#### Who Gets to Live? Statistically Investigating Heart, Kidney, and Liver Transplant Allocation

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#### Introduction

- Significant healthcare inequities exist in the United States
- Organ transplantation is a rare and expensive medical procedure
- Goal of the study is to see if organs are fairly allocated by race and sex
- Research Questions:
- 1) Do significant differences exist for cardiovascular, liver, and kidney disease mortality rates by sex and race? 0
- 2) Do significant differences exist for heart, liver, and kidney transplant recipients by sex and race? 0
- 3) Do certain demographic groups receive transplants at rates disproportionate to their disease-specific mortality burdens? 0

#### Data

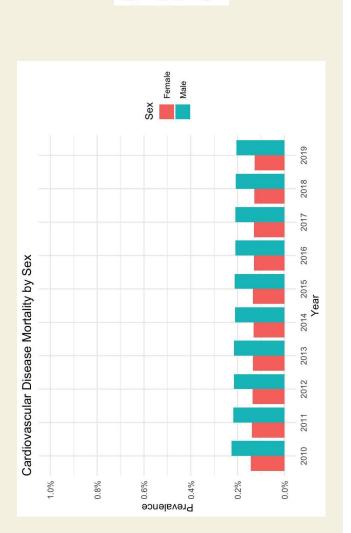
- Disease burden data are sourced from the Centers for Disease Control and Prevention (CDC)
- Sample taken from 1997–2019
- Organ transplant recipient data sourced from the Health Resources and Services Administration (HRSA)
- Sample taken from 2019–2024
- Due to missing data issues in the HRSA data:
- Race data limited to four groups: White, Black, Hispanic, and Asian Americans 0
- Transplant data limited to three organs: heart, liver, and kidney 0

#### Methodology

- One-way ANOVA tests determine if statistically significant differences exist between sex and race
- Used both for transplant recipient and disease burden data
- Tukey's Honest Significant Difference (HSD) test used to examine significant differences between pairs of racial groups
- Second test for transplant recipient and disease burden data
- ANOVA and Tukey's HSD tests verified and justified
- Assumptions (normality, variance, independence) are satisfied

#### Heart Disease by Sex

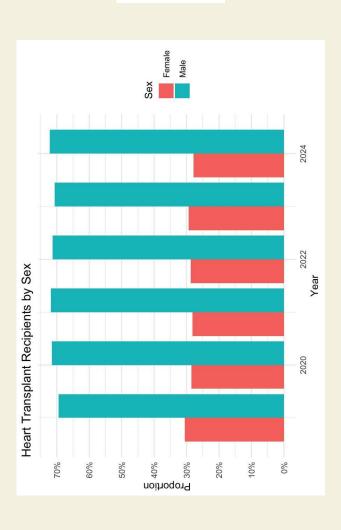
One-way ANOVA: Mean cardiovascular disease mortality from 1997 - 2019 was significantly higher among males than females

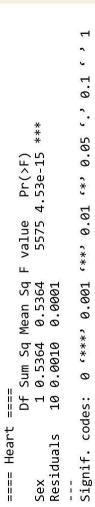




## Heart Transplants by Sex

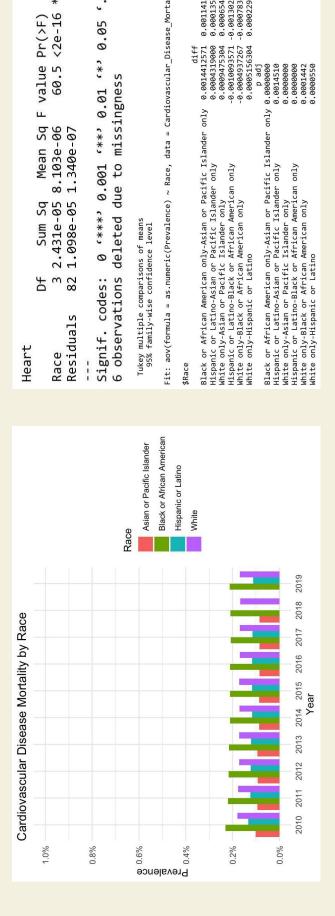
transplants by sex, with males receiving significantly more transplants than One-way ANOVA indicates a statistically significant difference in heart females





