



National Patient and Family Engagement-Learning and Action Network (NPFE-LAN) Kidney Caregiver Peer Connection Call *October 8, 2020*

Kim Buettner:

Welcome to the National Patient and Family Engagement Learning and Action Network—Kidney Caregiver—Peer Connection Call. We appreciate your interest in this topic. Today's call is meant to be an informal way for caregivers to ask questions of other caregivers who have experience with the kidney disease journey.

Before we get started, there are a few items we'd like you to remember:

- All the lines are currently muted.
- The lines will be unmuted after we introduce our panel of caregivers.
- Please be respectful when asking questions and do not speak over someone else.
- We also ask you take the call in a quiet location and mute your line when you are not speaking.
- This call is being recorded and will be made public on the NCC [National Coordinating Center] website. We will also promote it on social media.
- Please do not to disclose any personally identifiable information. Do not share any information that you would not want to make public, such as your date of birth or the name of your dialysis facility.
- Please do not to ask for medical advice. The role of the panelists is to share their personal experiences. If medical advice is asked or given, the NCC will interject in the conversation.
- Each person's situation and experience are unique. The treatment plan for each patient is unique to their personal needs and various factors including other medical conditions.
- Before making changes to your health practices, speak with a member of your healthcare team. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

The views and opinions expressed during this call are those of the panelists and do not necessarily reflect the official policy or position of the ESRD [End Stage Renal Disease] NCC or the Centers for Medicare & Medicaid Services. Any content provided by the panelists is of their opinions and is not intended to substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding medical conditions.

I'd like to turn the call back over to Jerome.



Jerome Bailey:

Thank you very much. For those of you joining us by Webex, you now see a photo of the NPFE-LAN team. I am Jerome Bailey, and my partner, as you previously heard, is Kim Buettner. We work with a group of patients with end-stage renal disease and their caregivers to design and spread practical approaches that can be used to help other patients become engaged in their health and care to improve their quality of life. I would sound like to introduce our panel.

Olga Hernandez-Perez is from Whittier, California. She was the caregiver to her husband Eddy, prior to donating a kidney to him in March of 2015. Olga and her husband have a two-year old daughter. Olga says after going through dialysis and the kidney transplant surgery, she feels blessed to have a daughter. She said family support and a positive attitude help them through the process. Olga said she would encourage anyone who has the opportunity to be a donor to do it.

Tina Gee, from North Chesterfield, Virginia has a bachelor of science [degree] in criminal justice from Kaplan University, and a master of science in public administration from Central Michigan University. Tina works for the United States Marshal Services as the assistant chief of administration in Washington, DC. When Tina is not working, she enjoys volunteering and ministering in her community. She is a care partner to her husband, Patrick Gee, a kidney transplant recipient. Tina and her husband have a passion for advocating for patients with kidney disease as well as being a voice for those who sacrifice their time in the sometimes-thankless position of a caregiver and care partner.

With that, we will start today's discussion. We have three questions that we want to ask both Olga and Tina first. And then we will open up the call to questions from the chat box and then open up the call to questions from you—you all in the audience. So, first Olga. How long have you been a care partner to your husband? Let me actually unmute you. And there you go. Okay? We may have lost Olga, so I will start with Tina. Good afternoon.

Tina Gee:

Yes, hi. So good afternoon.

Jerome:

So how long have you been a care partner to your husband?

Tina:

At this point, my husband has had a transplant now. This is his third year. I'm his care partner. I'm within the third year of his care partner[ship], but prior to that, I was four years as his caregiver while he was going through dialysis.

Jerome:

Okay. What do you enjoy doing in your spare time?



Tina:

In my spare time, well we both minister to the sick and shut-in at our church. And we like to talk about kidney disease and the support systems that people in the areas that are in the low-income areas that don't know about kidney disease and what questions to ask the doctors. We like to go and give back and do small acts of kindness with no strings attached with our church and just kind of enjoy life.

