Kidney failure (ESRD) in New Jersey

21,690 New Jersey residents are living with end-stage renal disease (ESRD, or kidney failure). Without treatment—dialysis or a transplant—ESRD is fatal.

14,895 depend on dialysis to stay alive
6,795 have transplants

SOURCE: U.S. Renal Data System 2019 Annual Data Report

2,352 are on the waiting list for a kidney transplant

Only about 1 in 4 New Jersey patients on the waiting list got a kidney transplant in 2019.

575 kidney transplants were performed in New Jersey in 2019

SOURCE: Organ Procurement and Transplantation Network

3,818 New cases of kidney failure were diagnosed in New Jersey in 2017 (the most recent data available).

130 were able to get a transplant
3,688 went on dialysis

SOURCE: U.S. Renal Data System 2019 Annual Data Report

New Jerseyans are at risk for kidney disease

Leading causes of kidney failure

Diabetes
High blood pressure

NJ AT RISK:
10.8% diagnosed with diabetes
27.2% have high blood pressure
25.7% self-report obese

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

Why ESRD patients depend on charitable assistance

2,642 New Jersey residents on dialysis and with transplants received grants from AKF in 2019 to pay for their insurance premiums and other health care-related costs not covered by insurance.

$8.8 million in charitable assistance from AKF ensured that low-income New Jersey dialysis and transplant patients could afford their lifesaving health care.

Most dialysis patients too sick to work
80%

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

Most patients AKF helps are minorities
>60%

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

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

FINANCIAL HARDSHIP 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
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.

Kidney disease is a silent killer

- 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.

Costly to patients, employers and taxpayers