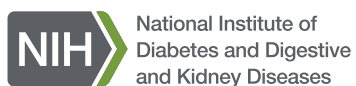




Training manual for community health workers

Helping you educate people
with diabetes about kidney disease

Riñones, Tesoros Education Program for Community Health Workers



The goal of the National Kidney Disease Education Program (NKDEP) is to reduce the number of people who develop chronic kidney disease (CKD) and its complications. To achieve its goal, NKDEP aims to improve understanding, detection, and management of CKD, especially among people at higher risk for developing kidney failure, including Hispanic and African American communities. NKDEP works with many public agencies, nonprofit, and health care organizations to

- raise awareness among people at risk for CKD about the need for testing.
- educate people with CKD about how to manage their disease.
- provide information, training, and tools to help health care providers better identify and manage CKD patients.
- support health system changes that improve CKD detection and management.

NKDEP has developed ***Riñones, Tesoros* (Kidneys, Treasures) Education Program for Community Health Workers** to help community health workers (CHWs) educate Hispanics living with diabetes about CKD. The program is intended to be used as part of a diabetes education curriculum, but can be used alone. The program offers a bilingual (Spanish and English) toolkit for CHWs that includes this training manual, a flipchart to use during educational sessions, and additional materials to give to participants during the class.



This program is part of NKDEP’s Hispanic outreach initiative, ***Riñones, Tesoros. Cuidalos* (Kidneys, Treasures. Take Care of Them)**—which includes many materials and activities in Spanish and English for improving CKD awareness, testing, and management.

For more information about NKDEP, please visit nkdep.nih.gov. For more information about the CHW program, please visit nkdep.nih.gov/CHWs. You may also address specific questions to NKDEP by phone or email:

Toll free number: **1-866-4-KIDNEY (1-866-454-3639)**

Email: nkdep@info.niddk.nih.gov

Dear community health worker,

Hispanic adults living in the United States are twice as likely as non-Hispanic white adults to be diagnosed with diabetes. Because diabetes is the leading cause of chronic kidney disease (CKD), there are a large number of U.S. Hispanics at risk for or living with CKD. Despite this, few educational programs and materials about CKD are available in Spanish. In response to this need, the National Kidney Disease Education Program (NKDEP) created a Hispanic outreach initiative — ***Riñones, Tesoros. Cuidalos*** (*Kidneys, Treasures. Take Care of Them*)—which includes an education program for community health workers (CHWs). Since CKD is most often a complication of diabetes, this program is designed to be included as part of your diabetes education classes. It can also be presented by itself.

Riñones, Tesoros Education Program for Community Health Workers aims to educate those with diabetes about

- how the kidneys work.
- the risk factors for kidney disease.
- the two tests that detect kidney disease.
- living with kidney disease.
- the different treatment options for kidney failure.

It can also be used to educate people at risk for CKD due to other health factors, such as high blood pressure, heart disease, and a family history of kidney failure, as well as those diagnosed with CKD.

As a CHW, you play a very important role in the health of your community and in the lives of people at risk for and living with kidney disease or kidney failure. Through education, you can help the members of your community protect their kidneys and improve the quality of their lives. We hope this toolkit makes your job a little easier. Please let us know how we can improve it.

We thank you for your efforts and look forward to hearing about your success stories.

Sincerely,



Andrew S. Narva, MD, FACP, FASN

Director

National Kidney Disease Education Program

National Institute of Diabetes and Digestive and Kidney Diseases

National Institutes of Health

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The National Kidney Disease Education Program (NKDEP) would like to thank the following people who supported the development of the ***Riñones, Tesoros Education Program for Community Health Workers***. Their review of the materials, participation in roundtables and interviews, and guidance at every step was invaluable to the development of the materials.

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I. GENERAL INFORMATION FOR COMMUNITY HEALTH WORKERS

The goal of the *Riñones, Tesoros Education Program for Community Health Workers* is to encourage and support CHWs in educating people in the community with diabetes about kidney disease. The program is designed for people who are at risk for kidney disease (people with diabetes, high blood pressure, or a family history of kidney failure), as well as for people who are already living with kidney disease.

Your role as a CHW

As a CHW, you can help build a bridge between people with diabetes and their health care providers. CHWs

- help people understand the connection between diabetes and kidney disease.
- encourage people at risk for kidney disease to get tested.
- help people living with kidney disease make changes to what they eat and their lifestyle, and take medicines the way they are told to by their health care provider.
- provide easy-to-read information about kidney disease.

Learning objectives for CHWs

The program will help you teach a class that will last about an hour and a half. At the end of the class participants should know

- how their kidneys work and why it is important to take care of them.
- the major risk factors for kidney disease.
- the two tests that detect kidney disease.
- what changes they can make in what they eat and in their lifestyle that can help keep their kidneys healthy.
- the basics about kidney failure and treatment options.

Toolkit components

This toolkit is flexible. You can tailor it specifically to each of the people you educate. You can also include these materials in other classes you teach. You can use them wherever you teach in your community, including community centers, hospitals, community health clinics, continuing education classes, schools, churches, or even in homes.

The bilingual toolkit consists of a training manual (this document), a flipchart, and handouts for participants.

1. Training manual

This manual covers four topics:

1. Diabetes and how it affects the kidneys
2. Keeping your kidneys healthy
3. Living with kidney disease
4. Treating kidney failure

The manual and the flipchart should be used together. Each section of the manual provides you with talking points and activities that go with specific pages in the flipchart. It also contains questions and answers about myths or often misunderstood information on each topic.

The appendices at the end of the manual include all of the materials you will need for your class.

2. Flipchart

The flipchart is an educational tool to help you lead the class and help the participants learn. It is an important part of the program and can be used in combination with the manual during the entire class.



Each page of the flipchart has two sides. The side with images faces the person or group to whom you are presenting, while the side that faces you features talking points to guide your presentation. Your side has more information to help you explain what the participants are seeing and to answer their questions.

The flipchart is available as a PowerPoint presentation at nkdep.nih.gov/CHWs.

Benefits of the flipchart

- Pictures, drawings, and information will help you lead the class and help participants better understand and remember the key messages.
- Each page builds on the information presented on the previous pages. Try not to skip pages. But if a participant does not understand a topic you have taught, you can go back at any time. If a participant asks a question about a topic that will be covered later in the flipchart, tell them you will get to that information soon.
- Recommended activities can help you reinforce important points and keep the participants interested.

3. Handouts for participants

- Appendices: In the appendix section of this manual, you will find additional materials, which you may want to use during your presentation or distribute as handouts for participants to take home. These include:
 - Appendix A: NKDEP resources
 - Appendix B: Local health services resources
 - Appendix C: GFR and urine albumin graphics
 - Appendix D: Questions to ask your health care provider:
If you are at risk for kidney disease
 - Appendix E: Questions to ask your health care provider:
If you have kidney disease
 - Appendix F: Fact or fiction
 - Appendix G: Resources for kidney-healthy recipes
 - Appendix H: Canned and frozen Nutrition Facts labels
 - Appendix I: Kidney care action plan
 - Appendix J: Financial assistance information
 - Appendix K: Pre-test for participants
 - Appendix L: Post-test for participants
 - Appendix M: Answers to tests
 - Appendix N: Certificate of completion
- Educational materials for participants to take home with them after the session:
 - “For People with Diabetes or High Blood Pressure: Get Checked for Kidney Disease” (Brochure)
 - “Chronic Kidney Disease: What Does It Mean for Me?” (Brochure)
 - “Chronic Kidney Disease and Medicines: What You Need to Know” (Brochure)
 - “Eating Right for Kidney Health: Tips for People with Chronic Kidney Disease” (Fact sheet)
 - “Tips for People with Chronic Kidney Disease — Food Label Reading” (Fact sheet)
 - “Your Kidney Test Results” (Fact sheet)

All materials are available
on the NKDEP website
for download at
nkdep.nih.gov/CHWs.

II. PREPARING FOR CLASS

As you prepare for your class, read all of the materials carefully. Become familiar with all the toolkit pieces, including the training manual, flipchart, and handouts. If you want to learn more about kidney disease, visit the NKDEP website at nkdep.nih.gov. If you have a specific question, you can email us at nkdep@info.niddk.nih.gov.

Remember to

- have the training manual and flipchart with you during the session.
- print or make enough copies of the handouts for all participants.
- have a laptop computer and projector if you are using a PowerPoint presentation.
- offer healthy snacks and refreshments, if possible.

