



# THE KIDNEY LINK

Connecting State Legislators to  
Chronic Kidney Disease Policy Resources

The Kidney Link

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## RAISING AWARENESS OF CHRONIC KIDNEY DISEASE (CKD) – ONE STATE AT A TIME



*Governor Manchin attending a Kidney Early Evaluation Program (KEEP) event*

A few years ago, a team of nephrologists sought to address the increasing incidence of chronic kidney disease (CKD) among West Virginians. Estimates suggest that one in four West Virginians are affected by CKD compared to the national average of one in nine. Additionally, there are few physicians in West Virginia to treat the growing numbers of patients with kidney disease, many of whom are unaware of their risk status or even the presence of CKD.

The effort really took off last year when the team began soliciting support for a state-wide program and began building relationships with their government officials and regional organizations as well as other volunteers from medical students to interested citizens. What transpired over the next year is nothing short of amazing.

One week into his first term, West Virginia Governor Joe Manchin, III pledged his enthusiasm and support for kidney disease awareness as he proclaimed February 16, 2005 West Virginia Kidney Disease Awareness Day at the West Virginia Capitol to promote awareness and improved care for West Virginians with kidney disease. Since then Governor Manchin's support for raising awareness of kidney disease has not waned.

The initiative has become a multifaceted effort to increase awareness and develop a systematic approach to the recognition, diagnosis and treatment of patients with CKD through a series of free kidney screenings, public and provider education forums, and the development of a database (registry) to track outcomes for all West Virginians with CKD. As of April 30, there have been six successful KEEP screenings, four primary care CKD Education Conferences and five press conferences by Governor Joe Manchin. State Senator Roman Prezioso has introduced legislation that would require WV Medicaid and WV Public Employee Insurance Agency to cover evaluation and classification of CKD. In addition, Governor Manchin has pledged his support and assistance for the development of a state-wide CKD registry, the first of its kind in the US.

In a time when little attention has been focused on CKD awareness, it is clear that time, initiative, and relationship-building can make a difference. It did in West Virginia. The Renal Physicians Association (RPA), which represents and serves nephrologists in their pursuit and delivery of high quality kidney patient care, presented Governor Manchin with a Special Recognition Award at its 2006 Annual Meeting in March in Baltimore. His efforts in West Virginia serve as a model for what can be achieved at a local level. For additional information about RPA's advocacy efforts contact Holly Owens at [howens@renalmd.org](mailto:howens@renalmd.org).



*Representative Faith McMabon engages in a discussion on chronic kidney disease at a recent Women In Government regional conference.*

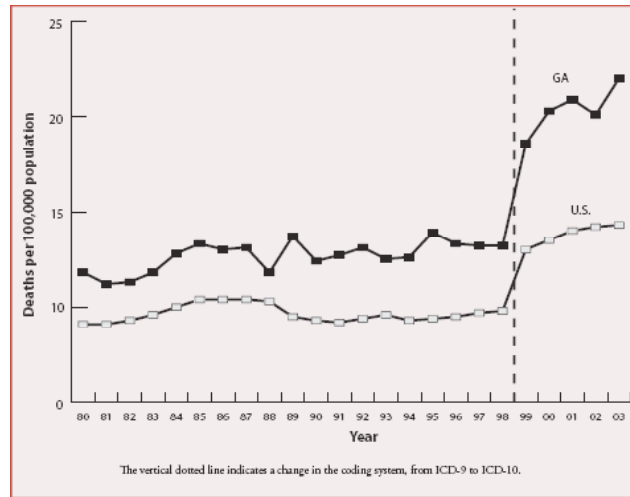
# A CHRONIC KIDNEY DISEASE SURVEILLANCE REPORT: GEORGIA LEGISLATION RECOGNIZES THE DEPARTMENT OF PUBLIC HEALTH

Accounting for 1,475 deaths in 2003, equivalent to four deaths every day, kidney disease is a serious and common chronic disease affecting Georgians across the state. In conjunction with the National Kidney Foundation of Georgia, the Georgia Department of Human Resources, Division of Public Health was able to prepare a chronic kidney disease surveillance (CKD) report to determine the burden of kidney disease in Georgia.

Researchers reported the following:

- Kidney disease is the ninth leading cause of death in Georgia.
- The age-adjusted mortality rate of kidney disease in Georgia has been 30% to 40% higher than the age-adjusted mortality rate of the United States since 1980.
- Kidney disease disproportionately affects African Americans. An African-American has the chance of developing kidney disease 2.6 times more than a Caucasian.

## Age-adjusted kidney disease death rates, Georgia and the United States, 1980-2003



Source: Cho P, Abe K., Wu M., Mertz K.J., Powell K.E. *Kidney Disease in Georgia, 2005. National Kidney Foundation of Georgia and Georgia Department of Human Resources, Division of Public Health, January 2006.*

The age-adjusted ESRD incidence rate in Georgia has been consistently higher than that of the United States since 1980.

