

Introduction

- Chronic kidney disease (CKD): decline of kidney function over time.
 - CKD affects ~14% of US adults, with a higher prevalence among individuals aged ≥65 (33.2%).¹
- People living with CKD face important treatment decisions, and they frequently experience uncertainty regarding treatment modalities.³
 - Few are informed about treatment options and prognosis.⁴
 - Many experience poor decisional quality (DQ) and decisional regret.⁴
- Shared decision-making (SDM) is the optimal approach to improve DQ.⁵
 - SDM:** process in which clinicians, patients, and carepartners (CP) make treatment decisions together, promoting patient autonomy.⁴
 - Lack of SDM undermines patient-centered care and is associated with poor treatment outcomes.⁴
- One way to improve DQ and SDM is by using **decision aids**³, such as the **Decision-Aid for Renal Therapy (DART)**.
 - DART: interactive, web-based decision aid for older adults with CKD.
 - Found to be effective at improving knowledge about treatment options and reducing decisional conflict among older adults with CKD.⁸
 - Highlighted disparities in access to CKD care and SDM due to cultural and language barriers.

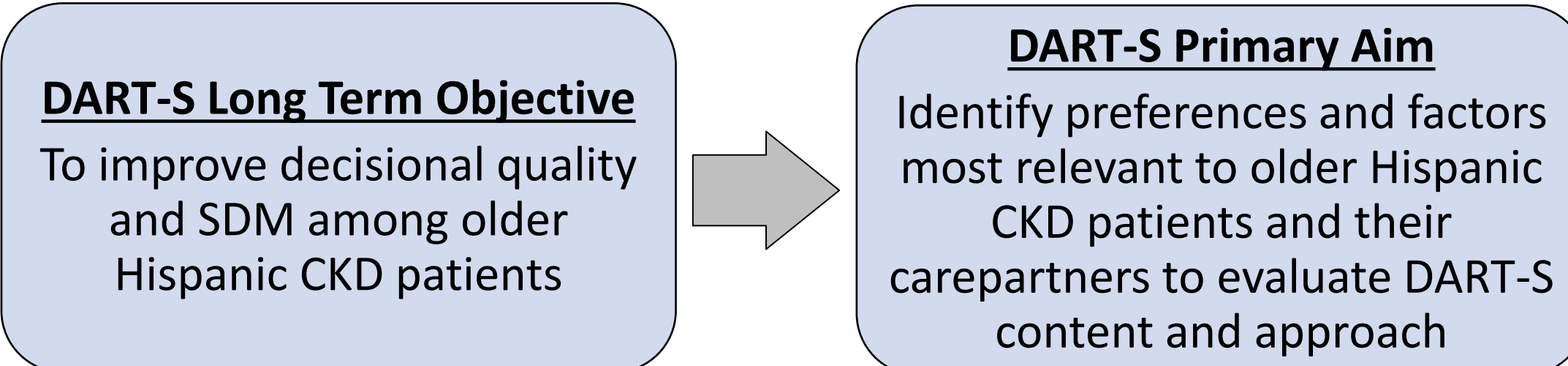
Critical Issue

Hispanic individuals are at **disproportionately high risk for CKD compared to non-Hispanic individuals:**