Welcome

Welcome each participant to the class and start with introductions or an ice-breaker activity.



The class will take approximately 1 to 1.5 hours.

Objectives

Explain the objectives of the class so that participants know what they can expect to learn. These objectives are to

- learn how your kidneys function and why it is important to take care of them.
- know what factors put you at risk for kidney disease.
- learn which two tests are used to detect kidney disease.
- learn about how changes to what you eat and to your lifestyle can help you keep your kidneys healthy.
- understand the basics about kidney failure and treatment options.

Pre-test for participants

If you would like to get feedback from your participants, pass out the **Pre-test** at the beginning of the session (**Appendix K**). Ask participants if they have any questions. If needed, read the questions aloud. Give the participants 10 minutes to fill out the pre-test. Collect the pre-tests before starting the session.

TOPIC 1: DIABETES AND HOW IT AFFECTS THE KIDNEYS

What is diabetes?

Diabetes means that the blood glucose (blood sugar) is too high. There are two main types of diabetes:

- **Type 1:** When someone has type 1 diabetes, the body does not make enough insulin. Insulin helps the body use glucose from food for energy. People with type 1 diabetes need to take insulin every day.
- **Type 2:** When someone has type 2 diabetes the body does not make or use insulin well, and they often need to take pills or insulin. This is the most common form of diabetes.

There is also another type of diabetes known as **gestational diabetes**, which occurs when a woman is pregnant. Gestational diabetes raises women's risk of another type of diabetes, mostly type 2, for the rest of her life. It also puts the child in danger of overweight and diabetes.

Diabetes can cause serious health problems, such as

- heart disease and stroke.
- eye damage, and may lead to blindness.
- nerve damage that can cause hands and feet to feel numb; some people may even lose a foot or a leg.
- gum disease and loss of teeth.
- kidney damage and disease.

There are several ways people can manage their diabetes, including

- talking with their health care provider about how to manage blood glucose, blood pressure, and cholesterol levels.
- choosing healthy foods that are lower in calories, saturated fat, sugar, and sodium.
- being physically active and staying at a healthy weight.
- following the instructions of their health care provider and taking their medication.

FLIPCHART: page 1



Activity

Start the presentation by asking these questions to get participants talking about the topic:

1. Who in this group has diabetes?
2. What do you do to manage your diabetes?

All people with diabetes need to make healthy food choices, stay at a healthy weight, and be physically active every day. When their blood glucose (blood sugar) is close to normal they are likely to

- have more energy.
- be less tired and thirsty and urinate less often.
- heal better and have fewer skin or bladder infections.
- have fewer problems with their eyes, feet, and gums.

Diabetes and kidney disease

Diabetes

Diabetes is the leading cause of kidney disease. The damage can happen over many years, without a person feeling any different. Both type 1 and type 2 diabetes can cause kidney disease.

How does diabetes affect the kidneys?

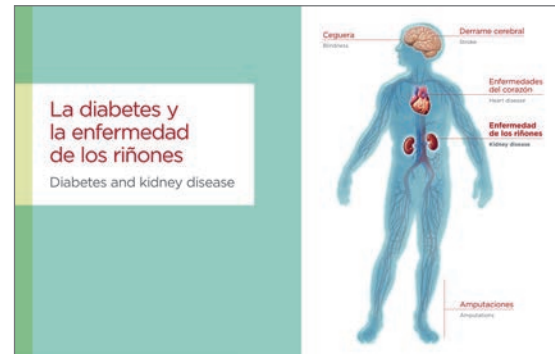
Diabetes damages small blood vessels, including those in the eyes and the kidneys. Diabetes causes high blood glucose (sugar) levels, which damage small blood vessels, including those in the tiny filters in the kidneys. When this happens, the kidneys do not work like they are supposed to. This is called kidney disease.



What actions should people take?

- Ask their health care provider what type of diabetes they have.
- Learn why diabetes is serious.
- Learn how to manage their diabetes to feel better and live longer.

FLIPCHART: page 2



Activity

Ask the participants the following:

Who can tell me how diabetes affects the body?

Hispanics and Kidney Disease

More and more Hispanics are being diagnosed with kidney disease each year. The number of Hispanics with kidney failure has increased by more than 70 percent in the last 10 years. Compared with non-Hispanic whites, Hispanics are 1.5 times more likely to be diagnosed with kidney failure.

The kidneys

Where are the kidneys in your body?

People have two kidneys, which are located in the middle of the back on the left and right sides of the spine.

What do the kidneys look like?

The kidneys are shaped like a bean. Each is about the size of a fist.

What do the kidneys do?

- Each kidney is made up of more than one million filtering units that eliminate waste products and extra water from the blood to make urine.

- The kidneys produce hormones that the body needs to be healthy.
- The kidneys help control blood pressure. People with kidney disease often develop high blood pressure.

Kidney disease

What is kidney disease?

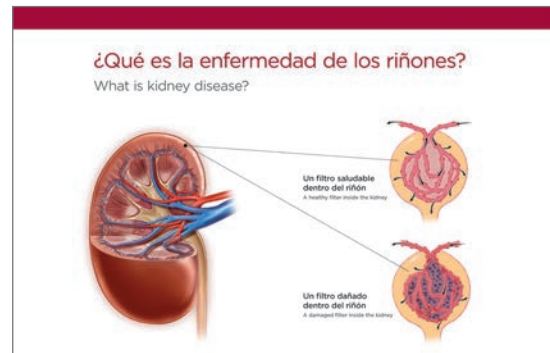
Kidney disease means that the kidneys are damaged and cannot filter blood like they should. This damage can cause waste products to build up in the body. It can also cause other problems that can harm someone’s health. For most people, kidney damage occurs slowly over many years, often due to diabetes or high blood pressure.

This program focuses on **kidney disease caused by diabetes** (also known as diabetic kidney disease). Unlike other kidney problems—such as kidney infections and kidney stones—this type of kidney disease does not cause any pain in the back. As a matter of fact,

most people with kidney disease do not feel any different until the disease is very advanced. The only way to know if you have this “silent disease” is to get your kidneys checked with blood and urine tests.

People with kidney disease often have high blood pressure and are more likely to have a stroke or heart attack. They can also develop anemia (low number of red blood cells), bone disease, and malnutrition. Kidney disease can get worse over time and may lead to kidney failure.

FLIPCHART: page 4



Fact or fiction

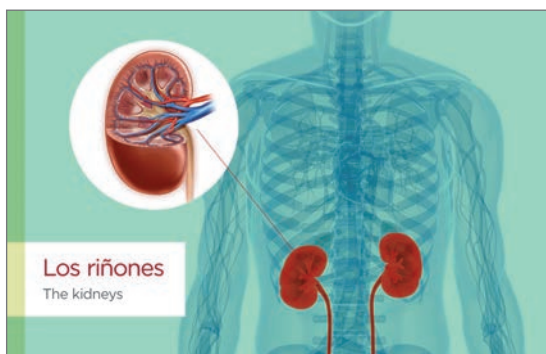
Read the statement and ask the participants to respond.



You will feel back pain if you have kidney disease. — Fiction

Fact — Kidney disease is a “silent disease.” While back pain can be caused by kidney stones or infections, most people with kidney disease caused by diabetes do not have symptoms until the disease is very advanced. Testing is the only way to know how your kidneys are doing.

FLIPCHART: page 3



Activity

Hold up your fist. Put your two fists on your back where the kidneys are located and turn around for the class to see.

What causes kidney disease?

Diabetes is the most common cause of kidney disease. As mentioned on page 76, diabetes damages small blood vessels, including those in the eyes and the kidneys. **Diabetes causes high blood glucose (sugar) levels which damage small blood vessels, including those in the tiny filters in your kidneys. This is why the kidneys cannot filter blood like they used to.** When this happens, the kidneys do not work like they should. High blood pressure is the second leading cause of kidney disease.

Can kidney disease be treated?

Treatment may slow kidney damage and keep the kidneys working longer, but there is no cure for kidney disease. Treatment includes controlling diabetes and high blood pressure, making necessary changes to what people eat and to their lifestyle, and taking medicines. The sooner people know they have kidney disease, the sooner they can begin treatment to prevent or delay kidney failure.

With proper management, people with kidney disease may never need dialysis or, at least, they may not need dialysis for a very long time.

