

## PENNSYLVANIA AND NEW JERSEY THORACIC SOCIETIES

The "Pennsylvania and New Jersey Thoracic Societies' Annual Scientific Session" and the "Pennsylvania Thoracic Society Annual Membership Meeting" will be held in Philadelphia, Sept. 6 and 7.

Contact Kathi J. Wagner, PTS, 4807 Jonestown Rd., Suite 251, Harrisburg, PA 17109; or call (717) 540-8506.

## RADIOLOGY

The following courses will be offered in San Diego, Calif., unless otherwise noted: "7th Annual Sonography Update Conference and Exhibit" (Sept. 11-13); "Sonography Registry Review" (Sept. 14 and 15); "Applied Imaging: A Practical Course" (Naples, Fla., Sept. 22-25); and "Diagnosis of Musculoskeletal Disorders: State of the Art" (Sept. 25-28).

Contact Dawne Ryals, Ryals and Associates, P.O. Box 1925, Roswell, GA 30077-1925; or call (404) 641-9773.

## CALL FOR ABSTRACTS

Poster abstracts are now being accepted for a symposium, entitled "Neurochemical Chemistry G-Protein Coupled Receptors: New Approaches and Dimensions in Drug Design," to be held in Lund, Sweden, May 20-22. Deadline for receipt of abstracts is Feb. 3; deadline for preliminary application is Sept. 15.

Contact Swedish Acad. of Pharmaceutical Sciences, P.O. Box 1136, S-111 81 Stockholm, Sweden; or call (46) 8 24-50-85.

## ST. PAUL-RAMSEY MEDICAL CENTER

The following courses will be offered in St. Paul, Minn.: "9th Annual Occupational Health and Safety Institute" (Sept. 9-20); "Ramsey Research Conference" (Oct. 8); "SE Asian Perspective on Western Health Care: The Ethical Challenges We Must Confront" (Oct. 18); "2nd Annual Occupational Health Nursing Symposium" (Oct. 21-25); "6th Update: Emergency Medicine for Primary Care Physicians" (Oct. 24 and 25); "Pulmonary Function Testing Workshop" (Oct. 24 and 25); and the following ongoing courses, offered on a cyclic basis: "Advanced Cardiac Life Support Provider"; "Instructor and Recertification Courses"; "Advanced Trauma Life Support and Pediatric Life Support Courses"; "CPR Instructor"; "CPR-Basic Life Provider"; "Emergency Medical Technician 110 Hour and Refresher"; "Emergency Medical Technician Intermediate"; and "Paramedic Courses."

Contact Office of CME, Ramsey Fdn., 640 Jackson St., St. Paul, MN 55101; or call (612) 221-3992.

## INTERNATIONAL CONFERENCE OF GASTROENTEROLOGY

The conference, jointly sponsored by the American College of Gastroenterology, the Chinese Society of Gastroenterology-Chinese Medical Association, the Japanese Society of Gastroenterology, and the Hong Kong Society of Gastroenterology, will be held in Hong Kong, Oct. 30-Nov. 3, and in Beijing, China, Nov. 3-6.

Contact Conference Secretariat, 12/F Kaiseng Commercial Ctr., 4-6 Hankow Rd., Kowloon, Hong Kong; or call (852) 3 679372.

## PRACTICAL LONGEVITY ISSUES FOR THE PRIMARY PHYSICIAN

The conference will take place in Tucson, Ariz., Sept. 20 and 21. Contact Rhoda Babis, Canyon Ranch, 8600 E. Rockcliff Rd., Tucson, AZ 85715; or call (602) 749-9655, ext. 484.

## BOARD REVIEW IN CARDIAC ELECTROPHYSIOLOGY

The course will be offered in Houston, Sept. 20-23, 1992. Full payment must be received by June 20, 1992.

Contact Cynthia Reed, North American Soc. of Pacing and Electrophysiology, 377 Elliot St., Newton Upper Falls, MA 02164; or call (617) 237-1866.

