



NORTHWEST
Kidney Centers

Strategic Plan to Advance Health Equity



Executive Summary

Kidney disease disproportionately affects Black, Native and Indigenous, Asian American, Latine, Native Hawaiian, and Pacific Islander communities – groups that have long faced inequities in healthcare. As some of the most medically vulnerable individuals in our society, many people with kidney disease also grapple with comorbidities and economic hardship. These compounded challenges, intensified by health inequities, make kidney care more complex. In response, Northwest Kidney Centers has developed a Health Equity framework to guide the organization in delivering inclusive, trauma-informed, equitable care, with a collective commitment to removing barriers that perpetuate disparate health outcomes for people living with kidney disease.

Our health equity framework is built upon three core pillars: Patients, People, and Community. Within each pillar, we focus on specific domains to drive strategies and actions that promote and advance health equity. This comprehensive approach ensures that our efforts are fully aligned with our commitment to reducing disparities and improving health outcomes for those we serve.

Health Equity Guiding Principles

Founded in 1962, we are the world's first outpatient dialysis organization. As a leader in innovation, our cause is to radically improve the lives of all those impacted by kidney disease. At Northwest Kidney Centers we are working to increase opportunities for everyone -- regardless of their race, ethnicity, or background -- to receive the care that supports them living their healthiest life. We build people's trust and confidence through our integrated and equitable approach to person-centered care, with an extraordinary team of compassionate care individuals.

At Northwest Kidney Centers, we believe that quality healthcare is a right and what is just for all people. We support all patients through their kidney care journey regardless of who they are, where they live, or the insurance card they carry.

Vision

To create a world where kidney disease no longer inhibits people from living their best lives

Mission

To promote optimal health, quality of life and independence of people living with kidney disease through patient care, education and research.

Values

As a community-based, nonprofit organization, Northwest Kidney Centers fulfills its mission through shared core values of Teamwork, Integrity, Excellence, Stewardship, and Respect.

Kidney Health Inequities

Racial, ethnic, geographic, socioeconomic and other disparities in health care access, quality, and outcomes exist and are persistent among individuals in the United States living with chronic kidney disease. The two major causes of kidney failure in the United States, diabetes and hypertension, are both more common in Black and Hispanic Americans compared to White Americans. The incidence of kidney failure requiring dialysis for Black American individuals is 3.5 times that of white individuals. As a result, Black or African American individuals make up more than 30% of dialysis patients in the U.S. despite representing less than 13% of the overall U.S. population. Furthermore, American Indians and Alaska Natives are nearly two times more likely, and Asian Americans are 1.5 times more likely than white Americans to develop chronic kidney failure.

Upon development of kidney failure requiring dialysis, health inequities persist. For example, White patients with kidney failure are more likely to initiate hemodialysis with a fistula than Black or Hispanic patients. Black patients are less likely to be evaluated for kidney transplant, less likely to be listed, and once listed, have a longer average time on the transplant waitlist. Furthermore, Black and Hispanic patients are less likely to be treated with a home dialysis modality, even accounting for other demographic, geographic and clinical variables. Likely contributing factors include later referral to nephrologists and less pre-dialysis nephrology care, lower rates of education regarding home dialysis modalities, and higher rates of emergent dialysis initiation in an emergency department or hospital setting.

In addition to entrenched racial and ethnic disparities in kidney disease outcomes in the United States, research has also shown that sex and gender disparities exist in kidney disease treatment and outcomes. Gender-related factors such as less familial and societal support for women, lower education, and fewer financial resources overall are all likely important contributors to these disparities, which include lower kidney transplant rates among women and higher CKD prevalence among transgender individuals.

Finally, immigrant populations are an important at-risk group for health inequities in kidney disease treatment. In some states, undocumented immigrants do not qualify for coverage for outpatient dialysis; in these states, such individuals are able to receive dialysis only when critically ill through presentation to an emergency department for emergent care. Such use of emergency-only hemodialysis is associated with higher total cost of care, higher mortality, and longer hospital length of stay for these patients.