End of topic activity

To review Topic 1, ask the participants these questions (do not read the answers):

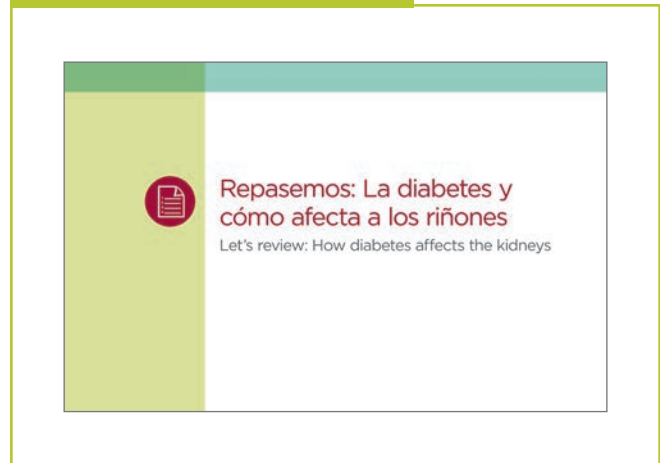
1. Why are people with diabetes at risk for kidney disease?

Diabetes is the leading cause of kidney disease. People with type 1 and type 2 diabetes are both at risk for kidney disease.

2. How does diabetes damage the kidneys?

High blood glucose (sugar) levels, due to diabetes, damage the filters in the kidneys.

FLIPCHART: page 5



3. What do the kidneys do?

How do they keep us healthy?

The kidneys filter the blood and remove waste products and extra water, which leave the body as urine. They also control blood pressure and produce hormones that the body needs to be healthy.

4. What is kidney disease?

When the kidneys become damaged, they do not filter as well as normal kidneys.

5. Can kidney disease be cured?

There is no cure. While kidney disease usually does not get better, treatment can help slow down the progression of the disease.

6. Will I feel back pain if I have kidney disease?

Kidney disease is a “silent disease.” While back pain can be caused by kidney stones or infections, most people with kidney disease caused by diabetes do not have symptoms until the disease is very advanced. Testing is the only way to know how your kidneys are doing.

TOPIC 2: KEEPING YOUR KIDNEYS HEALTHY

Other risk factors for kidney disease

In addition to diabetes, the following are also risk factors for kidney disease:

■ High blood pressure

- High blood pressure (hypertension) is the second leading cause of kidney disease.
- Over time, high blood pressure can damage the kidneys, without causing any signs (a change in your body) or symptoms (a change in how you feel).

■ Heart disease

- People who have heart disease are at a higher risk for kidney disease, and people who have kidney disease are at a higher risk for heart disease. There is a link between the two conditions. Researchers are working to better understand what it is.

■ Family history

- Kidney disease tends to run in families. Having an immediate family member (mother, father, sister, or brother) with kidney failure puts a person at risk for kidney disease.

People who have diabetes, high blood pressure, heart disease, or a family history of kidney failure should talk with their health care providers about steps they can take to protect their kidneys.

Tests that detect kidney disease

Early kidney disease usually does not have any signs or symptoms. In fact, most people do not feel any different until their kidney disease is very advanced. Testing is the only way to know how well the kidneys are working. People with diabetes, or any of the other risk factors, should get tested. They should also talk to their health

FLIPCHART: page 6



Activity

Ask participants if they know what can put a person at risk for kidney disease.

care provider about the results and how often they need to be tested. There are two tests for kidney disease: a blood test and a urine test.

1. Blood test

The blood test measures a waste product in the blood called creatinine, which is used to estimate the glomerular filtration rate (GFR). The GFR tells how well the kidneys are filtering blood. People with diabetes, or any of the other risk factors for kidney disease, should know their GFR.

The test results are reported in the following ways:

- A GFR of 60 or higher is in the normal range.
- A GFR below 60 may mean you have kidney disease.
- A GFR of 15 or lower may mean kidney failure.

The goal of treatment is to keep the GFR from getting lower.



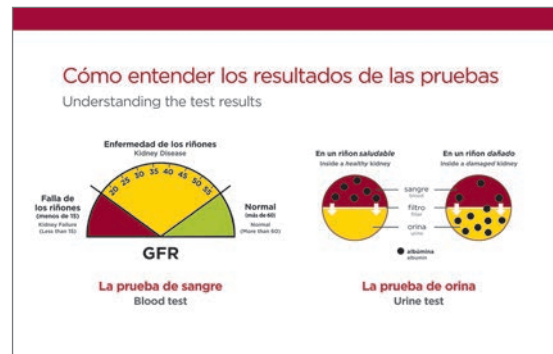
Fact or fiction

Read the statement and ask the participants to respond.



There is a cure for kidney disease. — Fiction

Fact — There is no cure for kidney disease. However, treatments exist that can help delay or prevent kidney failure.



Fact or fiction

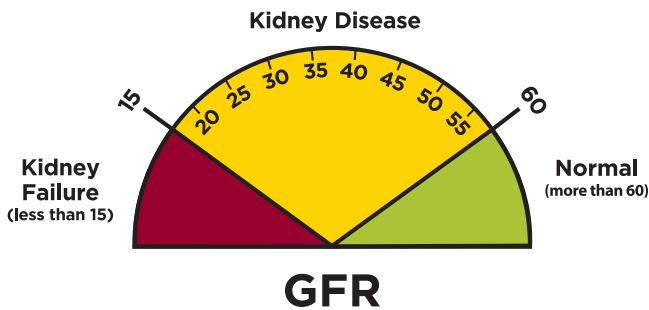
Read the statement and ask the participants to respond.



A urine test is the only test you need to detect kidney disease. — Fiction

Fact — To find out if you have kidney disease, you need to get two tests: a blood test (that tells you how well your kidneys are filtering) and a urine test (that tells you if your kidneys are damaged).

This graphic helps explain GFR results. Specific results should be discussed with a health care provider.

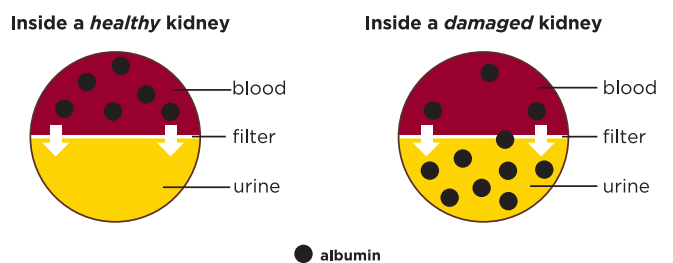


2. Urine test

The urine test checks for albumin in the urine, a sign of kidney damage. Albumin is a type of protein found in blood. When the kidneys are healthy, they do not let albumin

pass into the urine. When the kidneys are damaged, they let some albumin pass into the urine. The less albumin in the urine, the better.

The graphic below shows that a healthy kidney keeps albumin from passing into the urine, while a damaged kidney allows some albumin to pass into the urine.



Urine albumin test results are also reported as a number:

- A urine albumin result below 30 is normal.
- A urine albumin result of 30 or above is abnormal and may mean kidney disease.

Tips to keep your kidneys healthy

People with diabetes, or any of the other risk factors for kidney disease, need to take the following steps to keep their kidneys healthy:

- Get the GFR (blood) and albumin (urine) tests for kidney disease. The frequency of testing needs to be set by a health care provider.
- Keep blood pressure and blood glucose at the target set by a health care provider.
- Keep cholesterol in the target range.
- Take medicines as directed by the health care provider.
- Cut back on sodium (salt). Aim for less than 2,300 milligrams of sodium, or less than one teaspoon, per day. Keep in mind that much of the sodium people eat does not come from a salt shaker. Buy fresh foods and cook meals at home from scratch instead of eating food already prepared.
- Choose foods that are healthy for the heart, like fresh fruits, fresh or frozen vegetables, whole grains, and low-fat dairy products (milk, cheese, yogurt, etc.).

FLIPCHART: page 9



Activity

Ask participants to share what healthy steps they do now that also help their kidneys.

- Be more physically active.
- If overweight, people need to take steps to lose weight. Being overweight makes the kidneys work harder.
- If they smoke, they need to take steps to quit. Smoking can make kidney damage worse.

Aim for less than
2,300 milligrams of
sodium, or less than
one teaspoon, per day.



There are two tests for kidney disease: a blood test (to measure GFR) and a urine test (to measure albumin).

