Northwestern University, Department of Surgery

# Examining the Patient Experience of a Novel African American Transplant Access Program: A Qualitative Study

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# Background

- Black Americans are ~4X more likely to develop end-stage kidney disease (ESKD) than White Americans<sup>1</sup>.
- However, they **remain underrepresented** on the kidney transplant waiting list due to documented structural and social barriers<sup>2</sup>.
- To address this need, an African American **Transplant Access Program (AATAP)** was created at NM.
- Details about the patient experience of this novel program have yet to be described.

### **Research Objectives**

Thus, we sought to :

 Understand the experiences and perceptions of AATAP from the **patients'** perspective.



# Methods

- Data Collection: One-on-one semi-structured interviews with 45 patients currently and previously enrolled in AATAP
- Time Frame: July 2024 to December 2024
- **Recruitment:** Random purposive sampling was used to recruit patients who were in evaluation (A, n=16), waitlisted (B, n=14), and transplanted (C, n=15).
- Qualitative Design:
  - Theoretic Framework: Phenomenology, Constructivism
- Coding: Inductive coding was performed using two independent coders (JO,AF).
- Analytic Approach: Interpretive description using coding, thematic reports, and iterative discussions of emergent themes and thematic schema.

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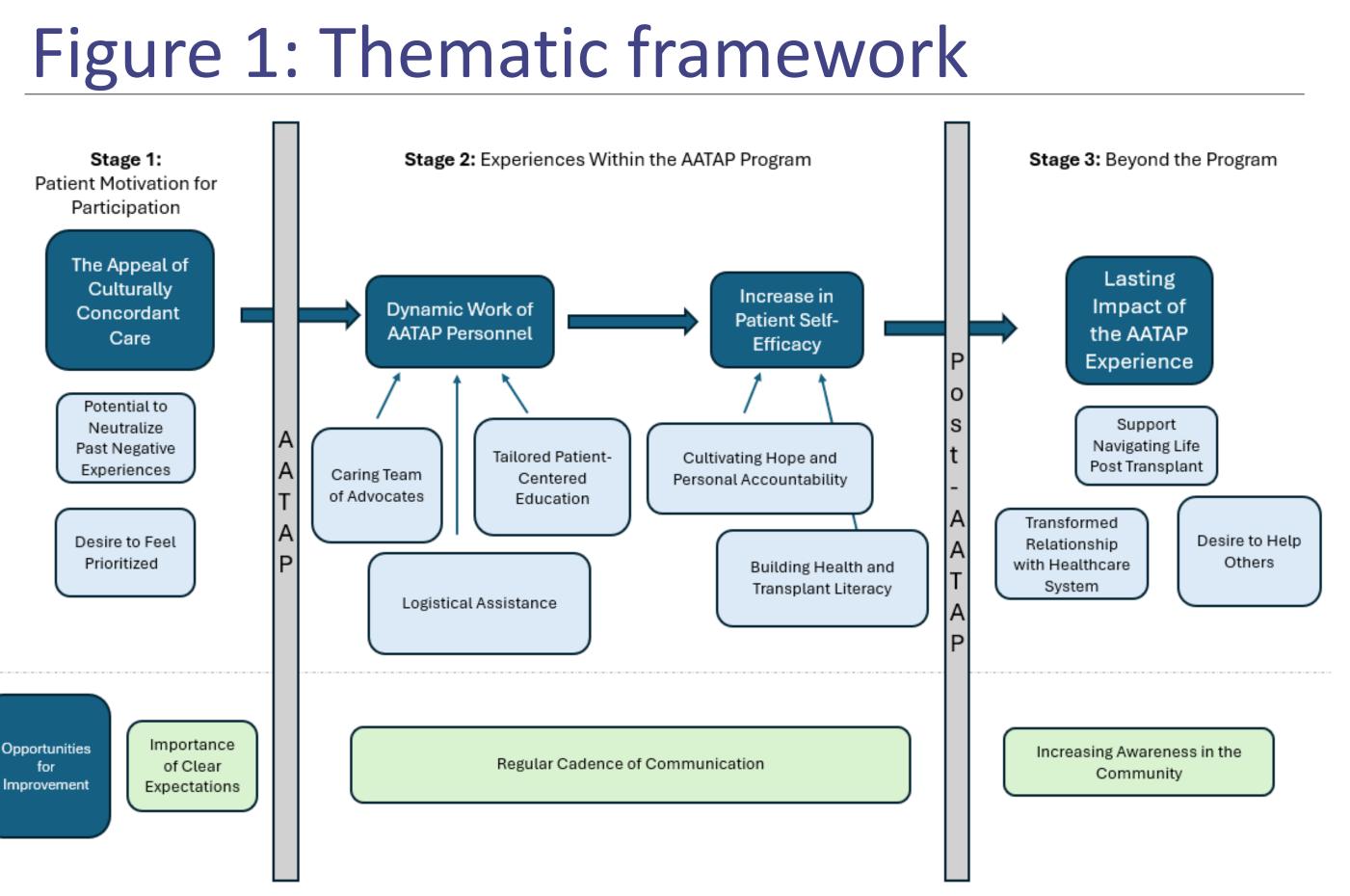


