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## INTRODUCTION

There are approximately 786,000 patients in the United States with ESRD due to chronic kidney disease that require renal replacement therapy in the form of dialysis or kidney transplantation.<sup>1</sup> Access to dialysis continues to be largely dependent upon a patient’s financial resources suggesting that there are significant, and likely multifaceted, factors that limit one’s ability to obtain dialysis treatment.<sup>2</sup> It has been found that across medicine, factors such as education, employment status, income level, gender, race and ethnicity can directly influence a patient’s health outcomes, and thus are classified as health inequities.<sup>3-5</sup> Moreover, when a patient exists in multiple of the aforementioned groups, the inequity they face is exponentially increased.<sup>6</sup> The compounding effect of inequities can be seen in renal disease as the three leading causes of kidney dysfunction — obesity, hypertension and diabetes — disproportionately affect people of color, lower socioeconomic status (SES), and older age.<sup>7,8</sup>

The aim of this study is to examine existing literature on inequities in dialysis care and emphasize topics that require further research in or to contribute to more equitable health care.

## IMPORTANCE & OBJECTIVES

Dialysis is a life-sustaining treatment that thousands of Americans with end-stage renal disease (ESRD) rely upon. Understanding the health inequities that exist within dialysis treatment is integral to the improvement of care—especially for those in historically marginalized groups. Our scoping review’s objective was to identify potential gaps in the current literature on inequities in dialysis as well as explore future research that could contribute to more equitable care.

