IMPROVING ORGAN DONATION RATES FROM UNITED STATES (U.S.)

LATINOS:

THE NEED FOR BETTER EDUCATIONAL STRATEGIES AND INTERVENTIONS

by

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A Master's Project Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF SCIENCE IN NURSING

In the Graduate College

THE UNIVERSITY OF ARIZONA

2005
STATEMENT BY AUTHOR

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SIGNED: _________________________________

APPROVAL BY MASTER'S PROJECT DIRECTOR

This project has been approved on the date shown below:

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Date
ACKNOWLEDGEMENTS

I thank my Master’s Project committee members Dr. Carrie Merkle and Robert (Bob) Johnston for their support and encouragement in completing this work. I appreciate the assistance and encouragement from Dr. Joyceen Boyle, Dr. Maria Teresa Velez of the Graduate College, and College of Nursing staff and technical support analysts. In addition, I am grateful for the scholarship support from the College of Nursing, the Southern Arizona Foundation Minority Scholarship, and the Graduate College. I also thank Vicki Stefani and Linda Becerril, for their knowledge and assistance, which helped make this Project possible. Lastly I want to express the greatest gratitude to my parents, who have always taught me to appreciate my Mexican culture, the Spanish language, and the respect and irreplaceable love of family.

NOTE: This work was supported in part by Health Resources and Services Administration contract 231-00-0115. The content is the responsibility of the author alone and does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.
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ABSTRACT

The problem of low organ donation rates by Latinos is explored in this paper. Barriers to donation among Latinos include: 1) lack of education of both Latino English and Spanish speakers, 2) unwillingness of Latinos to discuss organ donation choices with family/next of kin, 3) lack of assistance with organ donor registration, and 4) often confusing organ procurement terminology. Education must be tailored to Latinos’ socioeconomic and education levels, language preference, acculturation into the American lifestyle, and cultural customs to successfully increase organ donation rates among Latinos.

More successful outreach efforts for potential Latino organ donors may be to develop strategies and interventions, such as employing bicultural/bilingual staff and developing programs that bring together potential Latino organ donors with Latinos needing organs in the community. Healthcare professionals and educators, organ procurement organizations, and researchers need to develop more personalized and creative strategies and interventions to promote and clarify the organ donation process and increase the number of Latino organ donors.
INTRODUCTION

A number of health problems can be treated by donor transplant of the following organs: heart (e.g., cardiomyopathy and end stage coronary artery disease), lungs (e.g., restrictive lung disease and chronic obstructive pulmonary disease), kidneys (e.g., end stage renal disease and polycystic kidneys), pancreas (e.g., type I diabetes), liver (e.g., biliary cirrhosis and end-stage chronic hepatitis), and intestine (e.g., toxic enterocolitis and volvulus) (Beers & Berkow, 1999). In some cases, individuals may even require a combined heart/lung, kidney/pancreas, or liver/intestine transplant (Beers & Berkow, 1999; Transplant Living, 2003). Transplantation may also be needed after other medical procedures and treatments (e.g., dialysis) fail. Donation may be the last alternative for an individual to have a longer and healthier life.

As of October 21, 2005, the United States (U.S.) had 96,139 candidates on waiting lists for organ donation; 14,570 of these candidates were Latinos (see Table 1) (OPTN, 2005b). Of concern, as of October 21, 2005, there had been only 585 Latino organ donors, clearly not nearly enough for the candidate demand (see Table 2) (OPTN, 2005a). Notwithstanding, the U.S. Census Bureau (2004d) estimated the Latino population at 39.9 million on July 1, 2003, a 13% increase and 3.3% more than the total U.S. population growth since the Census 2000. In addition, Latinos are the minority population with greatest projected growth, from 12.6% in 2000 to 24.4% by 2050 (U.S. Census Bureau, 2004d).

