

Mitzi: Good afternoon and welcome to today's Webinar. Before we begin, I'd like to remind you that your phone lines will be muted throughout today's presentation. You will have an opportunity to interact with some polling questions and by responding to the presenter's questions using the chat box in your WebEx Player. Also, please note that we will be recording today's Webinar, and it will be posted on the Quality Insights Renal Network 4's website in the coming days.

Mitzi: At this time, I will now turn it over to Andrea Moore, who will introduce today's presenter. Andrea?

Andrea Moore: Good afternoon, everyone. Thank you, Mitzi. My name is Andrea Moore, I am a project manager with Quality Insights Renal Network 4, and I just like to welcome you all to today's Learning and Action Network presentation. I truly hope that you and your families are staying healthy and safe during this time. I recognize that we are all working quite hard, and we are consumed with fighting the novel coronavirus. I thank you all for the work that you are continuing to do and just for taking the time to join us for today's presentation, which will focus on the intersections of chronic illness, particularly kidney disease, mental health, and employment. These are all areas that are impacted by the current pandemic.

Andrea Moore: Today's presenter, Faith Saunders, is the founder of Discover a New Future, an organization that offers training, mental health certification, and professional development. Faith is also a former adjunct professor at Rutgers University's School of Health Related Professionals, and the creator of Career Connection Employment Resource Institute at the Mental Health Association in New Jersey where she served as director for 14 years providing training and technical assistance on mental health and employment-related issues to over 150 organizations throughout the state of New Jersey.

Andrea Moore: Faith and I are hoping that today's presentation will be helpful to you presently and in your future work. So, with that, I ask that you all give your attention to Faith. Faith, I will turn it over to you.

Faith Saunders: Thank you so much, Andrea. I really appreciate this. Thank you so much for the opportunity, and just before beginning, I want to thank both you, Andrea, and Mitzi for all the work that you have done to make today possible, so I really appreciate that. I also want to echo what Andrea said about what's happening with this pandemic and for the hard work that everyone is doing and for you to take time off of your busy schedule to join us today on this Webinar. We really appreciate it.

Faith Saunders: With that said, I also would like to mention the importance of your overall mental wellness also. We're here to talk about mental health and kidney disease as well as employment for the individuals that you are serving, but it's very important, also, especially in this time for you to take time to think about your own mental wellness, and to take time to practice self-care for yourself. That

could take on a number of different things for each person, but I just want you to be very conscious of that and to make a conscious effort to integrate that into your daily lives.

Faith Saunders: Without further ado, I'd like to start our Webinar about Strategies to Assist Persons with Kidney Disease and Employment. There are four objectives for today. The first one we are going to be talking about, the relationship between kidney disease and mental health disorders. We are also going to be talking about the benefits of supporting persons with kidney disease to obtain and maintain employment. We also are going to be talking about barriers that persons with kidney disease face when they go to work. And last but not least, I'm going to be sharing with you some strategies to support the persons that you are serving in terms of not only securing employment but also maintaining employment.

Faith Saunders: I love statistics. Anyone who knows me knows that I love statistics, and so, one of the things I'd like to share with you today is some numbers that I came across when I was putting this PowerPoint together. More than 30 million adults are estimated to have stage one through five chronic kidney disease, which can lead to kidney failure. In 2010, 13.2% of the US population ages 30 or older had kidney disease. That number is expected to increase to 14.4% this year and to reach 16.7% in 2030. I just want to talk a little bit about these statistics a little bit.

Faith Saunders: The numbers, 30 million adults, that Americans have chronic kidney disease is significant. That is one in seven Americans who have kidney disease. What I really found very interesting was that 96% of those with early kidney disease, that's stage one and stage two, don't even know that they have this disease. And that women are more likely to have kidney disease than men, but men are more likely that is 64% more likely than women to progress to end-stage renal disease. These numbers are very significant. So what we're talking about, and again, I sound like I'm preaching to the choir because you are out there, you are doing this work, but I just wanted to put things into context in terms of how important what we're going to be talking about today is as it pertains to the individuals that you serve. And by the way, these numbers are from the CDC.

Faith Saunders: It is very important that we actually acknowledge this, and especially as it pertains to mental health because studies also show that mental health is significantly impacted as they go through different stages of the disease. So as individuals' kidney disease progresses, there is a more likelihood that they will become or adopt a certain mental health disorder.