End of topic activities

To review Topic 2, ask the participants these questions (do not read the answers):

1. What are the key risk factors for kidney disease?

The major risk factors for kidney disease are diabetes, high blood pressure, heart disease, and a family history of kidney failure.

2. How can you find out if you have kidney disease?

To find out if you have kidney disease, you should get two tests: a blood test (to measure GFR) and a urine test (to check for albumin in your urine).

3. What should you do to keep your kidneys healthy?

You should get tested for kidney disease and manage your diabetes and high blood pressure. Other recommendations include eating less sodium, being more active, and taking medicines as directed by your health care provider.

Additional activities

1. Hand out the **Questions to ask the health care provider: If you are at risk for kidney disease (Appendix D)**. Read the questions out loud and ask the participants if they can think of more questions to ask their health care providers.

2. Hand out the brochure “For People with Diabetes or High Blood Pressure: Get Checked for Kidney Disease” and explain that it summarizes Topic 2. Let them know that they can take the brochure to review and discuss it with their friends and family members.

TOPIC 3: LIVING WITH KIDNEY DISEASE

Lifestyle changes

If people are told they have kidney disease, they may worry about their health. They may also have many questions. The good news is that with good care, people with kidney disease can live full, productive lives:

- They can continue to work.
- They can continue to enjoy family and friends.
- They can stay physically active.

FLIPCHART: page 11



Fact or fiction

Read the statement and ask the participants to respond.



Everyone with kidney disease will end up with kidney failure and will need to go on dialysis. — Fiction

Fact — Kidney disease tends to get worse over time, but with proper management, people with kidney disease can live long, productive lives. Most people with kidney disease never need dialysis.

As discussed in Topic 2, the only way to diagnose kidney disease is through a blood test and a urine test. If the tests confirm kidney disease, the health care provider will order additional tests to figure out the cause of the kidney disease. The provider will then work to develop the best treatment plan, which will likely include a combination of changes in what they eat, their lifestyle, and medicines. Monitoring the progression of kidney disease will also be important to make sure that the treatment is working; this includes rechecking the GFR and urine albumin, as well as doing other tests.

Emotional support for people with kidney disease

It is common for people with chronic diseases—like diabetes and kidney disease—to experience stress, depression, and feelings of anger, frustration, and anxiety. These emotions and conditions can make it difficult for people to make the lifestyle changes needed to keep their kidneys healthy or slow the progression of kidney disease to kidney failure. It is important to help patients manage their emotional health. Encourage patients to seek support from family members and friends. They can also discuss their feelings with a professional, such as a social worker or mental health professional. These professionals can provide emotional support and help people and their families better adjust to the life changes that come with having kidney disease and kidney failure.



Activity

Ask participants if they know what a dietitian does.

A dietitian is a food and nutrition expert who teaches people how to choose foods that will help them stay healthy.

A dietitian can create a plan that is tailored for each person. Renal dietitians often work in dialysis centers and are specifically trained to work with people with kidney failure.

Changes in what you eat

All of the changes that help people at risk for kidney disease keep their kidneys healthy (see page 81) continue to be very important changes for people with kidney disease. These include blood pressure and diabetes control, limiting alcohol, being more active, quitting smoking, losing weight (if necessary), and taking medicines as directed by a health care provider. And many of these changes are not just good for the kidneys, but are also good for the heart.

Eating right for kidney health

What people eat and drink affects the kidneys, so changing what they eat can help slow kidney

disease. Some foods may be better for the kidneys than others, and controlling sodium is very important. As you learned earlier, most of the sodium people eat comes from prepared foods, not from the salt shaker. Cooking food from scratch gives people more control over how much sodium they eat.

A health care provider may suggest that a person with kidney disease see a dietitian who can help choose foods that are easier on the kidneys. The dietitian can also teach about the nutrients that need special attention by people with kidney disease. These nutrients include sodium, protein, phosphorus, and potassium. A dietitian can also teach about how to read food labels.

The section below outlines the five key steps for eating right for kidney health. The first three steps (1-3) are important for all people with kidney disease. The last two steps (4-5) may become important as the kidneys become more damaged.

Step 1: Choose and prepare foods with less sodium.

Why? Sodium raises your blood pressure, so reducing how much you eat can help keep your blood pressure at a healthy level. Aim for less than 2,300 milligrams, or about one teaspoon, a day. Here are some tips that can help people do this:

- Buy fresh food more often. Sodium is added to many processed (canned and packaged) foods. Deli meats are high in sodium, as are some cooking broths and snack foods.
- Use spices, herbs, and sodium-free seasonings instead of salt. People should check the Nutrition Facts label on food packages for sodium. A Daily Value of 20 percent or more means that the food is high in sodium.

- Try low-sodium versions of frozen and other convenience foods.
- Rinse canned vegetables, beans, meat, and fish with water before eating.
- Do not use salt substitutes or “lite” salt. They may be high in potassium, which can be a problem for people with kidney disease.
- Do not use seasonings that have “salt” in their name, like garlic salt or onion salt. People should choose garlic powder or onion powder instead.

Step 2: Eat the right amount and type of proteins.

Why? Protein is good for everyone, but it can make the kidneys work harder. People should limit the amount of protein they eat to help protect the kidneys.

- Eat small portions of protein-rich foods.
- Protein is found in foods made from plants (e.g., beans, nuts, and grains) as well as animals (e.g., chicken, fish, meat, eggs, and dairy). People should talk to a dietitian about how to choose the right combination for them.

Step 3: Choose foods that are healthy for the heart.

Why? To protect the blood vessels, heart, and kidneys.

- Bake, roast, stew, grill, broil, or stir-fry foods instead of frying them.
- Use non-stick cooking spray or a small amount of olive or vegetable oil instead of butter.
- Trim visible fat from meats and remove skin from poultry before eating.
- Choose heart-healthy foods, such as poultry without the skin, fish, beans, fruits, and vegetables.



As the kidneys become more damaged, people may need to eat foods that are lower in

phosphorus and potassium. Health care providers use lab tests to find out if there is a need to make these additional changes.

Step 4: Choose foods with less phosphorus.

Why? To help protect the bones and blood vessels.

- Many packaged foods have added phosphorus. Look for phosphorus—or for words with “PHOS”—on ingredient labels.
- Deli meats and some fresh meat and poultry also can have added phosphorus. People should ask the butcher to help them pick fresh meats without added phosphorus.

Step 5: Choose foods that have the right amount of potassium.

Why? To help the nerves and muscles work the right way. If potassium is too high or too low, the nerves and muscles will not work normally.

- Salt substitutes can be very high in potassium. Read the ingredient label for potassium chloride. If someone needs to limit potassium, they should choose foods that don’t have added potassium chloride. They should not use salt substitutes.
- Drain canned fruits and vegetables before eating.

What you drink is also important

People with kidney disease may need to change what they drink, too. Here are some key tips:

- **Water:** Generally, choose water instead of juice, drinks with added sugar, or regular soda. It is not necessary to drink more water than normal unless the person has kidney stones.
- **Diet sodas and other sugar-free beverages:** People should choose sugar-free drinks, like diet sodas (or diet pop), rather than regular sodas or juices. People should choose light-colored diet sodas, like lemon-lime, or make homemade iced tea and lemonade, sweetened with artificial sweetener. Dark-colored diet sodas, fruit punch, and some bottled and canned iced teas can have a lot of phosphorus. Too much phosphorus can make the bones weaker if the person has kidney disease.
- **Alcoholic beverages:** People may be able to drink small amounts of alcohol. But they should keep in mind that drinking too much can damage the liver, heart, and brain and cause serious health problems.

FLIPCHART: page 13



Fact or fiction

Read the statement and ask the participants to respond.



You should drink more water if you have kidney disease. — Fiction

Fact — Drink as much water as you normally do. It's not necessary to drink more water unless you have kidney stones and your health care provider recommends you drink more.

Dark-colored diet sodas, fruit punch, and some bottled and canned iced teas can have a lot of phosphorus. Too much phosphorus can make the bones weaker if the person has kidney disease.

Understanding food labels

People with kidney disease may need to limit some nutrients, such as sodium, phosphorus, or potassium. They also need to limit saturated and trans fats. It is important to read the food label to make healthy food choices for the kidneys. People should remember to

1. Check the Nutrition Facts label for sodium.
2. Look for claims on the label, like “low saturated fat” or “sodium free.”
3. Check the ingredient list for added phosphorus or potassium (if told to watch these nutrients).

