

THE KIDNEY EARLY EVALUATION PROGRAM (KEEP): A COMMUNITY BASED SCREENING APPROACH TO ADDRESS DISPARITIES IN CKD.

Joseph A. Vassalotti,¹ Suying Li,² Peter A. McCullough,³ George L. Bakris⁴ and the Kidney Early Evaluation Program Investigators.

¹National Kidney Foundation and Mount Sinai School of Medicine, New York, NY; ²Chronic Disease Research Group, Minneapolis, MN;

³William Beaumont Hospital, Detroit, MI; and ⁴University of Chicago Pritzker School of Medicine, Chicago, IL

The Kidney Early Evaluation Program (KEEP) is a free, community-based kidney disease screening program designed to detect CKD early and promote follow up with clinicians to ultimately improve outcomes.

This program screens individuals ≥ 18 years old with diabetes, hypertension, or those with a first order relative with diabetes, hypertension and/or kidney disease. Control of diabetes and hypertension are defined by fasting < 126 and non-fasting < 200 glucose (mg/dl) and blood pressure $< 140/90$ mm Hg, respectively.

Cross-sectional data based on 89,552 KEEP individuals screened in 49 states and the District of Columbia from 8/00 to 12/31/07 disclosed a prevalence of 34% African American, 12.4% Hispanic, 5.6% Asian/Pacific Islander, and 4.5% Native American, respectively. Compared to the random US population sample in NHANES 1999-2006 and the US Census Bureau 2000, KEEP represented threefold more African Americans and Native Americans and a similar proportion of Hispanics and Asians/Pacific Islanders. Although awareness of risk factors is over 75%, overall control of risk conditions is poor, diabetes (47.5%) and hypertension (32.9%). Control of diabetes is higher in Whites (53.4%) than all other groups with the lowest rates in Native Americans (32.3%), whereas control of hypertension is lowest in Hispanics (27.9%).

In conclusion, KEEP is an enriched source of populations at high-risk for CKD, and control of the two major CKD risk factors, diabetes and hypertension, remains disappointingly low, especially in high-risk populations, despite disease awareness. A longitudinal component of KEEP will evaluate the impact of the program on health disparities over time and holds promise for improving future management of CKD risk factors.