Faith Saunders: I have some questions for you throughout the Webinar, we have a number of different questions that we are polling individuals on, and Mitzi's going to be putting up or should have put up at this point a question. The first question is, based upon your experience, what percentage of persons you care for or treat have a dual diagnosis? That is kidney disease and mental illness. I'll give you a

few minutes for you to actually put your responses up and then Mitzi will share what you share with us.

Faith Saunders: Mitzi, do we have a response as yet?

Mitzi: Yes. It looks like the majority, 54%, are in the zero to 25% range. Second to that is in the, 38% is in the 26 to 50% range, and then we have 8% in the 51 to 75% range.

Faith Saunders: Oh wow, significant numbers. Thank you so much for sharing your experiences with us. Based on the responses that you actually gave, it is important that I think that you are acknowledging that individuals do have, there is some correlation between kidney disease and a mental health challenge. So that we're all on the same page, one of the things that I'd like to do is first just briefly talk about two major mental health disorders that individuals with kidney disease may experience.

Faith Saunders: But before we actually do that, I'd like to just give you an overview of when we talk about mental health disorder, what are we really speaking about. A mental health disorder or mental illness is a diagnose of an illness that, in fact, impacts a person's ability to think, have their emotional state and behavior, but what makes it a disability is the fact that it disrupts three areas of their lives. And I like to refer to them as their ability to live, laugh, and love. That is the ability to go to work, their ability to carry out actual daily activities and to engage in satisfying relationships. So that is their ability to live, laugh and love. That's what makes it a disability.

Faith Saunders: Although we are talking about disability, not because someone has a disability doesn't mean that they cannot work. Everyone who wants to work with the right support can actually do so, and we're going to be talking further on in the Webinar in terms of ways that you can actually support the individuals that you're serving in terms of going back to work, or to maintain employment.

Faith Saunders: I'm looking at my notes just to make sure that I'm covering everything that I wanted to share on that particular topic.

Faith Saunders: What are some of the signs that someone may be having a mental health challenge? I'm going to go on and actually share that with you. Let me see here. Let me go down just one minute. My mouse is not working. Let's talk about depression. According to a number of studies that I actually was able to access, between 22% and 39% of persons with end-stage renal disease have major depressive disorder. That is 22% to 39% of individuals. So let's talk about what is depression.

Faith Saunders: When we talk about depression, we're talking about a disorder that causes someone to feel sad, so there is sadness as well as a loss of interest in activities that usually they find enjoyment in doing. In order to be diagnosed with major

depression, someone has to have a cluster of symptoms that last for two weeks or more. Some of these include a change in one's appetite, that is weight loss or weight gain, because someone may not be eating, or someone may be eating excessively. They may have trouble sleeping, or they may have problems sleeping too much or too little, lack of energy or increased fatigue. They also may have a loss of purpose. Think that they have hopelessness. There is no feeling that life is satisfying, and there is a purpose to actually living. There are also sometimes thoughts of suicide and death. There is suicide idealization, et cetera, feelings of worthlessness, and guilt.

Faith Saunders: But as we look at some of these symptoms, and these are just a snippet of some of the symptoms that individuals may experience. You may notice that some of these symptoms may mimic that of someone's illness who have kidney disease. For example, someone may not have a lot of energy or increase in fatigue, and you may say that is a direct result of their illness, their kidney disease. However, it could be a sign that they are also depressed, so it's very important for us to be able to identify what is happening with this person so that they can get the help that they actually need earlier than later because one of the things that studies also show is that the earlier that we can help someone to address their mental health challenge, the better the prognosis, the long-term prognosis for that particular person.

Faith Saunders: One minute. I have a question for you, and the question is, does kidney disease cause depression, or does depression lead to chronic kidney disease? And answer is both. What happens is that when someone is diagnosed with kidney disease as with any chronic illness. Individuals may become depressed, and so the disease, being diagnosed with a disease, may cause someone to become depressed. However, on the other hand, also, someone's lifestyle could actually lead to actual chronic kidney disease, so someone who may be depressed may not be taking care of themselves in terms of they may not be eating well. They may be smoking. They may be using alcohol. They may not be exercising. All of which may lead to high blood pressure, diabetes, which inevitably may lead to chronic kidney disease. It's very important to know that depression can be a cause of kidney disease, and, on the other hand, that kidney disease can also lead to someone becoming depressed.

