

Chronic Kidney Disease Briefing Document
Presented to the Governor's Interagency Council on Health Disparities
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Chronic kidney disease is a broad term that includes all conditions that damage the kidneys, decreasing their ability to remove waste and fluid from the body, regulate the levels of water and chemicals in the blood, remove drugs and other toxins from the body, and release needed hormones into the bloodstream. The two main causes of chronic kidney disease are diabetes and high blood pressure. Chronic kidney disease can eventually lead to end-stage renal disease, or kidney failure, which requires dialysis or kidney transplantation.

CRITERION #1: PREVALENCE / INCIDENCE

- According to national data, the prevalence of chronic kidney disease among adults from 1999-2004 was 16.8%. Since prevalence data are not available in Washington State, using the national prevalence of 16.8% would translate to an estimated 735,000 Washington adults with chronic kidney disease.
- Nationally incidence rates for end-stage renal disease have increased from 8.6 to 34.2 per 100,000 population from 1980 to 2004. Since 1999; however, incidence rates have been relatively stable.
- In Washington, incidence rates for end-stage renal disease have followed a similar trend, yet have remained lower than national rates. The incidence rate increased from 8.4 to 28.1 per 100,000 from 1980-2004.
- In Washington, the prevalence of chronic kidney failure increased 84%, from 55.7 per 100,000 individuals in 1990 to 102.7 per 100,000 in 2001.

CRITERION #2: SEVERITY

- In Washington, the age-adjusted death rate for kidney failure was 7 per 100,000 in 2005.
- Nationally, in 2004, there were 60,393 individuals on the donor kidney transplant waiting list, and of those, 10,228 kidney transplants were performed.
- In 2003, 324,826 U.S. residents with end-stage renal disease received dialysis.
- In 2003, there were 82,588 deaths among U.S. patients with end-stage renal disease.
- In the U.S., costs associated with end-stage renal disease exceeded \$27 billion in 2003.

CRITERION #3: DISPARITY

- According to national data from 1999-2004, the prevalence for chronic kidney disease was significantly higher for non-Hispanic blacks (19.9%) and Mexican-Americans (18.7%) than for non-Hispanic whites (16.1%). The prevalence was similar for men and women.
- According to national data from 2004, the rates (per 100,000) for end-stage renal disease were 26.3 for whites, 34.1 for Asians and Pacific Islanders, 48.5 for Hispanics, 52.4 for American Indians and Alaska Natives, and 96.8 for blacks, for an Index of Disparity of 120%.
- In 2005, Washington age-adjusted death rates for kidney failure were 7.7 deaths per 100,000 for males and 6.7 deaths per 100,000 for females.

The Index of Disparity is the average of the difference in rates between the racial/ethnic group with the "best" rate and all other racial/ethnic groups.

Keppel KG et al., Measuring progress in healthy people 2010. Statistical Notes, no 25. NCHS, 2004