

VOLUNTEERS FUEL EXPANSION OF THE KIDNEY TRUST'S CKD SCREENING PROGRAM



After getting off the ground in October of 2007, the Kidney TRUST's chronic kidney disease ("CKD") rapid-screening program grew quickly in 2008, with over 5,000 people screened for CKD over the course of the year. This expansion was aided in no small measure by volunteers who have donated their time and expertise to the effort.

Etta Carter is a case in point. Etta, who has four children and two grandchildren, lives in Arlington, Texas where she works as Centralized Programs Manager for DaVita, Inc. She's worked for DaVita for over 12 years in various positions that have led to close contact with dialysis patients. She's also been personally affected by kidney disease -- her grandmother, ex-father-in-law, and cousin all have CKD.

Etta's volunteer activities with the TRUST have included organizing other volunteers, registering participants, and discussing results and providing educational information to those who have undergone the screening process. She also has taken the initiative to recruit Spanish-language translators from the University of Texas at Arlington to provide support at health fair events.

Revkah Balingit, Program Director for the TRUST, can't say enough about the positive impact that volunteers like Etta have had in the expansion of the rapid-screening program: "Etta is amazing -- she has jumped into a whole series of events in the Dallas area over the last year and a half and made a tremendous contribution to our efforts. She is so generous with her time and effective in bringing in other people to help -- we literally couldn't do the work that we do without the help of our volunteers."

Etta is clear that what motivates her to volunteer for TRUST screening activities is the opportunity to do something about preventing the onset of kidney disease: "I want to protect people from ever having to sit in that chair and receive dialysis."

Etta has also been a market lead for the DaVita KAT Walk Across America for the last two years. Screening was part of the 2008 KAT Walk in Dallas, and Etta was instrumental in recruiting and organizing DaVita volunteers for the event. She also participated in several health fairs in the Dallas area, including several targeted at low-income Hispanic populations. Hispanics, like African-Americans and Native Americans, are at greater risk for developing CKD than other ethnic groups.

One of the things that surprises Etta in doing the education associated with screening is that primary care physicians don't tell people more about how their high blood pressure and/or diabetes put them at greater risk for CKD. According to Etta, most people don't seem to know what will happen to their kidneys if

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they don't change their lifestyles or follow their treatment regime. Most people she speaks with are surprised that CKD could be caused by diseases that they already have.

Etta is especially enthusiastic about the possibility of providing education and prevention messages to people at a young age so that they can more easily do something about their kidney health. She notes that: "If you can reach that person at risk for CKD in the early stages, it's easier to turn them around and get them focused on a healthy lifestyle that can postpone the onset or perhaps head off CKD altogether."

According to Etta, one of the gratifying things about health fairs targeted at lower income communities is that the message reaches people who might otherwise not be screened for CKD. The free rapid-screening program offers them the opportunity to find out where they stand and seek follow-up help if they need it. She states that, "It's especially great if you can reach people who don't need medication yet, since they can change the course of the disease with exercise and diet."

Etta says that she emphasizes to people at great risk the necessity to make CKD screening a regular part of their health regime. "Get screened again next year. The result I'm giving you today should be viewed as a baseline, but given your history you need to be vigilant and re-screened on at least an annual basis."

FINANCIAL ASSISTANCE PROGRAM PROVIDES MISSING PIECE OF THE PUZZLE FOR DIALYSIS PATIENTS

Nick James, a 45-year-old oil rig technician in Farmington, New Mexico, is on dialysis and waiting for a kidney transplant. Nick's first kidney transplant lasted 14 years, but failed three years ago and he's been back on dialysis since. Nick has a donor lined up -- the Bishop of his local Mormon church -- but still needs to lose weight before the surgery can take place. Kidney disease runs in Nick's family -- three of his brothers have also had kidney failure and all are currently living with successful kidney transplants.

Nick and his family, including his wife, Glenda, daughter Samantha (age 12), and son Nicholas (age 5), have struggled financially since he went back on dialysis. Nick is thankful that he's been able to hold on to a job with his long-time employer, but he was obliged to move into a less strenuous and lower paying assignment when his kidneys failed. Sticking with his job meant that he could retain his health insurance, but like most private plans, his insurance doesn't cover everything and co-pays for drugs and doctor visits were becoming a real hardship.

That's where the Kidney TRUST's pilot Financial Assistance Program ("FAP") came in. In late 2007, Nick's social worker told him about a new grant program designed to help dialysis patients make ends meet. The FAP is designed for people on dialysis who are having trouble managing co-pays, co-insurance and deductibles for medical treatment and prescription drugs that are covered under their private health insurance plan.

