

Pilot Site Activities

NKDEP's pilot program, "You Have The Power To Prevent Kidney Disease," will implement strategies to increase awareness of kidney disease among at-risk African Americans and primary care providers in four pilot sites: Atlanta (GA), Baltimore (MD), Cleveland (OH), and Jackson (MS).

Coalition Development: To increase activity at the local level, NKDEP focused on coalescing voluntary and professional organizations in each city. Dr. Tom Hostetter and the NKDEP team sponsored planning meetings in each pilot site last October. The coalitions have since developed Program Plans and are now working in smaller subcommittee groups to prepare for kick-off events in March 2003.

Campaign Materials: NKDEP developed a community-action toolkit for each coalition and is producing print and radio public service announcements, primary care provider fact sheets, and an easy-to-read brochure for use by coalition members. In addition, we are developing an educational video to be used in community venues and dialysis waiting rooms to encourage at-risk individuals to seek testing.

Evaluation: Prior to the launch of the pilot site programs, NKDEP will conduct baseline surveys of the target audiences in each pilot site and in one control city (TBD). Four hundred African-American adults, selected at random, will complete a 20-minute telephone survey and 100 primary care providers will complete a 10-minute fax survey assessing their knowledge, attitudes, beliefs, and practices related to prevention and management of kidney disease. Follow-up surveys will be conducted in the same manner to help measure the impact of the pilot site campaigns, one year after implementation.

National Efforts

Reporting of glomerular filtration rate (GFR) and standardizing serum creatinine assays: NKDEP has held two meetings about standardizing serum creatinine assays. The first meeting, held last July, was directed to clinical pathologists. The second, held on January 6, focused on representatives from lab services and instrument makers and those involved in current standardization processes. Several professional societies, including the American Society of Pediatric Nephrology, the International Society of Nephrology, and the Council of American Kidney Societies, have written letters supporting NKDEP's efforts to standardize the measurement of serum creatinine. The National Kidney Foundation also supports the standardization effort. The goal is to identify those with early kidney disease at the point where something meaningful can be done to treat it. Some reasons to standardize serum creatinine assays are:

- A simple index of filtration is needed to assess those with known CKD; serum creatinine is measured far more frequently in clinical practice than quantitative urinary albumin.
- There is no single widely accepted creatinine reference method or material. Results for serum creatinine vary widely across clinical laboratories.
- The most practical way to accurately use estimating equations is to harmonize clinical laboratory results to true creatinine values and to subsequently recast the GFR prediction equations; cystatin may be a better marker but serum creatinine will most likely continue to be widely used for many years prior to the acceptance and use of cystatin. Use of prediction equations will improve recognition of CKD and should therefore improve treatment. The best and most accurate use of the prediction equations depends upon standardization of the creatinine assay.

NKDEP Steering Committee will hold its next meeting in May or June 2003.

Future website plans: We plan to add our new materials and a Community Pilot Site link detailing the efforts of the pilot site coalitions this spring.