Health Equity Framework

Priority Populations

Based on an analysis of national and local data, Northwest Kidney Centers has identified as priority the following groups within its patient population who face particularly significant barriers to health care due to their identity, status, or demographics. These groups will be at the center of our initiatives as we work to provide greater support, reduce disparities, and improve access to care. is equitable regardless of race, ethnicity and socioeconomic status.

We acknowledge that in addition to these communities, many other people in the U.S. have been historically disadvantaged, marginalized and underserved by the health care system. These include racial and ethnic minority groups, people living with disabilities, members of the LGBTQIA2S+ community, people living in rural areas, individuals with limited English proficiency, religious minorities, among others. We are committed to continuing this data-driven approach as we work toward health equity, and we will reassess and potentially expand our priority populations as new information and resources become available.

Health Equity Defined

Health equity is defined as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identify, socioeconomic status, geography, preferred language, or other factors” [Source – U.S. Centers for Medicare and Medicaid Services].



Our priority populations include the following communities:

- Black or African American
- American Indian and Alaska Natives
- Native Hawaiian and Pacific Islander
- Asian American
- Hispanic and Latine

Pillars

To address disparities in care and kidney health outcomes, we will focus our health equity efforts in three areas:

- **Patients:** To support individuals in living their best lives, our efforts must center on the needs and experiences of our patients. We are committed to providing equitable care that meets the diverse needs of our patient population.
- **People:** This pillar emphasizes the importance of training and supporting our staff. We believe that by equipping our people with the knowledge, skills, and resources necessary to deliver equitable care, we can create a more inclusive and effective healthcare environment.
- **Community:** Finally, our work extends beyond the walls of our facilities. We are dedicated to engaging and collaborating with community members, partners, and organizations to co-create solutions that advance health equity and improve the well-being of the communities we serve. Together, these pillars will help us maintain alignment with our mission as we work to reduce health disparities and build a more equitable future for all.

Domains

To shape our ongoing framework, we identified seven core health equity domains that will guide our focus in our health equity work:

- Addressing Determinants of Health Equity
- Data Collection & Analysis
- Quality Improvement
- Advocacy & Leadership Engagement
- Workplace & Workforce Development
- Community Investment & Partnerships

These domains are dedicated to ensuring:

1. Our patient care is quality, equitable, and data-driven
2. Our staff and leaders are empowered to champion equity within our organization; and
3. Our community collaborations are strong, and equity focused

Health Equity Goals

Within each health equity pillar and domain, we have identified one or more discrete goals to guide Northwest Kidney Centers staff efforts, project development, and allocation of resources.

Patients

Addressing Determinants of Health Equity

- Advance kidney care and improve health outcomes for people living with kidney disease by:
 - Providing inclusive, equitable, and trauma-informed clinical care
 - Identifying barriers and obstacles facing specific groups of people living with kidney disease and tailoring our care delivery efforts to address social determinants of health
 - Leveraging systems innovations to serve the communities where there is the greatest need, in facilities that promote the best possible care

Data Collection & Analysis

- Collect patient-level data to inform how we support staff, providers, and partners in providing equitable care to patients.

Quality Improvement

- Participate in local, regional, and national quality improvement activities focused on reducing health disparities and improving patient outcomes.

People

Advocacy & Leadership Engagement

- Foster a culture in which leaders advocate for and are actively engaged in addressing the root causes of health inequities.

Workplace & Workforce Development

- Recruit and retain individuals with diverse backgrounds and build a culture where staff feel valued and appreciated for their expertise, time, and talent.

Community

Community Investments & Partnerships

- Invest in building authentic community relationships and partnerships to gain a deeper understanding of community needs and collaboratively build responsive strategies to reduce health disparities and enhance health outcomes for people living with kidney disease.

Our Work Ongoing

Founded on the principle that all those experiencing kidney failure had the right to accessible dialysis, Northwest Kidney Centers' rich tradition of person-centered care positions us to lead the industry in delivering equitable care. We have a number of initiatives already underway in each of our health equity pillars which are summarized in the table below.

