CNSW ABSTRACTS FROM THE NATIONAL KIDNEY FOUNDATION 2007 SPRING CLINICAL MEETINGS

AFRICAN AMERICANS' KNOWLEDGE AND BEHAVIOR REGARDING EARLY DETECTION OF KIDNEY DISEASE

Teri Browne[1], Amy D. Waterman[2], Elisa H. Gladstone[3], & Brian M. Waterman[4] [1]University of Chicago, School of Social Service Administration, Chicago, IL, USA; [2]Washington University, School of Medicine, St. Louis, MO, USA; [3]National Kidney Disease Education Program, National Institutes of Health, Bethesda, MD, USA; [4]Waterman Research Solutions, St. Louis, MO, USA

Kidney disease is an African American public health crisis. The first survey of African Americans about kidney disease was conducted by the National Kidney Disease Education Program (NKDEP), of the National Institutes of Health, to determine this population's knowledge and behaviors related to kidney disease. Using random-digit dialing, 2,039 African Americans were surveyed from seven states (GA, MD, OH, MS, LA, MO, TN). Even though almost half (43.7%) of the African Americans surveyed had a risk factor for kidney disease (including hypertension, diabetes, or a family history of kidney disease), only 2.8% reported that kidney disease was a top health concern for them. Less than half of surveyed respondents knew the correct definition of kidney disease (48.6%), knew a test to diagnose kidney disease (39.5%), and knew that African Americans were at higher risk for kidney disease (18.1%). Few understood the relationship between hypertension, diabetes, and kidney disease; less than 15% mentioned that kidney disease could be a negative consequence of unmanaged diabetes (13.6%), hypertension (12.1%), or a family history of kidney disease (2.4%). African Americans who were objectively at risk for kidney disease did not always perceive themselves to be at higher risk: 75% of African Americans with risk factors for kidney disease did not perceive themselves to be at higher risk. Only 37.4% of African Americans had ever been tested specifically for kidney disease. This study indicates that kidney disease is not currently perceived as an important health problem for African Americans, that they may not understand fundamental information about kidney disease, and that they are not taking action to prevent kidney disease. As the first national study of this topic, the conclusions are important in creating public health interventions to address this urgent problem and can help the nephrology team, including social workers, in targeting programs to most effectively reach this audience.

SOCIAL NETWORKS AND AFRICAN AMERICAN PATHWAYS TO KIDNEY TRANSPLANTATION

Teri Browne, University of Chicago, School of Social Service Administration, Chicago, IL, USA

The purpose of this study is to determine the relationship between African American dialysis patients' social network composition and their knowledge of kidney transplants. The hypothesis is that getting a kidney transplant is influenced by race and socioeconomic status through social network structure, which influences knowledge and attitudes about kidney transplant and leads to the behavior of getting a transplant workup. In preparation for this study, de-identified information about the race and insurance status of patients in each dialysis unit in the country was acquired from the U.S. Renal Data System 2004 Annual Data Report. Using this data, Chicago area hemodialysis units were selected with the highest case mix of race and income and several dialysis units were identified that have a majority of African American patients with income variation for the study. To confirm that there would be adequate variation in income, interest in kidney transplant, and status in the transplant pathway among African American Chicago-area hemodialysis patients, a pilot study with 32 patients was conducted in May 2006. The pilot study indicated that patients had varied incomes, and interest in kidney transplantation. The pilot study also suggested that African American dialysis patients in the Chicago area are still getting "stuck" on the pathway to kidney transplantation, and corroborates previous research. Almost half (48%) of the patients interested in a transplant never have been seen at a transplant center, and little more than half (55%) of the patients who have actually been seen at a transplant are still not on a kidney transplant list. Out all of the patients in the pilot survey who stated that they are interested in getting a kidney transplant, only 19% of them reported to be active on a kidney transplant list. This study will provide the first information available about African American ESRD patient social networks. This knowledge can be used to better understand racial disparity in kidney transplantation and provide insight that could be used for future social work research on this problem that may be able to decrease the rates of such disparity.

