The High Incidence of African Americans with End Stage Renal Disease

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The High Incidence of African Americans with End Stage Renal Disease

University of Wisconsin-Platteville

by

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Abstract

African Americans are being diagnosed at an alarming rate with chronic diseases such as kidney disease and are being diagnosed at an even greater disproportionate rate with End Stage Renal Failure. Questions arise when looking at these alarming statistics. Does genetics alone play a major factor? Do health disparities such as: socio-economic factors and/or lack of early interventions play a role? Perhaps, all of these aspects are uniquely combined factors contributing to this epidemic. The causes of this serious health problem need to be researched.

This paper will review some of the known contributing factors to End Stage Renal Disease and look at some of the possible interventions.

Keywords: African Americans, incidence, renal diet, renal failure
Chapter One: Introduction

African Americans are three times more likely to have chronic kidney disease and complete renal failure than other Americans. One of the predicted causes may be due to the higher rates of African Americans diagnosed with diabetes, high blood pressure and heart disease (Ellis, 2017). African Americans constitute for more than 35% of all patients in the U.S. who are receiving dialysis due to kidney failure (Evangelista, Kopple, Pavlish, & Youngmee, 2012). Approximately 4.9 million African Americans over the age of 20 have either undiagnosed or under-diagnosed diabetes or are twice as likely to be diagnosed with diabetes than Caucasians (National Kidney Foundation, 2016).

In researching disparities of kidney disease among African Americans, it is apparent that all African descendants are at greater risk. The African diaspora as a whole from the Caribbean’s to the Americas as well as Australia are all under attack by kidney disease. Globally, there has to be a system of traits closely related to their environmental factors associated with chronic kidney disease and renal failure. Disadvantaged communities such as the population that lives in Kimberly, Australia lack health care resources, education, economics and suffer from levels of systematic oppression that contributes to health disparities mirroring that of African Americans residing in the United States (Hill, Ward, Grace, & Gleadle, 2017).

Statement of the Problem

Due to the fact that African Americans are requiring hemodialysis at an alarming rate, further exploration needs to take place to determine what interventions need to be implemented to either help decrease this alarming rate and or facilitate healthier outcomes for those already on hemodialysis.
Significance of the Study

African Americans with end stage renal failure are being under-studied, therefore further research needs to take place on this vulnerable patient population (Agoda & Eggers, 2001). This study is also significant since African Americans are more likely to receive poorer quality health screenings due to being uninsured, or underinsured (Rowland & Isaac-Savage, 2014). In addition, the historical background and the risk factors associated with end stage renal failure for this specific population needs to be reviewed. Appropriate culturally responsive education, including the need for appropriate medical care, needs to be reviewed to see if earlier intervention can slow down the onset or prevent end stage renal failure.

Purpose of the Study

The purpose of this study is to further explore the rapid increase in the number of individuals with end stage renal failure and the burden the disease is afflicting on minority ethnic groups, specifically African Americans. It is evident that end stage renal disease is a chronic disease that is impacting an enormous number of individuals and their families (Ellis, 2017). The incidence of patients diagnosed poses a challenge in health care as this population can often be difficult to manage due to health disparities, barriers and challenges within their psychosocial environments (Evangelista, Kopple, Pavlish, & Youngmee, 2012).

In addition, minority populations often struggle with adherence to the renal diet, recommended fluid restrictions, medication compliance and the proper follow up with all of their health care providers (Wells & Walker, 2012). Further research and study is needed on the underlying causes of end stage renal disease to unravel why there is an apparent lack of health literacy among the African Americans and to examine what pre-education may be provided to
help prevent chronic diseases such as diabetes, and hypertension, the two leading causes of end stage renal failure.

**Definition of Terms**

**Acute Renal Failure:** Acute kidney injury (AKI) is a sudden episode of kidney failure or kidney damage that happens within a few hours or a few days. AKI causes a build-up of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluid in your body. AKI can also affect other organs such as the brain, heart, and lungs. Acute kidney injury is common in patients who are in the hospital, in intensive care units, and especially in older adults (Taraova, Caballero, Turner, Inzucchi, 2014).

