

The Need for Latino Social Workers in Dialysis and Transplant Settings:  
A Great Opportunity for Bilingual/Bicultural MSWs

**VERNON SILVA, LCSW, NSW-C**  
**SOCIAL WORKER**  
**US RENAL CARE**  
**LOS ANGELES, CA**

---

---

---

---

---

---

---

---

### Nephrology Basics

#### WHAT IS NEPHROLOGY?

- A) A procedure that involves removal of the native kidneys and transplantation of new donor kidneys
- B) The study of the kidneys
- C) Pertaining to the kidneys
- D) Both B and C



---

---

---

---

---

---

---

---

### Nephrology Basics

#### WHAT IS NEPHROLOGY?

- A) A procedure that involves removal of the native kidneys and transplantation of new donor kidneys
- B) The study of the kidneys
- C) Pertaining to the kidneys
- D) Both B and C**

Nephrology Social Workers work with those affected by kidney disease:

- Patients of kidney disease
- Their loved ones

---

---

---

---

---

---

---

---

## Nephrology Basics

### WHAT IS KIDNEY DISEASE?

- A) Damage to the kidneys that affects their functioning
- B) A disease caused mainly by diabetes and hypertension
- C) A terminal condition if it reaches Stage 5 and is not treated
- D) All of the above



---

---

---

---

---

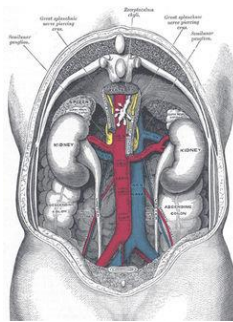
---

---

---

### Kidneys

There are two kidneys, each the size of a fist, located on either side of the spine at the lowest level of the rib cage



---

---

---

---

---

---

---

---

### Kidneys

What do they do?

- Remove wastes and fluid from the body
- Regulate the body's fluid levels (water and other chemicals in the blood)
- Filter blood - remove drugs and toxins introduced into the body
- Release hormones into the blood to help the body:
  - Regulate blood pressure
  - Make red blood cells
  - Promote healthy bones - Vit D

---

---

---

---

---

---

---

---

**Kidneys**

What do they do?

- Keep blood minerals in balance (sodium, phosphorus, potassium)
- Every 30 minutes, your kidneys filter all the blood in your body, removing waste and excess fluid.
- Most persons have two kidneys but it is possible to live with only one.

---

---

---

---

---

---

---

---

**Conditions that affect the Kidneys**

Physical

- **Diabetes**
- **Hypertension**

---

---

---

---

---

---

---

---

**Conditions that affect the Kidneys**

Physical

- **Diabetes**
- **Hypertension**
- Glomerulonephritis
- Polycystic kidney disease
- Malformations that occur as a baby that develop in the womb
- Lupus and other diseases that affect the body's immune system
- Obstructions caused by problems like kidney stones, tumors or an enlarged prostate gland in men
- Repeated urinary infections

---

---

---

---

---

---

---

---

**Conditions that affect the Kidneys**

Psychosocial

- Family history of kidney disease
- Low income
- Low education
- Exposure to certain chemical and environmental conditions
- Older age
- Ethnic minority

---

---

---

---

---

---

---

---

**Nephrology Basics**

WHAT IS KIDNEY DISEASE?

<p>A) Damage to the kidneys that affects their functioning</p> <p>B) A disease caused mainly by diabetes and hypertension</p> <p>C) A terminal condition if it reaches Stage 5 and is not treated</p> <p>D) All of the above</p>	<p>?</p>
--	----------

---

---

---

---

---

---

---

---

**Nephrology Basics**

WHAT IS KIDNEY DISEASE?