Below is an example of a Nutrition Facts label. The label provides information to help people choose foods for better health.

Watching sodium is very important for people with kidney disease. This Nutrition Facts label shows that one serving of this food item has 660 milligrams of sodium and that there are two servings in this container. If a person eats the whole container in one day, they will consume 1,320 milligrams of sodium—more than half of the total daily limit of 2,300 milligrams.

Comparing food labels

By comparing the labels on different packages, people can choose the ones that are lower in sodium or other important nutrients like saturated fat and trans fats.

A dietitian can teach people with kidney disease how to read the Nutrition Facts label and ingredient list to help make healthy food choices for their kidneys.

The amount listed is for one 1-cup serving. If you eat two servings, the amount doubles.

One serving has 660 milligrams of sodium.

Nutrition Facts	
Datos de Nutrición	
Serving Size: 1 cup (228g)	
Servings Per Container: 2	
Tamaño por ración: 1 taza (228 g)	
Ración por Envase: 2	
Amount Per Serving/Cantidad por Ración	
Calories: 260	Calories from Fat: 120
Calorías: 260	Calorías de Grasa: 120
% Daily Value*/% Valor Diario*	
Total Fat/Grasa Total 13g	20%
Saturated Fat/Grasa Saturada 5g	25%
Trans Fat/Grasa Trans 2g	
Cholesterol/Colesterol 30mg	10%
Sodium/Sodio 660mg	28%
Total Carbohydrate/Carbohidrato Total 31g	10%
Dietary Fiber/Fibra Dietética 0g	0%
Sugars/Azúcares 5g	
Protein/Proteínas 5g	
Vitamin A/Vitamina A	4%
Vitamin C/Vitamina C	2%
Calcium/Calcio	15%
Iron/Hierro	4%
* Percent Daily Values are based on a 2,000 calorie diet.	
* Los porcentajes de Valores Diarios están basados en una dieta de 2.000 calorías.	

This package has two 1-cup servings.

One serving has 28% Daily Value of sodium.

- 5% or less is low.
- 20% or more is high.

For this food label, 28% Daily Value is high for sodium.

Entender la etiqueta de los alimentos

Understanding food labels

Nutrition Facts
Datos de Nutrición
 Serving Size 1/2 cup (121g)
 Amount per container 2
 Servings per container 4
 Calories 60
% Daily Value*
Total Fat 0g 0%
 Saturated Fat 0g 0%
Cholesterol 0mg 0%
Sodium 125mg 5%
Total Carbohydrate 11g 4%
 Dietary Fiber 6g 22%
 Sugars 5g
Protein 5g
 Vitamin A 15% • Vitamin C 30%
 Calcium 0% • Iron 6%

Activity

Pass out the **Canned and frozen Nutrition Facts labels** handouts from **Appendix H**.

Ask participants to compare the labels and ask the group what differences they see.

Then, explain the following:

- Plain frozen foods typically have less sodium than canned foods. Take a look at these food labels for frozen and canned peas.
- One serving of frozen peas has only 5% of the Daily Value for sodium, while one serving of canned peas has 16% of the Daily Value for sodium—more than three times the sodium in a serving of frozen peas.

Frozen peas

Amount Per Serving	
Calories 60	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 125mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 6g	22%
Sugars 5g	
Protein 5g	
Vitamin A 15%	• Vitamin C 30%
Calcium 0%	• Iron 6%

Canned peas

Amount Per Serving	
Calories 60	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 380mg	16%
Total Carbohydrate 12g	4%
Dietary Fiber 3g	14%
Sugars 4g	
Protein 4g	
Vitamin A 6%	• Vitamin C 10%
Calcium 2%	• Iron 8%

*Percent Daily Values are based on a 2,000 calorie diet.

National Heart, Lung, and Blood Institute, National Institutes of Health.

Medicines and kidney disease

People with kidney disease often take medicines to lower their blood pressure, control blood glucose, and lower blood cholesterol.

Two types of blood pressure medicines—ACE inhibitors and ARBs—may slow down kidney disease, even in people who don't have high blood pressure. These medicines provide additional protection to the kidneys. Many people need to take two or more medicines for their blood pressure, often including a diuretic (water pill). The goal is to keep the blood pressure at or below the target set by a health care provider. For most people, the target is less than 140/90 mm Hg.

FLIPCHART: page 15



Fact or fiction

Read the statement and ask the participants to respond.

Natural home remedies are fine for people with kidney disease. — Fiction

Fact — Whatever you put in your body, even if it's natural, could affect your kidneys and cause other health complications over time. Always ask your health care provider or pharmacist before taking any medicine or home remedy.

People with kidney disease need to be extra careful about all the medicines they take because their kidneys do not filter as well as they have in the past. This can increase the amount of medicine in the blood.

Some medicines can also harm the kidneys. As a result, people with kidney disease may be told to

- take some medicines in smaller amounts or less often.
- stop taking a particular medicine or switch to a different one.

People with kidney disease should tell their pharmacist and health care provider about ALL of the medicines they take, including

- prescription medicine.
- over-the-counter (OTC) medicines (the kind you get without prescriptions, such as cold formulas, pain relievers, etc.). These may contain non-steroidal anti-inflammatory drugs (NSAIDs) that can damage the kidneys.
- supplements, such as vitamins and mineral tablets.
- herbal or natural remedies.

This will help them give advice on how to protect the kidneys.

The kidney disease health care team

People with kidney disease work with many types of health care providers. This list describes the different types of health care providers and their role in treatment:

- **Primary care provider (doctor, nurse practitioner, physician assistant):** The primary care provider is the person seen for routine medical visits, including management of chronic conditions, like diabetes and high blood pressure (hypertension). A primary care provider will likely keep managing kidney disease care, especially early in the disease process. He or she can monitor the kidneys, prescribe the medicines needed, and continue to monitor and treat the condition. The primary care provider may refer the patient to other health care providers for specialized care.
- **Nephrologist:** A nephrologist is a doctor who is a kidney specialist. The patient may be referred to a nephrologist if they have a complicated case of kidney disease, the kidney disease is progressing quickly, or the kidney disease is at an advanced stage. A patient may be treated by both the primary care provider and the nephrologist. If the kidneys fail, the patient will work closely with the nephrologist for treatment.
- **Registered dietitian:** A dietitian is a food and nutrition expert who teaches people how to choose foods that will help them stay healthy. Dietitians can help create a nutrition plan that is tailored for each person. Renal dietitians often work in dialysis centers and are specially trained to work with people with kidney failure.
- **Nurse:** A nurse may help with treatment and is likely to teach patients about kidney disease monitoring and treatment, as well as self-management for one or more of the patient's conditions.
- **Diabetes educator:** A diabetes educator is an expert at helping people with diabetes learn about the skills needed to take care of themselves and their diabetes, and any problems that may result from diabetes. A diabetes educator may also be a dietitian, nurse, nurse practitioner, pharmacist, physician, or physician assistant.
- **Pharmacist:** A pharmacist is trained to prepare, distribute, and educate patients about medicines. Pharmacists check for possible drug interactions or side effects from prescribed medicines for people with kidney disease. They can also help keep track of how well the medicines are working.
- **Renal social worker:** A renal social worker may work for a kidney disease program or in a dialysis center. A renal social worker's job is to help people (and their families) deal with the life changes that come with having kidney disease and kidney failure. A renal social worker can also help people with kidney failure apply for financial help to cover the cost of treatment.

End of topic activity

To review Topic 3, ask the participants these questions (do not read the answers):

1. What steps can a person take to prevent or delay kidney failure if diagnosed with kidney disease?

There are many steps that a person can take to keep their kidneys healthy:

- Eating foods with less sodium.
- Keeping their blood pressure at or below the target set by their health care provider. For most people, the target is less than 140/90 mm Hg.
- Keeping their blood glucose in the range recommended by their health care provider, if they have diabetes.

2. Why should people with kidney disease be extra careful about which medicines they take?

People with kidney disease need to be extra careful about all the medicines they take because their kidneys do not filter as well as they have in the past. This can cause an increase in the amount of medicine in the blood. Some medicines can also harm the kidneys.

If someone has diabetes, he or she should keep the blood glucose in the range recommended by the health care provider.