Jerome:

Alright, and what do you do to take care of your mental health care?

Tina:

Good question. Is that pre-COVID or [during] COVID?

Jerome:

Whichever one you would like to answer. Whichever time you'd like to give.

Tina:

Okay well, I can answer both quickly. Pre-COVID, I just, I like to enjoy my grandchildren. I like to just sit back, relax, and have them pluck my nerves and enjoy them. Now that we've got COVID, no one's having any kind of enjoyment, so for my mental health, I do a lot of reading. I do a lot of meditating. I do a lot of writing of poetry now that COVID has kicked in.

Jerome:

That's cool. A lot of writing. Alright. I think we have Olga back with us so I'm going to ask Olga the same questions. Okay, how long have you been a care partner/caregiver to your husband? Hi Olga, are you back with us?

Olga Hernandez-Perez:

Yes, can you hear me.

Jerome:

Yeah, I can hear you now.

Olga:

Yeah, okay. It's been about, in total, seven years. Two of those years probably was pre-transplant where you know he went through dialysis and you know all that stuff that we had to go through. And since then, he got his transplant, so it's been about five years post his transplant. That's why I said it's about a total of seven years that I've been his, you know, caretaker and together we've been, you know, trying to make sure that, you know, he stays healthy as possible so that his kidney continues to work.

Jerome:

What do you enjoy doing in your spare time? I know being a new, a fairly new mom takes up a lot of your time.



Olga:

Yeah, it definitely does. What I love to do in my spare time is I like to dance or exercise. It's my motive. I guess exercise, watch movies, which of course, I can't really watch that many movies anymore. And just spending time with family overall. I think that's one of the things that helps me to, you know, to do things that I like to do.

Jerome:

What did you do to—what do you do to take care of your mental health care?

Olga:

Okay, so to take care of my mental health, definitely exercise. I have not been able to do that a lot lately, not only because I'm a new mom, but, you know, things because of COVID have changed a little bit so we're kind of getting used to the new, but definitely exercising is a way that I de-stress. Not only to stay fit, but I can tell the difference in my physical health and my mental health when I do exercise. And if I don't exercise, it really like clears my mind when I do so, that's definitely a big de-stresser for me.

Jerome:

Okay, I'd like to ask Kim if she's seen any questions from the chat box that we could possibly ask our panelists?

Kim:

Yes, we do have a few that have come in. Let me pull those up that we received. One that came in—trying to think who this would be best for—the question is: why don't you guys let us know who would prefer to answer it. Are you hearing from other caregivers about how this environment is impacting them? And by this environment, I'm guessing they're talking about COVID.

Olga:

I mean, I haven't heard specifically from anybody else how COVID is impacting caregivers, but, and of course it depends on where in the stage of the illness. The caregivers that along with the patients, you know, it's definitely different when the patient, their loved one, their, you know, the person that they're taking care of is either on hemodialysis or peritoneal dialysis or if it's post-transplant. It's a different type of caregiving, but either way, I think just for me and in one way I suppose during this time of COVID, it definitely limits the outings that you can have and sometimes, aside from myself, like I mentioned, exercise, it can help to, you know, level up my mental health.

But going out, it does limit you from wanting to have an outlet and I can't imagine that perhaps to some of the caregivers that can also be a little bit difficult for them as well as just the on top of having a loved one that [they] have to take care of now that we have COVID. And for those patients that [sic] are still having to go to hemodialysis, I'm sure that's another layer on top of that trying to worry about COVID when they take their loved ones to dialysis. Not only for themselves, the patient, but also for the caregiver because they have to go out and it's not something that they can choose not to. It's a necessity. I mean the patient has to go get their hemodialysis. It's not something that you can just wait on. So I can imagine that it has affected



them in those ways and probably makes it a more—I don't want to use the word *difficult*, but it just complicates it a little more not having the ability to be able to go out to different places. And on top of that to have a little bit of stress on having to go to dialysis locations with the COVID being around them.