**Adherence:** The act or quality of sticking to something. The extent to which a patient continues an agreed-on mode of treatment without close supervision (Gonzalez, Tanenbaum, Commissariat & Kazak, 2016); Denisco, S. (2011).

**African Americans:** Citizens or residents of the United States who have origins in any of the black populations of Africa. In the United States the term is generally used for Americans with at least partial Sub-Saharan African ancestors (U.S. National Census, 2017).

**Blood Pressure:** a force exerted against vessel walls by the blood in the vessels, due to the push exerted by cardiac contraction and the elasticity of the vessel walls; usually measured along one of the muscular arteries, with systolic pressure measured during ventricular systole (contraction) and diastolic pressure during ventricular diastole (relaxation) (Taraova, Caballero, Turner, Inzucchi, 2014).

**Chronic Kidney Disease:** Chronic kidney disease (CKD) is a condition characterized by a gradual loss of kidney function over time (National Kidney Foundation, 2017).
End Stage Renal Disease/Failure: Chronic kidney disease (CKD) is divided into five stages. The last stage is called end stage renal disease (ESRD) and is the time when dialysis or transplant is needed for the patient to stay alive (National Kidney Foundation, 2017).

Hemodialysis: In hemodialysis, an artificial kidney is used to remove waste products such as salt and extra water to prevent them from building up in the body. It also removes extra chemicals such as potassium, sodium, bicarbonate, calcium and phosphorous and fluid from blood (National Kidney Foundation, 2017).

Hypertension: Abnormally high blood pressure (National Kidney Foundation, 2017).

Kidney Transplant: Process in which a healthy kidney is placed inside an individual’s body to do the work that the patient’s kidneys are no longer able to do (Taraova, Caballero, Turner, Inzucchi, 2014).

Renal Diet: Includes high protein foods, restriction of foods high in: sodium, phosphorus, potassium in addition to limits in fluid intake (Nissenson, 2016)

Type 1 Diabetes: Is characterized by inadequate insulin production by the pancreatic beta cells. Persons with Type 1 diabetes require insulin to live and usually require multiple injections daily or continuous infusion through an insulin pump or other device. This form of diabetes accounts for approximately 5% of cases. Is usually develops in children and young adults (Taraova, Caballero, Turner, Inzucchi, 2014).

Type 2 Diabetes: Is the most common form of diabetes mellitus. It is associated with obesity, and weight loss through diet and exercise can be an effective treatment, especially when coupled with oral medicines (Taraova, Caballero, Turner, Inzucchi, 2014).
Delimitations of Research

The core delimitation of this research is the inclusion of only African Americans due to this population having higher rates of End Stage Renal Disease, higher rates of inequalities and less access to quality health care. Another delimitation of this research is that the focus is on End Stage Renal Disease. Although kidney disease is prevalent among the African American population because of their higher incidence in developing diabetes and high blood pressure, this paper also sheds further insight to the harsh realities that this population has been historically enduring. This is often undermined by ethnicities not of their own descent. Lastly, another delimitation within this research is not being able to use the term Afrikan within context. Although the word Afrikan is widely accepted and used among Afro-centric individuals, it is not widely used among the research community, so the term African American or African is used instead.

Method of Approach

Research was conducted by utilizing online research bases through Ebsco by retrieving peer reviewed articles. The Nephrology Nursing Journal, National Kidney Foundation website as well as other legitimate websites were also used to retrieve definition of terms. Two books were used and referenced as well. Findings were summarized and synthesized in Chapter 2 of this paper with the conclusions and recommendations included in Chapter 3.
Chapter Two: Review of Related Literature

One of the formulas in creating a disparity of health among African Americans is the historical deep distrust of the medical field. Why is there so much distrust one might ask? Throughout the years of slavery African Americans were considered less than human and were subjected to inhumane practices. As early as 1880, after the end of slavery, African American’s became frequent guinea pigs for an array of medical experiments (Washington, 2018). Even some people who have the means to access health care now still did not utilize the health care services due to historical fear that some African Americans have about going to seek out care from medical professionals and the lack of compassion from doctors (Moskowitz, 2018).

