

## Important Facts

In the U.S. there are over 300,000 citizens on kidney replacement therapy (dialysis or transplant), of which there are over 11,000 in North Carolina. Nationally, NC ranks 9th in statewide prevalence rates for end-stage kidney disease.

Here's an even more alarming fact. There are 19.2 million Americans (11% of the U.S. population) with chronic kidney disease (CKD). A conservative estimate is that there are 900,000 North Carolinians with CKD and **another 900,000** who are **not aware of their risk** of developing CKD.

- ▶ In 2004, patients with kidney disease represented less than 1% of the annual Medicare population, but kidney disease-related expenses represented 6% of the annual Medicare budget.
- ▶ The annual costs for dialysis for one patient are between \$55,000 and \$75,000 and this does not include the patient's loss of income.
- ▶ Only 6% of the patients who are employed when they begin dialysis are employed one year later.
- ▶ In NC, kidney disease is most prevalent in rural counties where the Medicaid expenses can represent as much as 15% of their annual budget.

## Funding & Information

Through strategic alliances with external sources, the UNCKC's KEOP Program is able to purchase a mobile outreach unit and expand our ability to promote awareness and assess risk factors for thousands of North Carolina citizens. Current sponsors include:

**Abbott, Incorporated**  
**Kate B. Reynolds Charitable Trust**  
**UNC Healthcare System**  
**A & Z Racing**



*UNCKC sponsors A and Z Motorsports, a Top Sportsman drag racing team.*

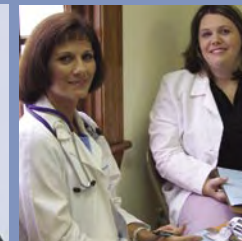
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Reducing *Chronic  
Kidney Disease*  
through  
*Community  
Partnerships*



The mission of the UNC Kidney Center is to reduce the burden of chronic kidney disease through discovery about the pathophysiology and therapeutics of kidney disease and through the development of education programs and assessment of kidney disease for North Carolina citizens and their primary care physicians.

**The Kidney Education Outreach Program** (KEOP) is community, evidence- and outcomes-based and targets N.C. communities with high prevalence rates of citizens receiving kidney replacement therapy (dialysis or transplant). An interdisciplinary team of educators, social workers, epidemiologists and clinicians, in partnership with local citizens and lay leaders, is working to reduce both the presence and burden of kidney disease in these North Carolina counties.

*KEOP Goals*

KEOP  
Kidney Education Outreach Program

## Educational Outreach

*A cornerstone of the program is educational outreach.*

The UNC Kidney Center's (UNCKC) Kidney Educational Outreach Program (KEOP) promotes increased citizen awareness about the major risk factors for developing chronic kidney disease (CKD): the presence of diabetes, high blood pressure and/or a family history of kidney problems. Our goal is to prompt citizens to ask, "Hey doc, how are my kidneys?" before they develop chronic kidney disease—when intervention can slow and, in many cases, stop the progression to end-stage kidney disease.

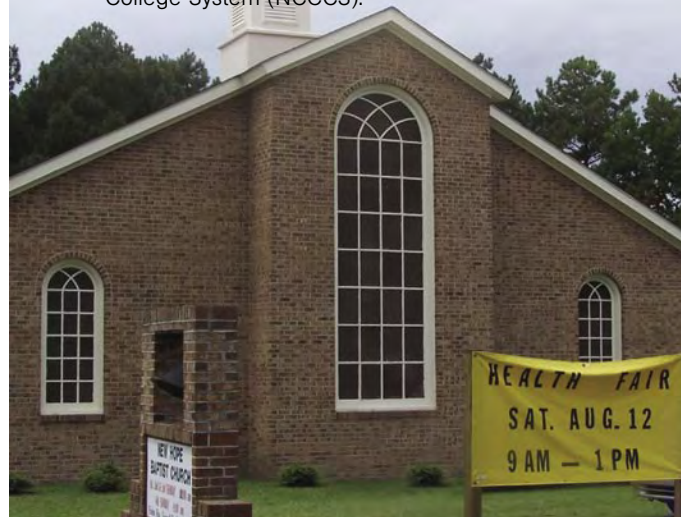
A second and equally important goal is to educate North Carolina's primary care physicians about the importance of screening at-risk individuals before clinical symptoms are apparent. These physicians must be equipped to provide quality management of patients with early-stage kidney disease and to collaborate with a nephrologist to ensure timely referral.



## Community Partners

*The KEOP partners with local and regional groups and individuals to effectively target, assess and educate citizens at risk for developing chronic kidney disease.*

Our partners include local lay leaders, churches, civic clubs, health departments, health professionals, senior citizen groups, the A&Z Race Team, and the North Carolina Community College System (NCCCS).



As a result of these partnerships, we are able to target screenings to those populations at greatest risk. Additionally, these partnerships allow us to tap into local knowledge by conducting targeted focus groups and customizing educational activities for specific communities.

Using billboard campaigns, TV public service announcements and radio spots (with local citizens as spokespersons) we are able to get the word out to the masses.

## Program Effectiveness

*The effectiveness of the KEOP is driven by three key components.*

**EVIDENCE:** We are focusing our initial outreach in 17 counties with high prevalence rates of end-stage kidney disease. Our outreach activities are based on three principles that ensure effective learning: 1) assess preconceptions, 2) provide new information, and 3) provide active learning opportunities. Conducting screenings and outreach in a wide variety of settings allows us to gather quantitative evidence on the prevalence of chronic kidney disease and the prevalence of risk factors associated with the development of kidney disease.

**OUTCOMES:** We monitor the number of citizens screened, citizens' responses to surveys about their awareness of the risk factors for kidney disease, the percentage of citizens who transition to dialysis, and the number of citizens who receive early intervention to assess our effectiveness.

**COMMUNITY:** Partnership with local lay leaders, health professionals, churches, health departments, civic clubs and senior citizen groups ensures that each outreach enterprise is customized for a specific community and that local citizens are key decision makers in the design and implementation of activities.



## Community-based Research

*Another critical aspect of the KEOP is the research that informs our subsequent outreach and screening activities.*

We are using different combinations of local media across various counties to explore which specific media combination achieves the greatest increase in citizens' knowledge about risk factors for kidney disease. In addition, following implementation of outreach activities in each community, we are examining whether citizens are asking "Hey doc, how are my kidneys?" more often and whether communication between primary care physicians and nephrologists occurs more often in patients in early-stage kidney disease.