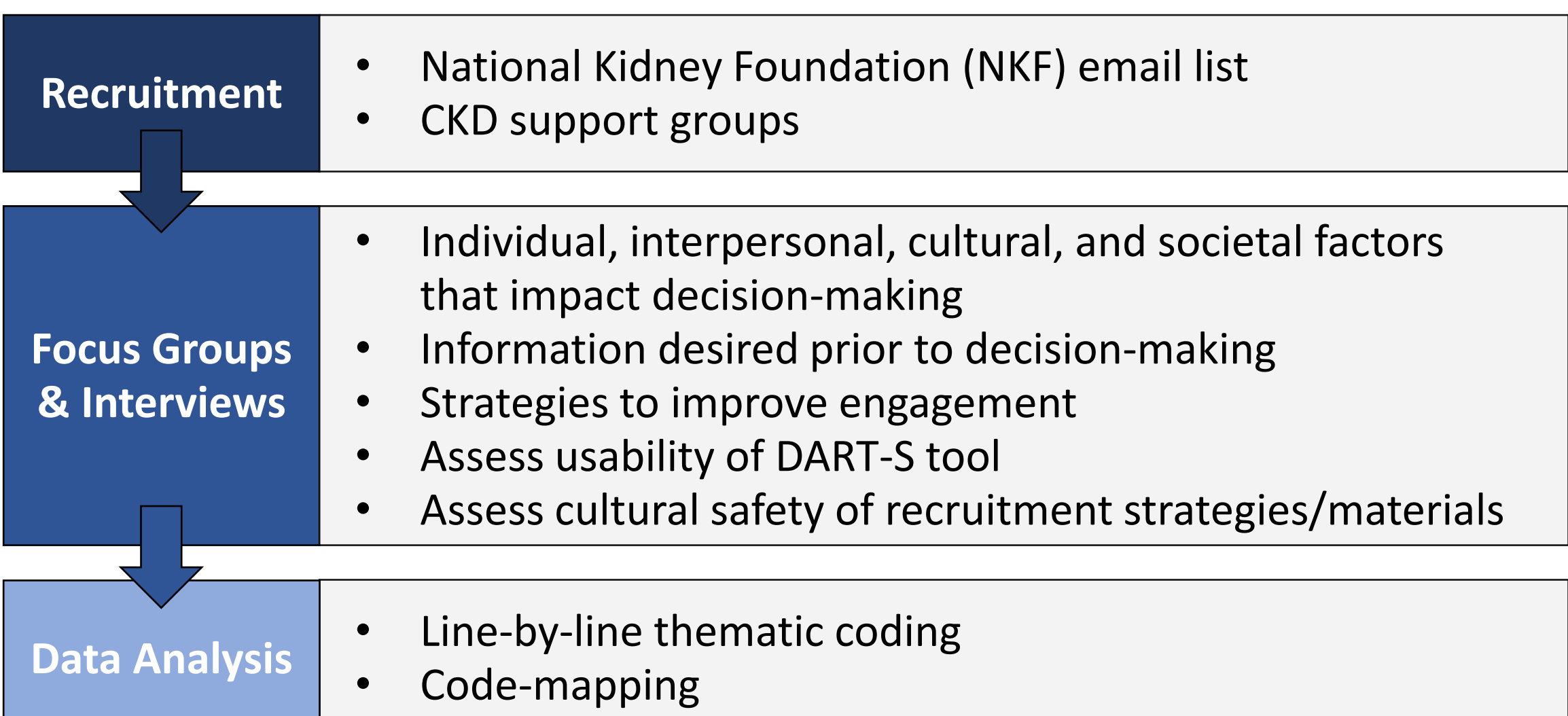
- Twice the incidence of advanced CKD.¹
- Higher rates of hospitalizations.²
- Higher rates of hospitalizations resulting in readmission or death.²

Lack of SDM and poor DQ are especially alarming in Hispanic CKD patients, as they face additional socioeconomic, insurance, and language barriers.^{6,7}

The gap: There are no widely used, evidence-based, CKD decision aids that meet the needs of older Hispanic individuals with advanced CKD

