Kidney failure (ESRD) in Nebraska

**3,445** Nebraskans are living with end-stage renal disease (ESRD, or kidney failure). Without treatment—dialysis or a transplant—ESRD is fatal.

- **1,996** depend on dialysis to stay alive
- **1,449** have transplants

Almost every Nebraska patient on the waiting list got a kidney transplant in 2020.

- **183** are on the waiting list for a kidney transplant
- **153** kidney transplants were performed in Nebraska in 2020

New cases of kidney failure were diagnosed in Nebraska in 2018 (the most recent data available).

- **523** were able to get a transplant
- **498** went on dialysis

**257** Nebraskans on dialysis and with transplants received grants from AKF in 2020 to pay for their insurance premiums, emergency pandemic-related costs and other health care-related costs not covered by insurance.

- **$875,000** in charitable assistance from AKF ensured that low-income Nebraska dialysis and transplant patients could afford their lifesaving health care.

**Leading causes of kidney failure**

- **High blood pressure**
- **Diabetes**

**NE AT RISK:**

- **10.2%** diagnosed with diabetes
- **31%** have high blood pressure
- **34.1%** self-report obese

**Why ESRD patients depend on charitable assistance**

- **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 HARDSHIP COMES WITH ESRD

Average income of patients AKF helps is < $25,000, yet average out-of-pocket costs for dialysis patients is >$10,000/year.

SOURCE: U.S. Renal Data System 2020 Annual Data Report
SOURCE: Organ Procurement and Transplantation Network
SOURCE: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System
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, 9 out of 10 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, Hispanic, Asian American or Native American
  - Being over 60

- Black Americans are 3.4 times more likely than Whites to develop kidney failure, and Hispanics are 1.5 times more likely than non-Hispanics to develop kidney failure.

Kidney disease is a silent killer

- There are more than 785,000 people with kidney failure in the United States—an increase of more than 100% since 2000.
  - About 555,000 are on dialysis and nearly 230,000 are living with kidney transplants.
  - Each month, almost 11,000 new cases of kidney failure are diagnosed.

- In 2018, Medicare spending for ESRD beneficiaries was $36.6 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 more than $93,000 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 2018 received little or no pre-ESRD care.

Costly to patients, employers and taxpayers

SOURCES: U.S. Renal Data System 2020 Annual Data Report, NIH Chronic Kidney Disease and Kidney Failure fact sheet