Researchers found that racial stereotypes and bias were prevalent among medical students and unfortunately persisted throughout their medical practice (Burke, Dovidio, Perry, Burgess, Hardeman, Phelan, Cunningham, Yeazel, Przedworski, Van Ryn (2017). This combined with many African Americans fear of the medical community means that many people who would greatly benefit from early intervention are not receiving services (Guffrey & Yang, 2012).

History of Dialysis

Dialysis is critical to keeping the End Stage Renal Disease patient alive. The harsh reality is that not everyone on dialysis will receive a kidney transplant. Dialysis takes over the work of the diseased kidney and cleans the blood preventing toxins from building up in the body.

The history of dialysis starts back in the 1940’s with a Dutch physician named Dr. William Kolff who created the first artificial kidney, better known as a dialyzer. Dr. Kolff’s worked on developing this life-saving and sustaining masterpiece over a long period of time. It is noted that within the late 1930’s he helplessly watched a man suffer from a slow miserable death due to kidney failure while working within a ward (Blakeslee, 2009).
While watching that man endure so much, Dr. Kolff decided to develop a machine that could act as the kidneys. While completing his research, he discovered that hemodialysis had been successfully done on animals. The materials that he used were amazing as they included: orange juice cans, sausage skins, and common household items, in addition to a washing machine in order to create a masterpiece that could rid the blood of toxins. His inventions however only worked for individuals who had acute kidney failure (History, 2017).

Dr. Belding Scribner went on to create the next invention, the shunt. The shunt was created to treat the patient who had End Stage Renal Disease. In 1962, Scribner started what is known as the first outpatient dialysis units using the shunt. The first outpatient dialysis unit created great debates because the center only had the capacity to treat six dialysis patients at a given time. Due to the need to treat many more patients, Scribner created a committee that anonymously decided who would be able to receive treatments. He did this because he did not want to participate in making those life or death decisions (History, 2017).

Over the years, the inpatient dialysis treatment units have greatly evolved and are a life saver for those individuals who are able to be treated as the days of the committee making selections and determinations no longer exist. Patients in today’s society can now choose to undergo treatment. In addition, in-home portable dialysis also known as home-hemo is also a possibility along with peritoneal dialysis. If the patient is able to receive a transplant via a living or deceased donor, this may provide a permanent solution. Unfortunately, AAs are known to receive these kidney transplants at a lesser rate due to racial disparities and therefore are more likely to use dialysis much longer or to die from End Stage Renal Disease (Hatamizadeh, Molnar, Streja, Lertdumrongluk, Krishnan, Kovesdy, & Kalantar-Zadeh, 2013); Rumyantzev, Sandu, Baird, Barenbaum, Yoon, Dimitri, Koford & Shihab, 2012).
African Americans With End Stage Renal Disease

**Incidence of end stage renal disease**

End Stage Renal Disease is the ninth leading cause of death and a major health concern. The Journal also states that per the Renal Data System in 2010, African Americans were newly diagnosed with End Stage Renal Disease at a 3.7% greater rate than that of Caucasians. Chronic kidney disease occurs over five stages with the stages ranging from one through five. Stage one is normal kidney functioning to stage five, End Stage Renal Disease. More often than not, an individual is not aware that they have a stage of chronic kidney disease until they reach stage five, particularly if they do not regularly visit a health care professional. Lack of access to medical care, lack of transportation, lack of knowledge about family history of kidney disease and the impact of their diet may all contribute to higher rates of end stage renal disease in the African American population (Wells, 2011).

