LANGUAGE BARRIERS MAY INTERFERE WITH ACCESS TO KIDNEY TRANSPLANTATION

English language fluency may be an important predictor of patients' status on the transplant waiting list

Highlights

- Higher degrees of linguistic isolation were linked with a lower likelihood of transitioning from inactive to active status on the kidney transplant waiting list and with incomplete transplant evaluations.
- The association of linguistic isolation appeared to be most influential among Hispanic transplant candidates.

Of the >100,000 candidates on the kidney transplant waiting list in the United States, approximately 30% are in "inactive" status.

Washington, DC (February 9, 2017) — Language barriers may hinder US kidney transplant candidates' access to kidney transplantation, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings suggest that patients who primarily speak a language other than English may face disparities that keep them from completing their kidney transplant evaluation and ultimately receiving a kidney transplant.

Individuals in need of a kidney transplant can get on a transplant waiting list, but if they are "inactive," they are not eligible to receive a deceased donor kidney. The main reason for inactive status is, by far, incomplete transplant evaluations. In other words, the patient does not complete the testing required to make them "active" or eligible for a kidney. There are many potential reasons why a candidate might be delayed in completing the testing required for transplant evaluation.

A team led by Ed Huang, MD (Cedars-Sinai Medical Center) and Efrain Talamantes, MD (University of California Davis School of Medicine) looked to see if language barriers, or linguistic isolation, might impact access to the active transplant waiting list. The researchers merged Organ Procurement and Transplantation Network/United Network for Organ Sharing data with 5-digit zip code socioeconomic data from the 2000 United States census. They then determined the cumulative incidence of conversion to active waitlist status, death, and delisting before conversion among 84,783 temporarily inactive adult kidney candidates from 2004-2012. A household was determined to be linguistically

isolated if all members ≥14 years old speak a non-English language and also speak English less than "very well."

Across all racial/ethnic groups, progressively higher degrees of linguistic isolation were linked with a lower likelihood of transitioning from inactive to active status on the kidney transplant waiting list and with incomplete transplant evaluations. Candidates living in a community with >20% linguistically isolated households were 29% less likely to achieve active waitlist status than those residing in a community with <1% linguistically isolated households. The associations of linguistic isolation and other socioeconomic factors appeared to be most influential among Hispanic candidates.

"Our data suggest that language barriers may limit an individual's ability to receive a kidney transplant. We recommend that patients with limited English proficiency who are in need of a kidney transplant use patient advocates who are English-proficient during transplant clinic visits and always use interpreters to get all of their questions answered," said Dr. Huang. "Further, transplant centers and healthcare providers should actively address potential communication barriers when recommending testing for transplant evaluation."

Study co-authors include Keith Norris, MD, Carol Mangione, MD, Gerardo Soto, MD, Amy Waterman, PhD, John Peipert, and Suphamai Bunnapradist, MD.

official views of the NIA or the NIH. This work was supported in part by HRSA contract no. 231-00-0115. The content is the responsibility of the authors 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.

The article, entitled "Linguistic Isolation and Access to the Active Kidney Transplant Waiting list in the United States," will appear online at http://cjasn.asnjournals.org/ on February 9, 2017, doi: 10.2215/CJN.07150716.

The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.

Since 1966, ASN has been leading the fight to prevent, treat and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has nearly 17,000 members representing 112 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

# # #

Tweet: Language barriers may interfere with access to kidney transplantation. http://www.bit.ly/ASN-XXXX. Author's Twitter handle: @talamantesdr

Facebook: Language barriers may hinder US kidney transplant candidates' access to kidney transplantation, according to a study in the *Clinical Journal of the American Society of Nephrology*. The findings suggest that patients who speak a language other than English may face disparities that keep them from completing their kidney transplant evaluation and ultimately receiving a kidney transplant.

Media contacts:
Edmund Huang, Cedars-Sinai Media Relations: Laura Coverson
Laura.Coverson@cshs.org

Efrain Talamantes, UC Davis Media Relations: klfinney@ucdavis.edu