### Heart Disease by Race

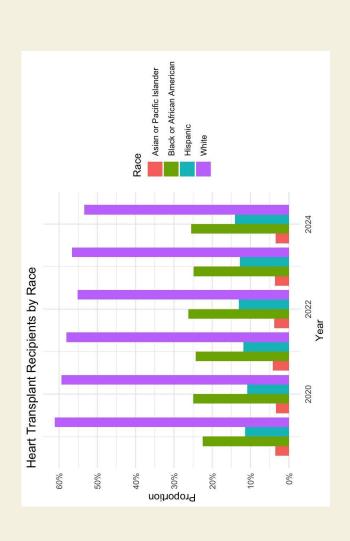
- Asian or Pacific Islander people experience the lowest rates of cardiovascular disease mortality
- Latine cardiovascular disease mortality is higher than that of Asian people, but lower than that of White and Black people
- Black people die of cardiovascular disease at the highest rates



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Fit: aov(formula = as.numeric(Prevalence) ~ Race, data = Cardiovascular_Disease_Mortality_Burden_Race_Test)
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## Heart Transplants by Race

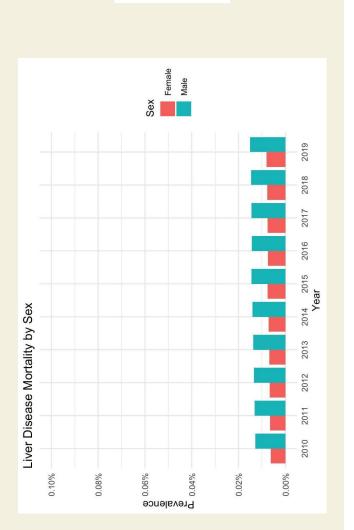
Americans receiving a disproportionately higher number of heart transplants One-way ANOVA shows statistically significant differences, with White compared to other racial groups



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==== Heart ====
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#### Liver Disease by Sex

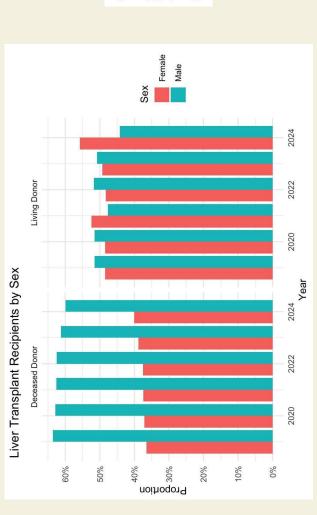
One-way ANOVA: Liver disease mortality is significantly higher among males than females





## Liver Transplants by Sex

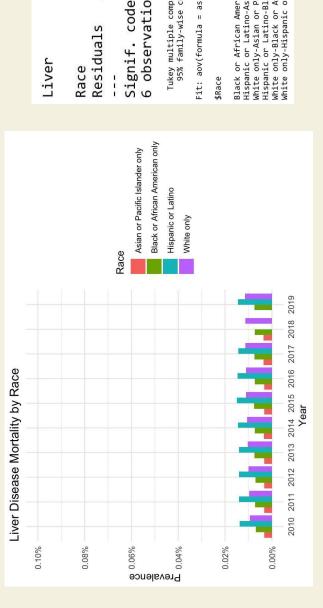
One-way ANOVA: Liver disease mortality is significantly higher among males than females





### Liver Disease by Race

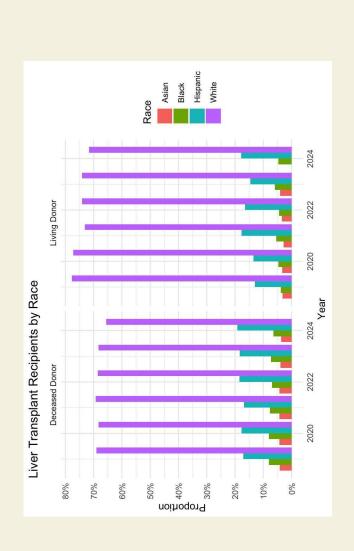
One-way ANOVA reveals statistically significant differences among racial groups, with Hispanic/Latino individuals experiencing the highest mortality



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Hispanic or Latino-Black or African American only
White only-Black or African American only
White only-Hispanic or Latino
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## Liver Transplants by Race

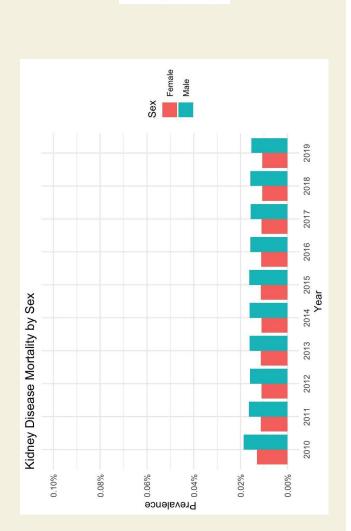
One-way ANOVA: Liver disease mortality rate is significantly higher among White individuals compared to other demographics

