The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation’s leading kidney nonprofit working on behalf of the 37 million Americans living with kidney disease and the millions more at risk.

As an integral part of our mission, AKF has long fought the health disparities that have been brought into sharp focus by the COVID-19 pandemic which, like kidney disease, has had a disproportionate impact on people of color.

Kidney failure (end-stage renal disease, or ESRD) disproportionately impacts people of color:

- Black Americans make up just 13% of the U.S. population, but they account for 35% of Americans with kidney failure. Compared to white Americans, Black Americans are 3.4 times more likely to develop kidney failure.
- Native Americans are 1.9 times, and Asian Americans are 1.3 times, more likely than white Americans to develop kidney failure.
- People of Hispanic ethnicity are 1.5 times more likely to develop kidney failure than non-Hispanics.

The impact of COVID-19 on people of color and ESRD patients is not unexpected, given the facts. People of color are at greater risk for developing kidney disease and kidney failure due to high rates of diabetes and hypertension—the two leading causes of kidney disease—and other conditions, like heart disease, in their communities. According to the Centers for Disease Control and Prevention, people living with these underlying conditions are at an increased risk of severe COVID-19 illness, as are all people with any stage of kidney disease and those living with a kidney transplant. COVID-19 also can cause kidney damage in people with previously healthy kidneys.
Data from the Centers for Medicare and Medicaid Services on COVID-19 infections and hospitalizations confirms the racial and ethnic disparities among Medicare beneficiaries and the serious impact of COVID-19 on people with ESRD. At the end of 2020:

- Black, Hispanic and Native American people had the highest rates of infection among racial and ethnic groups—more than 1.5 times higher than white people.

- Black people had been hospitalized 2.6 times, Hispanic people 2.1 times and American Indians/Alaska Natives people 2.9 times more than white people, respectively.

- Medicare beneficiaries with ESRD had the highest hospitalization rate of all beneficiaries, with 4,721 hospitalizations per 100,000 beneficiaries—6 times higher than the hospitalization rate for Medicare beneficiaries generally.

AKF looks forward to working with the 117th Congress and Biden administration on bipartisan solutions that will address health disparities and improve the lives of people with and at risk for kidney disease. Policy solutions must focus on:

- Minimizing the impact of social determinants of health (SDOH)—the social, economic and environmental conditions that affect health and wellbeing—that are significant contributors to health disparities. SDOH include: income level; access to education; job opportunities; access to housing and utility services; workplace safety; gender inequity; racial segregation; food insecurity; early childhood experiences; and exposure to violence and pollution.

- Improving the health care delivery system to make it more equitable, accessible and inclusive, and ensuring high quality care across demographics and geographic regions, including rural areas.

- Investing in kidney-related research, particularly research on kidney disease in people of color.

- Improving the public health surveillance infrastructure to modernize reporting on COVID-19 and other diseases and conditions, including improving the collection and reporting of race and ethnicity data.

### COVID-19 DISPARITIES IN THE MEDICARE POPULATION

<table>
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<tr>
<th>Rate of Infection</th>
<th>Hospitalization Rates</th>
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<tr>
<td><strong>Compared to white people</strong></td>
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<td><strong>Among Medicare beneficiaries with kidney failure</strong></td>
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<tr>
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