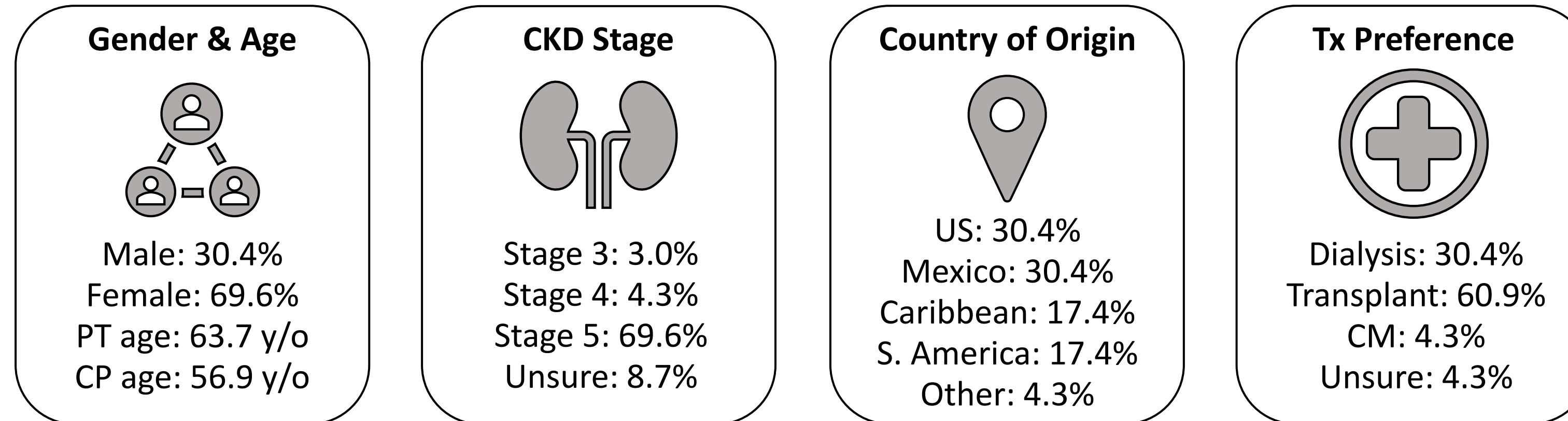


Methods



Participants

Participants (N=23) → PT: 15 (65.2%), CP: 8 (34.8%)



Results

Narrative/Testimony

"[Show] a person that talks as a patient about how they feel, when their process started, the moment of making the decision, and who was there for them. If they received a transplant, or how long they were on dialysis." (CP3)

"[Show] family . . . to tell their stories. Say . . . what they felt, and what they feel today . . . that human part can get a lot of attention." (CP3)

"If you can add videos from people that already did [treatment] and add their story . . . someone [who] decided to give a kidney, accepted a kidney, or is in dialysis. The struggles someone goes through . . . that way people see other people and give more value to what they are watching." (CP1)

"Feeling Like a Burden"

"That's what's happening with my dad, I tell him that I'd like to give him my kidney [and] he says, no, that he's old enough, that I should leave him alone, that I have a long life, that that's not right." (CP3)

"They put me on the waiting list [for a kidney] . . . I didn't ask anybody in my family. I said, 'I didn't want to ask' . . . It was something inside me that told me that if they really wanted to help me, they were going to come to me." (PT6)

Family Involvement

"I think that another video should be produced, if possible, for the family. The family of renal patients. . . It should have the explanation of the condition." (PT1)

"I think so [carepartners should be shown], because it's not just about the kidney patient. It also has to do with the [family's] opinion. Family helps a lot to make that decision." (CP2)

"It's not only the patient but all the family that it's going to be affected. And since the person that has to make a decision and the family are going to be affected . . . that can be incorporated into the video." (PT4)

Early Dissemination

"The first day that I found out that I had [CKD], maybe I would have liked to see it, but if immediately afterward I would have had the doctor there to ask [them] all the questions that I was going to have while seeing so much information." (PT10).