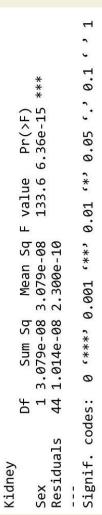


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3 3.590 1.1967 2197 <2e-16 ***
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                                                                                                                                                                                                                                                95% family-wise confidence level
                                                                                                                                                                                               ==== Tukey HSD for Liver ====
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### Kidney Disease by Sex

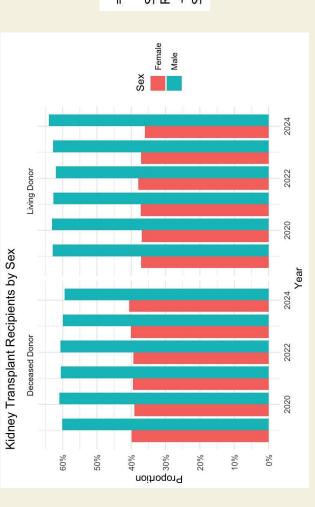
One-way ANOVA: Kidney disease mortality rate is significantly higher among males than females





## Kidney Transplants by Sex

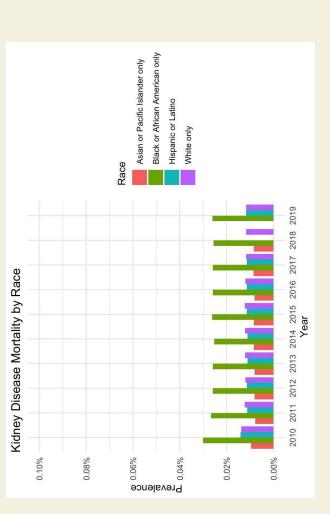
One-way ANOVA: Kidney disease mortality is significantly higher among males than females





### Kidney Disease by Race

groups, with Black or African American individuals exhibiting the highest One-way ANOVA demonstrates statistically significant differences among racial mortality rates



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Kidney

Df Sum Sq Mean Sq F value Pr(>F)

Race 3 4.999e-07 1.666e-07 636.5 <2e-16 ***

Residuals 82 2.150e-08 2.600e-10

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Signif. codes: 0 **** 0.001 *** 0.01 ** 0.05 *. 0.1 * 1

6 observations deleted due to missingness

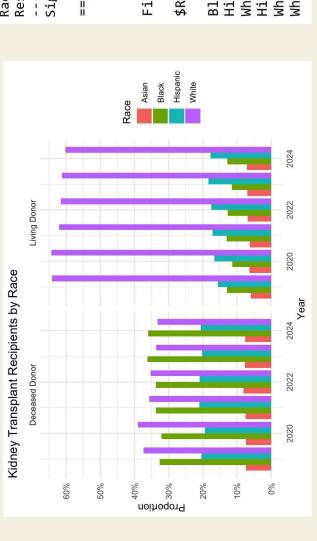
Tukey multiple comparisons of means
95% family-wise confidence level

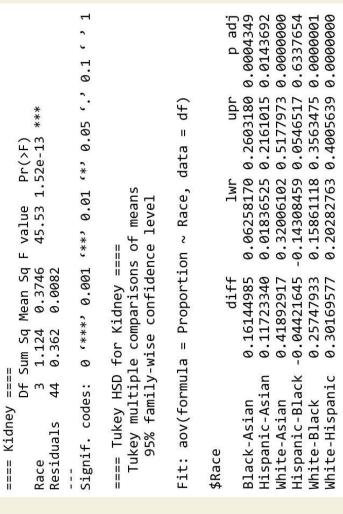
Fit: aov(formula = as.numeric(Prevalence) ~ Race, data = kidney_Disease_Mortality_Burden_Race_Test)

#Rapanc or Latino-Asian or Pacific Islander only
#Ispanic or Latino-Black or African American only
#Ispanic or Latino
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## Kidney Transplants by Race

White Americans received a disproportionately higher number of kidney transplants from both deceased and living donors compared to other racial





# Limitations and Future Research

- Population Representation: Limited to specific demographics, excludes many underrepresented groups
- Aggregated National Data: National Data Overlooks Local/Regional Disparities
- Statistical Methodology: Methods identify disparities but not causes
- Cannot establish cause-effect relationships
- Utilize local datasets to uncover regional disparities
- Understand psychosocial and institutional factors affecting transplantation
- Investigate differences in outcomes between living and deceased donors

#### Conclusion

- Study results:
- Heart, liver, and kidney organs were fairly allocated by sex
- Men received more organs than females, but had a higher share of the disease burden
- Heart, liver, and kidney organs were not equitably distributed by race 0
- White Americans received a disproportionate amount of heart, liver, and kidney organs relative to their share of the disease burden
- Often at the expense of Black and Hispanic Americans
- Future research is needed to uncover other potential disparities