# Table 1. Participant Demographics

| <b>Demographic</b> N (%)          | Demographic                      | N (%)       |
|-----------------------------------|----------------------------------|-------------|
| Sex                               | Employment Status                |             |
| <b>Female</b> 20 (44.4            | 1%) Yes                          | 5 (11.1%)   |
| <b>Male</b> 25 (55.6              | 5%) No                           | 40 (88.9%)  |
| Age, mean years (SD) 54.6y (1     | 12.8) Highest Level of Education |             |
| Organ                             |                                  |             |
| <b>Kidney</b> 41 (91.1            |                                  |             |
| Kidney/pancreas 3 (6.7%           |                                  |             |
| Liver 1 (2.2%                     | Some College, Technical          | 20 (44.4%)  |
| <b>Etiology of Kidney Failure</b> | School, or Associate's Degree    |             |
| <b>Diabetes mellitus</b> 20 (44.4 | 1%)<br>Bachelor's Degree         | 11 (24 4%)  |
| Hypertension 19 (42.2             | 2%) Graduate Degree              |             |
| Lupus 3 (6.7%                     | ) Transplant Phase               | 2 (1.170)   |
| <b>FSGS</b> 3 (6.7%)              | A – In Evaluation                | 16 (35.6%)  |
| <b>Other</b> 10 (22.2             | 2%)<br>B – Waitlisted            | × /         |
| Time on Dialysis, mean 52.2 mo    | (33.9) C- Transplanted           | × ,         |
| months (SD)                       |                                  | 15 (55.570) |
|                                   |                                  |             |