There were nearly 14,600 patients with ESRD in Georgia in 2002, and the cost of healthcare for these ESRD patients was estimated at \$905 million.

“Diabetes and high blood pressure are two main causes of end-stage renal disease or ESRD. Preventing these two conditions will greatly reduce the risk of developing ESRD. Both diseases can be controlled by taking proper medications along with lifestyle modifications such as being physically active and eating healthy and wisely,” said Dr. Pyone Cho, epidemiologist of the Diabetes Prevention and Control Program at the Georgia Division of Public Health. With these findings, the Division of Public Health would like to engage in outreach programs, increase

public awareness, and educate the citizens of Georgia about the importance of early screening and prevention of chronic kidney disease. For more information, please visit The National Kidney Foundation of Georgia at <http://www.nkfg.org/>.

## UNC KIDNEY CENTER – KIDNEY EDUCATION OUTREACH PROGRAM

With North Carolina ranking ninth in statewide prevalence of end-stage renal disease and an estimated 11 percent of the population being affected by chronic kidney disease (CKD), state policymakers recognized the importance of a disease management program initiative. With an annual appropriation from the state of North Carolina, the University of North Carolina established the UNC Kidney Center (UNCKC). The UNCKC has two primary foci: research on the pathophysiology and therapeutics of kidney disease and an educational outreach program to increase citizens’ awareness about the risk factors for developing CKD and the importance of being screened before the onset of noticeable symptoms. The Kidney Education Outreach Program (KEOP) is unique component of the center and conducts community-based educational outreach for North Carolinians at risk for developing CKD and partners with health professionals in these same communities to promote earlier diagnosis, intervention and improved management of CKD. The KEOP is being implemented in 17 North Carolina counties with the highest prevalence rates of end-stage kidney disease and will, eventually, be expanded to all 100 counties.

To ensure that the educational intervention is effective, researchers at the UNC Kidney Center based their KEOP on three principles derived from the science of how people learn: 1) assess perceptions (through specific and non-specific community-based focus groups), 2) provide new information (sessions at civic clubs, faith-based organizations, community agencies using the information derived from focus groups to ensure appropriate presentation and content), and 3) provide opportunities for learners to apply new information to their personal circumstances (active learning applications such as preparing healthy meals, examining personal risk factors for developing CKD). By partnering with “lay leaders” in local communities, the researchers are able to implement this outreach program with substantial enthusiasm from citizens. Incorporating “lay leaders” adds credibility to the outreach program and helps ensure sustainability. The North Carolina Community College System has also proven to be an excellent partner by identifying community leaders, providing access to health professions students who assist with community-based screenings and space to conduct focus groups and follow-up outreach activities. Once screenings have been conducted, citizens are provided

# THE HEALTH BURDEN OF CKD

## DIABETES AND CHRONIC KIDNEY DISEASE: WHAT YOU NEED TO KNOW

**D**ibabetes affects 20.8 million adults and children in the United States. Ranking as the fifth leading cause of death in the United States, diabetes creates a significant burden on the health of many Americans. Diabetes is characteristic of high levels of blood sugar due to defects in insulin production or recognition. There are two major types of diabetes: Type I and Type II. Type I is characterized as insulin-dependent diabetes since the body is not capable of producing enough insulin when necessary. Type II is characterized as non-insulin-dependent diabetes in which the body does not react to insulin that's being produced and is combined with an insulin deficiency.

Diabetes can damage many parts of the body, especially the blood vessels in the kidneys and the nerves in the body. If the blood vessels in the kidneys are damaged, then blood cannot be filtered properly and waste can build up in your blood. If the nerves in the body are damaged, then this causes difficulty in emptying a full bladder, which would then exert pressure on the kidneys. Diabetes accounts for 45 percent of individuals who begin their treatment for kidney disease every year and about one third of diabetic individuals will develop chronic kidney disease. Researchers have also determined that diabetes is the leading cause of chronic kidney disease and individuals are not aware of their health conditions until the disease has progressed into its final stages. Statistics demonstrate that 30 percent of individuals with Type I diabetes and 10 to 40 percent of individuals with Type II diabetes will eventually suffer from chronic kidney disease. "The ADA and the NKF both recommend that every diabetic patient be screened at least yearly to have their level of kidney function monitored," says Kay Randall, RN, "Therefore to avoid the onset of chronic kidney disease in diabetic individuals, it is essential that these individuals take certain precautionary measures." These include:

- Getting a urine test for albumin (protein).
- Monitoring blood pressure on a regular basis. (The NKF guidelines for blood pressure are 125/75 to 130/85.)

- Having routine blood tests done to check for levels of blood sugar and for levels of creatinine.

### SIGNS OF KIDNEY DISEASE IN INDIVIDUALS WITH DIABETES

#### Early Warning Signs

- Albumin/protein in the urine
- High blood pressure
- Frequent urination at night

#### Late State Signs

- Weight gain
- Swelling of the ankles and legs
- Leg cramps
- Rise in blood urea nitrogen (BUN)
- Loss of appetite
- Morning sickness, nausea and vomiting
- Weakness, paleness, anemia
- Itching

Source: National Kidney Foundation. (2002)  
"Diabetes and Chronic Kidney Disease."