<p>A) Damage to the kidneys that affects their functioning</p> <p>B) A disease caused mainly by diabetes and hypertension</p> <p>C) A terminal condition if it reaches Stage 5 and is not treated</p> <p>D) All of the above</p>	<p>Stage 5 kidney disease is referred to as <b>End-Stage Renal Disease (ESRD)</b>.</p> <p>Stages 1-4 kidney disease are referred to as <b>Chronic Kidney Disease (CKD)</b>.</p>
--	---

---

---

---

---

---

---

---

---

## Nephrology Basics

### WHAT ARE THE TREATMENT OPTIONS?

- A) Dialysis – hemodialysis in a dialysis center (ICHD)
- B) Dialysis – hemodialysis at home (HHD)
- C) Dialysis – peritoneal dialysis at home (PD)
- D) Kidney transplant
- E) All of the above



---

---

---

---

---

---

---

---

## Nephrology Basics

### WHAT ARE THE TREATMENT OPTIONS?

- A) Dialysis – hemodialysis in a dialysis center (ICHD)
- B) Dialysis – hemodialysis at home (HHD)
- C) Dialysis – peritoneal dialysis at home (PD)
- D) Kidney transplant
- E) **All of the above**

Dialysis is a treatment for ESRD that removes waste and extra fluid from the blood using a filter.

In HD, the filter is a plastic tube filled with millions of hollow fibers called a dialyzer.

In PD, the filter is the lining of the abdomen called the peritoneum.

---

---

---

---

---

---

---

---

### ESRD Treatment Options



---

---

---

---

---

---

---

---

## Nephrology Clients

### WHICH STATEMENT IS TRUE?

- A) 234,000 persons in the US are on dialysis
- B) 50,395 persons in the US are waiting for a kidney transplant
- C) 26 million persons in the US have CKD and most don't even know they have it
- D) All of the above




---

---

---

---

---

---

---

---

## Nephrology Clients

### WHICH STATEMENT IS TRUE?

- A) 234,000 persons in the US are on dialysis
- B) 50,395 persons in the US are waiting for a kidney transplant
- C) **26 million persons in the US have CKD and most don't even know they have it**
- D) All of the above

About 468,000 persons in the US are on dialysis

Over 100,700 persons in the US are waiting for a kidney transplant (as of 01/11/16)

---

---

---

---

---

---

---

---

### HSAG ESRD Network 17

**ESRD Network 17 serves dialysis patients and providers in Northern California, Hawaii, Guam, Mariana Islands, and American Samoa.**

- 32,781 ESRD patients in 2015\*

\*There are almost 300 dialysis and transplant facilities within the Network 17 region that serve over 26,000 dialysis and 1,000 transplant patients each year.

---

---

---

---

---

---

---

---

**HSAG ESRD Network 17**

**ESRD Network 17**

- Age of incident dialysis patients in 2015
 

00-09	22	(05-09 7)
10-19	47	
20-29	166	
30-39	307	
40-49	625	
50-59	1267	
60-69	1651	(65-69 867)
70-79	1250	
80-	790	

(Median age 63)

---

---

---

---

---

---

---

---

---

---

---

**HSAG ESRD Network 17**

**ESRD Network 17**

- Age of prevalent dialysis patients in 2015
 

00-09	21	(05-09 5)
10-19	72	
20-29	616	
30-39	1487	
40-49	2880	
50-59	5653	
60-69	7265	(65-69 3680)
70-79	5316	
80-	3346	

(Median age 63)

---

---

---

---

---

---

---

---

---

---

---

**HSAG ESRD Network 17**

**ESRD Network 17 serves dialysis patients and providers in Northern California, Hawaii, Guam, Mariana Islands, and American Samoa.**

- 32,781 dialysis patients in 2015
- 6125 incident dialysis patients in 2015  
Hispanics 1344 – 21.9% (CA = 25.6%)
- 26,656 prevalent dialysis patients in 2015  
Hispanics 6204 – 23.3% (CA = 27.6%)

---

---

---

---

---

---

---

---

---

---

---

### Nephrology Settings

○

**HOW MANY DIALYSIS & TRANSPLANT CENTERS?**

A) 194	?
B) 285	
C) 708	
D) 1077	

---

---

---

---

---

---

---

---

### Nephrology Settings

○

**HOW MANY DIALYSIS & TRANSPLANT CENTERS?**

A) 194	<b>279 dialysis clinics</b> <b>6 transplant centers</b>
B) <b>285</b>	
C) 708	
D) 1077	