Faith Saunders: Here it is. Another disorder that comes as a direct result of having chronic kidney disease is that of anxiety, and to kind of summarize it, anxiety is a disorder that causes someone to feel excessive anxiety and worry. Many of us, it's part of the human experience that we, at some time in our life, feel anxious about something, but turned up, multiply that by 100 fold, and that's what we're talking about when we're talking someone having an anxiety disorder. These are some examples of what are some types of disorders that fall under that umbrella of anxiety disorder. We have panic disorder, which is a feeling of terror that someone experiences randomly. This can last up to like 10 minutes, but it is like the world is coming to an end when that person is experiencing that.

Faith Saunders: Also, there is social anxiety disorder. For individuals that you may be serving and working with, they may, as their disease progress, they may become more socially isolated for many reasons. One in which is that, based on their illness, they are more conscious of how they are not only feeling, but possibly how they are looking, and they may isolate and not want to be socializing with people the way that they used to.

Faith Saunders: There's also generalized anxiety disorder, which is just this unrealistic worry and tension about what is happening and sometimes in this particular case, there is a reason for it, because of someone's unknown in terms of what the progression of this illness, what's going to happen in my life. And last but not least, there's specific phobias. What studies show is that individuals in the United States, most people have specific phobias. Fear of heights, et cetera, and although most people have specific phobias, it's the one that has the least impact on a person's ability to live, laugh and love. And the reason for that is because, for example, using the one, fear of heights, how often does someone really have to be in that situation where they have to be on a ledge somewhere or in a place where they are exposed to that type of situation. Very rarely are these types of part of their work situation, et cetera. So, although specific phobia is one in which most people have is the one that least impacts the person's ability to function.

Faith Saunders: Here is another question that we do have. Mitzi, if you could actually put this up for us, I'd really appreciate that. The question is, what are some of the reasons why persons that you work with, persons with kidney disease may experience a mental health problem?

Mitzi: Just a reminder to everyone, enter your response into the chat box for this question.

Faith Saunders: This is very important for us to be able to identify why are some of the reasons why people may have a mental health problem because it helps in terms of how we intervene and the type of supports that we can provide for them.

Mitzi: Okay, one person has said, financial reasons, loss of support.

Faith Saunders: Anymore?

Mitzi: Stress. Life turned upside down.

Faith Saunders: All the time.

Mitzi: Death, or lack of control over their life.

Faith Saunders: All of which all are on point in terms of why this is, and I'm going to share. Thank you so much, Mitzi, for sharing that and for everyone who had responded. There is a number of reasons why individuals, especially individuals with end-stage renal disease, may have a mental health disorder. As some of you have

mentioned, there is change and disruption in someone's life. There is a change in diet. You have to eat differently. Individuals may have a lifestyle change, now we have the person who has to go to dialysis three times a week, so their whole life is sometimes disrupted, especially someone who has been working, now being able to navigate going to work and also going in to have dialysis.

Faith Saunders: Just a change in their whole social setting, because again, as we mentioned earlier, sometimes people may isolate because, one, how they are actually feeling, but also people may isolate based of how they perceive who they are being they look and hope to other people may be perceiving them. They may isolate for that reason. So there is isolation. There's loneliness, the financial aspect of this was mentioned earlier, and overall the person may have to become more dependent on their loved ones as their disease progresses in order for them to be able to function.

Faith Saunders: And overall grieving upon the health and loss of overall health. So all these things are very important and are factors that contribute to someone developing mental health challenge. So why are we talking about this, and why is that so significant in terms of the work that you actually do? It's very important because having someone being diagnosed with chronic kidney disease also, and having them have to possibly come in for dialysis three days a week, et cetera, all of these factors as we mentioned causes, someone, to become depressed, and they may cause someone to become depressed and anxious. And I must mention at this time that depression and anxiety usually go hand-in-hand. So if you usually see depression sometimes there's anxiety there also, but they're important for you especially as providers to be aware of this because sometimes people are not even aware what they are experiencing, they may speak, see as a part of the progression of their kidney disease, and not realizing that they have a mental health challenge.

Faith Saunders: And so being able as a provider to be able to identify or to be able to pick up signs when someone may be experiencing a mental health challenges they're important so that you can provide them with the supports that they need either internally, or if necessary being able to refer them to the services that are available that could actually be of assistance to them through this process.

