Children's Hospital of Philadelphia PolicyLab

Pilot Grants

Understanding Barriers to Living Donor Pediatric Kidney Transplantation in Families Who Prefer a Language Other Than English

Health Equity

Statement of Problem

Preferring to speak a language other than English is a social determinant of health that significantly impacts children's health and contributes to health inequities. In pediatric nephrology, we have more to learn about the impacts of socioeconomic status, race and ethnicity among children who receive kidney transplants. Very few studies have examined the impacts of language barriers on kidney transplant care for children.

Receiving a kidney from a living donor has superior outcomes compared to deceased donor transplantation. The ability for a child to obtain a living kidney donation requires an eligible and willing donor. Parents, other family members, or family friends often serve as living kidney donors. Completion of the living donor evaluation requires donors to have adequate understanding and resources to navigate the extensive donor evaluation and surgical procedure.

Preliminary data from Children's Hospital of Philadelphia (CHOP) reveal that over the past five years, fewer children from families who prefer a language other than English received a living donor transplantation when compared to children of families who prefer English. Therefore, understanding the reason(s) families who prefer a language other than English receive more deceased donor transplantation is critical to achieving more equitable care, better transplant outcomes and increasing the living donor pool.

Description

Through this study, our team will utilize mixed methods to compare clinical and social variables between pediatric kidney transplant recipients from families who prefer a language other than English and those who prefer English, with a specific focus on identifying variables that serve as barriers to and facilitators of living donor kidney transplantation.

We aim to complete this study through retrospective chart review and completion of semi-structured interviews with caregivers of pediatric kidney transplant candidates and recipients. We will also complete interviews with key informants of the transplant process such as physicians, transplant coordinators, medical interpreters, pharmacists, psychologists and social workers.

We'll utilize this quantitative and qualitative evidence to better understand how to address barriers affecting optimal and equitable treatment of kidney failure with living donor transplantation in linguistically diverse patients.

Additionally, through the investigation of how personal beliefs, social factors, organization structures and kidney transplant evaluation processes affect families who prefer a language other than English, we aim to identify programmatic policy changes that can improve the transplant evaluation process and increase the availability of living donors for children and families who prefer a language other than English at CHOP and throughout the U.S.

Next Steps

We are in the beginning phases of our project. We look forward to completing the retrospective chart review while working with CHOP's qualitative research experts to prepare for completing caregiver interviews, which we plan to begin during summer 2024.

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