- Calculation of glomerular filtration rate (GFR).
- Determining whether one is anemic or not.
- Following a diabetic diet and exercise regularly.
- Consulting a physician on a regular basis to manage diabetes properly and effectively.

Chronic kidney disease and diabetes create a very disadvantageous medical situation for an individual. The earlier the individual is educated about their health condition, the better chances of effective disease management. For more information, please visit the Chronic Kidney Disease Policy Resource Center at [www.womenin-government.org/kidney](http://www.womenin-government.org/kidney) or the National Kidney Foundation at [www.kidney.org](http://www.kidney.org).

## Q&A- WITH DR. ROBERT PROVENZANO

**1. Chronic kidney disease affects 20 million Americans and other 20 million are at risk. What are the social and health factors contributing to these alarming statistics and projections?**

Hardly a day goes by that the public is not made aware of the growing incidence of obesity and diabetes. As our population ages and becomes more obese, diabetes has become more prevalent. Additionally, obesity and diabetes will lead to hypertension (high blood pressure). Hypertension and diabetes make up over 75% of all patients with chronic kidney disease. As chronic kidney disease progresses, the majority of the patients die from the complications before they ever receive dialysis. Sadly this population is over-represented when it comes to unemployment, disability, and spending per member per month for medical care.

**2. Since the current legislative session will be ending shortly, what can policymakers do to raise awareness of CKD?**

All aspects of public service announcements should be considered including designating a day or week for CKD. Legislators who have co-morbidities associated with CKD (hypertension or diabetes) should make themselves a role model by having their renal function checked at their local physician's office. Additionally reaching out to minority representatives and hospital organizations to set up screening programs in churches, hospitals, or clinics would be very helpful.



Robert Provenzano, M.D.  
President, Renal Physicians Association  
St. Clair Speciality Physicians, Detroit, MI

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with follow-up activities that promote healthy lifestyle choices and opportunities to learn more about prevention and improved management of CKD.

Researchers at the UNC Kidney Center are focusing their outreach efforts on the indigent populations of North Carolina (Medicaid-eligible citizens, underinsured and uninsured individuals) because of the higher prevalence of chronic conditions, lack of resources and reduced access to important healthcare services. The KEOP demonstrates a customized, community-based approach to providing prevention and improved disease management for a targeted population. The Kidney Education Outreach Program could serve as a model intervention program for other states in enhancing preventive measures and disease management techniques against chronic kidney disease. For more information, please visit the UNC Kidney Center at <http://www.unckidneycenter.org/>.

*Q&A con't from page 3*

**3. As a physician, what is your approach to prevent the on-set of CKD?**

The major approach of a physician is to encourage healthy living within their patients. This includes: exercise, proper diet, weight loss and periodic screening for those at high risk for CKD.

**4. What are the challenges that the medical profession faces in the treatment of CKD?**

CKD programs are typically under funded. Many patients tend to have multiple complicated diseases including: diabetes, obesity, hypertension, vascular disease, cardiac disease and congestive heart failure. This takes a great deal of time in the clinic and a great deal of attention from the physicians.

**5. What is the most important thing all Americans should know about CKD and about prevention?**

My opinion is that Americans should know that CKD is a silent epidemic. It is associated with obesity, diabetes and hypertension. Additionally, certain populations are at higher risk including: African Americans and Hispanics. Therefore, if you fall into one of these risk groups you should see your physician and ask specifically what the status of your kidneys are. You should remain empowered until you get a satisfactory answer from your healthcare professionals.

**6. How can we encourage primary care physicians to initiate screening and diagnosis to assist in early detection of CKD?**

Public service posters, close relationships with their nephrologists and further education to check urine for protein and screen serum creatinine are the best method.

**7. In your opinion, what are the best clinical methods for early detection of CKD? What about these methods are cost-effectiveness?**

The two best methods for screening for CKD are urinalysis and a serum creatinine test. Urinalysis, which costs less than one dollar, has been used for the screening of kidney disease for many, many years. Most importantly is that it must be followed up. The levels of creatinine in the blood can increase significantly if the kidneys are unable to filter them out, thereby indicating some sort of kidney damage.

**CHRONIC KIDNEY DISEASE POLICY RESOURCE CENTER WEBSITE HAS BEEN UPDATED!**

Policymakers can access the following materials on the Policy Resource Center website: model legislation, statistics on End Stage Renal Disease, a list of national policies on chronic kidney disease that can be tailored for the state level, and resources for the prevention of CKD. For further information, please contact the Policy Resource Center at 1-888-333-0164 or email us at [kidney@womeningovernment.org](mailto:kidney@womeningovernment.org).

**CONTACT INFORMATION FOR: CHRONIC KIDNEY DISEASE POLICY RESOURCE CENTER**

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