Statistics on diabetes and end stage renal disease validate the critical need to improve organ donation rates among Latinos. Type II Diabetes is diagnosed 1.5 times
more often among Latinos than Anglos, (8.2% of Latinos 20 years and older are diabetic), and Mexican-Americans with diabetes are 4 to 6 times more likely to suffer from end stage renal disease, often requiring kidney transplantation after dialysis proves insufficient (American Diabetes Association, n.d.). The increasing Latino population should encourage healthcare providers and organ procurement agencies to implement newly-researched and better educational strategies to counteract the reduced organ donation rates.

The purposes of this paper are to discuss the barriers to Latino donations and to propose better and more credible educational strategies and interventions to improve organ donation rates among U.S. Latinos. It is important that Latino organ donation rates increase along with the Latino population growth rate. However, only through enhanced and augmented culturally-sensitive education, via media and more personalized techniques, will this be accomplished.

BARRIERS TO DONATION

There are several barriers to increasing organ donations among Latinos. One of the most prominent is the lack of outreach efforts to the Latino English and Spanish-speaking community in promoting the need for organ donation, encouraging discussion of organ donation decisions among family members, and assisting with the donor registration process (Alvaro, Jones, Robles, & Siegel, 2005; Ciancio et al., 1997; First, 1997; Siegel, Alvaro, Jones, 2005). In general, these efforts are needed to educate prospective donors and overcome misconceptions about organ donation.
Some Latinos, even those who have been in the U.S. for many years, are not fluent in or have difficulty understanding English. The 2000 Census found 10.7% of the U.S. population speaks Spanish, rather than English at home and 5.2% do not speak English well (U.S. Census Bureau, 2005b). Moreover, even with no language barrier, the concept of brain death and organ procurement procedures are difficult to clarify (Frates & Bohrer, 2002; Holtkamp, 2002; Pietz, Mayes, Naclerio, & Taylor, 2004; Siminoff, Burant, & Youngner, 2004). The terms brain death, coma, and persistent vegetative state are terms that many Latinos, as well as the general population and even some healthcare experts, often misunderstand and are ambivalent about (Frates & Bohrer, 2002; Holtkamp, 2002; Pietz et al., 2004; Siminoff et al., 2004).

The median Latino household income, according to the U.S. Census Bureau in 2000 was $33,676, and on average at that time, Latinos had less than a 9th grade education (2005a,c). The average Latino lacks health insurance and is among the low to middle income working class who “fall through the cracks.” Many Latinos cannot afford private insurance, even if they earn more than the median income, and they do not qualify for Medicaid, so they often use hospital emergency departments for healthcare. This makes it difficult to build the needed relationship with healthcare staff because such patients are not regularly seen in private or community clinics. The lack of bonding with providers and auxiliary clinic staff results in decreased health education, including the possibility of organ donation education (Roark, 1999). Additionally, organ donation decisions may be of no great concern to Latinos who may believe death is remote, or who have other, more immediate health, social, or economic concerns.
Another mistaken belief is that Catholicism and evangelical Christianity, the most prominent religions among Latinos, oppose organ donation, when in fact all major religions view it as a charitable act for those in need (Frates & Bohrer, 2002; Pietz, Mayes, Naclerio, & Taylor, 2004; UNOS, 2005a; Verble & Worth, 2003). Additionally, Latinos may have the misconception that an open-casket funeral is not possible because the body will have been disfigured during organ procurement (Frates & Bohrer, 2002; Pietz et al., 2004; UNOS, 2005a; Verble & Worth, 2003). Organ procurement organization staff may also feel hindered by Latinos’ reluctance to talk about impending death or the possibility of death, as some Latinos may believe that mentioning this will cause death to occur sooner, in addition to having firm beliefs that a body should be buried “whole” (Alvaro, Jones, Robles, & Siegel, 2005; Frates & Bohrer; Pietz et al.; Verble & Worth).

In summary, barriers to organ donation among Latinos can be overcome with enhanced outreach efforts that are tailored to Latinos’ socioeconomic and education levels, language preference, and cultural and religious beliefs that often include myths and misconceptions about organ donation. Modifying organ donation education to Latino’s characteristics, which vary from the underprivileged to the wealthy and elementary to university education levels, are important to consider to provide more suitable strategies leading to increased Latino organ donation.

