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## **STUDY ADDRESSES BARRIERS TO KIDNEY DISEASE SCREENING AMONG BLACK AMERICANS**

### **Highlight**

- In a study of Black Americans who participated in focus group sessions, certain participant factors—such as knowledge of kidney disease and spiritual and cultural influences—and logistical factors—such as convenience and awareness of scheduling—were identified as barriers that may prevent Black Americans from being screened for kidney disease.

*Black Americans are at increased risk of developing chronic kidney disease and kidney failure.*

**Washington, DC (March 15, 2018)** — The incidence of kidney failure is 3 times higher in Black Americans than in whites, and the prevalence of chronic kidney disease (CKD) continues to rise among Black Americans while it has stabilized in other racial groups. New research points to potential barriers that may prevent Black Americans from being screened for kidney disease. The findings, which are published in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), may help guide efforts to address important kidney-related disparities in the United States.

A common strategy to promote awareness of a health condition and to identify individuals at risk is community-based health programs. To identify Black Americans' perspectives of barriers and facilitators of community-based screening for CKD, a team led by Kerri Cavanaugh, MD, MHS and Ebele Umeukeje, MD, MPH (Vanderbilt University Medical Center) performed 3 focus groups of adults in Black American churches in Nashville, Tennessee. Questions examined views on CKD information, access to care, and priorities of kidney disease health.

In the study of 32 Black Americans who participated in focus group sessions, 2 major categories of barriers to kidney disease screening were apparent: participant factors including limited kidney disease knowledge, spiritual/religious beliefs, and culture of the individual; and logistical factors including lack of convenience and incentives, and poor advertisement.

“In particular, trust and effective communication appear to be novel influential themes for achieving optimal participation of Black Americans in kidney disease screening events,” said Dr. Umeukeje. “Therefore, culturally sensitive education and stakeholder

engagement are likely effective strategies to improve communication, build trust, minimize fear, maximize participation in kidney disease screening events, and ultimately improve outcomes in Black Americans at risk of kidney disease.”

Dr. Umeukeje noted that the low trust among Black Americans extended beyond the well-known mistrust of research and healthcare practices to include mistrust of certain aspects of community-based screening practices. “For instance, there was mistrust of urine collection because of a concern that it may be used for drug screening instead of detection of protein in urine, which is a marker of kidney disease,” she said. “Additionally, spirituality among Black Americans and the notion that self-care is really God’s responsibility was also found to discourage some people from embracing kidney disease screening practices.”

Stigma associated with a kidney disease diagnosis and the explicit fear of being diagnosed with a condition that could lead to dialysis was a significant concern. Interestingly, there was concern from men about being labeled with a diagnosis that would force them to assume a ‘sick role’, which they felt would challenge their manhood, or the need to take medications that might decrease their libido. Many people admitted that incentives such as gift items, free food, and entertainment would encourage participation in kidney disease screening programs.

In an accompanying editorial, Keith Norris, MD, PhD and Susanne Nicholas, MD, MPH, PhD (David Geffen School of Medicine at UCLA) noted that the study provides a timely and well-balanced set of recommendations capturing key barriers and facilitators to consider in advancing CKD screening. “Ongoing authentic engagement with respect and partnership can help to attenuate the mistrust and activate African American communities to take a more proactive stand on their health,” they wrote.

Study co-authors include Marcus Wild, BA, Saugar Maripuri, MD, MPH, Teresa Davidson BS, Margaret Rutherford, BA, Khaled Abdel-Kader, MD, MS, Julia Lewis MD, and Consuelo Wilkins MD, MSCI.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Black Americans’ Perspectives of Barriers and Facilitators of Community Screening for Kidney Disease,” will appear online at <http://cjasn.asnjournals.org/> on March 15, 2018. doi: 10.2215/CJN.0750717.

The editorial, entitled “Community-Based CKD Screening in African Americans,” will appear online at <http://cjasn.asnjournals.org/> on March 15, 2018.

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