Kim:

Great, thank you for that Olga. And Tina, do you have anything that you'd like to add to that?

Tina:

I'm in agreement with Olga. It's a little different and in the world that we socialize in because most of the people, care partners and caregivers, that I've been in contact with are mostly, they're not hemo[dialysis], they're the other one I can't even think now. They weren't personal, thank you, PD (peritoneal dialysis) and most of them are at home so they never went into a center. So, this this COVID has just, I want to say doubled the time that they have not been able to get out and do the things when they're not hooked to their machine. And the traveling that it allowed them to do prior to COVID, and it has put a lot of stress and undue stress on them because now they can't even have their family members if they're not living with them, or outsiders to come in because of COVID. Doing PD, everything is like doing hemodialysis, everything has to be sterilized. So now most of the people I've been talking to, they're even scared to open up their front door to allow a package to be brought in. And if it has to be brought in they leave it outside for at least a few hours and then they bring it in and they're sterilizing it and, you know, trying to ensure that they're not getting any undue germs on top of the germs they would have tried to eliminate prior to them during their PD. So, it's been very, very stressful for a lot of people.

Olga:

Can I mention one other thing? Being post-, my husband being a post-transplantation, the other thing right now that we have to take into account is him being a transplant patient. With obviously him, for anybody right now, COVID of course is a dangerous situation, right? Whether you're a transplantation [patient] or not. But of course, you know, him having a lot of underlying issues, it becomes a little more complicated for us and definitely, as a family and I think as a caregiver. Our family is really understanding and, you know, why we can't see them. They all understand, but even so, I think it's each family has their own set of rules. And each family has their own level of how comfortable they are with visiting family or not visiting family. And I think that sometimes it's a little stressful on us because again, family doesn't understand. But even though they miss us, you know, there's this still this feeling of, you know, we want to go see them, but we can't because, you know, Eddie has, I mean a lot more to lose, not that anybody else doesn't have a lot more to lose. We all have a lot to lose just by our lives. But, you know, he has to consider, you know, will he lose his kidneys. Is there a possibility if he catches anything? Is he going to lose the kidney? He's going to have to go back to dialysis, you know, everything that he's been working hard, you know, to maintain that kidney. Before COVID it was still something that it was at risk and I world. COVID brings another layer of stress on top of us, you know. So, I think that's something that I wanted to mention. That as the caregiver that definitely brings a lot more stress because it's not just, you know, your regular flu season issues, that you know, he used to have before where you know he would have to be careful not to get sick. I would have to be careful not to get sick because then I'd bring that home and he would



get sick, right. But with COVID I mean that's a different layer and I think that's something different for us now having to deal with.

Jerome:

I have a question. Following the COVID talk, Tina, you and your husband developed COVID and have made a full recovery. What was that experience like knowing that you're usually the care partner to your husband when he is ill? But this time it [is] an illness, a virus that affected both of you and you were both sick.

Tina:

It was very, very scary for both of us. One, because I ended up hospitalized for at least a week. And then my hospital team did not want me to come home because we had no other care partners or caregivers to assist us. And because of him having his new kidney, they were very worried about, I guess the whole aspect of who was going to take care of who since he has been going through this journey, well, with his kidney and without his kidney. I think we have learned to just kind of balance each other out. Whoever had the most strength that day, that hour, that person would do most of the care partnering. And it would go vice versa. So, if it was me, I do most of the going up and down the stairs making sure we got what we need and making sure everybody's taking their medicine. If it was him, he'd do the same for me. It's very difficult and very scary—him more. I was scared more for him and he was scared more for me. I was scared more for him because he's taking massive amounts of medicine to keep his kidney. And here it is, this unknown virus has come about that nobody can tell you how truly it can come to you or not come to you. And coming home having to send us, he sanitized the whole house. We paid to have the whole house sanitized thinking that, okay, she was good in the hospital, but now she's got to come home. How's that going to be. Do we close ourselves up in a bubble and not talk to anybody or what? But it was very scary. But, we were blessed to live through it. I think we both still have some side effects of it. His is more of a cough. Mine is more of a cough-sniffle-type thing, but they said there's nothing that anybody can do for it right now because it's still under study. So, it was very scary for us. Very, very scary.

