

## **THE KIDNEY EARLY EVALUATION PROGRAM: PROGRAM DESIGN AND DEMOGRAPHIC CHARACTERISTICS**

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Chronic kidney disease (CKD) was recently identified as a public health problem requiring a prevention approach. The Kidney Early Evaluation Program (KEEP), initiated in 2000, meets the definition of a public health program, offering surveillance and detection of CKD. This report aims to detail the demographic characteristics of KEEP participants and compare them to the characteristics of participants in the National Health and Nutrition Examination Study (NHANES).

KEEP is a CKD screening program enrolling individuals aged  $\geq 18$  years, with a family history of kidney disease or a personal or family history of diabetes or hypertension. CKD was defined as an estimated glomerular filtration rate (eGFR) $<60$  mL/min/1.72m<sup>2</sup> or eGFR  $\geq 60$  and albumin/creatinine ratio $\geq 30$ mg/g. Time trends in demographic characteristics were analyzed.

The number of KEEP participants grew exponentially between 2000 and 2006. Most participants were aged 46-60 years. KEEP enrolled twice as many women as men (68.4% vs. 31.5%). Minorities were well represented (33.4% Black, 12.3 % Hispanic). Almost 58% of the participants had some college or more education, close to 85.0% had a physician and more than 80% were non smokers. The proportion of new KEEP participants with comorbid conditions increased over time (test of trend for self-reported diabetes, hypertension and kidney disease,  $p<0.0001$ ). Compared with a similar group in NHANES, the KEEP population was older, and included a larger proportion of women (68.5% vs. 54.7%) and blacks (34.1% vs. 12.1%). Self-reported hypertension, self-reported diabetes, obesity, and CKD were higher in KEEP than NHANES (53.8% vs. 38.5%, 26.9% vs. 9.9%, 44.3% vs. 35.5%, and 27.1% vs. 17.6%, respectively).

As evidenced by the high levels of self reported hypertension and diabetes, KEEP has been successful in enrolling individuals at high risk for kidney disease.