Peer Review File

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Comment 1: The major concern I have with the manuscript is the timing and relevance to the initial AAKH announcement in 2019. All of the suggested policy and research aims are good ideas (most with good data to back them), but the manuscript is either (1) a bit late to link to the announcement or (2) not linked strongly enough, meaning – how would we utilize AAKH-induced policy to address these goals? Stating that "more is needed" does not address the practical side of policy, in which issues such as funding, responsible agencies, and collective agreement would need to be addressed.

I do not think it is a significant problem, but if other reviewers agree, a stronger link to the machinery of AAKH would be helpful – or just remove the links and instead suggest a priority of policy approaches (perhaps what is most likely to help and be effective).

Response 1: Thank you for this recommendation, we agree with your observation and therefore, we re-framed this manuscript by incorporating the more recent Biden executive order, *The Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government* to demonstrate a timeline of national initiatives that, together can be transformative in promoting kidney health equity (see Page 3, paragraph 3).

Comment 2: The data support that intervention upon CKD, once identified, is good. But is there any data to support that either widespread screening or even community-based interventions to increase awareness would actually help? Breast cancer is a great example of awareness, but also a situation where screening is, at best, mixed (in terms of mortality).

Response 2: Thank you for this suggestion, you have raised an important point which is why we included the statement about the need for more research to elucidate effective strategies to enhance awareness. We do provide additional information about the opportunities that awareness may have on the current prevalence and consequences of unplanned, emergent dialysis estimated at 40 – 60% of dialysis initiation and downstream consequences of higher morbidity, mortality and lack of patient choice for preferred RRT modality (page 4, paragraph 1 under the "Advancing Awareness for Screening and Early Identifications of Kidney Disease" section head)

Comment 3: I would agree that the community could have done better around communicating the *why* of removal of race from standard eGFR equations, but there is also so much nuance around using race as an SES marker (not just inside nephrology) – that there are still systematic advantages and disadvantages when people are classified based off the "best available data", and they can be addressed thoughtfully in a shared decision-making framework.

Response 3: Thank you for sharing this insight, we agree with your recommendation. We rephrased the sentence to state that "exploring a shared decision framework could be useful in discussing the nuances of race-free glomerular filtration rate reporting, thereby providing a unique opportunity to boost public awareness and empowerment in communities of color." Please see Page 5, Paragraph 2.

Comment 4: I would add some discussion to the value-based payment models about the need to account for the socioeconomic disparities (see Yuvuram Reddy's work), and also how Medicare does have some payment adjustments based on SDOH and patient case mix.

Response 4: Thank you for this suggestion, we agree that this is a valuable addition to the article and have included it along with the potential to link data from the Minority Health Social Vulnerability Index are new, potential strategies to avoid unintended consequences linked to value-based care (see page 7, paragraph 1).

Comment 5: I also agree that telemedicine is a viable method to approach disparities, but it comes up rather suddenly in the writing – I would separate the paragraph. There is work on telemedicine for monitoring dialysis, nephrology appts, etc that could be cited here.

Response 5: Thank you for this feedback, we agree with your sentiments. To address this recommendation, we made a separate section for telemedicine and its specific utility in kidney medicine. Within this section, we discuss the recent study by Tan et al. that found comparable patient outcomes with enhanced clinical visit adherence with telemedicine to address the comment about including the application of telemedicine for nephrology appointments (see Pages 7-8, under the "Incorporating Telemedicine within CKD Healthcare Management Frameworks" section head).