Jerome:

We are definitely glad you both are doing much better. Kim, did you have another question for the panelists?

Kim:

Actually, one that came in prior to the discussion that we had before was, when you have any concerns about caregiving who do you talk to about it? Do you talk to anyone on the care team or do you talk to another family member about it?

Tina:

This is Tina. For me, I try. And I have a sister who lives here, so I try to talk to her when she's available. When she's not available, I do belong to a church that has several people in the church that are under some kind of care partnering or caregiving, so we've kind of made our own little community. So, we'll—I'll reach out to one of them and kind of express my woes and unhappiness or frustration to them and then vice versa. But other than that I don't have any—I may kind of express it to Patrick and, you know, see if he can understand where I'm coming



from because that's one of the biggest things I find that communication is a must. I can't read his mind and he can't read mine. So, if I can communicate to him, hey, this is very frustrating for me. This is what I'm going through, then we can sometimes talk through it. But sometimes, he's going through [it] at the same time, so at that point then I go, and I reach out to either my sister or someone in the church.

Kim:

Thank you for sharing.

Olga:

For me talking to a mental health expert has been tremendously helpful. I see a psychologist. And when definitely Eddie was going through his dialysis and recent kidney transplant, that was very helpful for me. My family was there as well as mine and his whenever I needed to speak to any of them. So, I know I had that, and my parents were very supportive towards me and towards Eddie. But, definitely speaking to a psychologist for me was kind of like a fresher breath because you know they gave me an objective perspective. Family was there to give me some sort of support or I shouldn't say some. They gave me a type of support, but I definitely needed it and they fulfilled that for me. But when I went to speak to a mental health expert, they gave me a different type of support where it was more objective. And sometimes when you are in a situation of as a caregiver, you have a different, you have a different level of stress, and different worries that you have about your kid, by your partner stuff, definitely they're your husband or anybody that, of course, that you love very much. And sometimes, when you're in that situation, it seems like the walls are closing in depending on the situation that you're in, right? Everything seems to be magnified. But, going to speak to a psychologist, since they are an objective ear and they give you objective suggestions on how to handle situation, they kind of minimize that magnifying glass for you. That's the way I can kind of give an explanation of how they made me feel. And even though the situation had not changed back at home, meaning that Eddie wasn't doing so good or he was going to dialysis, we were trying to deal with work. And at the time we didn't have our daughter, of course. Just the fact that the psychologist was able to give me that objective perspective provided me some comfort. And knowing how to handle [the] situation or knowing that this situation wasn't necessarily going to be permanent—sometimes you think, when is this going to end? When it's going to change to something better? And even though, at the time, of course, you don't know when that change will come again, for me talking to a psychologist provided a lot of help. And it may be for everyone. It might not be for some, but I would definitely encourage anybody to give mental health experts an opportunity to help you if you're open to that.

Kim:

Thank you for that Olga. Jerome at this time we don't have any more chat questions.

Jerome:

Now I will open-up the lines for questions from our audience. But we did, I did see a comment in the chat box about not knowing how to start the video camera. For those of you that started the call kind of late, Kim and I are online. We just heard from other patients that this is a great opportunity to connect virtually. So, we wanted to share our faces and we invite you to show your faces. So, if you would like to be on camera on Webex there is a video icon at the bottom



of your screen. It says, I think for those of you that [see it], it said start video. If you click on start video, it will pop up just like. I just did on my video, so you are more than welcome to turn on your video camera. And now, I will unmute all the lines. And again, since all the lines are unmuted, please be respectful of one another. Take the call from a quiet room. And if you have a question, please give each other the opportunity to ask it.