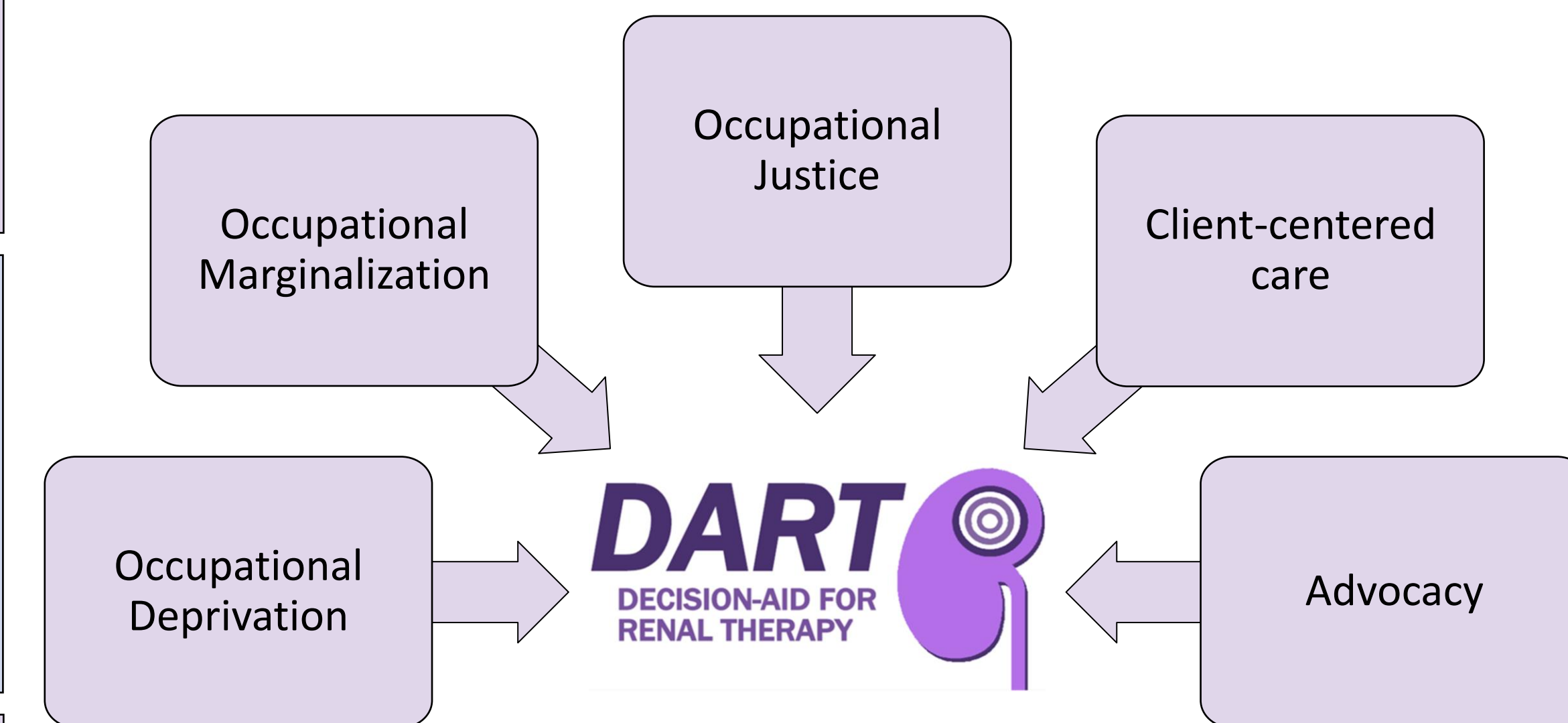
"I could have used this video back when I . . . was first diagnosed, this video would've been great." (PT11)

"The videos . . . should be presented your first day . . . or prior to [first visit]. . . that piece right there would've cleared so many things up." (CP8)

Conclusion

- Participants expressed their preference for hearing "stories" from real people, highlighting the importance of personalism.
 - Personalism:** the tendency to value person-to-person connection.⁹
- Participants suggested the importance of portraying family members in the treatment decision-making process.
 - Familism:** placing a high value on the central position that the family holds in the life of the individual.⁹
- Personalism and familism are cultural concepts that reflect the values of the Hispanic community, and that have been successful in promoting healthy behaviors in this population.⁹
- Findings also highlight the concept of "feeling like a burden" when making treatment decisions, especially when discussing kidney transplant, which may suggest a lack of education around this treatment modality.
- Participants voiced their preference to view the DART "as early as possible", with some mentioning a lack of education regarding their diagnosis and available treatment options.
- Other findings:** emotional impact of treatment decisions, financial and insurance barriers, and fear.

Relevance to OT



Limitations & Next Steps

Limitations

- CKD diagnosis and most other data derived from self-report
- Patients with moderate-high kidney health literacy
- Technology use for older adults

Next steps

- Additional data collection to ensure thematic saturation
- Tailor DART-S to reflect the factors most relevant to the target population
- Pilot DART-S

Contact & References

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References **DART Link**