FLIPCHART: page 16



Additional activities

1. Hand out the **Questions to ask your health care provider: If you have kidney disease (Appendix E)**. Read the questions out loud and ask them if they can think of more questions to ask their health care providers.
2. Hand out the materials listed below and explain that they summarize Topic 3. Let them know that they can take the materials to review and discuss with their friends and family members.
 - a. “Chronic Kidney Disease: What Does It Mean for Me?” (Brochure)
 - b. “Chronic Kidney Disease and Medicines: What You Need to Know” (Brochure)
 - c. “Eating Right for Kidney Health: Tips for People with Chronic Kidney Disease” (Fact sheet)
 - d. “Tips for People with Chronic Kidney Disease—Food Label Reading” (Fact sheet)
 - e. “Your Kidney Test Results” (Fact sheet)

TOPIC 4: TREATING KIDNEY FAILURE

Kidney failure

Kidney disease can get worse over time, and may lead to kidney failure. Kidney failure means advanced kidney damage with a GFR of less than 15 (see page 79 for reference). At this point, the kidneys are no longer able to work well enough to maintain health. Most people with kidney failure have symptoms, such as lack of appetite, nausea, vomiting, and fatigue, caused by the build-up of waste products and extra water that the kidneys can no longer filter.

If the kidneys fail, treatment options such as dialysis or a kidney transplant can help people live a longer and healthier life. People with progressive kidney disease should talk with their health care provider in advance about choosing a treatment that is right for them.

Treatments for kidney failure

The two main treatment options for kidney failure are dialysis or a kidney transplant. Since the kidneys no longer work well enough to maintain health, the goal is to find a treatment that can replace kidney function. Dialysis and kidney transplants are treatments—not cures—for kidney failure.

Some people choose not to treat kidney failure with dialysis or a transplant. If this path is chosen, care is still provided by the health care team.

FLIPCHART: page 17



Activity

Ask participants if they know what the treatments are for kidney failure.

If the kidneys fail, treatment options such as dialysis or a kidney transplant can help people live a longer and healthier life.

Dialysis

Dialysis is a treatment that filters waste products and water from the blood when the kidneys are damaged. Dialysis does not cure kidney failure, but it can help people feel better and live longer. Still, many people are afraid of dialysis, and that fear prevents them from learning about the treatment. In reality, many people are surprised to find out how well dialysis works and how good they feel with the treatment. It is a treatment that, with training, many people are able to do at home.

There are two kinds of dialysis:

- **Hemodialysis:** A dialysis machine pumps blood through a filter and the clean blood is returned to the body. Usually, it is done three times a week in a dialysis center, but it can also be done at home. Each session usually lasts three to four hours.
- **Peritoneal dialysis:** This type of dialysis uses the abdominal cavity (the space in the body that holds the stomach, intestines, and liver) to filter blood. Peritoneal dialysis can be done at home. It is done daily. Many people are able to do this treatment at night, while they sleep.

FLIPCHART: page 18



Fact or fiction

Read the statement and ask the participants to respond.



Dialysis causes death. — Fiction

Fact — Dialysis is a treatment that saves lives. People who choose dialysis can live a long time. Most often they die from medical conditions related to kidney disease, such as heart complications, and not from dialysis.

Kidney transplant

Some people with kidney failure may be able to receive a kidney transplant. This involves having a healthy kidney from another person placed into the body through surgery without removing the damaged kidneys. The new, donated kidney does the work that the two failed kidneys used to do. The donated kidney can come from someone the person does not know who has died recently, or from a living person, like a relative, spouse, or friend.

A kidney transplant is a treatment for kidney failure, not a cure. If a person receives a kidney transplant, he or she will still need to see a health care provider regularly. They will also need to take medicines every day to make sure that the body does not reject the new kidney.

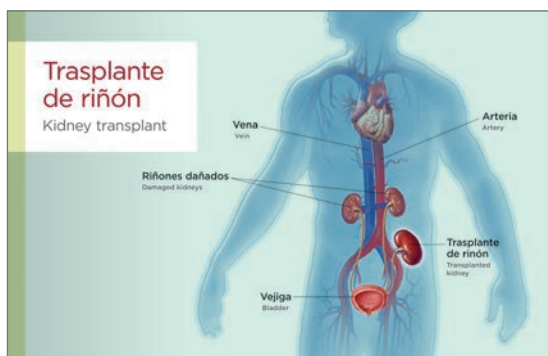
A kidney transplant is not for everyone. Some people with kidney failure have conditions that make the transplant surgery dangerous or not likely to succeed. Good candidates for kidney transplants are put on a waiting list to receive a kidney transplant. People often have to wait on the list many months to years for a kidney transplant.

Supportive care without dialysis or transplant

Some people may choose not to treat kidney failure with dialysis or a transplant, but continue to get care from their health care team. The care may include

- medicines to protect remaining kidney function for as long as possible.
- medicines to treat symptoms of kidney failure (such as nausea, anemia, and poor appetite).
- advice on diet and lifestyle choices.
- care to ease symptoms, provide relief from physical and emotional pain, and enhance quality of life.

FLIPCHART: page 19



Fact or fiction

Read the statement and ask the participants to respond.

If you get a new kidney, you are cured from kidney failure. — Fiction

Fact — A kidney transplant is a treatment for kidney failure and it is not a cure. A transplant recipient needs continued care.



FLIPCHART: page 20



Activity

Reinforce the importance of talking to a health care provider to understand treatment options based on health status and age.

Choosing the best treatment option for kidney failure is an important decision. The decision needs to be made by the patient, with the family. The provider will help the patient fully understand his or her options based on health status and age.

End of topic activity

To review Topic 4, ask the participants these questions (do not read the answers):

1. What does kidney failure mean?

Kidney failure means the kidneys are no longer able to work well enough to maintain health. If the kidneys fail, the person will need to replace their kidney function to maintain health.

2. What are the treatment options for kidney failure?

Dialysis and kidney transplant are treatments that replace kidney function. A third option is supportive care that does not include dialysis or a transplant.

3. Do dialysis or a kidney transplant cure kidney failure?

Dialysis and a kidney transplant are treatments for kidney failure, but not cures.

4. When is the right time to talk about kidney failure?

It is important for people with kidney disease to talk with their provider about treatment options long before their kidneys fail. That way they will be ready to make the best decisions for them if and when the time comes.

FLIPCHART: page 21



Choosing the best treatment option for kidney failure is an important decision. The decision needs to be made by the patient, with the family.

IV. ENDING CLASS

Kidney care action plan

Finish the class by inviting each participant to make an action plan using what they learned during the session.

In **Appendix I**, you will find a sample **Kidney care action plan** for the participants to follow. Hand out copies of the plan and ask participants if they have any questions.

Encourage participants to share their commitment to protect their kidneys with their family and friends.

Post-test for participants

If you used the pre-test at the beginning of your class, pass out the **Post-test for participants (Appendix L)**. Ask participants if they have any questions. If needed, read the questions aloud. Give the participants 10 minutes to fill out the post-test. Collect the post-tests before closing the session.

Answers to tests are in **Appendix M**.

Certificate of completion of *Riñones, Tesoros*: Education Program for Community Health Workers

At the end of the session, present the **Certificate of completion (Appendix N)** to participants upon successful completion of the class. Make sure you have enough copies for each participant and write their name on the certificate.

FLIPCHART: page 22



At the end of the session, you may want to

1. Remind the participants that their kidneys are an important part of their body function and their health.
2. Encourage them to share their kidney care action plan with their health care provider to take control of their health and keep their kidneys healthy.
3. Ask them to create a list of their relatives and friends who are also at risk for kidney disease and pledge to share this information with them after the session.

Don't forget to hand out the appendices, brochures, and materials and encourage participants with access to the Internet to visit the NKDEP website for more information (nkdep.nih.gov)

Thank the participants for coming!