Patient:

Hi, this is [patient name]. I have a question for the two ladies.

Jerome:

Please go ahead.

Patient:

What training did y'all get to be caregivers? I would like my wife to be my caregiver. So, what kind of training did y'all get?

Tina:

I relied mostly on the fact of being a mother. Some years ago, I used to be a certified nurse's aide. Just being a person who's had to take care of other people, other than my husband. So, I didn't specifically have any classes or anything I went to. I went to a lot of conferences and met a lot of other caregivers, care partners, and kind of talked to them about it. But, there was no classes or anything that I attended.

Olga:

This is Olga. I mean I did not receive any specific courses or class or training to be an overall caregiver. Again, and again, just the love that I have for my husband. This was basically, carried me throughout the whole process. However, the only, you can say training, that I got and that's only because my husband did PD which is peritoneal dialysis at home. He did that for awhile and so I did that training with him because I was going to be the one at home with him. He was the main person who was going to do PD himself, but because I was his caregiver and I was at home with him, I was the other person that needed to learn how to do that just in case if he was unable to or too sick to do it to himself or and for any reason. So, I did go to those classes with him on how to do PD at home. So, I did learn how to do that. But like you first said, how to become a caregiver and unfortunately, I mean there's no training. I do wish that maybe one day or maybe there's something in the works that we don't know about, there should be some type of maybe, even there's just a day or two of courses that caregivers can take. Because we're very often or all the time, we don't know exactly what we were up against, except for the fact that we love our loved one who's about to undergo this journey. And we're going to go along with them. And it's just the love that we have for the person that carries you through the whole process. But I hope that maybe one day there is some type of training that a person can take to just learn a little bit about what's about to happen. And also, to know there's resources out there for that person to continue to reach out to.

Patient:

Well, I got to tell you I think both of you are very special people. I bet you don't hear that a lot.



Olga:

No, not a lot.

Tina:

No, but thank you.

Kim:

Yes, thank you so much. Does anyone else have a question for Tina or Olga?

Jerome:

I do. There was another question that came in through the chat. It is: as a kidney caregiver, how do you recharge your batteries or take care of you especially in this COVID environment?

Olga:

This is Olga. So, for me I think there's moments you just go living through life and you start doing the routine. Routine, right? But right now, especially during COVID, I think one of the things that definitely [re-]charges me is remembering the things that my husband went through. Remembering the things that we both went through throughout his journey with his kidney disease. When he was first told that he was going to need to say yes, I need dialysis. Because his numbers were dropping to when he tried dialysis everything that he had to go through. All the procedures that he had to go through and all the pain that he went through. Even throughout the transplant I think when I—and I don't think about this, of course, excessively or every day, but when I do think about those moments, that kind of recharges me because I realized that now we're not in that position anymore. Thank God! And now, it's just a matter of moving forward and ensuring that—tomorrow's never guaranteed. We don't know what's going to happen to him tomorrow, but to make sure that he's taking care of his kidney, his health so that can take him throughout his life. Aside from that, it's definitely for us. He's definitely, our daughter, that she definitely recharges me in knowing that we have a future to look forward to and definitely not only take care of my husband, but take care of myself as well so that we're there for her.

Tina:

This is Tina. For me, we have nine grandkids. The youngest being one [year old], the oldest being twenty-one. We don't get to see all of them, but the ones we do get to see, they recharge our battery. They recharge me every time I see them. It's like a breath of fresh air. It kind of takes your mind off of the everyday things that you have to worry about during the day. So just having to be able to see them, be it by a phone, going to see them or not, it's that [that] recharges me.

Kim:

I'm wondering if we're seeing the same question in the chat box? We received a question. Have either of you used or asked for help for caregiving? So, did you ever need a break and had to ask someone to help you out with caregiving?

Jerome

Let's start with Olga.



