

Health Understanding Education



October—December 2014

John Kasich, Governor
Gregory L. Hall, MD, Chairman
Angela C. Dawson, Executive Director

Transplanting Our Misunderstanding of Organ Donation

In this issue of the HUE, in addition to Commission news and events, we will feature the life saving gesture of organ and tissue donation, and the means by which Ohio can overcome disparities within organ and tissue donation. Commission Executive Director, Angela C. Dawson, would like to thank contributing authors, Dr. Charles S. Modlin, Jr., M.D., MBA, Cleveland Clinic Glickman Urological & Kidney Institute and OCMH Commissioner, and Lauren Fitting, Community Outreach/Partnership Coordinator, Lifeline of Ohio, for their articles detailing this very important minority health issue.



Dr. Charles S. Modlin, Jr., M.D.,
MBA, OCMH Commissioner.

"Racial Disparities in Renal Transplantation: A Review" By, Dr. Charles S. Modlin, Jr., M.D., MBA and Dr. Carlumandarlo E.B. Zaramo, Ph.D., M.Sc.

INTRODUCTION TO RACIAL HEALTH DISPARITIES

Racial health care disparities are represented by measurable and significant differences in the race-specific incidence of certain diseases as well as their associated morbidity and mortality rates¹. In the United States, African-Americans suffer from a significantly greater disproportionate burden of disease and morbidity when compared to their Caucasian-American counterparts, contributing to the fact that African-Americans have documented life expectancies shorter than Non-Hispanic whites.

KIDNEY FAILURE AND TRANSPLANTATION

African-Americans and other racial/ethnic minority populations are disproportionately affected by End-Stage Renal Disease (ESRD). African-Americans comprised over 30% of all patients treated for ESRD in the U.S.² Other racial minorities, including Hispanics/Latino, Pacific Islanders, and Native Americans also appear to be at higher risk for development of renal failure.²⁻³



Diabetes and hypertension are the leading cause of ESRD.²⁻⁴ Hypertension is more prevalent among black adults (33%) compared to whites (20%), and there is evidence that supports a genetic predisposition towards hypertension among African Americans.⁵ Environmental factors, such as high-salt intake, urban living, poverty, and stress, may also play a role. Untreated or poorly controlled hypertension in racial/ethnic minorities contributes to the six times greater incidence of kidney failure from hypertension in minorities compared to Caucasians.⁵⁻⁶

RACIAL DISPARITIES IN ACCESS TO KIDNEY TRANSPLANTATION

Despite higher rates of Chronic Kidney Disease (CKD) and ESRD, research has demonstrated that African Americans do not enjoy equivalent access to renal allograft transplantation when compared to Caucasians. Blacks are less likely to be referred for evaluation, be placed on a waiting list, or actually receive a donor kidney. Even after securing placement on a transplant waiting list, African-Americans will wait two to four times longer on those lists than Caucasians⁹.

The current organ allocation system which is weighted on the degree of genetic matching The Human Leukocyte Antigen Matching System (HLA) between the deceased donor and the prospective recipient, has placed African Americans at a distinct disadvantage with respect to access to kidneys from deceased donors because Caucasian-Americans awaiting for a kidney are more likely to share common genetic traits with the donor kidneys available for transplantation, 88-90% of which are from Caucasian-American donors^{2, 9}. However, the current allocation system is being replaced by a system by which the allocation of kidneys for transplantation is more heavily weighted upon the time duration that a particular patient has been placed on dialysis.^{7, 9}

RACIAL DISPARITIES IN RENAL TRANSPLANTATION OUTCOMES

Multiple studies have confirmed that African-Americans are at high risk for early graft rejection following renal allograft transplantation and have confirmed that African-American race is a significant independent predictor of early renal graft loss even when other potential negative factors are statistically controlled.⁴ Factors that may contribute to the lower long-term renal allograft survival observed among black patients also include delayed graft function, co-morbid diseases (such as chronic hypertension), noncompliance (with medications or follow-up) and ineffective immunosuppressive therapy.⁸⁻⁹

CONCLUSIONS

African-Americans and other racial/ethnic minority populations are disproportionately affected by kidney disease and kidney failure. Disparities in access to kidney transplantation have been observed along racial lines. Changes in the kidney organ allocation policy to reflect days spent on dialysis will potentially result in improved access to organ allocation to African-Americans and other racial/ethnic minorities. Disparities exist with respect to outcomes of kidney transplantation in African-Americans⁹. African-Americans need to be aggressively educated regarding options for kidney transplantation and organ donation, including options for and preferential outcomes and benefits of receiving a kidney transplant from a living donor, living related or non-related. In addition, more African-Americans should be encouraged to register on organ donor registries to become organ donors at the time of their death⁹. Patients in need of kidney transplants should also be made aware of programs such as the National Kidney Registry^{2,7,8,9} program whereby incompatible living donors that they may have can instead donate their kidney to a third party on the kidney waiting list and in exchange receive a living kidney from someone else's living donor with whom they are incompatible^{2, 7, 9}.