Faith Saunders: Since I know that we have a number of different individuals from various different States on the call, it was very difficult for me to be able to identify resources that would be available to you. But I know of one, a national resource that I want to share, and it's called Aunt Bertha, A-U-N-T, Bertha, B-E-R-T-H-A .com. And auntbertha.com is a website that provides online database of human service and sources in on 50 States. So if you're someone that's you're working with that may need some support, mental health-related support, and you're not familiar of where you could actually refer them to, you could actually go on to auntbertha.com, and actually put in the information for your state, and you may need to be able to be connected to mental health resources that could be of assistance to you.

Faith Saunders: Before I go any further, I want to find out if anyone has any questions.

Mitzi: Just a reminder for anyone that has any questions, you can use the chat or the Q&A box at this time.

Faith Saunders: So if no one has any question at this time and remember if you do have questions as I'm going through this as Mitzi said, you can unmute your phone and ask the question or just send a question in the chat, and she'll share it with me, and I will respond to it as best as I can. Thank you so much. So now we're going to be moving on as regards to employment. How does all of this come together as it pertains to mental health, chronic kidney disease, and employment? And here again, I'm going to be sharing some statistics.

Faith Saunders: Employment rates for persons on dialysis in the United States is 18.9% that's not significant. That's as small amount of individuals who can work with the right support, not doing so. And we're going to be talking in a few minutes why that is so. Also, working-aged individuals receiving dialysis who were... I cant see this because my thing is could off, sorry, wait a minute. Let me just go there. Yes. Working-aged individuals receiving dialysis who were classified as disabled increased from 36% in 1992 folks to 93% in 2012, and I'm sure that has changed. I was looking for statistics that are more recent, but I couldn't find that. But that just here showing this big a significant amount of increase in terms of individuals not going to work. And as I mentioned, we're going to talk about that in a few minutes, why that is the case.

Faith Saunders: But before we do, I have another question for you. And that is, what percentage of the persons with end-stage renal disease... I can't see them on this, sorry. What percent of persons with end-stage renal disease that you work with are employed? So what percentage of the individuals that you're working with are employed? And I give you a few minutes to actually answer that, as well as, what are some of the benefits for persons to work, either pursue employment or for them to actually work.

Mitzi: And just a reminder for the second question, you can enter your responses into the chat or the Q&A. For the first, it looks like the results are in, and 100% Of poll respondents said that they are in the zero to 25% range.

Faith Saunders: Oh wow. So that kind of relates to what we spoke about earlier, what the statistics are saying. That's only 18.9% of individuals who are working, right? So what your experience is correlating with what the studies are actually saying. And for the second portion of the question, what are some of the benefits for persons to go back to work?

Mitzi: We're getting some responses, more money, increased financial security, social reasons.

Faith Saunders: Really good quick answers, really, really good answers.

Mitzi: Better insurance, mental health.

Faith Saunders: A lot of which I have here. So, for example. Go ahead, Mitzi.

Mitzi: There was just one more quality of life and less depression.

Faith Saunders: Okay, perfect. Perfect. You guys hit the nail on the head because these are all the answers that I do have here. So you have the first and the second one are related. First, one I have here is that improved health, insurance access still needed, preventative care to delay and avoid kidney failure. And also they protect someone... It gives Someone a better standard of life. It helps them to maintain a certain lifestyle. And so that's where the income comes into part. So it increases a person's ability. And so usually when someone many people work they have insurance. So some of the print preventative care that may be Medicaid won't cover, maybe they will have insurance. Secondary insurance that could actually help in terms of that.

Faith Saunders: Also, when someone is on a fixed income, there's certain things that they just cannot afford. Certain things that sometimes you and I take for granted that individuals can't afford. So going back to work helps someone to have a better lifestyle, quality of life, and also access to certain tier that normally they may not have. It may prevent disability, and disability in the shape and form of just a person feeling that they are not able to contribute to society anymore. So feelings that they're sick and they cannot contribute. So there's a feeling of hopelessness that also accompanies that.

Faith Saunders: Another benefit is that it helps employers to have and maintain valuable employees because individuals who have been working, who may have been diagnosed and choose not to go back to work. It costs a lot of money for employers to find qualified as well as lead qualified and skilled employees who can actually help to maintain their businesses. So often employees spend a lot of money trying to find the right employee. So it's very important to be able to help individuals to maintain their employment because not only is it a benefit to them, but also to employers.