PROGRAMS AND INTERVENTIONS TO IMPROVE DONATION

A primary approach to overcome barriers to donation is for organ procurement organizations (non-profit agencies who have the responsibility of evaluating,
coordinating, and educating the public about donation and transplantation) to regularly employ bicultural and preferably bilingual Latino staff who can more credibly inform their counterparts through early education efforts conducted via community events and the media. The goal would be to provide facts, such as the increase in Latino population that is not matched by increased numbers of Latinos willing to become organ donors (OPTN, 2005a). In addition, the use of Latino staff could create a familial feeling as those staff members convey a better understanding of terms used with respect to organ donation procedures (Pietz, Mayes, Naclerio, & Taylor, 2004). If Latinos become aware of potential organ donors and donor families within their communities, this more personalized awareness may also add to the credibility of the U.S. organ donation process and lead to more people being willing to become organ donors (Alvaro, Jones, Robles, Siegel, 2005; First, 1997; Institute of Medicine, 1999; Roark, 1999).

Furthermore, it is very important that when Latinos are educated regarding becoming organ donors, they are informed that they may be asked about their ethnicity, but not be asked about their legal status in the U.S. Another important fact is that Policy 6.0 “Transplantation of Non-Resident Aliens” of the United Network for Organ Sharing (UNOS) states that non-resident aliens and any “individual, regardless of immigrant status, qualified for health care entitlement funds from state or federal government sources” (p. 6-1, 2005b) can be on organ waitlists. UNOS states, “non-resident alien patients for transplantation shall be based on the same allocation policies…mandated by the Board of Directors for selection of domestic patients” (p. 6-1) and will encounter the same financial fees as domestic patients (2005b). These facts may be important issues to clarify to not add
to misconceptions about the organ donation system in the U.S. and promote the growth of Latino organ donors. In addition, decreased organ donation rates from Latinos and their extended families throughout the U.S. (who may be temporary, legal, or illegal residents in the U.S.) may result due to some Latinos’ fear of individual or family investigation of their legal status and being returned to their native country (UNOS).

Latinos need clear definitions and examples of *brain death*, *persistent vegetative state*, and *coma*; such information can be disseminated through public service announcements in the media, via both English and Spanish television and newspapers, for example. Knowing the meanings of and the differences between these terms may promote a greater trust in the people involved in and process of organ donation. *Brain death* is the “irreversible loss of all brain functions, including the brainstem, in patients whose hearts continue to beat and who are maintained on mechanical ventilators in the intensive care unit” (Siminoff, Burant, & Youngner, 2004, p. 2325). Patients with *persistent vegetative state* have an injury to cerebral hemispheres affecting normal consciousness and cognition. They often need a feeding tube and nursing care, but the brain stem remains active to allow the patient to breath without mechanical ventilation, and they may have their eyes open intermittently, in contrast to *brain death*, in which the patient needs ventilation to keep body perfusion active via artificial means (Siminoff et al., 2004). A patient in a *coma* is in a transient state where “brain function is grossly impaired by trauma, anoxia, or toxins [such as a diabetic or hepatic coma],” is unresponsive and has closed eyes, but can either recover or go into a *persistent vegetative state* or *brain death* (Siminoff, et al., p. 2326).
Moreover, other language such as the term “life support,” gives the public a confusing perception that if someone is taken off of “life support,” their “life” is not “supported” any more and death occurs because of that withdrawal of “support” (Holtkamp, 2002). More appropriate terms are “mechanical ventilation” or “artificial ventilation,” which may help people realize that a patient is getting ventilation by non-natural measures, and that without those measures cardiopulmonary failure and cessation of bodily function would result, since the brain and brainstem are not functioning (Holtkamp, 2002; Siminoff, Burant, & Youngner, 2004). When there is confusion over these and many other terms involved with organ donation, there is the added effect of an existing mistrust of the healthcare system; the thought of having loved ones diagnosed as dead when they are not may also be prominent, leading to opposition to organ donation (First, 1997; Holtkamp; Institute of Medicine, 1999; Siminoff et al., 2004).

