

Chronic Kidney Disease Knowledge Among At-Risk African Americans: A Qualitative Research Study

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BACKGROUND

- African Americans are disproportionately affected by chronic kidney disease secondary to uncontrolled diabetes and or hypertension.
- Faith-based approaches have shown effectiveness in promoting health by using religion to connect to the target audience and incorporating cultural values.
- Regarding context, churches provide trust and can foster and promote health-related behaviors among those who would otherwise resist change.

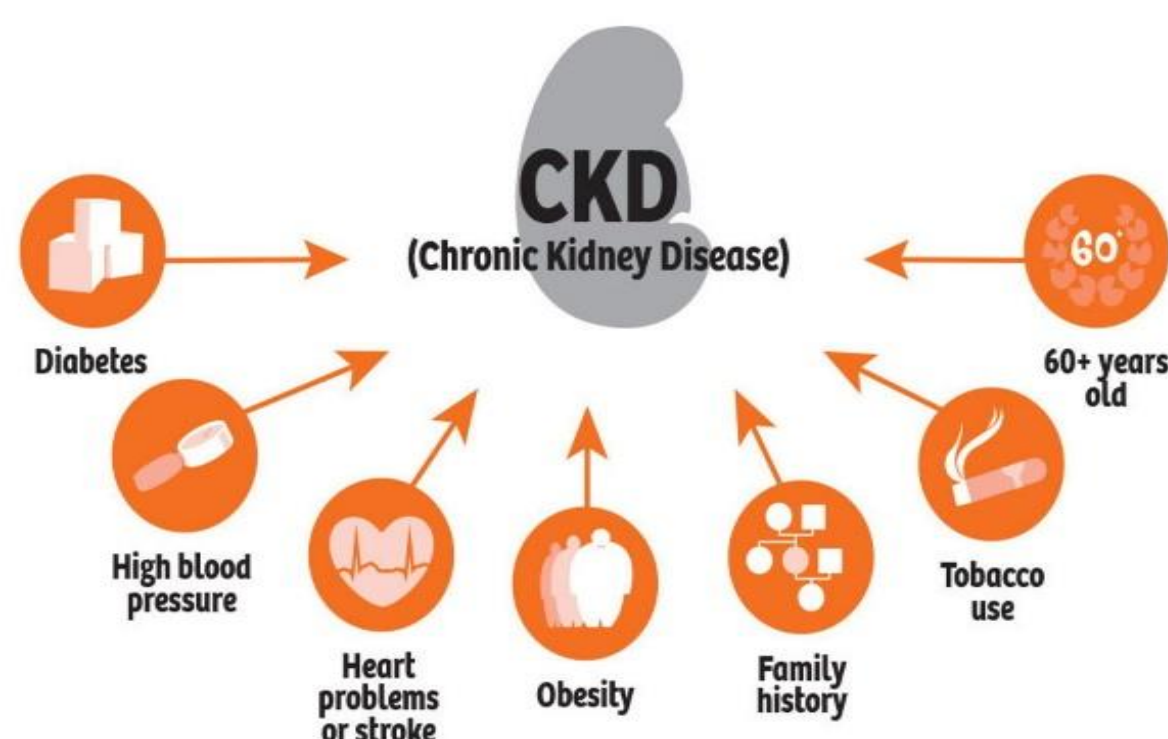
OBJECTIVES

The purpose of the study was to:

Assess chronic kidney disease (CKD) knowledge and awareness as it relates to risk factors hypertension and diabetes and explore the lived experiences of African Americans at risk for CKD or already living with CKD.

Assess the source of information relating to CKD prevention and management.

Solicit feedback from participants on how to develop a faith-based chronic kidney disease awareness/prevention program.



MATERIALS AND METHODS

Design, Setting, and Participants

19 individuals with a diagnosis of diabetes and/or hypertension were purposely selected from 5 churches in Baltimore, Maryland, to comprise focus groups. Individuals were interviewed at their church using a semi-structured script from February to April 2019. Three pastors from the five churches were interviewed individually. Using an inductive approach, audio-recorded interviews were transcribed verbatim and analyzed to identify themes and significant statements.

ANALYSIS

Using the phenomenological research approach researchers analyzed the audio content by listening to the data and by being attentive to verbal statements and inflections.

After listening to the entire recorded interview, researchers read the transcript three times to get a sense of the data. The researcher noted who was talking to whom, the situation taking place, and how the data was collected.

The researchers then highlighted significant statements, sentences, or themes that provided an understanding of what occurred (textual description) and how it occurred (structural description).

Both structural and textural descriptions were used to describe the essence of the experience in the context of living with a risk factor for CKD.

To strengthen the credibility of the findings, researchers included member checking.

RESULTS

Perception of the Cause of CKD

- o What we ingest
- o Lifestyle/culture
- o Socioeconomic factors
- o Not drinking enough water
- o Medication

Perception of Risk for CKD

Lifestyle habits-not exercising, medication, and not drinking enough water.

The risk associated with diabetes or hypertension.

- o Blindness
- o Amputation
- o Stroke
- o Death

Future CKD Prevention Program

- o Accountability Partner
- o Posting information in the church
- o Regular conversation about the disease
- o Testimonials
- o Having a member take leadership of the program.
- o Partnering with community professionals

Quotes

I say, meds because I was on meds for pressure, and I am no longer on it because it was one of the side effects-it cause kidney disease.

I try to drink more water, cuz water is good for the body and the kidneys.

If they put you on too many medications that may be the reason it is affecting your kidneys.

CONCLUSION

The essence of the experiences indicated that participants living with risk factors for CKD made regular visits to their primary care provider, yet never had a conversation about kidney disease. Although health information was delivered regularly at church there was never a presentation on kidney disease. Participants did not make the connection between hypertension and/or diabetes to family members who had kidney disease. Considering the high rate of CKD among African Americans and the low level of knowledge, it appears current methods are ineffective in bringing awareness to this group. This research contributed to the body of literature by providing insight into a possible reason why African Americans show a low-risk perception and priority for CKD. It also gave insight into the need to develop programs that pair CKD information with its major risk factors. The church is an ideal venue for public health professionals to partner given the trust that many people place in the church and given its success in other health education endeavors.

SELECTED REFERENCES

1. Aaron, K. F., Levine, D., & Burstin, H. R. (2003). African American participation and health care practices. *J of General Internal Medicine*, 18(11), 908-913.
3. Goode, P (2017). The effect of a diabetes self-management program for African Americans in a faith-based setting (Pilot Study). *Diabetes Management* 7(2), 223.
4. James, M.T; Hemmelgarn, B.R & Tonelli, M (2010). Early recognition and prevention of chronic kidney disease. *The Lancet* 375 (9722), 1296-1309.

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