



**NATIONAL INSTITUTE OF DIABETES AND
DIGESTIVE AND KIDNEY DISEASES,
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MD
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Executive Summary

Recognizing a need to address the increasing problem of kidney disease, the National Institute of Diabetes and Digestive and Kidney Diseases formed the National Kidney Disease Education Program (NKDEP). The goal of the NKDEP is to prevent or slow the progression of kidney failure. The NKDEP is particularly concerned with kidney disease among African Americans as they have four times the risk for kidney failure as the overall U.S. population. Focusing their attention on the African American community and the physicians who treat them, the NKDEP launched a program to raise awareness about the seriousness of kidney disease, the importance of testing those at high risk, and the availability of treatment to prevent or slow kidney failure in four metropolitan areas. The results of the program in these four cities will be assessed and will form the foundation for a nationwide education campaign set to begin in June 2004.

Organization Size: Not applicable

Program/Initiative Description

National Kidney Disease Education Program (NKDEP): The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health, part of the U.S. Department of Health and Human Services, recognized that kidney disease is a significant public health problem. Over the past ten years, economical, effective testing and therapy have become available. However, only a fraction of people who are at high risk for kidney disease or who are in early stages of the disease are being screened or managed appropriately. The statistics are particularly significant with respect to the African American population. As a result, NIDDK initiated that NKDEP is to prevent or slow the progression of kidney failure. The program aims to raise awareness about the seriousness of kidney disease, the importance of testing those at high risk, and the availability of treatment to prevent or slow kidney failure. Two key audiences are targeted: (1) African Americans at risk for kidney disease, those with diabetes, high blood pressure or a family history of kidney failure; and (2) primary care providers such as physicians, nurse practitioners, and physician's assistants, because of their ability to identify and treat the disease. The program began as a one-year pilot with "pilot sites" in four cities: Atlanta, Baltimore, Cleveland, and Jackson, Mississippi. In each city, a coalition was formed to plan, implement, and evaluate the kidney disease awareness program. Each coalition is comprised of people interested in the goals of the program on either a professional or personal level. The coalitions have worked to build partnerships

with mass media, churches, hospitals, dialysis centers, and other local organizations interested in the program.

Establishment of Program/Initiative: April 2003. The pilot program will run until April 2004. The program will be launched nationally in June 2004.

Racial or Ethnic Disparities Problem the Program/Initiative Was Designed to Address

- African Americans have four times the risk for kidney failure as the overall U.S. population.
- African Americans make up 12 percent of the U.S. population, but account for about 30 percent of people who have kidney failure.
- African-American males ages 22 to 44 are 20 times more likely to develop kidney failure due to high blood pressure than Caucasian males in the same age group.
- Forty-five percent of African-American men with kidney failure received late referrals to kidney specialists.

Major Objectives

Increase awareness about the:

- Seriousness of kidney disease
- Importance of testing those at high risk
- Availability of treatment to prevent or slow kidney failure

Significant Results

- NKDEP conducted a baseline evaluation of both primary care providers and African Americans in the pilot sites regarding knowledge, attitudes, and behaviors relating to chronic kidney disease. A follow up will be conducted in May 2004 to assess changes in the major objective areas.
- No formal results are yet available as the program is still in its initial phase. However, the feedback received from both target audiences has been extremely positive.

External Partners in the Program/Initiative: In addition to those community members and organizations that have partnered with the program in the pilot cities as part of the coalitions, a steering committee was formed to offer guidance for ensuring the program's future success. The committee is comprised of 35 different organizations, including the National Kidney Foundation, American Kidney Fund, American Academy of Family Physicians, National Black Nurses Association, and the American Association of Kidney Patients.

Limitations or Problems Encountered

- Funding for the national campaign begins June 2004
- Ensuring equal representation of all interested parties
- Meeting expectations given limitations of funding and time

Estimated Cost of the Program, To Date: Approximately \$1 million/year

Advice to Other Organizations That May Want to Start a Similar Program

- Obtain support from interested parties and the community early on
- Clearly define the roles and responsibilities of those involved
- Constantly communicate successes allowing all groups involved to receive positive exposure

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