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Authors

Rhee, Connie
Kataoka-Yahiro, Merle
Wong, Linda
[et al.](#)

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CHRONIC KIDNEY DISEASE RISK FACTOR BURDEN ACROSS RACE/ETHNICITY IN A DIVERSE HAWAII COHORT: FINDINGS FROM THE NATIONAL KIDNEY FOUNDATION OF HAWAII'S KIDNEY EARLY DETECTION SCREENING PROGRAM:

Connie Rhee¹, Merle Kataoka-Yahiro², Linda Wong³, Jim Davis³, Lung-Yi Lee³, Roland Ng³, Shiuh Feng Cheng³, Amy You¹, Yoko Narasaki¹, Victoria Page⁴, Glen Hayashida⁴, Kam Kalantar-Zadeh¹.

¹University of California - Irvine; ²University of Hawaii-Manoa; ³John A. Burns School of Medicine; ⁴NKF-Hawaii

Hawaii residents have a high prevalence of kidney disease, yet little is known about the differential burden of CKD risk factors across race/ethnicity in this diverse population. We examined data from the National Kidney Foundation of Hawaii's (NKF-HI) Kidney Early Detection Screening Program (KEDS), which has conducted state-wide community-based health screening events since 2005.

We examined data from Hawaii residents who participated in NKF-HI's KEDS health screening events, namely KEDS Wave 1 (2006-9), Wave 2 (2010-12), and Wave 3 (2013-17). Using logistic regression, we examined associations of race/ethnicity with the likelihood of 1) self-reported kidney disease, 2) severely increased albuminuria (defined as urine-to-albumin-creatinine ratio >300mg/g), and 3) self-reported diabetes.

Among 3088 KEDS Waves 1-3 participants, the most prevalent racial/ethnic groups were those of Caucasian (21.6%), Multi-Racial (19.6%), Japanese (17.6%), Filipino (16.8%), Chinese (5.3%), and Native Hawaiian (5.2%) background. Compared with Caucasian participants, those of Native Hawaiian/Other Pacific Islander (NHOPI) background had higher likelihood of kidney disease, while both NHOPI and Filipino participants had higher likelihood of severely increased albuminuria. NHOPI, Filipino, Japanese, Multi-Racial, and Other Race participants had higher risk of diabetes vs. those of Caucasian background.

In a diverse cohort of Hawaii residents who participated in community-based health screening events, there was a differential burden of CKD risk factors across racial/ethnic groups.