The use of Latino organ procurement organization staff will hopefully change Latinos’ perceptions of organ donation by clarifying terminology and processes and thereby increasing the number of organ donors who eventually register with state organ donor registries. For example, the Arizona Donor Registry allows a person to register and give informed consent to be an organ donor in the State of Arizona. Since this is a legal document and can only be changed or cancelled by the registered donor before death, it is imperative that potential donors thoroughly discuss their choice with their families and/or next of kin to prevent family/next of kin, organ procurement organization, and healthcare personnel conflicts (Alvaro, Jones, Robles, & Siegel, 2005; AZ Donor Registry.Org, 2005; Ciancio, et al., 1997; First, 1997; Siegel, Alvaro, Jones, 2005).
The current mistrust of the U.S. healthcare system requires organ procurement organizations, healthcare providers and educators, and researchers to provide more personalized and credible organ donation programs and interventions. The need for bilingual and bicultural staff as educators to Latinos is a key strategy to more successfully promote organ donation. In addition, it is important to clarify that legal status in the U.S. is not solicited when registering to be an organ donor and that an individual can be on an organ waitlist regardless of their immigrant status. Furthermore, detailed explanations and clarifications of ambiguous organ donation terminology is necessary to include in the organ donation education provided to Latinos. Moreover, Latino families need to be encouraged to discuss organ donation choices among family and friends to have their wishes be known. Lastly, educators need to provide assistance with the donor registration process, which include organ donor registries if available in that state.

NEW STRATEGIES AND INTERVENTIONS

Alvaro, Jones, Robles, & Siegel (2005) performed a computer-assisted telephone interview survey, using random-digit-dial, in 2000 and 2001 in Arizona’s Maricopa and Pima Counties, respectively, and found significant predictors of U.S. Latinos’ predisposition to be organ donors. This recent research specifically on Latinos will hopefully encourage further investigation on this topic and validate the idea that Latinos are more willing to donate if: 1) they know someone who is a donor or know a donor family, 2) do not believe that having a donor card causes one to receive poor healthcare, and 3) have had family discussions about organ donation and are receptive to talking about death and dying (Alvaro et al., 2005). This study lists several reasons to increase
the number of Latino organ donors, the most pressing being that from 1993-2000 the Latino waitlist for organs increased by 260%, compared to an increase of 146% for non-Latinos. In addition, a 1993 Gallup Poll revealed that Latinos are less likely to be offered organ donation facts than other populations in the U.S. (Alvaro et al.).

In 2005, also in Arizona’s Maricopa County, Siegel, Alvaro, and Jones evaluated Latinos’ preferences for organ donation registration using the same telephone interview technique. Past research on Latinos has revealed that this population tends to refuse organ donation more frequently than non-Latinos. For example, Verble et al. (2002) found that non-Latinos have an average refusal rate of 22.7%, compared to Latinos’ refusal rate of 48.6%. The known tendency of Latinos to refuse organ donation, and the facts that between 1993-2002 the number of Latinos on the kidney waitlist increased by 197%, compared to 116% for the total kidney waitlist, and the Latino kidney-pancreas waitlist increased by 791% compared to 184% for the total kidney-pancreas waitlist, has led to despair over the chances of promoting organ donation among Latinos (Siegel et al., 2005).

Siegel, Alvaro, and Jones (2005) focused on both those Latinos who prefer using Spanish and those who prefer not to use Spanish to find out how they would prefer to register for organ donation. One of the methods used to evaluate organ donation registration preference among Latinos in this study was the Department of Health and Human Services’ idea of organ donor kiosks, computers on display to educate about organ donation and allow individuals to register organ donors (these were actually put to
use after this study at various sites in Arizona, such as in Department of Motor Vehicle Divisions and hospitals) (Siegel et al., 2005).

