

# KIDNEY DISEASE ADVISORY COMMITTEE 2024 ANNUAL REPORT



State of Nevada Department of Health and Human Services Division of Public and Behavioral Health Chronic Disease Prevention and Health Promotion Section

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# INTRODUCTION

This annual report, in compliance with Nevada Revised Statutes (NRS) 439.261, provides an update on the activities, progress, and challenges met in addressing racial health disparities related to kidney disease in Nevada. The focus of these efforts includes improving early detection, promoting kidney transplantation, and mitigating the exacerbation of kidney diseases among racially diverse communities (State of Nevada Department of Health and Human Services [DHHS], 2024). Each year, by February 1st, this report is compiled for the Legislative Counsel Bureau, summarizing past achievements and strategic directions necessary for ongoing progress (DHHS, 2024).

# **OVERVIEW OF INITIATIVES**

Chronic kidney disease (CKD) affects an estimated 4.3% of Nevada's adult population, with diabetes and hypertension as principal contributors (Centers for Disease Control and Prevention [CDC], 2023; Nevada Department of Health and Human Services, 2023). Current state initiatives aim to integrate CKD management within broader chronic disease programs while overcoming challenges such as rural healthcare access and public awareness. Legislative support is essential for equitable healthcare access and improved resource allocation for CKD-specific interventions. Proposals include expanding community health worker programs and seeking dedicated funding through partnerships to support comprehensive CKD outreach across the state (DHHS, 2024).

# **GRANT APPLICATIONS AND STATUS**

The Bureau of Child Family and Community Wellness seeks to tackle CKD by integrating it into broader health programs (DHHS, 2024). Despite limited CDC funding, various financial resources have been leveraged to integrate CKD prevention and management into initiatives targeting cardiovascular health, diabetes, and smoking cessation (DHHS, 2024). KDAC continues to prioritize CKD education and management, ensuring these elements are encompassed within existing health campaigns (DHHS, 2024).



#### ESTABLISHMENT OF ADVISORY COMMITTEE

Following NRS 439.261(2), a diverse advisory committee was formed to address CKD issues. This group, which meets regularly, includes healthcare professionals, Washoe Tribe delegates, representatives from national kidney organizations, and other stakeholders (DHHS, 2024). The committee emphasizes culturally responsive CKD education and service delivery tailored to community needs (DHHS, 2024).

# **KEY ACTIVITIES AND ACCOMPLISHMENTS**

#### Educational Outreach

To address kidney health disparities, various educational programs are being implemented, with a focus on creating culturally and linguistically appropriate content for diverse groups. These programs include both community-based workshops and online seminars, which help overcome barriers to access such as transportation issues and conflicting schedules (DHHS, 2024). The initiatives are continuously refined based on participant feedback, ensuring the equitable delivery of health education (DHHS, 2024). Furthermore, KDAC members have gathered kidney disease resources and made them available on the DPBH website, improving community access to crucial health information.

# Early Detection and Intervention

Efforts focus on promoting early detection of kidney disease through health fairs and community screenings, particularly in minority groups. These events are conducted in partnership with local entities at accessible locations (DHHS, 2024). The integration of Community Health Workers (CHWs) is vital in promoting community involvement and ensuring effective follow-up care for high-risk populations (DHHS, 2024).

# CHALLENGES AND CONSIDERATIONS

The absence of dedicated funding presents challenges in addressing CKD-related issues. The advisory committee is actively exploring innovative approaches and forging strategic alliances to improve access to services and reduce financial burdens (DHHS, 2024). Efforts continue to seek increased financial support and structural improvements for enhanced education and screening initiatives (DHHS, 2024).



#### FUTURE DIRECTIONS AND RECOMMENDATIONS

The focus remains on broadening the impact of grant-funded initiatives and exploring new funding avenues to enhance program effectiveness. Partnerships with academic institutions aim to collect evidence-based data to refine intervention strategies and ensure long-lasting impacts (DHHS, 2024). Legislative support is recommended to promote health equity and systemic changes in kidney disease outcomes (DHHS, 2024).

#### CONCLUSION

In conclusion, the February 1, 2025, report indicates that significant strides have been made in tackling health inequalities related to race in kidney disease, but continued vigilance and efforts are required. The initiatives implemented over the past year have established a strong groundwork for improving early detection, awareness, and prevention of kidney disease among Nevada's diverse communities (DHHS, 2024). Sustained commitment is crucial to further reduce these disparities and enhance kidney health outcomes for all residents of Nevada (DHHS, 2024).



# References

Centers for Disease Control and Prevention. (2023). *Chronic kidney disease in the United States, 2023.* U.S. Department of Health and Human Services.

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