---

---

---

---

---

---

---

---

### Nephrology Settings

○

**HOW MANY DIALYSIS & TRANSPLANT CENTERS?**

A) 194	<b>279 dialysis clinics</b> <b>6 transplant centers</b>
B) <b>281</b>	
C) 708	<b>Caseloads: mean / median / range</b> <b>40 hrs/wk.....104 / 105 / 29 - 153</b> <b>32-40.....87.5 / 87.5 / 29 - 153</b> <b>20-31.....73 / 73 / 72 - 74</b>
D) 1077	

---

---

---

---

---

---

---

---





- > More than 1 in 10 Americans suffer from some form of kidney disease
- > The 9th leading cause of death in the United States.
- > Each year, more than 117,000 Americans are diagnosed with kidney failure (or end-stage renal disease) – an irreversible condition that is fatal without a kidney transplant or life-saving dialysis treatments.
- > **Kidney disease affects Hispanic Americans disproportionately.**
- > More than 6422 dialysis centers provide treatments nationally.

---

---

---

---

---

---

---

---

---

---

**The Need for  
Latino  
Bilingual  
Bicultural  
MSWs**

**“Kidney disease affects Hispanic Americans disproportionately.”**  
-- Kidney Care Partners

---

---

---

---

---

---

---

---

---

---

**The Need for  
Latino  
Bilingual  
Bicultural  
MSWs**

**“Kidney disease affects Hispanic Americans disproportionately.”**  
-- Kidney Care Partners

**“Hispanics are 1 ½ times more likely to experience kidney failure.”**  
-- [www.kidney.org](http://www.kidney.org)  
-- [www.cdc.gov/diabetes/programs/initiatives/kidney.html](http://www.cdc.gov/diabetes/programs/initiatives/kidney.html)

---

---

---

---

---

---

---

---

---

---

**The Need for Latino Bilingual Bicultural MSWs**

**“Kidney disease affects Hispanic Americans disproportionately.”**  
 -- Kidney Care Partners

**“Hispanics are 1 ½ times more likely to experience kidney failure.”**  
 -- www.kidney.org  
 -- www.cdc.gov/diabetes/programs/initiatives/kidney.html

---

---

---

---

---

---

---

---

---

---

**The Need for Latino Bilingual Bicultural MSWs**

**“Kidney disease affects Hispanic Americans disproportionately.”**  
 -- Kidney Care Partners

**“Hispanics are 1 ½ times more likely to experience kidney failure.”**  
 -- www.kidney.org  
 -- www.cdc.gov/diabetes/programs/initiatives/kidney.html

CNSW Listserv survey: (April 2016, n = 62)

**93% of NSWs stated do not speak Spanish**

---

---

---

---

---

---

---

---

---

---

**The Need for Latino Bilingual Bicultural MSWs**

**“Kidney disease affects Hispanic Americans disproportionately.”**  
 -- Kidney Care Partners

**“Hispanics are 1 ½ times more likely to experience kidney failure.”**  
 -- www.kidney.org  
 -- www.cdc.gov/diabetes/programs/initiatives/kidney.html

CNSW Listserv survey: (April 2016, n = 62)

**93% of NSWs stated do not speak Spanish**

**67% stated “No” to “In your opinion, do you find that those patients who speak another language receive the same (or nearly the same) level of social services care as those with whom you can freely communicate with?”**

---

---

---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Issues**

Major loss / change → **Depression,  
Anxiety, Anger**

---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Issues**

Major loss / change → **Depression,  
Anxiety, Anger**

Substance use	Domestic violence
Mood disorders	Personality disorders
Body image	Eating disorders
Dementia	HIV / Hepatitis

---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Issues**

Major loss / change → **Depression,  
Anxiety, Anger**

Substance use	Domestic violence
Mood disorders	Personality disorders
Body image	Eating disorders
Dementia	HIV / Hepatitis
Conflict	Crisis management
	EOL