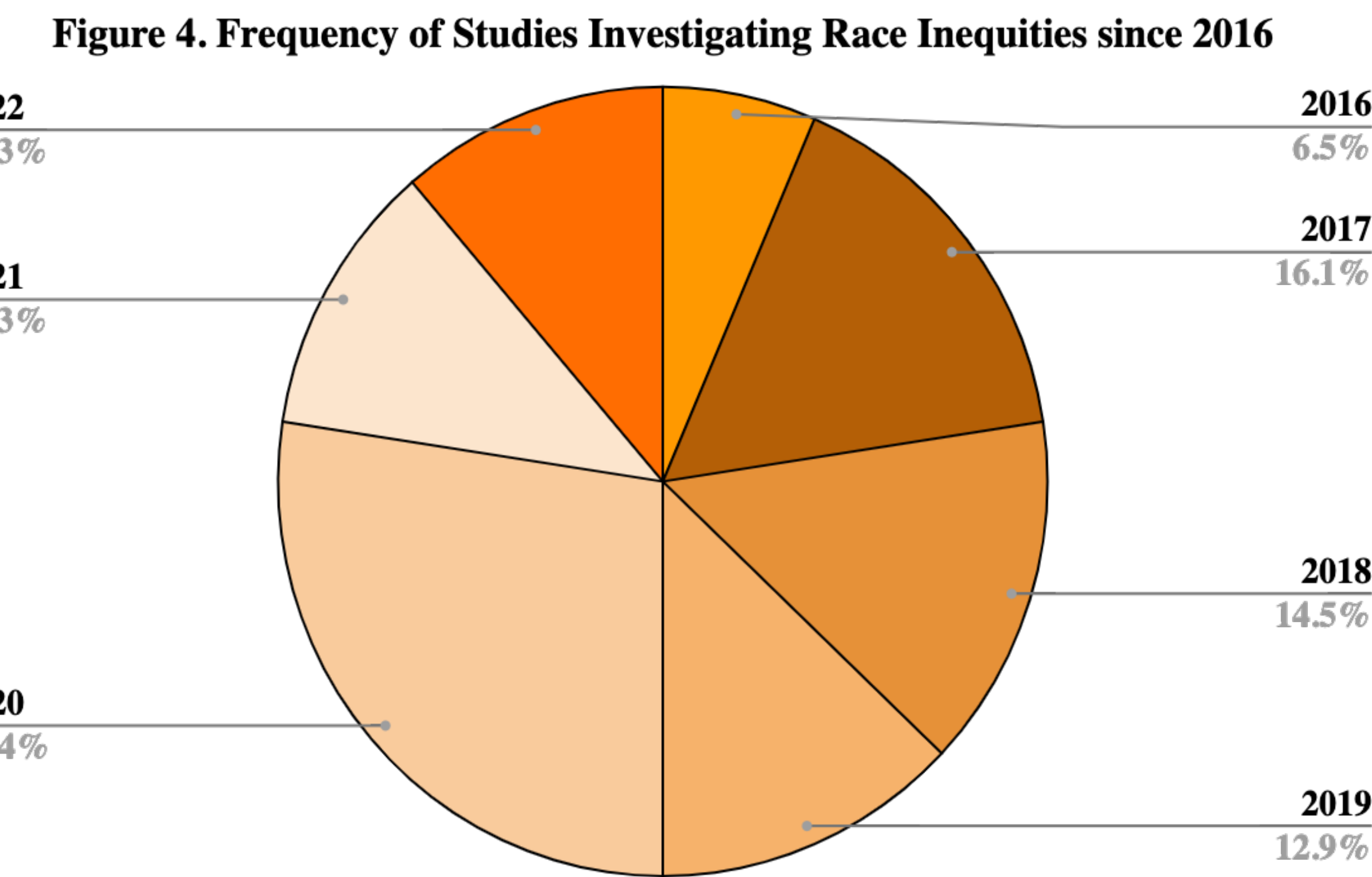
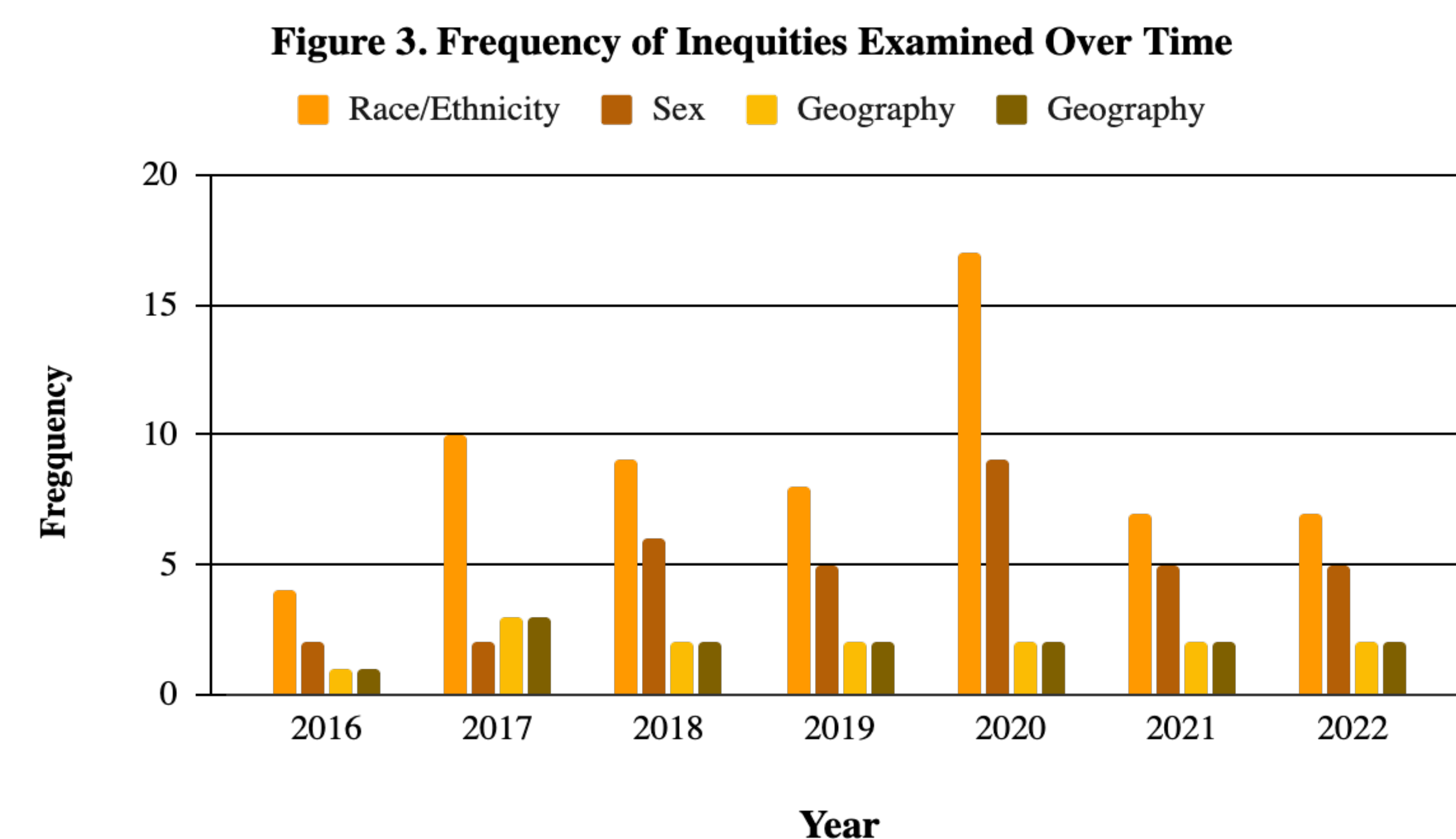
