

## Low-salt program for Bangladeshi CKD patients in East London

Months	Duration	Tasks	Components
1 <sup>st</sup>	1 hour	Initial session with researcher and Bengali key worker	24hrs urine bottle given and collecting method explained Ambulatory blood pressure (BP) monitor attached for 24hrs Following day – participant return 24h bottle and BP monitor
1 <sup>st</sup> (2 weeks later)	1 & 1/2h to 2h		Participant and family members Key worker to facilitate session; if non-English speaker Participants shown and given results of 24h urinary sodium and 24h BP measurement Session based on written low-salt tailored advice Salt reducing goals set with participants
2 <sup>nd</sup>	3hrs each session		Participants, or cooking family member to attend Two weekly consecutive sessions
3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	10-15 mins each call	Fortnightly telephone calls to reinforce health message	Same Bengali key worker facilitating CKUK sessions ring patients every two weeks Phone calls to reinforce dietary advice discussed in sessions Phone calls to review and discuss participants' goals
6 <sup>th</sup>	1 & 1/2h to 2h	Final dietetic session with researcher	Participants shown final results of 24h sodium and BP results Goals and achievement reviewed Discuss reinforcement and follow up by renal dietitians in the Trust

## Framework for introductory dietetic session facilitated by Bangladeshi key worker

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<b>Session framework</b>	
Introduction	Session conducted at a hospital meeting room/ All seated around a large oval table Tea / coffee / water / squash and plain biscuits available Bengali key worker introduces herself and researcher Participants and family members are introduced/ Session formatting explained
Measuring salt	A range of regular utensils used by Bangladeshi community to add salt to cooking presented Participant or cooking family member asked to; choose their regular utensil for salt, measure their customary amount salt usually added to cooking & estimate weight of salt weigh this amount of salt that is added to cooking
Salt intake	Salt intake discussed as; amount salt added to cooking/ estimated salt intake from meals/ salt present in foods results of 24hrs urinary sodium test given Ways to reduce dietary salt intake from tailored low-salt information sheet discussed
Blood pressure measures	Results 24hrs ambulatory blood pressure given and explained to participants Benefits of blood pressure decrease, mainly in kidney and heart disease, discussed Effect of salt reduction on blood pressure discussed
<i>Goal setting</i>	Goal setting by participants for gradual reduction of salt added to cooking

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## Framework for community kitchen cooking sessions

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<b>CKUK session framework</b>	
Introduction	Facilitator introduces herself and researcher House safety are explained Session formatting explained
Cooking	Participants are split into groups of 2-3 Participants are given recipes and ingredients Each group to cook 1-2 dishes with ½ recipe salt; added extra coriander and chillies One group to cook same dishes with full amount salt
During cooking	Participants are asked to weigh their usual amount of added salt at home cooking Salt added to cooking & consequences of high salt intake is discussed Target reductions set by participants
End of session	Participants to blind taste dishes with reduced and normal amount salt Taste differences discussed Participants to take portions to family to try
Plan following session	Recipes discussed for following week Participant appointed to buy ingredients Money for ingredients provided by researcher
<i>Last session</i>	At the end of 2 <sup>nd</sup> and last session – evaluation discussion by participants

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