#### Table 2. Illustrative Quotes

| The Appeal of<br>Culturally                  | Potential to<br>Neutralize Past<br>Negative<br>Experiences | "I always think that <b>Black people, they don't get treate</b><br>way with me And if I'm on a transplant list, I'd get known<br>or death. I'm hoping that with AATAP it might be a diffe  |
|--|--|--|
| Concordant<br>Care                           | Desire to Feel<br>Prioritized                              | "[I liked AATAP] because it was for African-Americans<br>Americans do not receive the proper medical care that<br>concerns go unnoticed, ignored. So it just felt like, 'Oka<br>experience within itself has been awesome." (Patient 2           |
|  | Caring Team of<br>Advocates                                | "I feel held, cared about and protected by this program<br>chosen family, and the few friends that I do have" (Pat   |
| Dynamic Work<br>of AATAP<br>Personnel        | Logistical<br>Assistance                                   | "[They helped with] <b>getting all my tests done prompt</b><br>hold me back and they were able to get everything site<br>working with before, but they weren't really on top of<br>should say" (Patient 4C).                                     |
|  | Tailored Patient-<br>Centered<br>Education                 | "Like I said, [AATAP surgeon] <b>spoke to me on my level</b> .<br>my level" (Patient 10A)  |
| Increase in                                  | Cultivating Hope<br>and Personal<br>Accountability         | "Well, they gave me a <b>wake-up call</b> clearly I had had t<br>came to AATAPI wouldn't have known I need to lose   |
| Patient Self-<br>Efficacy                    | Building Health<br>and Transplant<br>Literacy              | "Actually, I learned more about kidney transplant [fro<br>when I was trying to get on the transplant. They were<br>joined that program, I did get the information that I wa  |
|  | Support<br>Navigating Life<br>Post Transplant              | "AATAP has done so much. They have <b>answered so ma</b><br>in time I was having issues paying for parking because<br>worker]So like I say, if anything that you're dealing w<br>financially, <b>AATAP is always there to back you up</b> " (Pat |
| Lasting Impact<br>of the AATAP<br>Experience | Transformed<br>Relationship with<br>Healthcare<br>System   | <b>"I have more of a trust for the doctors through this p</b><br>that much like that. And that's probably what brought<br>that I trusted, I probably wouldn't have ended up with<br>to see them. But <b>now I trust them more and try to go</b>  |
|  | Desire to Help<br>Others                                   | "The ATAAP program is great. I'll always be in it if I can<br>way to give back, because I would feel like they have g<br>able to speak to [others] and let them know, 'Hey, I'm<br>people to give up hope, because I've been thereand            |
|  | Importance of<br>Clear<br>Expectations                     | "Well, the only thing I would suggest is that maybe the<br>you about the things that's going to happen afterwar<br>after effects of having a kidney with all the medication  |
| Opportunities<br>for                         | Regular Cadence<br>of<br>Communication                     | "No, I don't think I've talked to any of them since [the<br>recommend though, that <b>they reach out to keep in to</b>   |
| Improvement                                  | Increasing<br>Awareness in the<br>Community                | "[AATAP needs] maybe a <b>broader way to get it out to</b><br>seen a clip of it on the news, which got me interested i<br>that on the news, I don't know that I would have know<br><b>had never mentioned it</b> " (P13A).                       |



ted as fairly as White people...It's just always been that nocked down two or three, and that could mean my life fference..." (Patient 14B)

.. That was actually great because a lot of times Africant they need. We get brushed off a lot. A lot of our ay, this is for us, made by us.' And again, the whole L1C)

**ram**, in a way that I can't get from my biological family, atient 4B)

ly...Yeah, there was a couple of things that would kind of uated for me. I don't remember the doctor I was the ball. So [AATAP] was just a lot more proactive, I

. She didn't speak down to me, but she spoke to me on

to move fast to lose the weight, and I have. If I never weight" (Patient 1A).

om AATAP], more than the other clinic explained to me en't giving out enough information about it. So when I vas looking for..." (Patient 9C)

any questions even after transplant... I know at one point I'm not working. And I reached out to [AATAP social with or going through mentally, physically, emotionally, tient 11C)

program...as opposed to before, I ain't really trust doctors me to the point that I am now because if I had doctors h the kidney problems and stuff because I would've went • to every appointment" (P6B).

. And even if after I get a kidney, I'll find some kind of given me... another life... even if I don't get it and I'm still waiting too. I'm just like you...' So I don't want d I'm never going to give up hope" (P12B).

ey would sit down and have a couple of sessions with ards...That's the only thing I regret is that I didn't know the ons you have to take..." (P13C).

transplant]. That would be something that I would ouch with their patients after the fact" (P4C)

more patients on the program because... Like I said, I've I in trying to seek out the program, but if I had not seen wn about it because, yeah, the social worker at my clinic improvement.

# Conclusions

# Acknowledgements

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# References

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• Patients described **5 inter-connected themes**: 1) The appeal of culturally concordant care, 2) The dynamic work of AATAP personnel, 3) Increase in patient self-efficacy, 4) Lasting impact of the AATAP experience, and 5) Opportunities for

• A transplant access program that is tailored to the needs of Black patients appears to have been wellreceived by patients, increase their self-efficacy while pursuing transplantation, and result in **lasting positive** change for patients and their communities.

<sup>.</sup> United States Renal Data System. 2024 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and

<sup>2.</sup> Wesselman, H., et al. (2021). "Social Determinants of Health and Race Disparities in Kidney