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DEPRESSION, SOCIAL SUPPORT AND MEDICATION SELF-EFFICACY IN OLDER RENAL TRANSPLANT RECIPIENTS Karen Hamburger[1], Sarah Ryan[1], Cynthia L. Russell[2], Muammer Cetingok[3], Donna Hathaway[4], Rebecca P. Winsett[5]. Methodist University Hospital Transplant Institute, Memphis, TN, USA[1]; Sinclair School of Nursing, University of Missouri-Columbia, Columbia, MO[2], USA; College of Social Work, University of Tennessee, Knoxville, TN, USA[3]; College of Nursing, University of Tennessee Health Science Center, Memphis, TN, USA[4]; University of Southern Indiana[5].

As chronic renal disease increases in those aged 55 and over, renal transplantation also increases as a life-saving therapy that enhances quality of life, prolongs the lifespan, and reduces care costs. Depression, social support and medication self-efficacy can impact the outcomes of renal transplantation. Older renal transplant recipients are at risk for poor outcomes due to cognitive and physical changes associated with aging. This is the first study to describe the correlation between age and depression, social support and medication self-efficacy in the range of older renal transplant recipients. The study sample consisted of 50 renal transplant recipients aged 55 years or older in a mid-southern transplant center. Depression was measured with the Beck Depression Inventory. Social support was measured with the Social Support Appraisals Inventory. Self-Efficacy was measured with the Long-Term Medication Self-Efficacy Scale. Mean age was 60.5 years, 62% were females, 50% Caucasian, 30% with high school education, 56% disabled, and 83% received deceased donor kidneys. Six percent were prescribed CyA, 12% FK, 62% MMF/FK, 6% MMF, 6% MMF/CyA, 4% FK/AZA, and 4% MMF/sirolimus. Mean depression score was 2.2 (SD =2.3; range 0-9). Mean social support score was 34.49 (SD =11.14; range 23-78). Mean medication self-efficacy score was 103.58 (SD =10.18; range 100-135). Age was not correlated with depression (r =.187, p =.198) or social support (r =-.093, p =.527). Age was correlated with medication self-efficacy (r =-.442, p =.001). These findings indicate that older renal transplant recipients are not more depressed and they do not appear to have changes in social support. However, as renal transplant recipients get older, their self-efficacy in taking long-term medications is decreased.

QUALITY OF LIFE RESPONSES FROM LIVING RELATED, EMOTIONALLY RELATED AND PUBLICLY SOLICITED LIVE KIDNEY DONORS OF DIVERSE ETHNICITIES. Patricia McDonough and Mary McKinney Montefiore Medical Center Bronx, NY

Purpose: Published transplant quality of life literature generally concentrates on white traditional donors. This study evaluated the satisfaction of minority and publicly solicited living kidney donors.

Method: A questionnaire in English and Spanish was sent to 268 traditional live donors (TLD) who donated between January 1, 1999 and December 31, 2003. It was sent separately to 26 live donors who volunteered because of public solicitation (PSD) from 2001 to 2006. Sample questions: “During your evaluation, did you receive adequate information?” “How did your family members react to your donation?”

Results: 75/268 (28%) TLD questionnaires were returned. Responses from Hispanics(H) 39%, African Americans (AA)17%. 23/ 26 (88%) questionnaires sent to PSD were returned. Responders and non-responders had similar demographics. Responders: H: 48% male, age 19-65 years. AA: 50% male, age 18-59 years. PSD: 65% male, age 23-59 years. Education: primary school through college (higher college education in PSD group). Responses were positive; suggestions for improvement included more follow-up after donation, more information on long-term effects of donation and more education in minority communities regarding donation.

Conclusions: Minority and solicited live kidney donors are informed and feel positive about donations.

This process was expected to preserve their access, increase patients' sense of control and decrease rates of hospitalization.

Creating a self-care program utilizing social workers as program developers and change agents proved effective at Greenfield Health Systems-Detroit Northwest Dialysis and Lahser Units. Social work interventions with staff and patients were successful as evidenced by an increased number of patients practicing self-care techniques and a significant number of those self-cannulating. This was achieved through positive rapports, education, peer mentoring, and individual coaching with motivational techniques.

In conclusion, the social worker's formal education and training to assess, counsel, empower, educate and advocate proved foundational to increasing patient satisfaction and participation in their medical regimen while improving quality of life.