Results of this study disclosed that the problem is not that Latinos refuse to be organ donors and register as organ donors, but that Latinos do not inform their family of their organ donation wishes. This is a major barrier to increasing organ donation among Latinos, especially because it is expected that one’s family will make the final decision regarding organ donation in the event of death (Siegel et al., 2005). Moreover, this study discovered that over 50% of Latinos, both those who prefer using Spanish and those who prefer not to use Spanish, are unaware of how to register as an organ donor, although 38.3% stated they would obtain and sign an organ donation card if solicited, and 45.9% would like to be organ donors (Siegel et al.). Responses to the preferred sites to register as an organ donor were at a healthcare provider’s (e.g., doctor’s) office, the Department of Motor Vehicle Division, places of worship/church, community events, and through the organ donor kiosks (Siegel et al.). As with past studies, this research by Siegel et al. underscores the imperative need to persuade Latinos to formally notify their families of their organ donation wishes. Healthcare providers, health educators, and researchers need to be aware of Latinos’ differences, depending on their socioeconomic levels, education levels, social and cultural customs, immigration status, and acculturation into the American lifestyle. Awareness of these differences can help achieve the goal of improved organ donation promotion and a gradual shift of more positive organ donation rates and waitlists among Latinos (Siegel et al.).
Although research on the topic of Latinos and organ donation is limited, past research has repeatedly identified the need for enhanced culturally-sensitive education via media and more personalized techniques, the need for better selection of organ procurement terminology along with clarification of those terms, and more innovative research to further explore how to better promote the need for organ donation among the increasing U.S. Latino population (Alvaro, Jones, Robles, & Siegel, 2005; Frates & Bohrer, 2002; Institute of Medicine, 1999; OPTN, 2005a; Siegel, Alvaro, and Jones, 2005; Siminoff, Gordon, Hewlett, & Arnold, 2001; U.S. Census Bureau, 2004d; Verble, Bowen, Kay, Mitoff, Shafer, & Worth, 2002; Verble & Worth, 2003).

Additional strategies that can be applied, with the support of past studies’ findings, include the use of public service announcements in English and Spanish-languages via radio and television to educate Latinos about organ donation. These announcements could consist of simple excerpts of conversations, with each commercial explaining a particular topic or term associated with organ donation, such as brain death, or a statement of the Latino organ waitlist statistics. For better awareness about organ donation, these commercials could change monthly to provide the public with recurring messages that will gradually build toward more thorough understanding of topics from previous commercials. Overall, these educational segments through public service announcements will discuss the need for more Latino organ donors for the unmatched Latino organ waitlist, the increasing U.S. Latino population that demands more organ donors, and the importance of informing families of organ donation choices.
Sponsors of public service announcements would have to be committed and should first be educated (as the general public would be educated) regarding the significant need for promotion of organ donation in the Latino community. Organ donation could also be promoted through public service announcements in print media, such as newspapers, free community newspapers/newsletters, on newspaper stands, street billboards, imprinted outside public and school buses, and on bus stop billboards. In addition, advertisement with posters and banners could optimally be used in locations such as: 1) community events, 2) community centers and clinics, 3) private provider offices, 4) county departments, 5) hospitals, 6) emergency departments and urgent care settings, 7) places of worship/church, 8) schools, 9) grocery stores, and 10) other public, state, and federal offices where people are prone to wait for services.

The use of advanced directives in healthcare settings is becoming more prevalent, and if there were a federal mandate that all people be educated and asked about their organ donation choices during the arrangement of advanced directives by social workers or trained employees, it would only serve to promote this need and recruit more potential organ donors. Furthermore, if organ procurement organizations or other federal agencies would supply healthcare settings (e.g. provider’s offices, emergency departments) and governmental offices (e.g., Social Security Administration, Department of Economic Security) with free videos available in English and Spanish to educate about organ donation via television in waiting rooms, it would serve this need very well, since clients often wait to be seen from minutes to hours. Likewise, print media should also be given
free of charge to all public service and private healthcare settings to further enhance organ donation among Latinos.