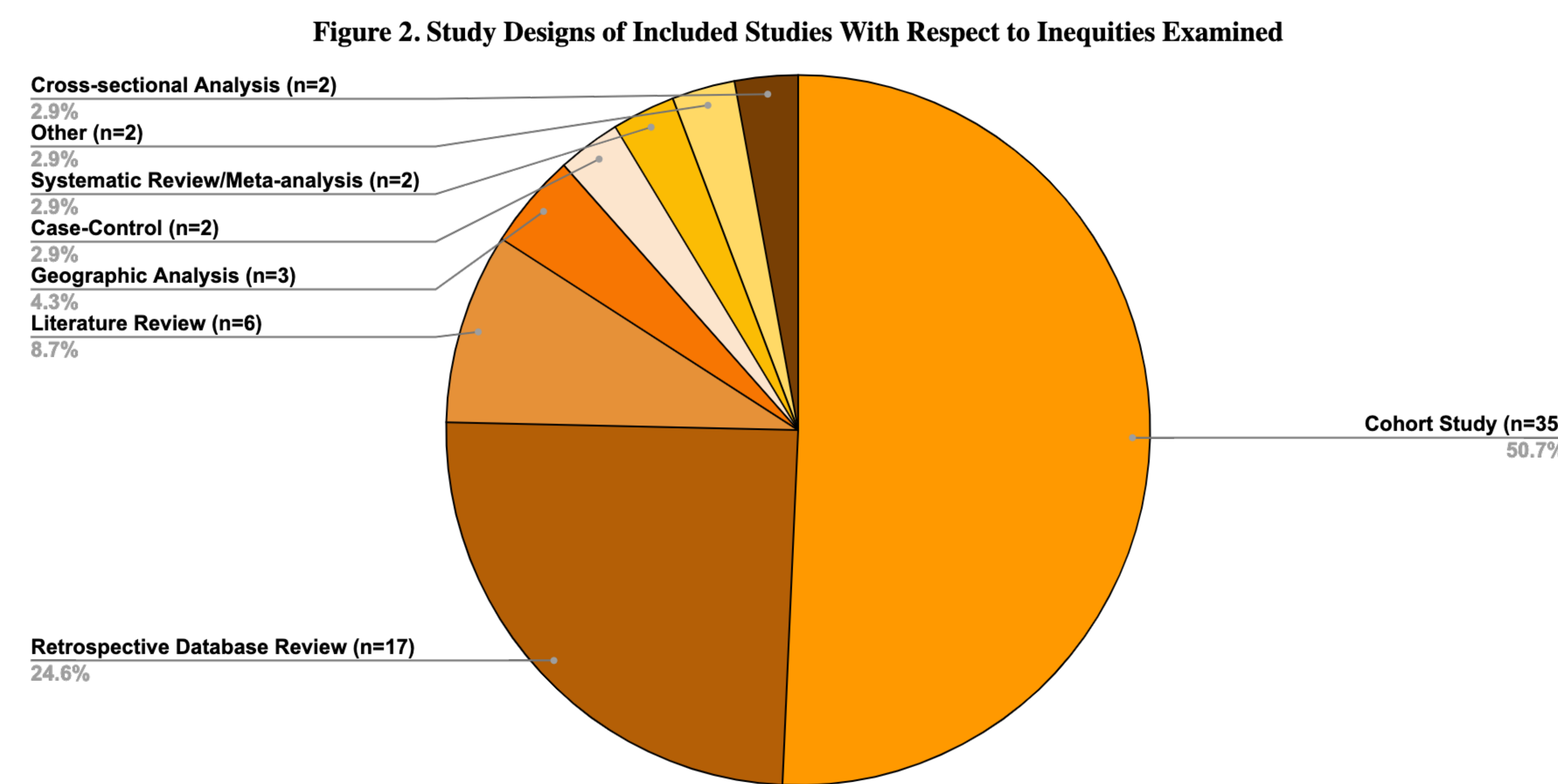