V. APPENDICES

- **APPENDIX A:** NKDEP resources
- **APPENDIX B:** Local health services resources
- **APPENDIX C:** GFR and urine albumin graphics
- **APPENDIX D:** Questions to ask your health care provider:
If you are at risk for kidney disease
- **APPENDIX E:** Questions to ask your health care provider:
If you have kidney disease
- **APPENDIX F:** Fact or fiction
- **APPENDIX G:** Resources for kidney-healthy recipes
- **APPENDIX H:** Canned and frozen Nutrition Facts labels
- **APPENDIX I:** Kidney care action plan
- **APPENDIX J:** Financial assistance information
- **APPENDIX K:** Pre-test for participants
- **APPENDIX L:** Post-test for participants
- **APPENDIX M:** Answers to tests
- **APPENDIX N:** Certificate of completion

National Kidney Disease Education Program (NKDEP) resources

English and Spanish-language NKDEP website

NKDEP has websites in English, nkdep.nih.gov, and in Spanish, nkdep.nih.gov/espanol, that offer important information and useful resources to help people take better care of their kidneys.

The website has three main sections for people at risk for or with kidney disease:

1. Learn About Kidney Disease (for people at risk)
2. Living with Kidney Disease (for people with the disease)
3. Information and Resources, where people can read, download, and order free materials; watch videos; and find other online resources.

The website offers information about prevention, nutrition, tests that detect kidney disease, medicines, and treatments relating to kidney health. It also provides contact information for users to send in their questions in English or Spanish.

You can download or order, free of charge, the following materials in English and Spanish:

- “Chronic Kidney Disease: What Does it Mean for Me?” (Brochure)
- “For People with Diabetes or High Blood Pressure: Get Checked for Kidney Disease” (Brochure)
- “Explaining Your Kidney Test Results: A Tear-off Pad for Clinical Use”
- Nutrition fact sheets:
 - “Eating Right for Kidney Health: Tips for People with Chronic Kidney Disease”
 - “Tips for People with Chronic Kidney Disease: Sodium”
 - “Tips for People with Chronic Kidney Disease: Protein”
 - “Tips for People with Chronic Kidney Disease: Phosphorus”
 - “Tips for People with Chronic Kidney Disease: Potassium”
 - “Tips for People with Chronic Kidney Disease: How to Read a Food Label”
 - “Your Kidney Test Results”
- “Chronic Kidney Disease and Medicines: What You Need to Know” (Brochure)
- “Is My Child at Risk for Kidney Disease?” (Brochure)

Local health services resources: Instructions

The local resources template will help participants learn where they can receive access to information and health services to manage kidney disease risk factors and/or treat people that have been diagnosed with the disease.

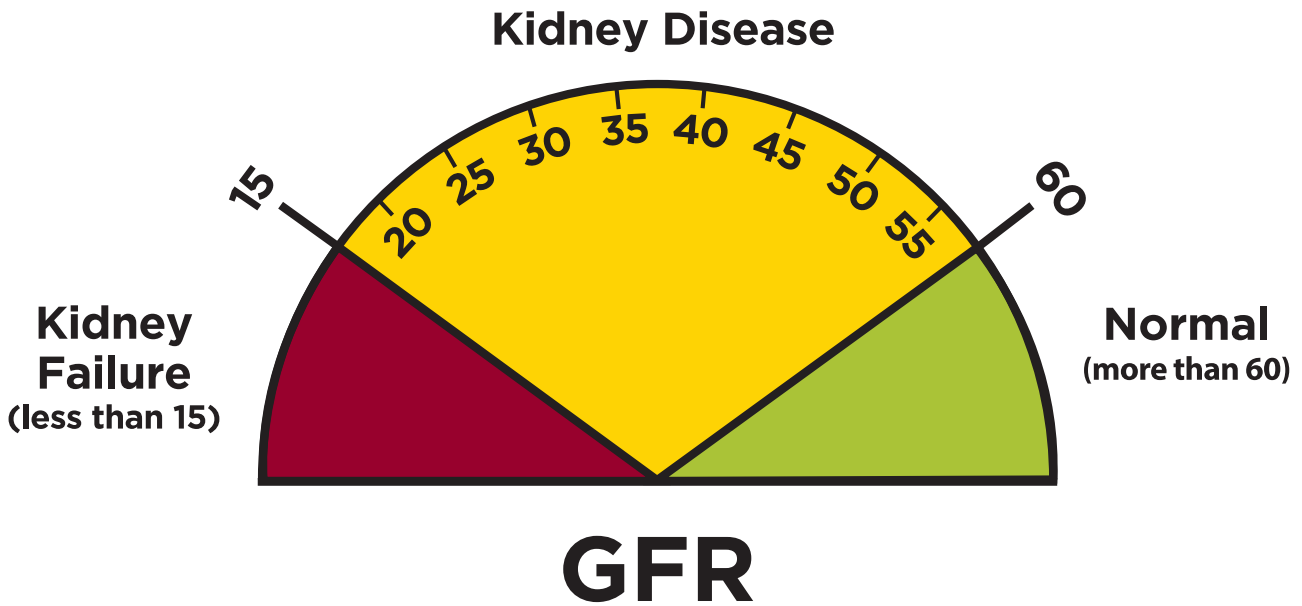
What should the template include?

- Investigate the local health services that are easily accessible to the public. Identify clinics, hospitals, community centers, and organizations that offer services for preventing and controlling diabetes and other risk factors, as well as treatment for kidney disease and kidney failure.
- Write down the contact information for health care providers who could provide help, such as:
 - community health workers
 - diabetes educators
 - nurses
 - pharmacists
 - primary care providers
 - dietitians
 - social workers
 - hospital and clinic professionals

Complete the template on the following page before you start the presentation.

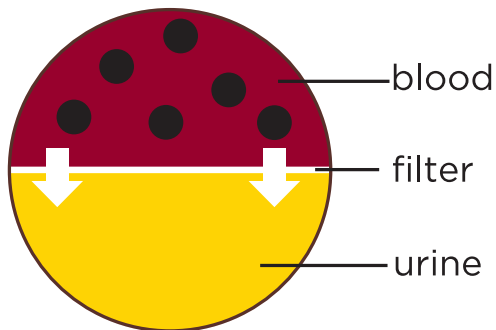
Hand out the local resources sheet to all participants after you finish the presentation.

GFR and urine albumin graphics

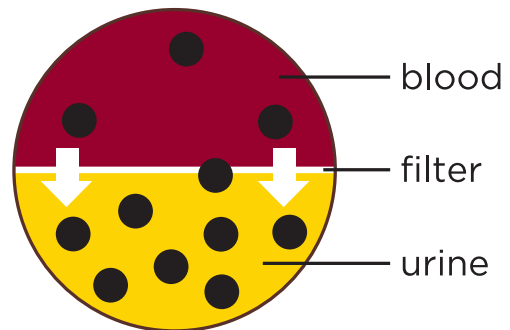


Blood test

Inside a *healthy* kidney



Inside a *damaged* kidney



● albumin

Urine test

Questions to ask your health care provider IF YOU ARE AT RISK FOR KIDNEY DISEASE

Key questions

- What is my GFR (glomerular filtration rate)?
- What is my urine albumin result?
- What is my blood pressure?
- What is my blood glucose level or A1C? (for people with diabetes)

Other important questions

- What happens if I have kidney disease?
- What should I do to keep my kidneys healthy?
- Do I need to take different medicines?
- Should I be more physically active?
- What kind of physical activity can I do?
- What can I eat?
- Do I need to talk with a dietitian to get help with meal planning?
- How often should I get my kidneys checked?

Questions to ask your health care provider IF YOU HAVE KIDNEY DISEASE

About your tests

- Did you do blood and urine tests to check my kidney health?
- What was my GFR (glomerular filtration rate)? What does that mean?
- Has my GFR changed since last time?
- What is my urine albumin level? What does that mean?
- Has my urine albumin changed since the last time it was checked?
- Is my kidney disease getting worse?
- Is my blood pressure where it needs to be?
- Will I need dialysis?
- When should I talk to my family about dialysis or a kidney transplant?

About treatment and self-care

- What can I do to keep my disease from getting worse?
- Do any of my medicines or doses need to be changed?
- Does what I eat need to change? Do my foods have the right amount of protein, sodium (salt), potassium, and phosphorus?
- Will you refer me to a dietitian for nutrition counseling?
- When will I need to see a nephrologist?
- What do I need to do to protect my veins?

About complications

- What other health problems may I face because of my kidney disease?
- Should I be looking for any symptoms? If so, what are they?

If you're told that you need "renal replacement therapy" (dialysis or a transplant)

- How do I decide which treatment is right for me?
- How do I prepare for dialysis?
- How soon do I begin preparing?
- How can my family help me?

Fact or fiction?

