African American Transplant Access Program (AATAP)

Under the leadership of transplant surgeon Dr. Dinee Simpson, Illinois’ first female African American transplant surgeon, Northwestern Medicine has committed to eliminating disparities for the African American community through enhancing access to education, resources, and world-class transplant care. The named program is the Northwestern Medicine African American Transplant Access Program, or AATAP, and the mission statement is as follows:

Northwestern Medicine’s Comprehensive Transplant Center has committed to a campaign to eliminate transplant disparities for Black residents of the greater Chicagoland area in relation to transplant care for kidney and liver disease. We are dedicated to the development of a deeper understanding of the historical barriers and cultural concerns of the African American community, and strive to work together with the community to overcome those obstacles.

Through our program, we aim to increase awareness, improve access, and provide excellent outcomes through outreach, community based participatory research, and patient and provider education.

Enabling our community through Awareness, Access and Advancement.

African American patients are almost four times more likely to suffer from kidney disease than non-Hispanic, white patients. Although genetic predisposition may account for a portion of that increased risk, a large proportion of it may be due to environmental factors driving increased rates of diabetes and hypertension, the top two causes of kidney disease. Kidney disease affects over 30 million Americans, and although African Americans make up only 13% of the general population, they represent a disproportionate 35% of the kidney disease population.

A quick look to the medical literature shows that African Americans suffer from significant inequities when it comes to kidney disease and its treatment. They are less likely to be referred to a nephrologist prior to initiating dialysis. They are less likely to be referred for evaluation for transplant. They are likely to wait longer for a kidney offer. They are less likely to benefit from living donation. The list goes on and these inequities are attributable to many modifiable factors including distrust of the medical system, pervasive myths and misconceptions around transplant and living donation, societal and environmental issues such as food and pharmacy deserts, access to healthcare specialists, and implicit bias on the part of healthcare providers themselves.

Through Awareness, Access and Advancement, we plan to address these modifiable factors to better the health of our African American community.

To learn more about the Northwestern Medicine African American Transplant Access Program please send your inquiry to: ctc@northwestern.edu.