Dear CRIC Participants,

We hope this letter finds you well during these uncertain times. We recognize the stress that so many people experience as we struggle with the challenges and changes caused by COVID19. Our thoughts are with those who have been personally impacted. We wish you continued strength and resilience as we all cope with the pandemic.

Responding to COVID19, and with an abundance of caution, the CRIC investigators decided in March 2020 to stop in-person clinic visits for the time being. Participants who were due for an annual in-person study visit since this time will be contacted by CRIC Study staff to collect study data by telephone.

We thank you for your participation and continued support in CRIC, now in its second year of Phase 4. Despite interruption of in-person clinic visits caused by COVID19, we have been able to keep many CRIC activities moving forward. We are deeply appreciative that 85.3% of participants (see the thermometer to the left) from the previous phase of CRIC are involved in the exciting study activities now going on that include measurements of health within your homes.

This issue of your newsletter includes resources and tips to help with managing your health under the conditions of COVID19. We also provide a summary of a recent publication highlighting some CRIC findings, study updates, and a crossword activity.

We will continue to keep you informed about how we are continuing to respond to the epidemic. If you have any questions or comments about CRIC or about this newsletter, please do let us know. We thank you for all of your dedication to the CRIC Study and hope that you and your families remain safe and healthy in these uncertain times.

Wishing you and your families a safe and enjoyable summer.

Warm regards,

Harold I. Feldman, MD, MSCE

We’d Love to Hear from You!

Do you have a question about the CRIC study or about kidney or heart disease? If so, please contact your local CRIC staff by writing or calling: [type here]
Creative Communication
These last months have provided an opportunity for us to more actively engage with you! Thanks to your enthusiasm and flexibility, we have continued usual study activity through a mix of voice calls, texts, and emails. We are exploring the possibility of video calls, so hope to have an update for you soon!

Your completion of core study visits and home protocols makes possible kidney and cardiovascular disease research, which remains a top priority for our team as we learn and identify ways to improve health outcomes. It is our utmost privilege to be able to connect with you and your loved ones. We thank you for wishing the team to remain well as we always wish you the same!

Home Protocol Updates
We are very excited that our center continues enrollment into Phase 4 home protocols. ## participants wore a Zio patch. For the kidney function protocol, ## participants completed their years’ worth of monthly tests, while ## participants will soon complete the year-long protocol.

We are close to meeting the goal of 1250 participants enrolled across all CRIC research centers for each home protocol! Enrollment is ongoing, so feel free to contact us if you are interested in participating. Thank you for your commitment and support to explore more ways to improve kidney and heart health!

Wellness Activities
You can even write in your own!

Hobbies
(Re-)Exploring Old and New Interests
• Exploring the neighborhood- the houses, trees, and plants around us
• Trying new recipes or bringing back the classics
• Watercolor painting, singing, playing the ukulele, hand lettering, reading books, and more!

Benevolence
Acts of Kindness
• One study team member ordered takeout delivery for her grandmother who lives on the big island of Hawaii. But the third-party delivery service turned out to be unavailable, so the restaurant owner happily delivered the meal herself!

• A flower shop overheard the recipient assuring her daughter over the phone that she had plenty of groceries. The customer not only delivered the flowers but brought bags of groceries too!

• An apartment complex put together a collection of movies and music for fellow neighbors to share Community

Making New and Rekindling Old Friendships
• Dialing up to reconnect with old friends
• Spending more time with those we live with, by having house dinners for instance
• Grocery shopping more regularly and getting to know local grocery store workers

Reflection
What I Enjoyed or Appreciated These Last Months
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Healthy diet is essential in the management of chronic kidney disease (CKD) and preventing related comorbidities. Food outlet access has been studied in the general population; however, the influence of the local food environment on dietary intake among people with CKD has not been evaluated.

This study examined the associations of food outlet density and type of outlets with dietary intake in a multicenter cohort of racially and ethnically diverse patients with CKD.

The Chronic Renal Insufficiency Cohort Study is a multicenter prospective study of patients with CKD that used a validated food frequency questionnaire to capture dietary intake at the baseline visit. This is a cross-sectional analysis of 2,484 participants recruited in 2003-2006 from seven Chronic Renal Insufficiency Cohort Study centers. Food outlet data were used to construct a count of the number of fast-food restaurants, convenience stores, and grocery stores per 10,000 population for each geocoded census block group. Multivariable linear and logistic regression models were used to evaluate the associations between measures of food outlet availability and dietary factors.

The proportion of participants living in zero-, low-, and high-food outlet density areas differed by gender, race or ethnicity, and income level. Among male subjects, living in areas with zero or the highest number of outlets was associated with having the highest caloric intakes in multivariable models. Male subjects living in areas with zero outlets consumed the highest levels of sodium and phosphorous. Female subjects living in areas with zero outlets had the lowest average intake of calories, sodium, and phosphorous. Among low-income female subjects, close proximity to more outlets was associated with higher calorie consumption. Among all participants, access to fast-food restaurants was not associated with an unhealthy diet score, and access to grocery stores was not associated with a healthy diet score.

Average caloric and nutrient intakes differed by outlet availability; however, there were no strong associations with type of food outlet. This should be considered when developing food-focused public health policies.

We’d Love to Hear from You!
If you have any questions about the study, please feel free to call us.
Looking forward to seeing you again soon!