You will feel back pain if you have kidney disease. — Fiction

Fact — Kidney disease is a “silent disease.” While back pain can be caused by kidney stones or infections, most people with kidney disease caused by diabetes do not have symptoms until the disease is very advanced. Testing is the only way to know how your kidneys are doing.

There is a cure for kidney disease. — Fiction

Fact — There is no cure for kidney disease. However, treatments exist that can help delay or prevent kidney failure.

A urine test is the only test you need to detect kidney disease. — Fiction

Fact — To find out if you have kidney disease, you need to get two tests: a blood test (that tells you how well your kidneys are filtering) and a urine test (that tells you if your kidneys are damaged).

Everyone with kidney disease will end up with kidney failure and will need to go on dialysis. — Fiction

Fact — Kidney disease tends to get worse over time, but with proper management, people with kidney disease can live long, productive lives. Most people with kidney disease never need dialysis.

You should drink more water if you have chronic kidney disease. — Fiction

Fact — Drink as much water as you normally do. It’s not necessary to drink more water unless you have kidney stones and your health care provider recommends you drink more.

Natural home remedies are fine for people with kidney disease. — Fiction

Fact — Whatever you put in your body, even if it’s natural, could affect your kidneys and cause other health complications over time. Always ask your health care provider or pharmacist before taking any medicine or home remedy.

Dialysis causes death. — Fiction

Fact — Dialysis is a treatment that saves lives. People who choose dialysis can live a long time. Most often they die from medical conditions related to kidney disease, such as heart complications, and not from dialysis.

If you get a new kidney, you are cured from kidney failure. — Fiction

Fact — A kidney transplant is a treatment for kidney failure and it is not a cure. A transplant recipient needs continued care.

Resources for kidney-healthy recipes

What you eat and drink may help slow down kidney disease. Use the recipe books listed below to prepare delicious dishes that will help you take care of your kidney health. Remember that you should talk to your health care provider and your dietitian for help in choosing the right foods for you.

■ **Tasty Recipes for People with Diabetes and Their Families**

http://www.cdc.gov/diabetes/ndep/cdcinfo/ndep_pdf/tasty-recipes-508.pdf

This healthy recipe book for people with diabetes was created by the National Diabetes Education Program.

■ **Delicious Heart Healthy Latino Recipes**

http://www.nhlbi.nih.gov/health/public/heart/other/sp_recip.pdf

This heart healthy recipe book was developed by the National Heart, Lung, and Blood Institute and it will teach you to prepare some of your favorite dishes with less salt and fat. Remember that the foods that are healthy for your heart are also healthy for your kidneys.

Canned and frozen Nutrition Facts labels

Frozen peas

Nutrition Facts	
Serving Size 1/2 cup (121g)	
Servings Per Container about 3	
Amount Per Serving	
Calories 60	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 125mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 6g	22%
Sugars 5g	
Protein 5g	
Vitamin A 15%	• Vitamin C 30%
Calcium 0%	• Iron 6%

Canned peas

Nutrition Facts	
Serving Size 1/2 cup (121g)	
Servings Per Container about 3	
Amount Per Serving	
Calories 60	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 380mg	16%
Total Carbohydrate 12g	4%
Dietary Fiber 3g	14%
Sugars 4g	
Protein 4g	
Vitamin A 6%	• Vitamin C 10%
Calcium 2%	• Iron 8%

*Percent Daily Values are based on a 2,000 calorie diet.

Kidney care action plan

I want to make kidney health a priority for me and my family. I, _____, pledge to do the following to take control of my health and keep my kidneys healthy:

- Get tested for kidney disease as suggested by my health care provider.
- Keep my blood pressure at the target set by my health care provider.
- Keep my blood glucose (sugar) at the target set by my health care provider.
- Keep my cholesterol levels in the target range set by my health care provider.
- Take medicines as directed by my health care provider.
- Be more physically active and workout for at least 30 minutes every day, 5 days a week.
- Reduce the amount of sodium (salt) that I consume.
- Buy and prepare fresh foods more often, instead of buying prepared foods.
- Stay at a healthy weight.
- Stop smoking or avoid cigarette smoke.
- _____
- _____
- _____
- _____

I want to make the necessary changes to lead a healthy life for me and my family.

Signature _____ Date _____

As your community health worker, I am here to support you and help you take care of your kidneys.

Signature _____ Date _____

Community health worker's telephone number _____

Financial assistance information

Treating kidney failure with dialysis or a transplant can be very expensive. If you need financial assistance, talk to a dialysis or transplant social worker to learn about resources that may help lower your out-of-pocket treatment costs. Public insurance programs, such as Medicare and Medicaid, may cover up to 80 percent of the cost of treatment. Private state insurance programs may help pay the rest.

Visit these online resources to learn more about:

Information on financial help options for treatment of kidney failure: Medicare and Medicaid coverage, resources, and application

Centers for Medicare & Medicaid Services

Eligibility and Coverage for Dialysis and Kidney Transplant

<http://www.medicare.gov/people-like-me/esrd/esrd.html>

Medicare Coverage of Kidney Dialysis and Kidney Transplant Services

<http://www.medicare.gov/Publications/Pubs/pdf/10128.pdf>

Medicare & You

<http://www.medicare.gov/pubs/pdf/10050.pdf>

Get Help Paying Costs

<http://www.medicare.gov/your-medicare-costs/help-paying-costs/get-help-paying-costs.html>

National Kidney and Urologic Disease Information Clearinghouse (NKUDIC)

Financial Help for Treatment of Kidney Failure

<http://www.kidney.niddk.nih.gov/kudiseases/pubs/financialhelp/index.aspx>

American Kidney Fund

Paying for Kidney Disease and Dialysis Treatment

<http://www.kidneyfund.org/kidney-health/treatment/paying-for-treatment.html>

Social Security Administration

Apply for Medicare

<http://www.ssa.gov/pgm/medicare.htm>

Healthcare.gov

Medicaid

<http://www.healthcare.gov/using-insurance/low-cost-care/medicaid/>

Dialysis Patient Citizens

Dialysis Patient's Guide to the Medicare ESRD Bundle

<http://www.esrdnet5.org/Files/Patient-Services/DPC-Bundle-brochure.aspx>

Health Resources and Services Administration

Finding a Health Center

http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Health Insurance.org

Health Insurance Information

<http://www.healthinsurance.org/>

Pre-test for participants

Write your initials in the box.

Please answer the following questions. Do not worry if you do not know all the answers. Your responses are confidential and will not be shared with the group.

1. Diabetes is the main cause of kidney disease.
A) True
B) False
C) I don't know
2. Everyone with kidney disease will need to go on dialysis.
A) True
B) False
C) I don't know
3. Kidney disease caused by diabetes can be cured.
A) True
B) False
C) I don't know
4. Many people with kidney disease caused by diabetes have symptoms at the beginning.
A) True
B) False
C) I don't know
5. A urine test is the only test you need to detect kidney disease.
A) True
B) False
C) I don't know
6. Eating less salt and being more active may help to slow the progression of kidney disease.
A) True
B) False
C) I don't know
7. Dialysis and transplant are treatments for kidney failure.
A) True
B) False
C) I don't know

Post-test for participants

Write your initials in the box.

Please answer the following questions. Do not worry if you do not know all the answers. Your responses are confidential and will not be shared with the group.

1. Diabetes is the main cause of kidney disease.
A) True
B) False
C) I don't know
2. Everyone with kidney disease will need to go on dialysis.
A) True
B) False
C) I don't know
3. Kidney disease caused by diabetes can be cured.
A) True
B) False
C) I don't know
4. Many people with kidney disease caused by diabetes have symptoms at the beginning.
A) True
B) False
C) I don't know
5. A urine test is the only test you need to detect kidney disease.
A) True
B) False
C) I don't know
6. Eating less salt and being more active may help to slow the progression of kidney disease.
A) True
B) False
C) I don't know
7. Dialysis and transplant are treatments for kidney failure.
A) True
B) False
C) I don't know
8. How much did you learn from the class?
A) A lot
B) Some
C) Very little
D) Nothing new
9. Would you recommend this class to someone else?
A) Yes
B) No

Answers to pre-test and post-test questions

1. A

2. B

3. B

4. B

5. B

6. A

7. A

Certificate of Participation

The National Kidney Disease Education Program
awards this certificate to

For participating in the

Riñones, Tesoros Education Program about kidney health
and committing to keep your kidneys healthy.

_____ , _____