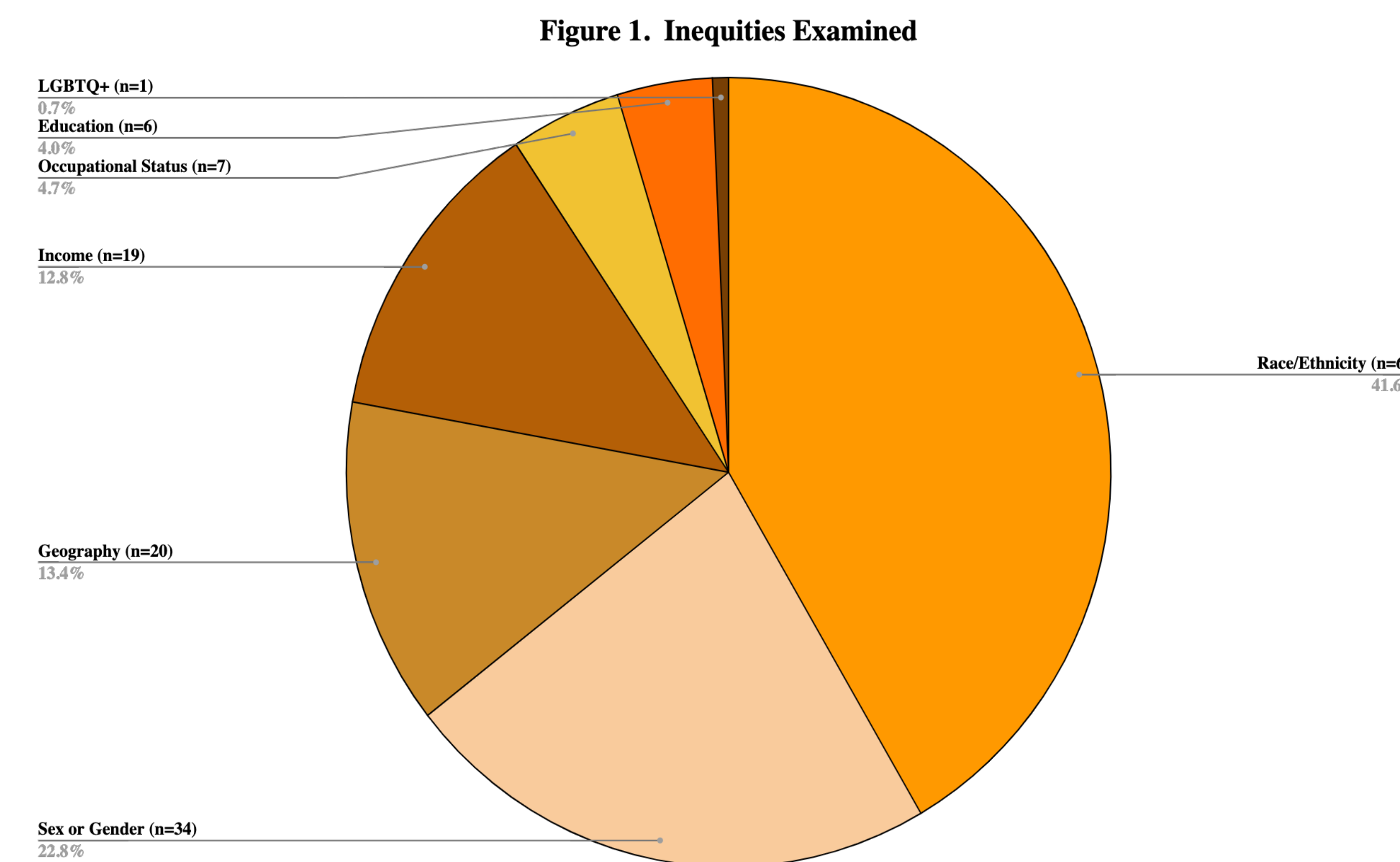
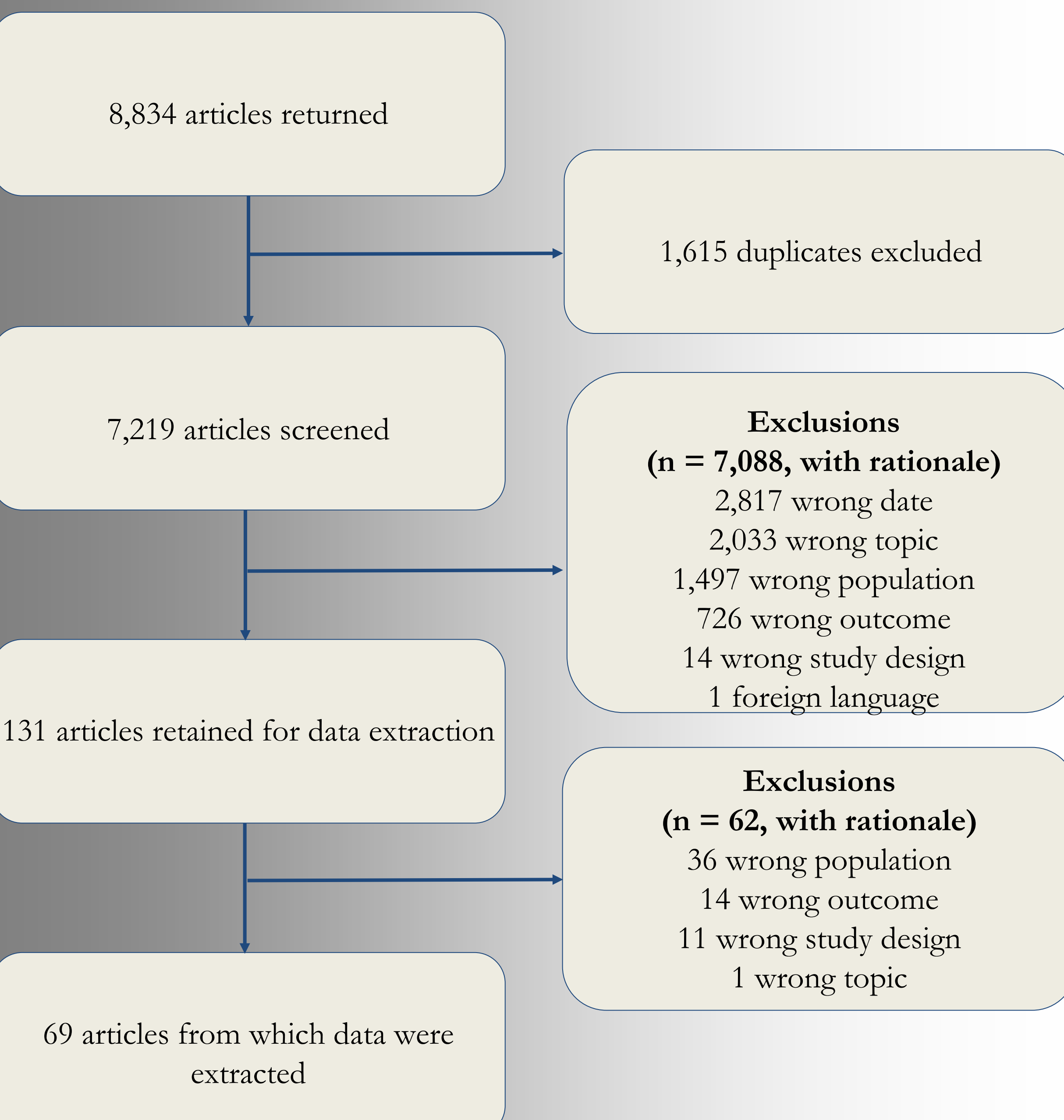
