KEEP
Kidney Early Evaluation Program

Keep is a free kidney health screening program designed to raise awareness about kidney disease among high risk individuals and provides for testing and educational information so kidney disease and its complications can be prevented or delayed. This program is offered by the National Kidney foundation (NKF).

The goals of the program are to:
➢ Raise awareness of kidney disease
➢ Provide free testing
➢ Encourage physician visit for recommended treatment plan
➢ Provide education
➢ Provide referrals for follow-up
➢ Provide support

If you are 18 years or older and have diabetes, hypertension or a parent, grandparent, brother or sister with diabetes, hypertension or kidney disease then you should be screened.

During the screening process one or more of the following services will be provided:
✓ Blood pressure and weight measurements- guidelines presented at the Seventh Report of the Joint National Committee on Prevention Detection and Evaluation and Treatment of High Blood Pressure (JNC VII) are used in the KEEP Program.
✓ Blood glucose check
✓ Hemoglobin for Anemia*
✓ Urine for microalbumin (<30mg/l not > 300mg/l)
✓ Serum creatine (measures how well kidney filters blood)*
✓ Estimated Glomerular Filtration Rate (tests kidney functions)*
   If <60 a calcium, phosphorus and PTH will be done by an outside lab)
✓ Pyuria (WBC in urine)
✓ Lipids (cholesterol <200mgdl)*
✓ Hematuria (RBC in urine)
✓ Albumin to creatine ration (<30mgl)

Test results are provided on site by a physician or other qualified health professional. *conducted by lab and results mailed to you.)

When test results re completed the NKF will contact you and with permission will send the results to your physician or refer you to one if needed. Educational information as well as support is also provided.

The NKF Government Relations office is located in Washington D.C. By advocating Congress and federal agencies on behalf of kidney patients, their purpose is to help shape health policy. In addition the NKF support public policy goals at the state level.

To obtain more information on KEEP and a list of programs taking place in your area call the NKF @ 1.800.622.9010 or visit www.KEEPonline.org.

From the Chair
Jo Jo Dantone-DeBarbieris, MS, LDN, RD, CDE

The following message is quoted with permission from “On the Pulse”, written by our ADA Policy Initiatives and Advocacy (PIA) office in Washington, DC. On the Pulse is a weekly email based communication from ADA that summarizes all the current happenings in the legislative arena for the past week. It is an extremely valuable tool for all dietitians, but even more so at this time for consultant dietitians in long term care facilities and community-based programs. To subscribe to On the Pulse, go to http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_947_ENU_HTML.htm

The “Money Follow the Person” demonstration grants funded by the Centers for Medicare & Medicaid Services are supporting state initiatives to help long-term care residents transition out of institutions and receive community and home-based care in their own homes. This transition WILL effect the resident population in both of these

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Alma McBride has been dealing with diabetes all her life. She always made sure that she received her regular check-ups at the doctor's office and watched her cholesterol and blood pressure so she could live a healthy and happy life. Alma never imagined that one day she would have to worry about more than her diabetes.

Two years ago, Alma went to a National Kidney Foundation Kidney Early Evaluation Program (KEEP) held by her company for their employees. KEEP is a free kidney health screening program designed to raise awareness about kidney disease among high risk individuals and provide free testing and educational information, so that kidney disease and its complications can be prevented or delayed. Every one of the 375 local employees was invited to be fully screened for kidney disease—free of charge. Of the 182 employees who underwent the screening, an astonishing 70% were deemed at risk for the disease. Among them was Alma.

“This test brings home the false sense of security so many have (about being completely healthy), and I was one of them despite being a diabetic,” Alma said. “Most doctors do not routinely screen for kidney function. People in the company still say, 'I didn't want to go to that screening, but if I hadn't gone, I would have been much sicker before finding out there was something wrong with my kidneys.' It's an awesome program.”

Connie Gilmore agreed to volunteer at a kidney health screening because her friend asked her to help out. But she never dreamed that in the process, she’d find out that she herself might have chronic kidney disease.

A retired office manager for a busy ob/gyn practice, this Newark, New Jersey resident was not a newcomer to the world of healthcare testing. So when she signed up to review the risk appraisal forms at the Kidney Early Evaluation Program, organized by the National Kidney Foundation in Gilmore’s church basement, she figured she knew what it was all about. After helping determine whether the 100+ participants were at risk for kidney disease by learning whether they had diabetes, high blood pressure or a family history of kidney disease, a little voice told Gilmore she might as well appraise her own risk and get her kidneys checked out.

Like the other participants, Gilmore got her blood, urine and blood pressure checked and soon learned that her sugar was borderline, her blood pressure was higher than it had ever been and she had protein in the urine - one of the earliest signs of kidney disease.

After getting over the shock, Gilmore is now focused on preventing further kidney damage by taking blood pressure medication to get her pressure under control and asking her doctor to monitor her kidney function regularly. “I just didn’t even know that I could be at risk. I always thought of myself as being the picture of health,” says Gilmore.

