Kidney failure (ESRD) in D.C.

2,890 Washingtonians are living with end-stage renal disease (ESRD, or kidney failure). Without treatment—dialysis or a transplant—ESRD is fatal.

2,176 depend on dialysis to stay alive
714 have transplants

1,561 are on the waiting list for a kidney transplant
423 kidney transplants were performed in D.C. in 2019

423 New cases of kidney failure were diagnosed in the District in 2017 (the most recent data available).

53 were able to get a transplant
370 went on dialysis

Washingtonians are at risk for kidney disease

Leading causes of kidney failure

DC AT RISK:
- 8.4% diagnosed with diabetes
- 26.4% have high blood pressure
- 24.7% self-report obese

SOURCE: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

Why ESRD patients depend on charitable assistance

133 Washingtonians on dialysis and with transplants received grants from AKF in 2019 to pay their insurance premiums and other health care-related costs not covered by insurance.

$327,862 in charitable assistance from AKF ensured that low-income Washingtonian dialysis and transplant patients could afford their lifesaving health care.

Most dialysis patients too sick to work
80%

Most patients AKF helps are minorities
>60%

Ratio of out-of-pocket to income is stunning
28%

ESRD IS A DISABILITY
Dialysis is life support. Treating kidney failure and its comorbidities is more consuming than a full-time job: more than 80% of patients cannot work.

MINORITIES ARE MORE AFFECTED BY ESRD
Of the patients AKF helps, 34.7% are Black
20.9% Hispanic/Latino
5.2% Native American/Asian/Pacific Islander

FINANCIAL HARDSHIPS COMES WITH ESRD
Average income of patients AKF helps is < $25,000, yet average out-of-pocket costs for dialysis patients is >$7,000/yr.

SOURCE: U.S. Renal Data System 2019 Annual Data Report
SOURCE: Organ Procurement and Transplantation Network

SOURCE: American Kidney Fund
Kidneys are vital organs—just like the heart, lungs and liver. They clean the blood, help control blood pressure, help make red blood cells, and keep bones healthy.

- Chronic kidney disease is an increasingly common but usually preventable condition. More than 37 million Americans have kidney disease and millions more are at risk.

- According to the CDC, 96% of people with early kidney disease don’t know they have it because it usually has no symptoms until the late stages. Simple blood and urine tests can tell how well the kidneys are working.

- Diabetes and high blood pressure are the two leading causes of kidney disease. Kidney disease can lead to heart attack, stroke, kidney failure and death.

- Kidney disease can be treated. If it’s caught and treated early, it’s often possible to slow or stop the progress of kidney disease.

- Besides diabetes and high blood pressure, other common risks for kidney disease include:
  - Having a family history of kidney disease
  - Being Black, Asian American, Native American, or Hispanic
  - Being over 60

- Black Americans are nearly 4 times more likely than whites to develop kidney failure, and Hispanics are 1.6 times more likely than non-Hispanics to develop kidney failure.

Costly to patients, employers and taxpayers

- There are more than 746,000 people with kidney failure in the United States—an increase of 91% since 2000.
  - About 524,000 are on dialysis and nearly 223,000 are living with kidney transplants.
  - Each month, about 10,000 new cases of kidney failure are diagnosed.

- In 2017, Medicare spending for ESRD beneficiaries was $35.4 billion—7.2% of Medicare costs—though ESRD patients make up less than 1% of the total Medicare population.

- A patient on hemodialysis costs Medicare nearly $91,000 per year.

- For each kidney disease patient who does not reach kidney failure, Medicare saves an estimated $250,000.

- One third of people who were diagnosed with kidney failure in 2017 received little or no pre-ESRD care.

Sources: U.S. Renal Data System 2019 Annual Data Report, NIH Chronic Kidney Disease and Kidney Failure fact sheet