Olga:

Okay, no. I haven't, and I didn't in the past. I think that's a very important question and I think it is very important to keep in mind that you should ask for help. I think that people and family are there to support when you're fortunate enough to have family that will support you. But many of the times or many of the situations as a caregiver or the person who's, you know, the ill person, sometimes you tend to not want to ask for help because you don't want to be a bother to somebody else. But the truth is that people are there to lend a hand more than what you think. And even though I didn't ask for help and neither did my husband, looking back, I mean, perhaps we should have. Maybe not on a consistent basis, but we should have, or I should have said something. But I didn't. So, I think that one thing that I would say to everyone who is in that situation at the moment is do not feel if you're going to be a bad caregiver or if you're going to be a bothersome to somebody else if you do ask for help. Because having that help and having that person help you and you having that moment, let's say for you, for yourself, whether it is just to go to the grocery store or it is to go take a walk and knowing that your loved one is being taken care of at home is very important and it's definitely not something that should be shameful. So, if you do have people who are offering, take the offer. Because they're offering because they do want to help. So, definitely take that help.

Kim:

Thank you for that Olga.

Tina:

It takes a village as they say. So, if somebody's offering to help you even just for a half a minute take it. I'm with Olga. Any help is better than no help at all. You can't do it by yourself. You may think you can. You may feel like you can but sometimes you need the help. I would never turn out any help from anybody who is offered. You know in my circle who would say, hey, can you? Do you want me to come sit in for a few minutes? Do you want me to take him to his doctor appointment? Or do you know? Whoever offered I would take that help.

Kim:

Very good. Jerome?

Jerome:

Okay, any other questions from our audience members? Alright, so with that this will be our last question. For the panelists, what recommendations or tips do you have for other kidney caregivers? Let's start with Tina.

Tina:

When you say recommendations, do you mean as a care partner or caregiver? Communicate, communicate, communicate, communicate. Like I said, I can't read my husband's mind and he can't read mine. When I think he might be shutting down, he might just be, you know, thinking about something because he's an introvert, you know. He likes to think about things, and it may be perceived to me that he might be shutting down. But if I ask him, hey, what's going on? He said, oh nothing. And you know he's chipper, then I perceive that wrong. So, you communicate, communicate, communicate. Get any help that's offered. Like I



said before, you can't do it by yourself. I know it's hard when you don't have family members, but there's always outside people looking in that see what you're going through and they, and if it is no more than just a talk to you, accept it. Take your time. This is a not a marathon, this is not a race, it's a marathon. This is something you and your person, the person that you came for or being a care partner. This is a lifetime journey. You got to be committed. Some days will be good days. Some days will be bad days, but you have to accept all the good days. And all the bad days you got to accept it. So, if anything, just communicate.

Jerome:

Thank you. And Olga?

Olga:

Adding to Tina's list because I agree with everything she said. Adding to that list I think one thing that I would provide is to inform yourself and read when you don't know about something. It's easier to be fearful of it and I say that from experience because, you know, when years ago when they diagnosed my husband with end stage renal disease and they mentioned the word dialysis, of course that felt like a life sentence of some sort and of course it was. I mean I still remember the day that his doctor told him about that. And we both cried. And it was scary. And of course, when I mentioned hemodialysis, that was even worse. We were like what, what is this? We don't know. Is it? We were afraid. But the more him [sic] and I read about it and informed ourselves, that fear dropped and it didn't ... His disease didn't go away but the fact that we informed ourselves, that we knew what we're up against, and we knew what it was about [it] that took the fearful, anxiety out of us. And so, going into hemodialysis, it wasn't a scary thing anymore the way it was before that. Before that, we had heard of dialysis like everybody has, but we really didn't know what it was about. So, I would suggest, and I would give the advice to inform yourself. And don't be afraid to read about your own disease or the disease that your loved one has. Because the more you read about it, it truly does become more comfortable and you can ask better questions. Also, when you go to the doctor and that's the other thing too. When you go to the doctor ask questions. Even though they may seem a little dumb to you, ask the questions because if you don't ask them, then you'll never going to [sic] know. And I think that's one aspect that Eddie and I took and that we would always ask questions, especially me being his caregiver. Because sometimes, he wasn't feeling all that good to be asking questions. So, I took that role and so I asked all sorts of questions. And again, being more informed led us to have a little, felt like to have a little more control over it. And in fact, it did. So, read and inform yourself. It's very important.