**Diabetes and Renal Failure**

End Stage Renal Disease is a major public health concern that needs to be addressed within the African American patient population. The two main causes of kidney failure are diabetes and hypertension with diabetes being the number one cause. Slow progression of untreated and or uncontrolled diabetes causes further damage to the kidneys and can lead to chronic kidney disease and can also result in kidney failure. The higher rate of diabetes among the African Americans population means more of an incidence of End Stage Renal Disease in the African American population (Denisco, 2011).

The Nephrology Nursing Journal (2014) states that the rates of diabetics is increasing in society and affecting the AA population disproportionately. The ill effects of diabetes and the associated costs can possibly be reduced if self-care is implemented. Although self-care is
widely encouraged, it inconsistently practiced and at an alarming low rate within this patient population (Kleier & Dittman, 2014).

It is estimated that within the United States over 25 million people are living with some form of diabetes. Being overweight or obese is a contributing factor in diabetes. Type 2 is the leading form of diabetes and is usually age onset. Generally only 5% of the population is Type 1 diabetic (Taraova, Caballero, Turner, Inzucchi, 2014).

**Hypertension and Renal Failure**

The second leading cause of kidney failure is hypertension or high blood pressure. High blood pressure is easily treated with medication and is often also associated with heart disease. Hypertension can cause both chronic kidney disease as well as kidney failure (National Kidney Foundation, 2015). The African American community has a much higher rate of hypertension than Caucasians (Bidulescu, Ferguson, Hambleton, Younger-Coleman, Francis, Bennett, Grisworld, Fox, MacLeish, Wilks, Harris & Sullivan, 2017).

According to the National Kidney Foundation, prolonged substance abuse such as alcohol abuse can also cause hypertension in addition to other cardiovascular diseases. African Americans are suggested to have a higher prevalence of hypertension in relation to the consumption of alcohol and unhealthy fatty foods (Murrock, Taylor & Marino, 2013).

**Socio-Economic Factors and Renal Disease**

According to *Attitude and Empowerment as Predictors of Self-Reported Self-Care and A1C Values among African Americans with Diabetes Mellitus* (2014) “health disparities, disproportionate healthcare resource allocation and utilization, quality of diabetes care, dietary habits, physical activity, perceived self-efficacy, and socioeconomic factors have been implicated as a leading disconnect between treatment recommendations and self-care.” Low
income is also associated with chronic kidney disease among the African American population. It is widely known that the uninsured and under-insured receive less health care due to often not being able to afford medical care. In addition, in many areas that are predominately populated by African Americans and other minority populations, there are food deserts where there is little or no access to fresh fruit and vegetables. The food that is available for persons who are on food stamps often includes high fat, processed foods, rather than the fresh food and vegetables (Rowland & Isaac-Savage, 2014).

**African American-Soul Food**

The history of the indigenous diet that the African people consumed originated with a diet that was high in fiber and left in the least processed forms. Some examples of those foods include: barley, sorghum and plantains. These foods high in fiber have been long proven to improve cholesterol levels and play a role in preventing certain forms of cancers and greatly reduce the development of Type 2 diabetes. Other foods included in the native African diet that contains high fiber includes legumes, fruits and vegetables (Teuscher, Baillod, Rosman & Teuscher, 1987).

When it comes to cooking methods, the Africans would often steam foods from leaf wrappers, along with baking, grilling and broiling. Those methods of cooking food greatly reduced added fat from food unlike when frying foods. When food was fried, it was used mainly as a last resort optional method. There is also great variety in the African diet and this helped ensure the correct amount of vitamins and minerals that fostered good health (Bates, 2012).

The enslavement of Africans primarily from West Africa, that were brought to different lands, greatly impacted the original African American diet. The original African American diet was robust with flavor and had great health benefits, however slavery changed what the African
people ate. Africans in slavery were brought to the Caribbean’s, South America and the southern states in the United States. Although the Africans brought some of their traditional foods with them to the New World such as: rice, okra, tania, black-eyed peas, kidney beans and lima beans, it was just a small selection from their vast diet. Those foods withstood the long voyages to various parts of the world (Addison, Bryan, Carter, Del Tufo, Diallo & Kinzey, 2013).