For the full article and citations, please visit "In the Spotlight," on Commission's website, at www.mih.ohio.gov.

The Gift of Life

**By, Lauren Fitting Community Outreach/
Partnership Coordinator Lifeline of Ohio**

On Christmas Day in 1998, Joey Johnson, gave the ultimate gift. He saved five lives after he died suddenly at the age of 19. "Christmas Day is usually a



Joey Johnson

time of joy and celebration for our family," said Bernetta Callo-way, Joey's mother. "But that day brought more sorrow than we ever experienced."

A recent graduate from Marion

Franklin High School in Columbus, Joey had a promising future. He was outgoing and active in martial arts. "He was incredibly loving," said Bernetta, "he brought energy and happiness to our lives."

The night Joey died doctors did everything they could to save his life. "By the time we arrived, it was too late," said Bernetta. Joey was a registered organ, eye and tissue donor, a decision his mother said was in line with the way he lived his life.

"Losing Joey was devastating, but knowing that he helped others through death has been a comfort to us all," said Bernetta. She credits her faith with helping her through the tragedy, "Without faith, I wouldn't have made it." Bernetta and her family

have become advocates for organ donation since Joey's death. She volunteers with the local organ procurement organization to share the importance of organ, eye and tissue donation and promotes the cause in the African American community. "Many people in our community think 'Whatever I came with, I'm taking with me.' We need to get away from that notion because we can make such a big difference as organ donors," she said.

Just like Joey, people of all ages, races, and ethnicities can save and enhance lives by donating their organs, eyes and tissues. Organ and tissue transplants are needed by people from every area of our nation.

Of the more than 123,000 people waiting on a heart, lung, liver, kidney, pancreas or small intestine (or some combination of organs), more than 71,000 or 57 percent of people are African American, Hispanic/Latino, Asian, American Indian, Pacific Islander or Multiracial. For example, African Americans, Asians and Pacific Islanders, and Hispanics/Latinos are three times more likely than Caucasians to suffer from end-stage renal (kidney) disease, often as the result of high blood pressure and other conditions that can damage the kidneys. Right now, almost 35 percent of those on the national waiting list for a kidney transplant are African American.

Although organs are not matched according to race/ethnicity, and people of different races frequently match one another, all individuals waiting for an organ transplant will have a better chance of receiving one if there are large numbers of donors from their racial/ethnic background. This is because compatible blood types and tissue markers—critical qualities for donor/recipient matching—are more likely to be found among members of the same eth-

nicity. A greater diversity of donors may potentially increase access to transplantation for everyone.

In Ohio, approximately 3,400 individuals are waiting on a life-saving organ transplant and hundreds await a healing tissue or cornea transplant. Sadly, there are not enough organ donors to meet the growing need. Unfortunately, every other day one person in Ohio dies waiting for an organ transplant that didn't come in time.

Even though many people have chosen to register as a donor here in the State of Ohio, fear and misconceptions keep others from making a donation decision. Ohioans need to know the truth about donation:

- Do not be discouraged by your age or past medical history – anyone can be a potential donor, even if they've been sick lately or in the past.
- There is no cost to the donor's family or estate for donation.
- Medical professionals do not know if someone is a registered donor and will not change the care given to an individual if they are registered versus unregistered.
- All major religions support organ, eye and tissue donation.
- Donation should not delay or change a person's funeral arrangements.
- Ohioans can visit www.donatelifehio.org to learn more about donation and how they can register to be an organ, eye and tissue donor.

Once an individual adds their name to the Ohio Donor Registry, Donate Life Ohio encourages them to talk about their decision with family members. Joining the Ohio Donor Registry is considered an ad-

vance directive for individuals over the age of 18, but sharing donation wishes with one's family and educating them about donation can help them feel comfortable with the individual's decision and may encourage them to register as well.

Finally, Donate Life Ohio encourages Ohioans to tell others about the need in their community, and how every person can make a difference. One person has the potential to save eight lives through organ donation, and enhance 50 more through cornea and tissue donation. Businesses, faith organizations, civic groups, schools and hospitals can request free donation education materials via the Donate Life Ohio website, www.donatelifehio.org.

"The need is real and occurring in our very own community," says Demia Kandi, Lifeline of Ohio Community Consultant and donation advocate. "It's time for our community to understand the donation process, de-bunk the myths and make educated decisions to provide a second chance for thousands of people and their families each year."