---

---

---

---

---

---

---

---

**Nephrology Social Work Issues**

Major loss / change → Depression, Anxiety, Anger

Substance use	Domestic violence	
Mood disorders	Personality disorders	
Body image	Eating disorders	
Dementia	HIV / Hepatitis	
Conflict	Crisis management	EOL
Immigration	Diversity	
Poverty	Health insurance	
Housing	Resource linkage	
Transplant	Transfer/Travel	

---

---

---

---

---

---

---

---

---

---

**Nephrology Social Work Issues**

Major loss / change → Depression, Anxiety, Anger

Substance use	Domestic violence	
Mood disorders	Personality disorders	
Body image	Eating disorders	
Dementia	HIV / Hepatitis	
Conflict	Crisis management	EOL
Immigration	Diversity	
Poverty	Health insurance	
Housing	Resource linkage	
Transplant	Transfer/Travel	
Education	Presentations	Groups

---

---

---

---

---

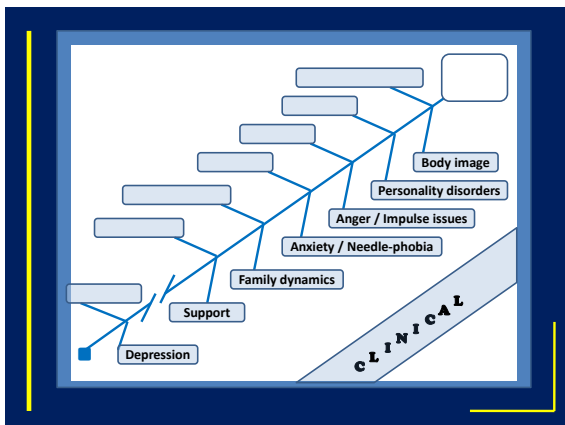
---

---

---

---

---




---

---

---

---

---

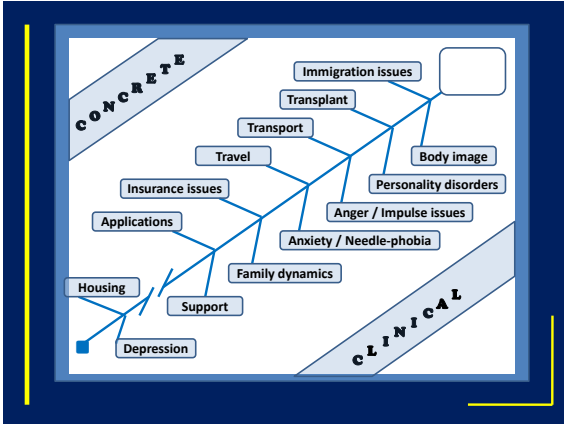
---

---

---

---

---



---

---

---

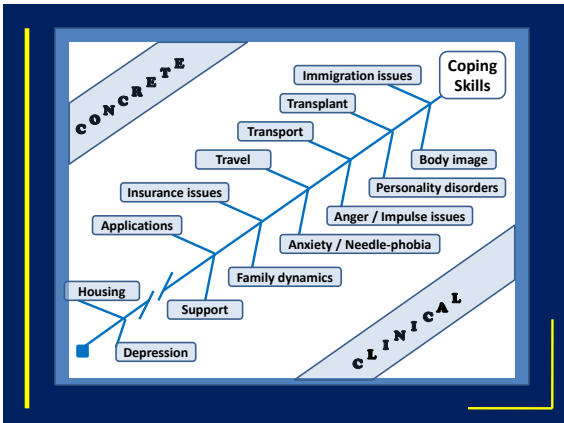
---

---

---

---

---



---

---

---

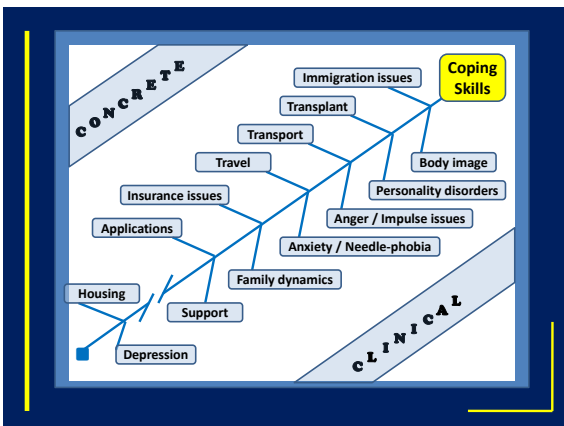
---

---

---

---

---



---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Interven-tions**

**Clinical Case Management --**

- **Brief Solution Focused Therapy**  
-- brief, present-oriented, focused on a goal, measurable outcomes