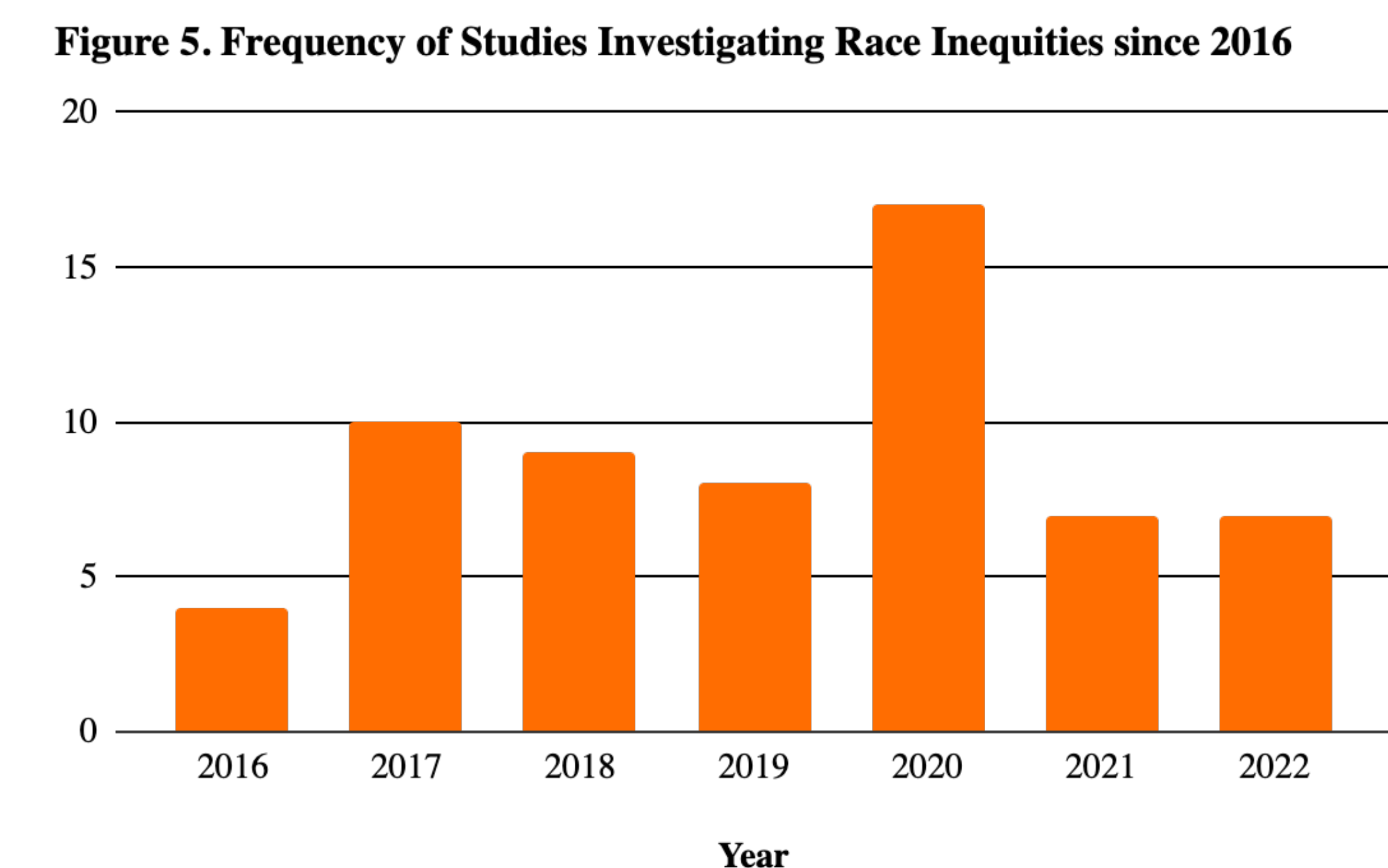