Patient

- Accepting patients irrespective of insurance – Our doors are open to all patients
- Geographic placement of patients – we strive to place patients so they can remain in their community
- Palliative care supporting patients where they are
- Financial counseling – financial case managers help patients navigate payment for treatment and connect them to outside resources to support their financial needs
- Medication delivery (in-clinic or home)
- Project Access Northwest partnership – providing financial support for free dental services
- HopeLink Partnership – working to secure reliable transportation options for all patients
- Free CKD education – classes to explain treatment options as well as nutrition and fitness
- Transplant assistance – our dietitians and social workers support patients to get transplant ready including helping those patients who are undocumented enroll in insurance coverage that makes transplant possible
- Food pantry – in-clinics support for those who are food insecure
- Collection of self-reported patient information on social determinants of health
- Emergency grant funding – support for transportation, food, rent and bills
- Fitness membership subsidies
- Care for incarcerated patients
- Referrals for wrap-around services including housing/shelter, religious/spiritual, treatment and counseling for substance use disorders and more

People

- Intentional recruiting of a diverse governance board to ensure broad representation
- Trauma-informed care training for clinic staff in response to SAS event reports and trends
- Serious Illness Conversations training to educate new staff on how to support people with chronic kidney failure
- Required annual cultural competency training for all staff

Community

- Community health education and outreach initiatives to at risk populations to raise awareness about kidney disease

As demonstrated by work-in-progress, there are significant opportunities to expand initiatives in our people and community pillars – making all initiatives more targeted, actionable and measurable for the priority populations identified in this document.

Health Equity Action Plan

Northwest Kidney Centers is taking a multi-year strategic approach to achieve our Health Equity Goals. This approach includes short-term foundational objectives, as well as an initiative-based multi-year action plan that will be iteratively refined each year to ensure our objectives and initiatives are reflective of the latest environment, challenges and available resources and in alignment with our vision, mission and values.

Establishing a Foundational Health Equity Infrastructure

- Our short-term objectives include strengthening the foundation of health equity across all levels of Northwest Kidney Centers, establishing a culture of diversity, equity and belonging that is inclusive of staff, patients, families and other key partners, and developing an adequately resourced infrastructure to promote the development and implementation of health equity initiatives in a sustainable fashion.
- A key early priority is to establish an organization-wide health equity strategic work group dedicated to the monitoring and development of health equity practices and strategies to ensure continuity and alignment with our vision, mission and values.
- **Resources:** The NKC health equity strategic workgroup will include participation from leaders in the Office of the CMO, Nursing Leadership, Equity and Partnerships, Social Work, Nutrition, Palliative Care, and the NKC People Team. Critically, the workgroup will also have representation from NKC patients and care partners. The workgroup will be supported by data analytics from the NKC Information Technology Department and administrative support from the Office of the CMO. In the second half of 2025, we will explore the feasibility of establishing a new office of Diversity, Equity and Inclusion at Northwest Kidney Centers which will guide the workgroup in its future work. The new office would focus not only on discrete initiatives but also key strategic partnerships in areas such as staff recruitment and retention, patient relations, patient engagement, clinical informatics, communication, and others.
- **Timeframe:** January through December 2025

Addressing Determinants of Health Equity

- First, we will initiate an intensive evaluation of our current Chronic Kidney Disease (CKD) program, including the current suite of educational offerings for patients and care partners. These offerings are the primary method that Northwest Kidney Centers employs to educate patients with advanced chronic kidney disease about options for kidney replacement therapies. Classes include the CHOICES kidney failure modality treatment options program, the Next Steps home dialysis and transplant education courses, and our kidney nutrition program. A key goal of the intensive evaluation will be to assess whether

changes in content, messaging, or delivery modality need to be made to reduce existing racial and ethnic disparities in referral to and uptake of home dialysis modalities and kidney transplantation, therapies known to improve clinical outcome and health-related quality of life for those with kidney failure. We will also include an evaluation of our current website with respect to patient-facing educational content and mode of delivery.