Two years ago, Irene Ramadas of Pittsburgh, PA knew she was having problems with her kidneys. Diabetes ran in her family, and her mother was a dialysis patient, so Irene was all too familiar with the symptoms. Irene talked to her primary care physician of her concerns, and he told her not to worry.

Finding no answers from him, she attended the National Kidney Foundation’s Kidney Early Evaluation Program (KEEP) screening at a local senior care facility. After completing the testing and receiving the results she was referred to a nephrologist who confirmed her suspicions. Irene’s kidneys were in distress from a large mass growing in her abdomen that was putting extreme pressure on the organs.

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settings in the near future. Our jobs **WILL** be affected by this shift in resident population. The more you learn about it now, the better off you will be to meet this change.

In the article below I have highlighted those members of CD-HCF who have been active in their states already in this change. Please congratulate these members along with the other ADA members who are forging the way to a new age for care of our elderly and disabled populations. The article also lists the states who received the grants. If you reside or work in any of those states, please get involved. Contact the ADA PIA office at 800/877-0877 or email Juliana Smith at JSmith@eatright.org. Juliana is the State Government Relations Contact.

**CMS awards 17 “Money Follows the Person” grants; Nebraska RD on council**

Nebraska and 16 other states will receive Centers for Medicare & Medicaid Services (CMS) grants that total more than $23 million for fiscal 2007 and up to $900 million over 5 years for demonstration programs.

Teresa Jackson, MPA, RD, LMNT of Nebraska, employed by an Area Agency on Aging, will sit on the state’s Money Follows the Person (MFP) Advisory Council as a representative for Nebraska Dietetic Association, ADA has learned. **Paula Ritter-Gooder** will be an alternate, while Jill Janks serves as NDA’s Legislative Chair.

Congratulations also go to Pat McKnight in Ohio, Pauline Landhuis and **Jean Howard** of Missouri and **Carlene Russell** in Iowa for their leadership in shaping their state’s MFP proposals and programs.

In addition to Iowa, Ohio, Missouri, and Nebraska, the following 13 states received MFP grants: Arizona, California, Connecticut, Indiana, Maryland, Mississippi, New Hampshire, New York, Oklahoma, South Carolina, Texas, Washington and Wisconsin.

States had been invited to submit proposals late fall with their plans to build Medicaid long-term care programs to keep people in the community and out of institutions such as skilled nursing and residential care homes. ADA alerted members last spring that CMS would be initiating the program and provided technical assistance to affiliates to work with their state agencies so that Medicaid recipients would continue to have access to appropriate and adequate nutrition services through the community and home care.

“States get more for their money by giving the elderly and people with disabilities more control over how and where they get the Medicaid services they need,” according to Acting CMS Administrator Leslie Norwalk. This MFP “rebalancing” initiative was included in the Deficit Reduction Act of 2005 (DRA). To assist states in offering Medicaid beneficiaries greater choices, the DRA made changes to Medicaid that will allow states to add home- and community-based services to their permanent array of benefits without having to go through a waiver program.

ADA looks forward to hearing from members in the other states and will continue to offer technical assistance to affiliates in these states, upon request. For more information about Money Follows the Person, go to the CMS press release at [http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2074&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C2%2C3%2C4%2C5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date](http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2074&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C2%2C3%2C4%2C5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date).

You may subscribe to “On the Pulse” at [pulse@eatright.org](mailto:pulse@eatright.org).
Irene underwent surgery to remove the growth, and is now recovering. “The KEEP program could possibly have saved my life,” Irene said. “I always wondered why no one was picking up the warnings signs – a family history of kidney disease, high blood pressure and diabetes – but thanks to the KEEP program I now have answers.”

MARIA HERNANDEZ, 37

For Maria Hernandez, her family’s well-being and happiness is most important, and that includes making sure everyone stays healthy. But preparing healthy meals and encouraging family fitness is always a challenge. They’re all very picky about food, and Maria jokes that the only exercise her husband ever gets is walking down the driveway to pick up the newspaper in the morning. So when she heard about the National Kidney Foundation’s Kidney Early Evaluation Program (KEEP), she ushered her husband, two daughters and her youngest son into the family station wagon, and drove them to the local health clinic to participate in the KEEP screening.

“I just wanted to make sure that everyone was healthy, and no one had any kidney problems,” Maria said. “The KEEP volunteers asked me a lot of questions about my family’s health history, and we discovered that there actually was a history of high blood pressure and diabetes in my family – both risk factors for kidney disease.”

After completing the screening, Maria and her family returned home, hoping there was no reason to worry. “My husband did have high blood pressure, and the doctor told us to watch out for that, but I was praying that that was the only problem,” Maria recalls. She never imagined she’d be the one who found out she had early stage kidney disease.

“Without this KEEP screening, I still wouldn’t know that I have kidney disease. Now I am careful about getting my kidney function tested regularly and watching out for high blood pressure and diabetes, so they can be treated immediately, if necessary,” Maria says. “My family will also definitely eat healthier, I’m going to push my husband to exercise a little more – I hope.”

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