---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Interven-tions**

**Clinical Case Management --**

- **Brief Solution Focused Therapy**  
-- brief, present-oriented, focused on a goal, measurable outcomes
- **Cognitive Behavioral Therapy**  
-- behaviorists believe that disorders, such as depression, have to do with the relationship between a feared stimulus and an avoidance response resulting in a conditioned fear; cognitive therapists believed that conscious thoughts could influence a person's behavior all on its own. Ultimately, the two theories were combined to create what is now known as CBT

---

---

---

---

---

---

---

---

**Nephrology  
Social Work  
Interven-tions**

**Clinical Case Management --**

- **Brief Solution Focused Therapy**  
-- brief, present-oriented, focused on a goal, measurable outcomes
- **Cognitive Behavioral Therapy**  
-- behaviorists believe that disorders, such as depression, have to do with the relationship between a feared stimulus and an avoidance response resulting in a conditioned fear; cognitive therapists believed that conscious thoughts could influence a person's behavior all on its own. Ultimately, the two theories were combined to create what is now known as CBT
- **Crisis Intervention**  
-- patient-provider conflict

---

---

---

---

---

---

---

---

**Nephrology Social Work Interventions**

**Clinical Case Management --**

- **Motivational Interviewing**
  - designed to strengthen a patient's own motivation for and commitment to change.
  - Express Empathy
  - Develop Discrepancy
  - Roll with Resistance
  - Support Self-Efficacy

---

---

---

---

---

---

---

---

---

---

**Nephrology Social Work Interventions**

**Clinical Case Management --**

- **Symptom Targeted Interventions (STI)**
  - The defining aspect of STI is the focus on only one element of a problem. By focusing on one symptom at a time, patients start doing better once they successfully resolve that one symptom. With a narrow focus on just one element of a problem, STI sessions are short and directed, which decreases feelings, for patient and clinician alike, of being overwhelmed by the myriad of psychosocial and psychological problems. By reducing this pressure, the patient and the clinician can focus and work productively on resolving the targeted issue.