Faith Saunders: It also improved as someone mentioned their physical as well as mental health. There's a lot of studies in the mental health field that show that mental working is a key part of helping people in terms of their mental wellness. Some other benefits include reduced costs of Medicaid, Medicare, federal, and state support programs. Also, it provides a sense of purpose, one key thing when we meet someone, and we introduce ourselves. The first thing someone asks after you introduce yourself and mention your name, the next question is, what do you do? In our culture, work is a significant part of our identity. What do we actually do? And when someone does not work or has fallen out of the workforce, it significantly impacts their overall not only wellbeing in terms of their lifestyles and their lifestyle, but it also impacts their sense of purpose of their source of identity.

Faith Saunders: It provides structure. I don't know how many of you, but I could talk about myself. I remember in the past. I would say, "I can't wait that I just don't have to work. I could just be at home," and since I have been home through this COVID-19 pandemic, I can't wait to get outside. I do have a damn going to be honest with you. I got in my car, and I drove along my neighborhood just to get a break, and then I came back inside. So work do provide structure for us when we go to work. And so that's something that can be very helpful for someone who has experienced a chronic illness.

Faith Saunders: It gives, as I mentioned, it helps people with their identity and personal achievements. It also provides support and socialization for individuals. For many of us, this network that we have, the friends that we have, is that there are result of relationships that we have developed at work. Many of us spend 40 or more hours at work when we do work. So we develop these strong relationships that sometimes expand beyond the working environment and outside into our individual lives.

Faith Saunders: And last but not least, it reduces the financial stress on family members. I see why my thing was getting bigger. I just found out why. I have another question for you. And the question is, what are some of the barriers the persons with kidney disease who work? When people go to work, what are some of the barriers that they may sometimes face? And this is very important because identifying what these barriers are can also help us in terms of helping them in terms of providing the support that they need to be successful when they go to work.

Mitzi: And just as a reminder, you can enter in your questions in the chat or the Q&A box at this time. Some of the feedback that we've got, feeling poorly, no energy, fatigue, they're tired or sick from treatment, transportation, or time spent at the center, work schedule with dialysis needs or fatigue, concerned about losing social security, individuals to encourage them to quit working. Schedule and changes for the employer, caring for other family members, age, fear of losing benefits.

Faith Saunders: Wow. I can just fill this out. You guys got it all. You have it all right here. So let's go through these many of which you had already mentioned. I believe that disability is an attractive option, and one of the studies, a number of studies that I was reading in preparation for this, is that sometimes individuals, their loved ones, and other individuals encourage them to go on social security because it's more stable. There's fear of actually losing their jobs are another reason why people may sometimes not go to work and be on disability, not realizing that being on disability means you're on a fixed income, and being on a fixed income also impacts your ability, your quality of life. The things that you can afford are the care that's possibly, as we mentioned earlier, that maybe you could access if you're working and have insurance, maybe there are some care that you won't be able to access.

Faith Saunders: Symptom as one person mentioned fatigue and other symptoms that individuals may experience. There are also that we talked earlier about the mental health component of is individual having chronic disease may also have depression, and having both disorders can have a significant impact on a person when they actually go back to work. Employers lack the knowledge of how they can support someone who may have chronic kidney disease in the workplace, and not being aware of that individuals can be accommodated. Also, the individuals themselves may not be aware that they have certain rights under the Americans with Disabilities Act. We've talked about that in a few minutes. So people themselves are not aware of their rights. And so that's why it's so important for you to know that so that you can inform individuals that we do have certain rights.

Faith Saunders: Also, it becomes quite a disadvantaged socioeconomic status. So one of the things that the studies found was that individuals who are in certain socioeconomic disadvantaged status are less likely to go to work when they become diagnosed. Individuals who are more advantaged and in socioeconomically are more likely to continue working when they are actually diagnosed with kidney disease. There's a feeling of social isolation. Other barriers which was mentioned, the transportation issue, potential loss of disability, or other medical assistance benefits. So individual associates who that if they go to work, they'll lose some of the benefits that they already have.

Faith Saunders: Scheduling conflict which was already mentioned earlier. Assumption by some employers that persons on dialysis will not be as productive as other employer, or they become sick. And low expectation of employment. And this is not only on terms of the individuals themselves, but sometimes and studies show this, and I know from the mental health standpoint that sometimes low expectation of the helping professionals are of themselves is a direct result of why people do not go to work.