As slaves, the African people in America were treated less than humane. Many colonial plantation holders held the belief that slaves were animals. This behavior showed up in every aspect of life as well as within the African diet. The new diet for Africans, now in America, consisted of unwanted parts of animals such as: hog mauls (stomach) hog jaw, pig’s feet, ham hocks and chitlins (pig intestines). These foods are very high in fat and salt content and were often served as a meal without any accompanying vegetables. For over 400 years, the African Americans diet changed due to slavery and the lack of forgotten food within the indigenous diet (Addison, Bryan, Carter, Del Tufo, Diallo & Kinzey, 2013).

The term “soul food” has its roots on the African continent combining old African tradition and infused with slave tradition based on eating to survive. This diet has had a profound impact on the health of the African Americans that stretches from generation to generation. Africa Americans today still carry the earlier tradition of unhealthy eating that continued from the time of slavery. For example, many African American families enjoy leafy foods like greens that includes: kale, mustards and collards which were a stable in the old African diet. However, the introduction of high fat unhealthy animal parts like hog mauls and ham hocks are usually fused with greens and cabbage for flavor and when consumed greatly reduces health benefits (Dietary, 2010).
Unfortunately, the original soul food diet that was rich in fruits and vegetables took a drastic turn to become unhealthy as it is now rich with fatty foods, high sodium, salty, fried, extra sweetened, processed as well as containing primarily organ meats. This unhealthy lifestyle of eating has now been passed on from generation to the next generation causing high rates of diabetes, hypertension, and congestive heart failure among other health related illness and diseases that are brought on by unhealthy eating and lifestyles. This behavior of cooking with high fat, high processed foods has now become a stable in the African American soul food diet and has wrongly become a part of the African American culture (Addison, Bryan, Carter, Del Tufo, Diallo & Kinzey, 2013).

Renal Diet

People who do not follow a specific renal diet may make their renal condition significantly worse. The renal diet is a diet that both chronic kidney disease and End Stage Renal Disease patients should adhere to in order to prolong their life.

The renal diet includes restricting: high potassium and phosphorus foods, and salt intake as well as carefully monitoring fluid intake (Hosohata, 2017). Once an individual has chronic kidney disease and progresses to stage five, dieticians and or the nephrologist typically recommends the individual adhere to the renal diet. When a person has End Stage Renal Disease their laboratory values are monitored on a monthly basis at their outpatient dialysis unit and more frequently if they have abnormal laboratory values or if they are admitted to the hospital. The typical laboratory values that are being monitored include: protein, sodium, potassium, calcium, and phosphorus intake (National Kidney Foundation, 2015).

If the renal diet for persons with End Stage Renal Disease is not adhered to there can be many serious complications ranging from consuming too much phosphorus that could lead to
deposits in a person’s lungs, eyes, heart and blood vessels or consuming too much potassium that could cause an irregular heartbeat, heart attack or stroke. Failure to follow the renal diet can be life threatening (Essam, Saeed, Magdy, Medhat & Kadrey, 2009).

In persons with diabetes, fluid intake and fluid overload is also a main factor in a person’s diet. If the patient consumes too much fluid, it will put the patient in fluid overload, also known as hypervolemia. Hypervolemia can cause complications such as shortness of breath or fluid gain in various parts of the body. It is critical that patients adhere to the renal diet in addition to being compliant with their hemodialysis treatments to help reduce the risk of mortality (Crown, Vogel & Chorostecki, 2017).

