



PRESS RELEASE

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US–Mexico Border Counties Face High Kidney Disease – Related Mortality and Low Nephrologist Availability

Highlights

- Counties along the US–Mexico border have limited access to nephrology care, and this limited access is associated with higher chronic kidney disease-related mortality.
- The findings will be presented at American Society of Nephrology (ASN) Kidney Week 2026 October 22–25.

Denver, CO (October 23, 2026) — New research indicates that US-Mexico border counties experience disproportionately elevated rates of death from chronic kidney disease (CKD), alongside reduced availability of nephrologists. The findings will be presented at ASN Kidney Week 2026 October 22–25.

When investigators analyzed data from the US Centers for Disease Control and Prevention, they found that between 1999 and 2022, CKD-related mortality in US-Mexico border counties increased from 48.2 to 81.4 deaths per 100,000 population, rising approximately 2.7% per year. Over the same period, mortality in non-border counties increased from 35.1 to 54.4 deaths per 100,000, at approximately 1.3% per year—roughly half the annual pace observed along the border.

There was also a consistent association between nephrology workforce availability and CKD-related mortality. Counties with the lowest nephrologist density had substantially higher mortality than those with the greatest workforce availability (91.4 versus 52.8 deaths per 100,000). Each decrease of one nephrologist per 100,000 population was associated with approximately 7% higher CKD-related mortality after adjusting for diabetes, obesity, poverty, uninsured status, rurality, hospital access, and demographic factors.

“Our findings suggest that the US–Mexico border is experiencing a growing kidney health disparity that parallels major geographic differences in access to nephrology care,” said corresponding author Sofia Yamada, MD, of the University of Texas Rio Grande Valley School of Medicine. “Border counties, many of which are predominantly Hispanic and medically underserved, experienced a substantially faster rise in CKD mortality than non-border comparison counties.”

Yamada noted that although the county-level ecological analysis cannot establish that workforce shortages cause higher mortality, the association persisted after adjusting for multiple clinical, socioeconomic, and healthcare-access factors and raises an important concern. “Where nephrologists practice may matter profoundly for kidney health equity. Communities carrying some of the greatest burden of kidney disease may also have the least access to the specialized care needed to prevent its progression and complications,” she said. “We hope this work encourages policymakers, health systems, and the kidney community to consider the geographic distribution of the nephrology workforce as an important component of efforts to achieve kidney health equity.”

Study: “America's Forgotten Border Crisis: Nephrology Workforce Shortages and Escalating CKD Mortality Disparities Along the US-Mexico Border, 1999-2022”

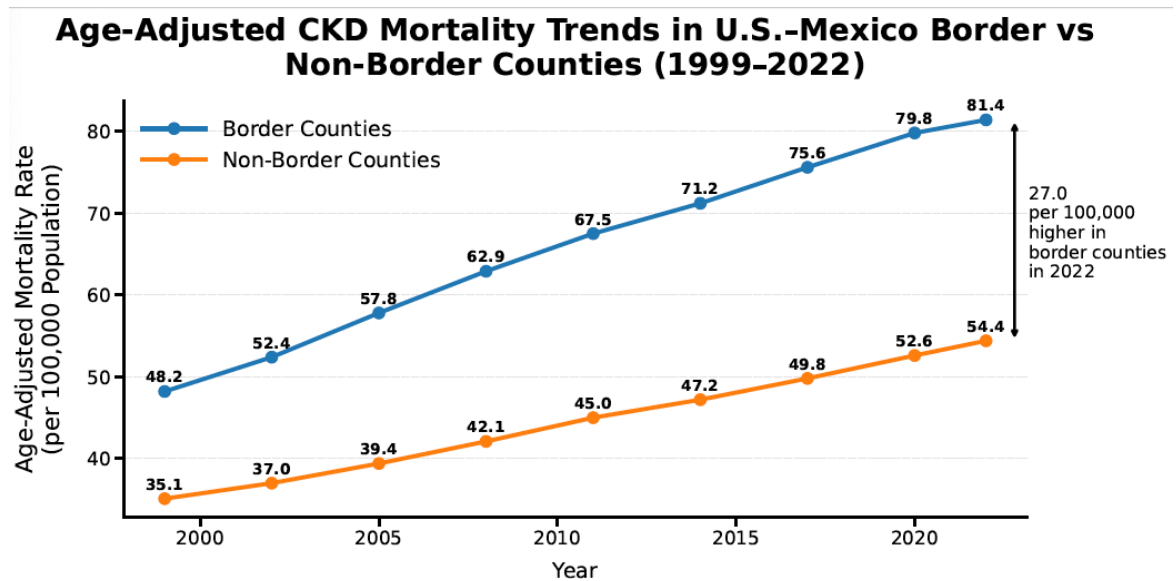
About ASN Kidney Week

Join ASN and more than 12,000 other kidney professionals from across the globe at ASN Kidney Week 2026 in Denver, CO. The world's premier nephrology meeting, Kidney Week, provides participants with exciting and challenging opportunities to exchange knowledge, learn the latest scientific and medical advances, and listen to engaging and provocative discussions with leading experts in the field. Early programs begin on October 21, followed by the Annual Meeting from October 22-25. Follow the conversation at #KidneyWk.

About ASN

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge and advocating for the highest quality care for patients. ASN has more than 20,000 members representing 138 countries. For more information, visit www.asn-online.org and follow us on [Facebook](#), [X](#), [LinkedIn](#), [Instagram](#), [Threads](#), and [Bluesky](#).

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Mortality rates expressed per 100,000 population and age-adjusted to the 2000 U.S. standard population.

Figure 1. Temporal trends in age-adjusted CKD-associated mortality among U.S.-Mexico border versus non-border counties from 1999-2022. Border counties demonstrated persistently higher CKD mortality throughout the study period, with widening mortality disparities over time.