Faith Saunders: I'm going to share with you now some findings. These are findings from the Root Cause Analysis, RCA study, and this study was done with individual with different agencies to uncover the reasons why there is a low use of folk rehab services as well as employment network in terms of referrals that there were not a lot of people who are being referred to these services for assistance in terms of employment, and why people were under utilizing these resources. And what they found was that fear of losing benefits was one of the key factors that prevented people from actually going to work. Fear of becoming more ill while working was another factor, and last but not least, lack of transportation.

Faith Saunders: Other research findings are predialysis employment. I think I mentioned this a little bit earlier, that persons who were unemployed prior to becoming diagnosed are less likely to actually go back to work, education levels. One of the things they found was that the higher level of education someone had, the more likelihood that was that they would continue to work after being diagnosed. And part of the reason for that was that some of these individuals who are receiving higher incomes than what they would receive if they were

just on disability, that was a key factor that contributed to that. Some of these individuals are white-collar workers, and they're in a better place to not only earn a higher income but sometimes get the accommodations that they may need in order to maintain employment.

Faith Saunders: The persons' beliefs about work. Supportive significant other. So sometimes, as we mentioned, significant others may discourage individuals from actually going to work. And the choices of dialysis modalities so if someone has to home therapy versus someone who has to go to a dialysis facility for services or to get their treatment, that also impacts their ability to sometimes impact their decision to go back to work.

Faith Saunders: I'm going to go through these a little bit faster. I'm just going to highlight a few things here that I want to highlight. Receipt of disability income was also associated with employment status after starting dialysis. So if someone started receiving Medicaid benefits, et cetera, individuals are more likely to stay, are going to stay with that rather than actually go out to work.

Faith Saunders: I have another question for you. And that is, how do you support persons with kidney disease to secure or maintain employment currently? So if you're working with someone who says they want to go back to work, how do you support them? What are some of the resources that you have utilized in the past to help them to do so?

Mitzi: And again, feel free to use the chat or Q&A box for your answers. Some of the feedback. It says, always being encouraging or supportive, changing dialysis schedule or time. Encourage them to consider their options and explore part-time work if they feel full time is too difficult. Connect to vocational rehabilitation. Schedule flexibility, adjust treatment schedule, and offer resources if interested, have evening shifts available, have a packet with various websites, but also look into other questions.

Faith Saunders: That's awesome. Really, really good points. All of which are very important being to be able to connect. And it seems like you are having a discussion with individuals along work, which is critical from get-go when someone is diagnosed, and you're starting to meet with them to be able to talk about, include that discussion about employment in that intake, et cetera to find out where the person is at this point and where they want to go. And so that we can think of both ways that we can actually support them to do that. So really good list.

Faith Saunders: Supporting individuals. I'm going to be sharing some strategies with you in addition to what was just mentioned in terms of helping individuals to go back to work. As we mentioned, some of the signs and symptoms that people may be experiencing or you may be seeing could be sometimes misunderstood to be just that of they are kidney disease, and not realizing that they may be experiencing a mental health challenge. So it's very important for us to help people to identify if they're having a mental health challenge so we can provide

the supports that they actually need in order to get better, and so what I've done here is provide a link to you, and one of the things that Andrea will do after this, we'll be able to send you this PowerPoint so you'll have access to it.

Faith Saunders: And here I have a self-assessment tool that you could actually give to your clients, and it's wonderful around this site, you could do it online, or you could actually print a hard copy that you could actually give to individuals that you're working with to help them do a self-assessment to identify if they are depressed or not. So this is from the Anxiety and Depression Association of America. So this is the link, and when you do get the PowerPoint, you'd be able to go on here and print a hard copy or even share the link with individuals so that they can actually do the self-assessment.

Faith Saunders: Another way strategy for supporting individuals is this, language. I strongly believe that language matters. It matters significantly. And I'm just going to... this wasn't a full new question, but I'm putting it out there quickly. When I say the word patient, what comes to mind? What's the first thing that comes to mind when you hear the word patient? Patients with kidney disease. What's the first thing that comes to your mind? Quickly just share, just write in the chat. What do you think that will come to mind?

Mitzi: I've got sick, medical benefits.

Faith Saunders: Good point. All on point. And the point I'm trying to bring across here is that throughout this entire presentation, you notice I say persons with kidney disease, I did not say patient because word itself patient says that a person is sick, right? So if I'm sick, I can't really work. So when we talk about a person, when you use a person from language, that means that we're seeing this person as a person who has an illness. And so a person who has an illness has all the aspects to them, not just their ailments. They're capable of doing so much more. So one of the things that I'll strongly encourage you to do is to really think about the language that you're using instead of patient, a person, a person with kidney disease, rather than a patient with kidney disease. That's very, very important. And, in fact, in the mental field of health world, this is something that's very, very... this is something that we practice, person-first language to really encourage individuals to seize a person firmer rather than their pills.