Jerome:

Wow, great advice from both of you. I want to thank you both for being with us this afternoon. We really do appreciate your time and your expertise. Thanks for sharing.

Olga:

You're welcome.

Tina:

You're very welcome. Our pleasure.



Olga:

My pleasure.

Jerome:

Right. We now want to tell you about a couple of resources that are new to the NCC that will hopefully help folks stay connected during this time. Because of COVID and all of us being asked to social distance, the NCC understands that it's been tough for people to not see or interact with family and friends. For people with immune compromised system, its especially important because COVID can lead to more serious illness or hospitalization. To help individuals like you all and your loved ones stay connected to family and friends, we've created the *Tips for Connecting Remotely* toolkit. It has great information on ways you can connect with those you love. For example, the telephone is a great way to keep in contact with loved ones if you are missing someone. Pick-up the phone and call them. Or send a quick text message to let them know you're thinking of them. Facetime is also an option. Facetime works on Apple products, like the iPhone or iPod. On iPod with Facetime you can video chat with loved ones and friends. Have you heard of Google Hangouts? You can use Google Hangouts on both Android and Apple devices. Again, this is another option for video chatting with friends and loved ones. Other options include Google Duo and messenger apps. These options can be used for sharing pictures, videos, audio recordings, and group chats. I actually setup a Facetime group with my family. We use it daily, really. We send inspirational messages, videos. We reminisce about past family outings. It's been a great way for us to stay connected and I think it's fairly easy to use—for anyone to use. And so, just make sure you're connecting with the folks that you love. And then there's always email. Email is a great way to write messages, share pictures with those folks that you love and care about.

Kim:

So, we also wanted to share some resources for you that are specific for caregiving. If you're joining us through Webex, you'll see some links up there. If you're only on the phones please check back on our NCC website because these slides will be shared up there—both in PDF format and the recording. So, you'll be able to gain access to these links. But, we have caregiving resources on the ESRD NCC website:

- The American Association of Retired Persons has the family care giving section.
- There's the Caregiver Action Network.
- ESRD Rockstars
- Family Caregiving Alliance
- National PACE Association

So, please check those out.

And then, our final resource that we'd like to invite you to visit is TheKidneyHub.org. This is a mobile friendly web app and it was developed by the NCC with a lot of input from our patient subject matter experts. It offers information on home dialysis, kidney transplant process, infection prevention, mental health, and more. Check it out today using your mobile device, which is either a smartphone or a tablet. And then, save it to your home screen. I actually have it saved on my iPhone and it makes it so easy to be able to just click on the little icon and then I can get right into certain resources. So, it's a great resource. We invite you to go check it out



and then let us know what you think about it. You can send us an email at nccinfo@hsag.com and give us any thoughts or ideas for future resources that you'd like to see on there.

Next slide. There are several ways that you can stay in contact with the ESRD NCC. You can email us at the email I just gave you which is NCCinfo@hsag.com. You can call us, or we have a mailing address as well, which is listed up on that screen too. So, multiple ways to get in contact with us. And as always, we invite you to please stay in contact with us through social media. We post daily on Facebook. So, you can like us on ESRDNCC and then please follow us on Twitter or you can follow @ESRDNCC. And then, we have some resources and videos, interesting educational videos on YouTube. So, you can search ESRDNCC. Thank you for joining us today. It was a great discussion. Thank you, Olga and Tina. And, thank you everyone who joined us today. Take care and stay safe. Bye-bye, everyone.

Jerome:

Bye-bye. Thank you.

Patient:

Bye-bye everybody. Thank you.