---

---

---

---

---

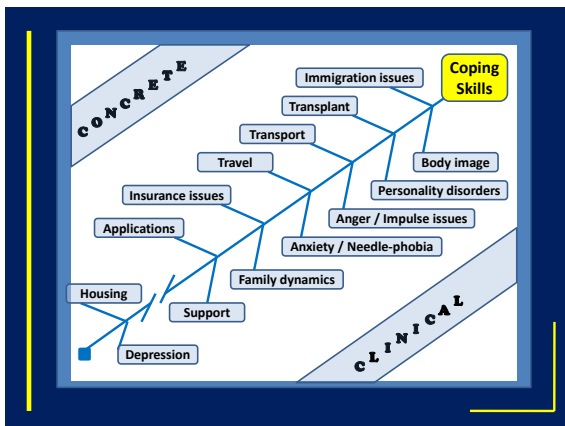
---

---

---

---

---




---

---

---

---

---

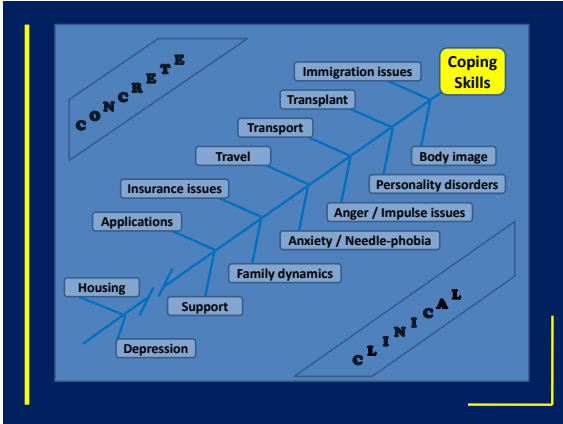
---

---

---

---

---




---

---

---

---

---

---

---

---

**Nephrology Social Work Skills**

**Clinical Case Management --**

- Build a trustful relationship
- Be where the client is

---

---

---

---

---

---

---

---

**Nephrology Social Work Skills**

**Clinical Case Management --**

- Build a trustful relationship
- Be where the client is
- Active Listening – Furthering Responses
- Empathic Responding
- Normalizing / Containing the Crisis / Stabilizing Emotional State
- Emotional Support / Comfort Measures
- Strengths Perspective
- Education / Psychoeducation
- Community Resource Linkage
- Honoring Diversity

---

---

---

---

---

---

---

---



### Compensation

**DIALYSIS CLINICS ARE OWNED BY WHOM?**

<p>A) The government</p> <p>B) Private for-profit companies, individuals, or groups</p> <p>C) Private not-for-profit organizations</p> <p>D) All of the above</p>	?
---	---

---

---

---

---

---

---

---

---

### Compensation

**DIALYSIS CLINICS ARE OWNED BY WHOM?**

<p>A) The government</p> <p>B) Private for-profit companies, individuals, or groups</p> <p>C) Private not-for-profit organizations</p> <p><b>D) All of the above</b></p>	<p>The CMS under the federal Dept of HHS certifies / audits centers through the state Dept of Health Services to ensure that private, for-profit and not-for-profit entities are providing health care that meets the standards set forth under legislation and company policy, <b>including educ and licensure status of social workers.</b></p>
--	---

---

---

---

---

---

---

---

---

### Nephrology Social Work Salaries

**In 2014:**

Hourly wage: mean / median / range

40 hrs/wk.....	\$34.01 / 34.08 / 25.65 - 44.00
32-40.....	\$34.16 / 34.06 / 25.65 - 44.00
20-31.....	\$45.46 / 45.46 / 37.69 - 53.23

**Annual salary:**

40 hrs/wk.....\$70,741 / 70,886

---

---

---

---

---

---

---

---

**Resources**

- "Nephrology Social Workers' Caseloads and Hourly Wages in 2010 and 2014: Findings from the National Kidney Foundation Council of Nephrology Social Work Professional Practice Survey"  
Joseph R. Merighi, PhD, MSW, LICSW  
University of Minnesota  
Teri Browne, PhD, MSW, NSW-C  
University of South Carolina  
[www2.kidney.org/members/source/Custom/CNSW/pdf/V39a\\_A3.pdf](http://www2.kidney.org/members/source/Custom/CNSW/pdf/V39a_A3.pdf)
- "ESRD Network 17 2015 Annual Report"  
HSAG ESRD Network 17  
[https://www.hsag.com/contentassets/c3ca9bd19223485695f322e8e347fea/nw17\\_2015-annual-report\\_final\\_508.pdf](https://www.hsag.com/contentassets/c3ca9bd19223485695f322e8e347fea/nw17_2015-annual-report_final_508.pdf)
- **Kidney Care Partners**  
[www.kidneycarepartners.org](http://www.kidneycarepartners.org)
- **STI Innovations**  
[www.stinnovations.com](http://www.stinnovations.com)
- **National Institute of Diabetes and Digestive and Kidney Diseases**  
[www.niddk.nih.gov](http://www.niddk.nih.gov)

---

---

---

---

---

---

---

---

---

---

---

**Resources**

- **National Kidney Foundation**  
[www.kidney.org](http://www.kidney.org)
- **United Network for Organ Sharing**  
[www.unos.org](http://www.unos.org)

---

---

---

---

---

---

---

---

---

---

---

**The Need for Latino Social Workers in Dialysis and Transplant Settings:  
A Great Opportunity for Bilingual/Bicultural MSWs**

**VERNON SILVA, LCSW, NSW-C**

[vernonsilva@yahoo.com](mailto:vernonsilva@yahoo.com)

[vsilva@usrenalcare.com](mailto:vsilva@usrenalcare.com)

**(415) 320-4517**

---

---

---

---

---

---

---

---

---

---

---