

PREVALENCE OF CKD IN UNINSURED ADULTS IN THE UNITED STATES: RESULTS FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)

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Chronic kidney disease (CKD) is associated with morbidity and mortality; however, there has been little assessment of CKD in those lacking health insurance. As part of the CDC-CKD Surveillance Project, we assessed the prevalence of CKD (defined by eGFR 15-60 ml/min/1.73 m² or a urinary albumin-creatinine ratio > 30 mg/g) in insured and uninsured adults ages 18 – 64 years (adults ≥ 65 years were excluded because of their Medicare eligibility). Pregnant women and women menstruating at the time of testing were excluded. Using publicly available data from the NHANES 2005-2006 sample, we estimated that 22% of adults under age 65 years were uninsured or unsure of their insurance status. The prevalence of CKD in adults was 14% (95% confidence interval 12-16%), and did not vary significantly by insurance status after adjusting for age. Among the uninsured, the age-adjusted prevalence of CKD varied significantly by gender (males=9%, females=13%, p=0.02; adjusted to the 2000 US Census), but was borderline by race/ethnicity (p=0.05). After adjustment for age, sex and race/ethnicity, uninsured adults with CKD were found to have significantly lower odds than those with insurance to have someone they seek for advice when they are sick (odds ratio [OR]=0.2, p=0.001), to have seen a healthcare professional in the previous 12 months (OR=0.1, p < 0.0001) or even to have seen a healthcare professional in the previous three years (OR=0.07, p < 0.0001). We estimate that there are more than 4,000,000 uninsured adults in the U.S. with CKD; these adults lack regular care and advice from healthcare professionals with implications for worse health outcomes. Tracking this underserved population will therefore be a priority for the national CDC-CKD Surveillance System.