Grant Opportunities

The Ohio Commission on Minority Health announces the availability of funds of up to \$280,000 for fiscal year 2016 to support demonstration grants with a priority focus on the prevention of Type 2 Diabetes or Infant Mortality and the availability of funds up to \$84,000 for fiscal year 2016 to



support lupus programming focusing on patient and public education. For more information, and to access the RFP's please visit www.mih.ohio.gov in the Grant Opportunities Tab.

Turning up the
Volume on
Infant Mortality

Step Up to Catch Up!

The Commission Supports Ohio's 2014 Infant Mortality Summit

The Ohio Commission on Minority Health served as a sponsor for the 2014 Ohio Infant Mortality Summit, held on Dec. 3-4 in Columbus. Commission Executive Director Angela Dawson, served as the Mistress of Ceremonies to a captive audience of over 100 attendees for the Summit's kick off on the evening of December 3, 2014.

Ohio's level of infant death and the racial disparity in birth outcomes and infants reaching age one have not gone away. Ohio is now 50th in black infant mortality and not much higher among the states in white and overall infant death ranking.

Ohioans are waking up to the severity of our infant mortality situation. People and organizations all over Ohio are gearing up to accept the challenge of getting our babies to their first birthday.

During the first day of the conference on December 4th, Arthur R. James, MD, FACOG, and OCMH Commissioner served as the opening Plenary Speaker. Dr. James provided startling statistics on Ohio's infant mortality rates.

The goals of the Summit were to have 1,500 Ohioans be:

- Better informed about our infant death and disparities challenge and
- Inspired, energized, and equipped with ideas and action steps to work for change in their communities.

For more information on the 2014 Infant Mortality Summit, please visit, the following website — <http://www.odh.ohio.gov/odhprograms/cfhs/octpim/infantmortality.aspx>.

The Health Policy Institute of Ohio Launches its 2014 Health Value Dashboard



OCMH Executive Director, Angela Dawson, shown left, with Health Policy Institute of Ohio (HPIO) President Amy Rohling McGee, (center) and Melissa Kuhn-Wheeler (right) at the Statehouse on December 16, 2014 for the release of HPIO's Health Value Dashboard.

On December 16, 2014, HPIO released its first Health Value Dashboard. The Dashboard, the first-of-its-kind, combined the state ranking of health outcomes and healthcare costs. The Dashboard shows that Ohio's health value rank is 47th, with Ohioans living less healthy lives and spending more on health care than people in most other states. HPIO shares that Improving health value means consumers have access to healthcare services that are affordable, employers pay less money for their employee's health care, Ohio's workforce is stronger, healthier and more productive, and Ohioans live longer and healthier lives. For the full Dashboard, please visit www.healthpolicyohio.org.

Angela C. Dawson, Executive Director
Reina M Sims, Program Manager
Venita O'Bannon, Fiscal Officer
Sheronda Whitner, Executive Assistant



Ohio Commission on Minority Health
77 South High Street, 18th Floor
Columbus, Ohio 43215
614.466.4000 www.mih.ohio.gov
Good Health Begins With You!®

Happy Holidays to You & Your Family From
The Ohio Commission on Minority Health

Executive Director and Commissioners



Executive Director

Angela C. Dawson

Commissioners

Gregory L. Hall, MD, Chair, Cleveland

State Senator Edna Brown, Vice Chair, Toledo

Cora Munoz, PhD, RN, Secretary, Worthington

Deena Chisolm, PhD, Columbus

Cynthia C. Dungey, JD, Director, Ohio Department of Job & Family Services

Arthur James, MD, FAGOC, Columbus

John C. Jones, Toledo

Mark Stephen Law, MD, Newark

John Martin, Director, Ohio Department of Developmental Disabilities

John McCarthy, Director, Ohio Department of Medicaid

Charles Modlin, MD, Cleveland

Tracy Plouck, Director, Ohio Department of Mental Health

Keisha T. Robinson, DrPH, MPH, Youngstown

Richard. A. Ross, Ph.D., Superintendent, Ohio Department of Education

Bhagwan Satiani, MD, MBA, FAGS, FACHE, Columbus

State Representative Barbara Sears, Toledo and Wauseon

State Representative Roland Winburn, Dayton

Richard Hodges, Director, Ohio Department of Health

Department Designees

Johnnie "Chip" Allen, MPH, Ohio Department of Health

Traci Bell-Thomas,, Ohio Department of Medicaid

Jamie Carmichael, Ohio Department of Jobs and Family Services

Jamoya Cox, BA, Ohio Department of Mental Health and Addiction Services

Tamara Hairston, Ohio Department of Developmental Disabilities

Jill Jackson, Ohio Department of Education