Organ procurement organization educators, public health educators, and *promotoras* (community health workers who advocate for Latinos on health care and social service needs) should target areas where Latinos tend to gather, such as certain: 1) health care centers, 2) recreation/neighborhood centers, 3) places of worship/churches, and 4) shopping malls to promote organ donation via verbal and print media usage. If organ donation educators are Latino, bilingual, bicultural, and have been properly instructed on the best approach to informing Latinos, there may be a gradual but steady increase in Latino organ donors in the targeted areas. The response to organ donation education in the targeted areas may require high educator visibility and recurring education sessions, since organ donation terms and processes are difficult to understand; this is especially true if the prospective donor is of a lower education or socioeconomic level. In addition, certain Latinos’ firm beliefs and misconceptions about organ donation may not change until after several education sessions, or they may not be changed at all, a decision the educator has to respect.

For example, two weekends before Thanksgiving, National Donor Sabbath (a three-day event to promote organ donation in faith communities during services/mass) may serve to reach more Latinos at their places of worship/churches (U.S. Department of Health and Human Services, 2005). Faith communities have become interested in this event due to the organ donation endorsement given by their faith leaders and education provided by donor families and potential organ donors from their community. This event
could be emphasized even more during the three days and followed by a celebration event on the last day (Sunday) with a Latino food festival after the service. The festival would offer healthy Latino food choices with at least one educator, donor family, or potential organ donor sitting at each table to answer individual questions during mealtime.

In addition, schools often have assemblies that include speakers on health education who may include people affected by diseases such as HIV and cancer. Organ donation educators could actively inform high schools and possibly middle schools with a high Latino student population. It would be optimal if potential organ donors and donor families (preferably Latino and from the surrounding community) would appear with the organ donation educators to provide more credible education that could more positively impact students’ views. Without adequate information, students in middle and high school are at an age when the topic of organ donation can be misunderstood because of myths and misconceptions passed on by friends, family, and by popular media such as television and movies.

In summary, a more pronounced effort to devise strategies and interventions to increase Latino organ donation is needed. Facts such as the drastic increase of 791% in the kidney-pancreas waitlist from 1993-2002 should be alarming and distressing enough to begin a national promotion of organ donation among Latinos (Siegel, Alvaro, and Jones, 2005). Knowing that most Latinos are willing to be organ donors, but do not know how to register to be donors and do not make their wishes formally known to their families/next of kin, is cause for optimism (Siegel et al., 2005). Latinos need more
personalized organ donation education, preferably in both English and Spanish languages, through bicultural educators who can add to the credibility of the education by having potential organ donors and donor families participate in their efforts. Public service announcements through audio/visual media, also in Spanish and English (depending on the linguistic focus of the station), and print media targeting Latino communities with straightforward education messages are also important to implement. The expectation is that with these newly researched and proposed educational strategies and interventions, more Latinos will inform their families of their organ donation wishes and become registered organ donors.

CONCLUSION

The review of literature indicates that better educational strategies and interventions are needed to improve organ donation rates among U.S. Latinos. The latest research has suggested specific strategies to educate Latinos about organ donation by the use of culturally-competent bicultural and bilingual staff that will have credibility with this population. In addition, the use of more suitable organ procurement terminology, such as “mechanical ventilation” instead of “life support” and clarification of the terms brain death, persistent vegetative state, and coma is also highly recommended. Latinos should be encouraged to discuss organ donation decisions with family and friends after they have been educated on this process. Moreover, researchers have found that knowing a potential donor or donor family in the community positively impacts Latinos, encouraging them to become organ donors themselves.
The latest studies by Alvaro, Jones, Robles, & Siegel (2005) and Siegel, Alvaro, and Jones (2005) should encourage more research and assist healthcare and organ procurement organization educators in developing better educational strategies and interventions, preferably in both English and Spanish. Latinos need to be aware of their significant ability to benefit not only other Latinos but also any individual on the waitlist. The optimal goal would be acceptance and comprehension of the organ donation process by Latino individuals, who would then become registered donors via a state donor registry list after their families and/or next of kin have been notified. The priceless gift of organ donation is an altruistic act, which gives someone in need a second chance for a better life. This is a gift that 14,570 U.S. Latinos, as well as 96,139 other Americans, are currently waiting for and will gratefully accept.
APPENDIX

FIGURE 1: United Network for Organ Sharing (UNOS) Permission for Data Chart Use
November 16, 2005

To whom it may concern:

Arlette A. Stevens has our permission to use data on the www.unos.org web page for recreating existing charts containing “recovered organs by deceased donor’s ethnicity” as well as “waiting list by ethnicity and organ type”.

