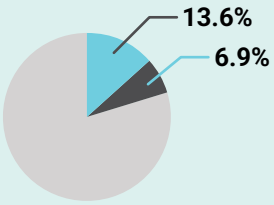
American Indian/Alaska Native People and Kidney Disease

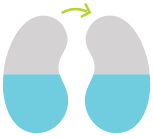
American Indian/Alaska Native Americans have the highest mortality rates due to chronic diseases, including heart disease, diabetes, and kidney disease, compared to all other racial and ethnic communities living in the United States.

More American Indian/Alaska Native people have **chronic kidney disease (CKD) than most other racial/ethnic groups.**

American Indian/Alaska Native Americans experience kidney failure (end-stage kidney disease) at rates **2 times higher** than white Americans.



Nearly **twice as many** American Indian/Alaska Native adults (13.6%) are living with diabetes, the leading cause of kidney disease, than white American adults (6.9%).



American Indian/Alaska Native Americans receive kidney transplants at **less than half** the rate of white Americans.

American Indian/Alaska Native people have **90% more cases of kidney cancer** than white Americans, with mortality rates **twice as high** as the national average.

The **Special Diabetes Program for Indians (SDPI)**, started in 1997, has been a successful public health program, changing the trajectory of kidney disease in this community. SDPI is an annual grant program that supports diabetes prevention and treatment across Indian Health Service, Tribal, and Urban Indian health programs nationwide through population health and team-based care, including kidney disease testing and case management.

The number of cases of diabetes-related kidney failure in American Indian/Alaska Native Americans **fell by more than half** between 1999 and 2013.

By preventing kidney failure, SDPI has saved Medicare an estimated **$520.4 million** from averted dialysis expenses.

This disproportionate burden of disease is due in part to inadequate health education, poverty, lack of health insurance (20% of American Indian/Alaska Natives are uninsured), long travel distances to dialysis centers, food insecurity, and healthcare practitioner bias.

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