

# COMMUNITY THINK LAB

**WORKBOOK** 

## CHRONIC KIDNEY DISEASE IN THE CAPITAL REGION

**HOSTED BY** 

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION



7 APRIL 2025

## AGENDA

Welcome

Overview / Background

Objectives / Format

Activity #1: Expert Insights

Activity #2 & #3 Data Walk and Insights

Activity #4 Inform Grantmaking

Next Steps

# **About the Hortense Rubin Community Health Fund**

For the past seven years, the Rubin Community Health Fund of the Community Foundation for the Greater Capital Region has fostered healthier communities by striving to reduce the incidence and prevalence of chronic kidney disease and related risk factors in the Capital Region.

Since 2018, the Hortense and Louis Rubin Community Health Fund has invested more than \$3.7 million in health initiatives across our region.

#### **MISSION**

The Hortense and Louis Rubin Community Health Fund was established using proceeds from the operation and sale of the Rubin Dialysis Centers. The fund's goal is to support programs focused on the prevention, management, and treatment of kidney disease and related health conditions. Managed by the Community Foundation staff and guided by a committee of healthcare experts, the fund is committed to improving public health outcomes.



## What is the Community Think Lab?

The Community Think Lab is a working session designed to tap into the collective insight of community leaders, experts, service providers, and stakeholders.

## Through a collaborative, design-thinking process, we'll work together to navigate the following:

- What are our observations from the field?
- What insights and questions do we have from the data?
- Identify gaps and challenges
- Define shared goals
- Prioritize action steps for impact

#### THINK LAB GOALS

## Gather Collective Insight

Develop a shared understanding of Chronic Kidney Disease (CKD) by examining data, identifying trends, and discussing contributing factors and community impact—without jumping to solutions.

## Inform Strategic Grantmaking

Use community input, data, and expert insights to shape the grantmaking priorities of the Rubin Community Health Fund—ensuring funding is responsive, equitable, and grounded in lived experience.

## Set the Stage

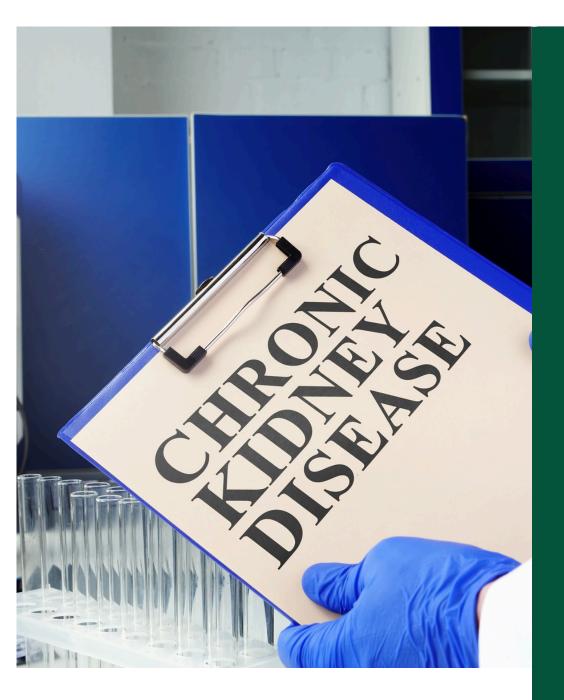
### **GUIDING PRINCIPLES**

- Population Health Focus: Center our discussion on the health and well-being of the entire community.
- Individual Expertise, Shared Insight: Contribute your knowledge, knowing our collective understanding benefits from diverse perspectives.

#### **LEVEL SET**

- This single conversation is a starting point. We recognize that the complexities surrounding chronic kidney disease won't be solved in one meeting, but this is a crucial step in our collective learning and strategizing.
- Our discussion complements, not replaces, community engagement. This
  session is designed to inform our thinking; it's not a substitute for direct and
  ongoing engagement with the individuals and communities most affected by
  CKD.
- We value both reflection and action. We understand there are varying perspectives on the balance between 'talking' and 'doing.' Our goal today is to intentionally dedicate time for thoughtful discussion, which we believe is essential to guide more effective and impactful action moving forward."

## Fast Facts



#### More than 1 in 7

about 35.5 million people, or 14%—are estimated to have CKD

#### As many as 9 in 10

adults with CKD do not know they have it.

#### About 1 in 3

adults with severe CKD do not know they have CKD

Chronic Kidney Disease is a growing, silent health crisis in our nation and region.

Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2023. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2023.

#### 8th leading cause

of death in the U.S.

## **Activity #1 Expert Insights**

Introductions (5 minutes total): Please briefly introduce yourself and the organization you represent, sharing any initial key insights relevant to our discussion today.