Specialized and culturally sensitive nutrition education needs to be provided for African American dialysis patients because although many patients have been seen by the dietician either at the hospital or at their outpatient dialysis unit, research has shown that many African American patients are still not successful in managing their End State Renal Disease and their diet (Wells, 2011). The education and material for the patient may not be comprehensible for a number of reasons. The nutritional information may not be understood because patients are health illiterate or uneducated or merely the fact the providers are rushing through teaching the materials when more time and sensitivity is required. There also could be a problem with the health care providers not following up with the patients to provide re-teaching and reinforcement.

Some researchers have found that medical professionals do not know how to provide culturally relevant materials or that their biases negatively impact their follow up with African Americans patients (Burke, Dovidio, Perry, Burgess, Hardeman, Phelan, Cunningham, Yeazel, Przedworski, Van Ryn (2017 and Moskowitz, 2018). It is evident that there are problems due to
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many African Americans patients with high blood work laboratory value readings (Wells & Walker, 2012).

Early Intervention

Researchers recommend encouraging African American families to be prescreened particularly with high-risk populations, for example, children of patients with End Stage Renal Disease. They also recommend outreach to African American populations as a whole to encourage pre-screening to be able to help with health issues before it is too late (Davidson, Duran, Lee, 2014). Other factors that influence the progression to diabetes and End Stage Renal Disease is: connection to a medical facility, securing and maintaining health insurance; and being educated on how to read a food label.

In addition, the African American population needs to be educated on healthy food options that they can purchase within their financial means and given examples of those foods and how to best prepare them. Reshaping the history of the African Americans diet is also needed as “soul food” was never intended to be unhealthy. The soul food diet became unhealthy when throughout the years, it started to be prepared in unhealthy ways and then that became the norm? (Rowland & Isaac-Savage, 2014).

In addition, there are food deserts in many high-poverty areas where there is little or no access to fresh fruit and vegetables. The food that is readily available for persons who are on food stamps often includes high fat, processed foods, rather than fresh foods. Access to healthy food needs to be a priority particularly for those at high risk with diabetes so that they can maintain an appropriate Body Mass Index (BMI) and maintain a healthy diet.
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**Summary**

The great enigma surrounding African Americans and the disparities surrounding End Stage Renal Disease has been highlighted throughout this paper. Some of the most critical pieces of research was left out due to the confined boundaries within academia. It is clear through the findings that further research outside of what may constitute as standard should be challenged in order to explore a more effective and whole perspective approach. The history of dialysis was identified as well as the leading causes of both chronic kidney disease and kidney failure. The realities of health disparities were also explored in addition to the history of soul food and the unhealthy twist the was initially forced upon the culture.
Chapter Three: Conclusions and Recommendations

In summary, African Americans are more likely to be diagnosed with End Stage Renal Disease than the Caucasian population in the United States. Researchers found many reasons African Americans historically and currently are more likely to have renal disease. The two leading cause of chronic kidney disease and renal failure are widely noted to be diabetes and hypertension, particularly the undertreated, undiagnosed and unmanaged diabetes and hypertension.

Researchers also found a strong correlation between heart disease and renal failure. One of the reasons given for increased incidence of diabetes and other health problems within the African American population is the traditional soul food diet. The original African soul food diet was healthy. After being forced into slavery and subjected to eating a diet high in fat meat products along with fried foods, health problems arose. This resulted in a cultural diet that was unhealthy. With that in mind, there are many challenges when transitioning End Stage Renal Disease patients’ diets from their soul food diet to a renal, diabetic or cardiac diet in addition to fluid intake monitoring.

In addition, culturally responsive medical education and follow-up is recommended to ensure that the patient and their caregivers understand the importance of the changes in diet and in the care of the patient. More food resources need to be provided including fresh fruit and vegetables, and recipes that are more accessible to those that reside within the inner city and low-income, poverty stricken areas.

Further research will need to be conducted and performed on modifications of the soul food diet to try to make the food healthier for African Americans and determine an effective way to share that information. Additional research is also needed to further explore possible
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interventions, care coordination, and pre-education and pre-screening. Also research is needed on health disparities for this AA patient population with End Stage Renal Disease.
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Appendix