Faith Saunders: Start the process of employment discussion at the very beginning. So during intake, I don't know about what your intake forms are looking like, but even during intake, on your intake form, there should be a question around employment. If the person is working, what is it they are working? What're their plans in terms of continuing employment? If what types of supports they have in place to enable them to do that? And for people who aren't working to have that discussion regarding how could we help you? Do you see employment as a part of this process, and how can we actually help you, and be able to provide some resources to individuals?

Faith Saunders: Other ways that we can actually help individuals is to help them to know what their rights are. And we mentioned that earlier. That was a barrier. People are not aware of what their rights are, and employers are also not knowing what accommodations they could provide to individuals. And so the federal government through the Department of Labor has a service called JAN, which is Job Accommodation Network. And I have again on this slide here, the resource, and it's a wealth of information. And through JAN, Job Accommodation Network, they have specialists in various disorders, mental health, kids chronic kidney disease who can actually, who are specialized in these areas to help you as well as the individuals that you're serving be able to identify what kind of accommodation needs are available to them.

Faith Saunders: So if someone is thinking of going to work and they have concerned about certain things, for example, how are they going to be able to navigate work as well as their dialysis, et cetera. You could actually speak with a specialist at JAN, and they'll be able to kind of walk you through the whole process of asking for an accommodation. How do you go about asking for accommodation? What are some of possible accommodations that you may suggest to your employer? It's very important to know that through the Americans with disabilities act, especially for employers who have 15 employees or more, they have to provide an accommodation to someone who has disclosed that they have a disability. So as long as the person discloses that they do have a disability, in this case, it is a kidney disease, then the employer is expected to provide an accommodation to that employee.

Faith Saunders: The only circumstances in which an employer will not have to provide an accommodation is when it will cause undue hardship on that employer. So quickly if it's a small employer and providing that accommodation would really create some very undue hardships financially, or even just into the structure of how they operate. Then the employers do not have to provide that accommodation. However, they have to prove that they can't just say, we can't because they have to prove that. So that the person... they have to prove that so that EEOC can see that the person they're not really able to do that. Sorry to be mumbling along there. So that's another area.

Faith Saunders: Also, I've just mentioned that it's just for employers who have employees of 15 employees or more. And so you may be wondering, what about small employers who do not have 15 employers or more? Well, the state law does impacts that, and which are most state laws are similar to the ADA. In New Jersey. We have the New Jersey LAD, which is New Jersey Law Against Discrimination, which is the state law that's pertaining to disabilities. So in your respective States, I really encourage you to actually look at what are people's rights so you can actually communicate back to them.

Faith Saunders: I'm looking at time, I have about 10 minutes here. Well, one of the things that I was going to do towards the end was to actually show you some little clips of videos, but when we tried to actually do this, it didn't work. But what's the good thing is that on each slide I have included the link to the YouTube video that I

was going to be playing for these other resources, I'm going to explain what they are, but I really encourage you when you do receive this, the PowerPoint to go to the links that I just mentioned on the YouTube picture, and actually listen to what each of these resources do provide.

Faith Saunders: One of the resources that I'm going to be sharing with you is that of WRAP, and WRAP was created by Mary Ellen Copeland, and Mary Ellen Copeland is someone herself. Dr. Mary Ellen Copeland, to be exact. It was someone who has a mental health disorder, depression to be exact. And she created a tool that is, in fact, it's our best practice at this point, to be utilized to develop a plan of action that if an individual plan of action that each person can develop to help them in terms of their overall wellness, mental health as well as their physical wellness. It's used a lot in the mental health field, but the WRAP plan helps someone to think through the whole process of how they're taking care of themselves on a daily basis. She was at the point of when do you have become very ill? What are some of the things that they need in order to maintain their wellness at that level of their illness, and who are some of the supports that they're going need in their lives?

Faith Saunders: So they have an action plan of not only what they are going to do, but who are some of the people who are going to be of support to them, and they've reached out to individuals who they would like to be of support to have them be a part of this plan. And so it's an individualized plan. It's an active document that someone can use to actually help them to manage their illness. And I would really strongly suggest that you really look into this, to this for the individuals that you're serving because it can actually help in terms of helping people to create a routine for their overall wellness, both mental health as well as physical wellness as they journey through with their illness.