- Second, we will evaluate the feasibility of a NKC Transplant Navigator Program. The purpose of a Transplant Navigator Program would be to assist NKC patients treated with in-center or home dialysis therapies overcome the specific barriers they face when navigating the transplant evaluation and listing process through local transplant program partners. A key part of a transplant navigator program would be to close transplant evaluation disparities among priority populations by specifically addressing unique access challenges among these groups.
- **Resources:** These evaluation studies will be led by the leadership of the CKD Program and Social Services Department, respectively. Additional involvement will be from the NKC Office of the CMO, the Admissions Department, Nutrition and Fitness Department, and Business Development.
- **Timeframe:** January through December 2025 for the CKD program evaluation. The feasibility study for the Transplant Navigator Program will begin in July 2025.

Facilities, Systems, & Technology Innovations

- Providing quality kidney care to patients regardless of their race, income and insurance is a part of our DNA. Our new state-of-the-art facility in the Yesler Terrace neighborhood of Seattle, an historically underserved community, exemplifies our commitment to providing critical access to life-essential services to all individuals living with kidney disease. The \$57 million investment in the Yesler Terrace community will support in-center and home dialysis, our first-in-the-nation palliative care program, and free CKD education and nutrition classes to the diverse patient population in or near downtown Seattle.
 - The facility provides isolation room treatment options for patients who are highly vulnerable and often rejected by other dialysis organizations. It is also the site for innovative research in in-center and home dialysis technologies through collaboration with the University of Washington's Kidney Research Institute. Community organizations, nephrology and hospital partners will be able to access conference rooms for meetings or other events. Yesler Terrace will continue to evolve and support the community accounting for new initiatives and future needs. Yesler Terrace will continue to evolve and support the community accounting for new initiatives and future needs.
 - **Resources:** Northwest Kidney Centers senior and clinical leadership.
 - **Timeframe:** October 2024 through December 2025
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Data Collection & Analysis

- To advance data collection and analysis we will focus on two key initiatives. First, we will implement interactive clinic-specific health equity reporting dashboards that will stratify key performance indicators (KPIs) by key demographic variables within the Northwest Kidney Centers patient population to allow clinic leaders to identify specific patient populations suffering health inequities. Initially, these dashboards will allow stratification by self-identified race and ethnicity, sex, and primary language. Over time, we plan to explore other stratification variables of interest, including disability status, rural versus urban residence, and others. These stratified analyses ultimately will allow each clinic to identify specific interventions to target facility-specific health disparities. Annual review of dashboards is established as an expectation of each facility Governing Body.
- A second initiative is the implementation of updated collection and reporting of self-identified race and ethnicity data for all patients. We will launch a collaborative initiative between nursing and social work to update self-reported race and ethnicity data according to the new standards overseen by the U.S. Office of Management and Budget (OMB), ensuring data is reflected in our electronic health record (EHR) system and staff are trained on culturally sensitive collection of race and ethnicity data.
- **Resources:** The health equity reporting dashboard was developed by Northwest Kidney Centers IT analysts and will be maintained by our Data Analytics Manager. It is hosted on the Microsoft Power BI platform. Clinic social workers and nurse leadership will lead the efforts to update race and ethnicity information from Northwest Kidney Centers patients.
- **Timeframe:** October 2024 through June 2025

Quality Improvement

- Northwest Kidney Centers is committed to ongoing quality improvement and regularly participates in local, regional, and national initiatives focused on health equity. In 2024, Northwest Kidney Centers senior leadership was involved in the planning and development of the Kidney Community Health Equity (KCHE) Summit, a national quality improvement collaboration focused on developing a health equity framework and identifying initiatives to reduce health disparities among individuals living with kidney diseases in the United States. The Summit took place on Sept. 28, 2024, in National Harbor, MD.
 - **Resources:** The Northwest Kidney Centers Chief Medical Officer, and Vice President of Marketing and Communications participated as active members of the Kidney Community Health Equity (KCHE) planning workgroup.
 - **Time Frame:** January through September 2024
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Advocacy & Leadership Engagement

