

**Chronic Kidney Disease Task Force meeting
Commissioner Opening Remarks
June 28, 2010**

Acknowledgments

Thank you to all of you for joining us today and for taking the time to serve on this task force. I know, in your personal and professional lives, you all have very busy schedules, so thank you for devoting your time and expertise to this important issue.

I want to thank Senator Madden who was the driving force behind establishing this task force. He has a great passion for bringing greater public awareness to chronic kidney disease and helping those affected by the disease get treatment and lead healthier lives.

Chronic Kidney Disease Statistics

According to the CDC, more than 20 million Americans are affected by Chronic Kidney Disease (CKD). More than 35% of people 20 and older with diabetes have CKD. More than 20% of people 20 and older with hypertension have CKD.

Premature death from heart diseases, diabetes and other causes is higher in adults with Chronic Kidney Disease. According to the CDC, individuals with CKD are 16 to 40 times more likely to die than reach end stage renal disease.

One of the key missions of the Department of Health and Senior Services is to eliminate health disparities for the residents of the state of New Jersey. Chronic kidney disease deaths among minority and multicultural populations in our state are a key health disparity. In fact, it ranks at the top of disparities in terms of death rates, with blacks twice as likely to die from chronic kidney disease than whites. And that makes the work of this task force all the more critical.

- Nationally, African Americans are four times more likely to develop kidney failure.
- Blacks are twice as likely to die from chronic kidney disease than whites in New Jersey.
- End Stage Renal Disease (ESDR) incidence rates are more than 90% higher among Blacks compared to Whites in New Jersey.

According to the American Society of Nephrology, **nationally**:

- CKD is 15% more prevalent in African Americans than whites
- African Americans with diabetes are 3 to 5 times more likely to develop kidney disease when compared to the general population.
- CKD is 17% more prevalent in Hispanics and Latinos than in Caucasians, and Hispanics/Latinos are twice as likely to develop kidney failure.
- Native Americans are twice as likely as Caucasians to develop kidney failure.
- Mexican Americans and Native Americans with diabetes are 6 times more likely to develop kidney failure than the general diabetic population.

NJ Statistics

- In NJ, kidney disease was the tenth leading cause of death in 2006.
- Kidney Disease deaths are much higher among men than women, with black males having the highest death rates among all groups.
- In NJ, the Chronic Kidney Disease death rate for Blacks (35.6 per 100,000 population) is 2 times higher than death rate for the white population (15.5 per 100,000 population)

We know that CKD prevalence was greater among older persons and among persons with diabetes, cardiovascular disease, and hypertension—all conditions that affect minorities in great numbers.

- Diabetes in NJ: Diabetes disproportionately affects ethnic and racial minorities. In 2004, non-Hispanic blacks had the highest age-adjusted prevalence rate of diabetes at 11.5%, followed by Hispanics at 7.2%, and non-Hispanic whites at 5.3%
- Cardiovascular Disease in NJ: African-Americans in New Jersey have higher mortality rates from cardiovascular disease than do whites, both for heart disease (287.6 versus 249.6 per 100,000) and for stroke (65.6 versus 41.9 per 100,000). (Age-adjusted death rates, 2001)
- Hypertension: In NJ, Non-Hispanic Black males and females both continued to have the highest prevalence of hypertension. About 1 in 3 American adults have hypertension. Hypertension affects about 2 in 5 African Americans, 1 in 5 Hispanics and Native Americans, and 1 in 6 Asians.

Chronic Kidney Disease

We all know that early detection and treatment is critical to managing any chronic disease. And it is especially vital to prevent chronic kidney disease from progressing to end stage renal disease.

Early screening is important with this condition because many people with chronic kidney disease may not have any severe symptoms until their kidney disease is advanced. The progression of the disease may eventually lead to kidney failure resulting in the need for dialysis or ultimately a kidney transplant to stay alive. But if we are able to detect it earlier, we are able to prescribe medication and lifestyle changes to slow its progression.

We do know that there are those who may be at increased risk for kidney disease. Individuals that have diabetes, high blood pressure, or a family history of kidney disease are at greater risk. Also populations that have a high rate of diabetes or high blood pressure, such as African Americans, are at increased risk for chronic kidney disease. So we have to be sure we target these populations with education and screenings.

Task Force

The Department's Strategic Plan to Eliminate Disparities includes a chapter on the prevalence and incidence of kidney disease in our state.

Colette will speak more about the action plan and outcome measures to be used in achieving set goals. This task force will be instrumental in providing recommendations on how we can enhance our initiatives and develop best practices to improve kidney disease outcomes in our state.

At the department, we look forward to working with you to develop a plan to better educate the public and healthcare workers about the importance of early screening, diagnosis, and treatment of chronic kidney disease and its complications.

This is a great opportunity to look at how we have approached this disease in the past and develop creative solutions to raise awareness of chronic kidney disease and get more people screened, diagnosed and treated.

Thank you again for participating in this task force. I look forward to working with all of you.