In December of 2007 Nick received word that he'd been selected for a grant that would ultimately provide up to \$3,000 to help with eligible expenses incurred during 2008. He still has a little trouble believing that it happened: "The grant was simply a godsend for me and the entire family. We were really struggling at the end of 2007. I was starting to think about skipping some of the drugs I was

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supposed to be taking and splitting pills to make them last. With the grant, all the worry went away. It was really the missing piece of the puzzle for me." Nick's grant was recently renewed for 2009.

According to TRUST President Barbara Lawson, "Nick is exactly the kind of person who the TRUST had in mind when creating this program. Helping dialysis patients keep working and retain their private insurance gives them more control of their health outcomes. Patients with private insurance generally have more treatment options than they do on Medicare. Society benefits because patients on private insurance aren't drawing on the Medicare trust fund. Finally, we think that health outcomes are going to be better if patients aren't having to choose between spending their last few dollars every month on groceries or co-pays for drugs."

FAP pilot locations include cities in California, Colorado, Iowa and Texas. Read more about the FAP at <http://www.kidneytrust.org/what/financial/>

KIDNEY DISEASE AND YOUR HEART: THE HIDDEN LINK PART 2

Part 1 of this two-part article which appeared in the October 2008 edition of eNEWS focuses on heart disease: kidneytrust.org/learn/heart/

Adding Diabetes into the Mix

If you have diabetes, you may be used to thinking of it as a blood sugar disease. It is, but it's also much more than that. Diabetes affects the blood vessels -- it is truly a vascular disease. This means that poor blood sugar control can harm your heart and your kidneys by causing damage to your blood vessels.

Diabetes

Type 1 and type 2 diabetes have different causes, but affect your body in the same way. Type 1 diabetes is an autoimmune disease. The immune system attacks the pancreas, and the islet cells that make insulin are destroyed. With type 2 diabetes two things can happen. The islet cells may make less insulin than the body needs, or make enough insulin but the cells are unable to use it. What's common to both? Too much sugar in your blood vessels, which can damage them.

Most people have two kidneys, and each one has about one million nephrons which are tiny filters. These filters pull wastes and extra water out of the blood and send them to your bladder as urine. By damaging blood vessels, high blood sugar can ultimately destroy nephrons so that protein leaks out and waste products are no longer appropriately filtered. In time, so many nephrons may be destroyed that the kidneys fail and dialysis or a kidney transplant are required to sustain life.

Diabetes and High Blood Pressure – A Double Whammy

Too much sugar in the blood vessels plus high blood pressure is a double whammy on the kidneys. Diabetes is the number one cause of kidney failure, while high blood pressure is the second. Having both diabetes and high blood pressure makes chronic kidney disease (CKD) progress much faster than having either condition on its own.

The American Diabetes Association says that two out of three people with diabetes die from heart disease and stroke. Why? Because as many as 70% of

31 MILLION
ADULT AMERICANS
- HAVE -
**CHRONIC KIDNEY
DISEASE**
- AND -
**90% DON'T
KNOW IT**
ARE YOU ONE OF THEM?

those with diabetes have high blood pressure, too.

Nine out of ten people with type 2 diabetes are overweight. Weight gain in general is also strongly linked with high blood pressure, although the reasons for this are not yet clear. A high-salt diet, which is common even among healthy Americans, can raise blood pressure.

What You Can Do

Kidney damage doesn't have to happen if you have diabetes—even when you also have high blood pressure. Taking steps and controlling these conditions will reduce your risk and have big payoffs for your health.

Tight diabetes control means keeping blood sugar close to normal all the time. This has been shown in a large, long-term study to vastly reduce the risk of problems with the kidneys and the eyes. Tight control is done with diet, exercise, and insulin for those who need it. Testing blood sugar often helps you learn what makes your sugars go up. Dr. Richard Bernstein, who has had type 1 diabetes for more than 55 years, offers a diet approach that has helped him avoid or even reverse some long-term problems.

Blood pressure also can be kept in control with exercise, diet, and medication. Just walking for 20 to 30 minutes a day can help. A diet rich in non-starchy vegetables and some fruits can help reduce blood pressure and improve your blood sugar control. If you are overweight, losing weight can also help both health problems. Keeping your blood vessels healthy will help your whole body to work better.



More information: www.KidneyTRUST.org Email: info@kidneytrust.org