- Northwest Kidney Centers sees local, regional, and national advocacy toward policies focused on reducing healthcare disparities as a critical part of our role to advance health equity. As a founding member of the Nonprofit Kidney Care Alliance (NKCA), Northwest Kidney Centers senior leadership attend weekly working calls, annual meetings, and participate in activities that promote non-profit kidney care groups as key providers of dialysis to underserved populations. Northwest Kidney Centers regularly sends representatives to meet with legislators as part of the NKCA annual advocacy day in Washington, D.C.
- Bi-annually, a delegation of Northwest Kidney Centers senior leadership, staff, donors and volunteers travel to Olympia to speak with state legislators on issues critical to advancing health equity for kidney patients including Medicaid reimbursement rates and transportation.
- **Resources:** Several members of the Northwest Kidney Centers executive team, including the President and Chief Executive Officer, the Chief Medical Officer, the Chief Nursing Office, and the Vice President of Business Development, participate in weekly NKCA calls and activities. The team, plus the Equity and Partnerships Director, also engage with a lobbyist to support legislative issues within Washington state.
- **Timeframe:** Ongoing

Workplace & Workforce Development

- By the end of 2024, Northwest Kidney Centers will incorporate “Cultural Competency: Diversity and Social Determinants to Health” training as a part of our annually required training for all staff.
- This will be the first step in socializing foundational knowledge of patient diversity and social determinants of health among our staff. This first step will in turn support future initiatives to bolster staff education centered in cultural competencies for both the betterment of patient care and employee growth and well-being.
- **Resources:** The Northwest Kidney Centers training on “Cultural Competency: Diversity and Social Determinants to Health” is administered and maintained by our People Operations team and the content is hosted on our internal Learning Management System (LMS), MedTrainer.
- **Timeframe:** Implement by December 2024, and ongoing annual requirement

Community Investment & Partnerships

- Northwest Kidney Centers will implement a Equity and Partnerships Strategy (Appendix I) to guide ongoing relationship building, engagement, and partnership development with community members and community-based organizations. Our strategy serves as the roadmap for how we engage with the communities we are rooted in and serve to:
 1. Raise awareness and educate our communities about kidney health,
 2. Remain informed on emerging needs in the community,
 3. Leverage community resources to support patients' needs and desires to lead a healthy life,
 4. Create a pipeline of diverse talent, and
 5. Provide opportunities for community wisdom and experience to inform the delivery of our care services.
- **Resources:** The Northwest Kidney Centers Equity & Partnerships Strategy will be led by the Equity and Partnership Director, who is dedicated to engaging and partnering with community-based organizations and developing and implementing our partnerships strategy.
- **Timeframe:** Ongoing

Appendices

Appendix I: References

1. United States Renal Data System: 2023 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. Bethesda, MD, National Institute of Diabetes and Digestive and Kidney Diseases
2. Rizzolo K, Cervantes L, Shen JI: Racial and Ethnic Disparities in Home Dialysis Use in the United States: Barriers and Solutions. *J Am Soc Nephrol* 33: 1258–1261, 2022
3. Ahmed SB, Vinson AJ: Gender Disparities in Access to Kidney Transplantation: Perceived Barriers along the Road to Transplantation. *Clinical Journal of the American Society of Nephrology* 18: 1247, 2023
4. Crouch E, Yell N, Herbert L, Browne T, Hung P: Availability and Quality of Dialysis Care in Rural versus Urban US Counties. *Am J Nephrol* 55: 361–368, 2024
5. Eckenrode HE, Gutierrez OM, Osis G, Agarwal A, Curtis LM: Kidney Disease Prevalence in Transgender Individuals. *Clin J Am Soc Nephrol* 17: 280–282, 2022
6. Rizzolo K, Cervantes L: Immigration status and end-stage kidney disease: Role of policy and access to care. *Semin Dial* 33: 513–522, 2020