge, and fewer learning activities each were associated with a lower probability of receiving a kidney transplant.

“Our data suggest a critical need for transplant centers to identify and intervene on social determinants for at-risk populations,” said Dr. Myaskovsky. “Based on our findings, developing interventions that target patients with low transplant knowledge, religious objection to living-donor transplant, or poor social support may enhance equal access to kidney transplantation because transplant teams can use these risk factors to target patients who may need more support to ensure they receive a transplant.”

An accompanying Patient Voice editorial provides the perspective of a Black American woman who was suddenly diagnosed with kidney failure 7 years ago at the age of 49 years. She is a kidney transplant recipient and also the Director of Outreach and Government Relations for the National Kidney Foundation of Illinois.

Study co-authors include Hannah Wesselman, BS, C. Graham Ford, MS, Yuridia Leyva, MS, Xingyuan Li, PhD, Chung-Chou H. Chang, PhD, Mary Amanda Dew, PhD, Kellee Kendall, MS, Emilee Crowell, BA, John R. Pleis, PhD, Yue Harn Ng, MD, Mark L. Unruh, MD, and Ron Shapiro, MD.

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The article, titled “Social Determinants of Health and Race Disparities in Kidney Transplant,” will appear online at <http://cjasn.asnjournals.org/> on January 28, 2021, doi: 10.2215/CJN.0486042.

The Patient Voice editorial, title “Barriers to Kidney Transplantation in Racial/Ethnic Minorities,” will appear online at <http://cjasn.asnjournals.org/> on January 18, 2021, doi: 10.2215/CJN.19371220.

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