

Title: Longitudinal Concordance of Self-Reported Kidney Disease Diagnosis Among Flint Registry Participants

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Objective

To assess the consistency of self-reported kidney disease diagnosis among Flint Registry participants over time and identify characteristics associated with concordant and discordant reporting.

Methods

This study included 289 Flint Registry participants who enrolled December 2018 - December 2024, reported a kidney disease diagnosis at enrollment, and completed a 2025 follow-up survey. Kidney disease was reassessed at follow-up. Concordant reporters included participants who reported a kidney disease diagnosis again at follow-up, whereas discordant reporters did not report a kidney disease diagnosis again at follow-up. Participant characteristics, including gender, age at enrollment, history of kidney stones, and healthcare utilization, were compared using frequencies and percentages.

Results

Most participants were female ($n=205(70.9\%)$) and ≥ 45 years ($n=204(70.6\%)$). Overall, 46.0% ($n=133$) reported a discordant kidney disease diagnosis at 2025 follow-up. Compared with concordant reporters, discordant reporters were more likely to be female (75.9% vs. 66.7%) and younger than 45 years at enrollment (36.1% vs. 23.7%). Discordant reporters were less likely to report a primary care check-up within the past 12 months (83.5% vs. 92.3%), a blood pressure check within the past 12 months (87.2% vs. 96.8%), or a history of kidney stones (17.3% vs. 26.3%).

Conclusion

Nearly half of participants who initially reported a kidney disease diagnosis did not report the diagnosis at follow-up. Discordant reporting was more common among younger participants, women, and those with lower healthcare utilization. This suggests that recall, understanding of diagnosis, disease resolution, or ongoing engagement with healthcare may influence longitudinal self-report of kidney disease.