## O1 Who You Are & Your Role (30 seconds - 1 minute)

- o Your name, organization, and role in the field.
- o How your work connects to Chronic Kidney Disease (CKD) and/or related risk factors (diabetes, hypertension, health equity, etc.).

## **02** Key Insight or Experience (2-3 minutes)

- o A critical issue or trend in your field related to the causes, prevention, or treatment of CKD.
- o A key risk factor that needs more awareness or intervention.
- o A challenge in improving outcomes or an innovative approach that is showing promise.

## **03** Call to Action or Open Question (1-2 minutes)

- o What do you see as a priority area for action?
- o A key question or consideration for the group to discuss further.

## **Activity #2 Data Walk**

#### **OUR GOAL FOR THIS DATA WALK IS TO:**

- Enhance Understanding of CKD: To deepen our collective understanding of the data related to Chronic Kidney Disease (CKD) within the Capital Region.
- **Analyze & Prioritize Insights:** To share diverse perspectives as we analyze the story behind the CKD data, and together, identify and prioritize the top 2-3 most significant issues or insights that emerge.
- **Inform Future Action:** To use our shared understanding and prioritized insights to inform potential future actions and strategies related to CKD in our community.

#### **HERE'S HOW IT WILL WORK:**

- We'll start in two small groups at different stations.
- Each station has visual data and discussion questions.
- In your group, look at the data and discuss it together.
- Share your thoughts and connections to your experiences.
- Use the poster paper to note your group's key insights and questions.
- After a set time, groups will switch stations.
- Finally, we'll all come back together to share what we learned and discuss next steps.



## **NOTES**

# **Activity #3 Collective Debrief: Sharing Our Team Insights**

Now that each team has had the opportunity to explore and discuss the data at both stations, we will come back together as a whole group to share the key insights that emerged from your small group discussions.

Here's how our collective debrief will work:

#### 1. Station 1 Insights:

- Team 1: Please share 1-2 of the most significant insights or key observations your group captured on your poster paper from your time at Station 1.
   Briefly explain what you saw in the data that led to those insights.
- Team 2: When you visited Station 1, what were 1-2 of the most significant insights or key observations your group noted? Did you see similar patterns, or did any different insights emerge?

#### 2. Station 2 Insights:

- Team 1: Please share 1-2 of the most significant insights or key observations your group discussed and captured on your poster paper from your time at Station 2. Briefly explain the data behind your insights.
- Team 2: When you were at Station 2, what were your key insights or observations? Did they align with what Team 1 noticed, or did you see something different?

#### 3. Making Connections:

- After hearing from both teams about both stations, let's think about the bigger picture. What are some initial connections you're noticing across the different data points and the insights shared by each team?
- Were there any insights that particularly stood out to you or perhaps even surprised you?
- Did both teams identify similar trends or challenges when looking at the data at either of the stations?

## **NOTES**

## Activity #4: Strategic Grantmaking for CKD (Rubin Funds)

Considering the \$800K - \$1M annual grant capacity of the Rubin Funds, let's strategically allocate these resources to address Chronic Kidney Disease (CKD) in our region through a Continuum of Care lens.

**Our Goal:** To quickly generate key recommendations for strategic grantmaking, considering prevention, populations, geography, and types of interventions.

#### Supporting CKD Across the Continuum



# Large Group Brainstorm (25 minutes)

Considering we can invest \$800K - \$1M in annual funding, share your ideas for grantmaking initiatives across this continuum of care. For each idea, briefly mention:

- Where on the continuum it falls (Prevention, Early Detection, Management, Advanced CKD/ESRD).
- The target population (e.g., individuals with diabetes, specific racial/ethnic groups, residents of a particular geographic area).
- The type of intervention (e.g., education program, screening clinic, transportation assistance, dialysis support).

(Example): "We could fund a community-based education program (Prevention) targeting individuals with pre-diabetes (Specific Population) in underserved rural areas (Geographic Focus) to promote healthy lifestyle choices."

(Facilitator will capture ideas on a shared board.)

#### **Prioritization Discussion (15 minutes):**

Looking at the range of ideas generated across the continuum, let's discuss which areas or specific interventions we believe the Rubin Funds should prioritize for the greatest impact in our community. Consider:

- Where are the most significant unmet needs?
- Where can we leverage existing resources or build new capacity effectively?
- What approaches have the potential for long-term positive change? (Facilitator will guide a discussion to identify 2-3 key priority areas.)

## **NOTES & NEXT STEPS**

# THANK YOU!

Thank you for your thoughtful contributions to this critical discussion. Your insights will be invaluable as we develop a strategic grantmaking approach for the Rubin Funds to address CKD in the Greater Capital Region.