Table 1. Inequities Examined

	<b>Race/Ethnicity</b> (n=62) 89.86%
	<b>Sex or Gender</b> (n=34) 49.28%
	<b>LGBTQ+</b> (n=1) 1.45%
	<b>Income</b> (n=19) 27.54%
	<b>Education</b> (n=6) 8.70%
	<b>Rural/Underserved</b> (n=20) 28.99%
	<b>Occupational Status</b> (n=7) 10.14%



## METHODS

Following guidelines from Joanna Briggs Institute (JBI) and Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews (PRISMA-ScR), we conducted a scoping review of health inequities in dialysis. PubMed and Ovid Embase were searched in July 2022 for articles published between 2016 and 2022 that examined at least one of the following health inequities as defined by the NIH: race and ethnicity, sex or gender, LGBTQ+ identity, underserved rural populations, education level, income, and occupation status. Frequencies of each health inequity as well as trends over time of the 4 most examined inequities were analyzed.

## FINDINGS

In our sample of 69 included studies, gaps were identified in LGBTQ+ identity and patient education. Inequities pertaining to race and ethnicity, sex or gender, underserved rural populations, and income were sufficiently reported. No trends between inequities investigated over time were identified.

## CONCLUSION

Our scoping review demonstrates the distinct gaps in health inequity research in dialysis care. Literature on inequities that LGBTQ+ patients experience is lacking and needs further investigation. Because a standardized method of LGBTQ+ data collection does not yet exist, this patient population continues to have high disease burden and reduced participation in healthcare research. Implementation of cultural competency training for providers and dialysis center staff may increase trust in the healthcare system and improve patient outcomes for the LGBTQ+ community. Education was another inequity that we assessed that was reported in less than 10% of our included studies. Further research on patient outcomes following implementation of educational and community-based programs to improve patient understanding of dialysis treatment is warranted.

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