

Development of Multicultural Kidney Healthy Living Classes

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Introduction:

33% of American adults are at risk for kidney disease, and 37 million people have chronic kidney disease (CKD), yet only 1 in 10 adults with CKD know they have it. Some minority populations are at higher risk possibly due to their increased rates of diabetes and high blood pressure, and lower access to health care. In 2020, Puget Sound Kidney Centers (PSKC) was asked by the local hospital district (Verdant Health Commission) to develop a Multicultural Kidney Healthy Living Program, that targeted local high-risk communities through multilingual classes.

Methods:

Multiple 90-minute Kidney Healthy Living classes were developed and translated into targeted languages: Spanish, Korean, Tagalog, Russian, and English. These classes included a PowerPoint presentation, culturally relevant handouts, and an animation video “What do Your Kidneys Do?” Local chefs from each community worked with Renal Dietitians to adapt native recipes. Cooking videos were produced to share at each class. Presenters fluent in each language were recruited and trained.

Targeted marketing materials were developed for each language with the assistance of interpreters and community members. Virtual presentation was scheduled for each class. Data collection included attendance, pre- and post-class quiz results to measure increase in CKD knowledge (English and Spanish only), and class evaluation results (English and Spanish only).

Results:

Although virtual CKD classes were successfully offered in English and Spanish the previous year, some of the community populations were not receptive to the virtual format. Working closely with local partners, we provided in-person classes in Korean and Tagalog. Russian class was delayed on the advice of our community partner. Final attendance for the classes was as follows: English – 14, Spanish – 12, Korean – 51, Tagalog – 45. Average pre-class quiz compared to post-class score for English was 88%, versus 94%. Spanish average pre-class 74% versus average post-class 89%. For both the English and Spanish classes, 100% of participants would recommend the class to others.

Conclusions:

This Multicultural Kidney Healthy Living Program promoted kidney health to diverse high-risk communities and strengthened community partner relationships. Program challenges included developing, translating, and reviewing multilingual materials, recruiting, training chefs and presenters, and engaging cultural participants for some virtual classes. Despite the challenges, the program goal of increasing awareness, knowledge, and prevention strategies for CKD in these high-risk communities was met, and all surveyed attendees reported they would recommend the program to others.