Sincerely,

Denise Mancini Tripp
UNOS/Research Department
(804) 782-4821
TABLE 1: Waitlist by Ethnicity and Organ Type

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>All Organs #</th>
<th>Kidney</th>
<th>Liver</th>
<th>Pancreas</th>
<th>Kidney / Pancreas</th>
<th>Heart</th>
<th>Lung</th>
<th>Heart / Lung</th>
<th>Intestine</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ethnicities</td>
<td>96,139</td>
<td>67,159</td>
<td>17,963</td>
<td>1,721</td>
<td>2,554</td>
<td>3,058</td>
<td>3,343</td>
<td>154</td>
<td>187</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Anglo</td>
<td>48,210</td>
<td>26,817</td>
<td>12,994</td>
<td>1,432</td>
<td>1,776</td>
<td>2,203</td>
<td>2,764</td>
<td>111</td>
<td>113</td>
</tr>
<tr>
<td>%</td>
<td>50.1%</td>
<td>39.9%</td>
<td>72.3%</td>
<td>83.2%</td>
<td>69.5%</td>
<td>72.0%</td>
<td>82.7%</td>
<td>72.1%</td>
<td>60.4%</td>
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<tr>
<td>Black</td>
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<td>23,322</td>
<td>1,247</td>
<td>154</td>
<td>444</td>
<td>495</td>
<td>329</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>%</td>
<td>27.1%</td>
<td>34.7%</td>
<td>6.9%</td>
<td>8.9%</td>
<td>17.4%</td>
<td>16.2%</td>
<td>9.8%</td>
<td>12.3%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Latino</td>
<td>14,570</td>
<td>11,010</td>
<td>2,719</td>
<td>98</td>
<td>266</td>
<td>261</td>
<td>174</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>%</td>
<td>15.2%</td>
<td>16.4%</td>
<td>15.1%</td>
<td>5.7%</td>
<td>10.4%</td>
<td>8.5%</td>
<td>5.2%</td>
<td>10.4%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Based on OPTN data as of October 21, 2005 (OPTN, 2005b)
TABLE 2: Recovered Organs by Deceased Donor’s Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>To Date</th>
<th>2005 (as of 10/21/05)</th>
<th>2004</th>
<th>2003</th>
<th>2002</th>
<th>2001</th>
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<tbody>
<tr>
<td></td>
<td>All Ethnicities</td>
<td>#</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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Based on OPTN data as of October 21, 2005 (OPTN, 2005a)
TABLE 3: Strategies and Interventions to Overcome the Barriers to Latino Organ Donation

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<tr>
<th>Barriers</th>
<th>Strategy/Intervention (In English and Spanish)</th>
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<tr>
<td>1. Confusing organ donation-related terms</td>
<td>• Provide clear definitions and examples of <em>brain death</em> and “life support”</td>
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<td>2. Language barrier, lower education level, and lower socioeconomic level</td>
<td>• Bilingual and bicultural educators to clarify organ donation terms, procedures, and assist with donor registration</td>
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<td>3. Myths and misconceptions</td>
<td>• Recurring education sessions in community, governmental, and private settings</td>
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<tr>
<td>4. Lack of awareness about organ donation and how to register to be a donor</td>
<td>• Media (print, audio, visual) advertising and public service announcements about organ donation</td>
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<tr>
<td>5. Lack of discussion about organ donation choices among families, reluctance to talk about death/dying</td>
<td>• Introduction of potential organ donors and donor families from the community</td>
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</tbody>
</table>
REFERENCES