Faith Saunders: And here again on the slide are the links to their websites where you could get more information on this. I also included a link to a Webinar. This is Mary Ellen Copeland, by the way. And Mary Ellen talks about what is WRAP, and how it came about. And there's also WRAP for work. So if someone is going to work, or someone is working, there is a WRAP plan that they could develop to help their mental wellness as well as their physical wellness as it pertains to work.

Faith Saunders: Other employment resources. I heard earlier people mentioned when we did the questions we heard mention of VR, Vocational Rehab, and each has vocational rehab services which are there to help persons with disabilities to secure and maintain employment. Also, you have the Department of Labor, and also, there is the Employment Networks, and employment networks are through the Department of Social Security. And their main purpose is to help individuals who are receiving social security, both SSDI as well SSI to secure employment through their employment networks, which are employment with individuals who are organizations that provide employment services to individuals to help them through that process of not only securing employment but also maintaining employment, providing those supports that are needed in

order to help someone to maintain their employment. Here again, I have a link to that employment networks.

Faith Saunders: Here again, is that link to the video that will tell you more about what employment networks are, and how you can actually utilize them. So for me, that is the end of my presentation in terms of how we can actively support someone who has mental health as well as on chronic kidney disease in terms of employment.

Faith Saunders: My question to you is, what are other resources that you have utilized that I did not mention? So this is your time to actually to share with some of the resources that you have utilized that we're not used to that were not mentioned that we could share with other folks and also ask any questions that you may have that you weren't able to ask while I was doing the presentation. So I'm open to hear into what you have to say.

Mitzi: Please feel free to type your questions or comments into the chat or Q&A at this time. We have some feedback. Ticket to work has great handouts to give to patients.

Faith Saunders: Great. So question to the person who put that, thank you so much for actually sharing that. Do they have some of those handouts online that could be downloaded?

Mitzi: Yes.

Faith Saunders: Okay, perfect. So the resource, the link that I gave earlier going there, you will be able to see what those resource tools are, and those embed information. So we could actually... and I really strongly encourage you to print out some of these things and just have them within your center so that people can just read them up. Just they are sitting there. There's something that they could actually read. That's another way of actually engaging and educating people about going back to work. Any other questions? That's a good one. Thank you so much.

Mitzi: I don't see any other questions or comments at this time.

Faith Saunders: Okay. Well, I really appreciate you again being on this call given all that is happening, and I really strongly encourage you to one, take care of yourself that is practice self-care for yourself, but also to be able to utilize some of the resources that we shared here today to help your clients. In terms of going back to work, helping the persons that you're serving to be able to go back to work because it does make a big difference in someone's life. It gives them purpose, and it gives them so many other resources that are priceless.

Faith Saunders: And I want to end today's Webinar by sharing this quote by John Holmes, and it says, "there is more exercise better for the heart than reaching down and lifting people up." So continue to do with the wonderful work that you're doing,

helping to lift people up, and thank you again for this opportunity to share with you.

Andrea Moore: Thank you so much for your presentation, Mitzi. I thank you for the support, and just to echo what Faith mentioned earlier, definitely, please take care of yourselves, and we really do thank you for joining us, given all that is happening right now. I just want to remind everyone that some of the patients, some of the folks that we work with who had been working prior to the launch of the Vocational Rehab Project, this project launched in January. I know that there are probably a lot of individuals who are no longer working, and so their mental health may be more impacted now than it was previously. So this is a great opportunity to review some of these resources, to review the resources that are in the tool kit that are in Network 4, Networks three, 11, eight, five, have shared with you all because this might be a really great opportunity to talk to those individuals who may have lost their jobs since we've launched this project.

Andrea Moore: So please continue to stay safe, continue to stay healthy, continue to stay mentally and emotionally strong. And while you might not be able to utilize everything right now, depending on if you currently live in a hotspot, if those that you work with are in a hotspot, we hope that you'll be able to utilize all of this in the future. This is a recorded Webinar. It will be posted on the Network 4 website, and it will also be shared with other network leads so that they might be able to share it with you all. So thank you again, Faith, and Mitzi, I appreciate you both, thank you, and everyone, enjoy the rest of your day.

Faith Saunders: You are welcome. Thank you all. Be safe.

Mitzi: Thank you.