## SURGICAL CORRECTION OF SPHERICAL AND ASPHERICAL CORNEAS

The course, subtitled "How to Perform Safe and Effective Radial and Astigmatic Keratotomy," will be offered in New Orleans, Sept. 20 and 21.

Contact Tulane Univ. Medical Ctr., Office of Cont. Educ., 1440 Canal St., Box 55, Suite 1611, New Orleans, LA 70112-2699; or call (504) 588-5466.

## AMERICAN ACADEMY OF OTOLARYNGOLOGY — HEAD AND NECK SURGERY

The annual meeting will take place in Kansas City, Mo., Sept. 22-26.

Contact the Academy at 1 Prince St., Alexandria, VA 22314; or call (703) 836-4444.

## HEALTHY PEOPLE 2000 CONSORTIUM

The Consortium will meet in Chevy Chase, Md., on Sept. 23.

Contact Ashley Files, Public Health Service, Dept. of Health and Human Services, Office of Disease Prevention and Health Promotion, Rm. 2132, 330 C St., SW, Washington, DC 20201; or call (202) 472-5583.

## SPECIAL REPORT

## ORGAN DONATION AND BLACKS

## A Critical Frontier

THE past decade has witnessed an inexorable widening in the gap between the supply of organs for transplantation (i.e., the donors) and the need for organs on the part of desperately ill candidates for transplantation. As of June 1990, some 20,882 persons were waiting for organs to become available.<sup>1</sup> Three patients on the waiting list die every day as a consequence of this shortage,<sup>1</sup> and the scarcity of organs has become the chief limiting factor in clinical transplantation.<sup>2</sup>

In 1978 the Southeastern Organ Procurement Foundation asked us to identify obstacles to organ donation in the black population, and in particular to address the discrepancy in this population between the rate of organ donation (less than 10 percent of donors are black) and the incidence of end-stage renal disease (more than 50 percent of patients are black) in the southeastern United States. A pilot study funded by Howard University Hospital conducted two-hour interviews with 40 black men and women and uncovered some of the critical elements underlying the low rate of organ donations from this source. The five principal reasons for the reluctance of blacks to grant permission for organ donations were a lack of awareness of the status of organ transplantation and of the urgent need for organs by blacks, religious beliefs and misperceptions, distrust of the medical establishment, fear of premature declaration of death if a donor card has been signed, and a preference among black donors for assurance that the organs will be given preferentially to black recipients. After the interviews, every participant, including the 90 percent who had previously been unwilling, agreed to sign an organ-donor card. This result pointed to the need for further education and personal contact with potential black donors to elicit a positive response. This face-to-face, grass-roots approach has become the basis for a more extensive campaign to encourage members of the black community to become organ and tissue donors.<sup>3-9</sup>

Under the auspices of the National Kidney Foun-

dation and Howard University Hospital, the District of Columbia Organ Donor Project (DCODP) was initiated in 1982. At the beginning of the program 25 donor cards were signed per month. By 1989, the rate was 750 per month, with a resultant doubling of the number of black donors in Washington, D.C. With the support of the Dow Chemical Company, the Take Initiative Program was established and has recently expanded nationwide, with the collaboration of the National Association for the Advancement of Colored People (NAACP). A similar program has been developed by the National Medical Association and the National Institute of Allergy and Infectious Diseases. These educational campaigns aimed at the black population have improved the rates of organ donation among blacks locally in Washington, D.C.,<sup>4,5,8,9</sup> regionally,<sup>3,6,7</sup> and nationally, as reflected by data from the Terasaki National Organ Donation Registry (unpublished data). A 1990 Gallup poll conducted for Dow Chemical<sup>10,11</sup> reported increased awareness of successful transplantation among blacks, as compared with the level measured by a similar poll in 1985. The level of awareness increased from 10 percent in 1985 to 32 percent in 1990. Similarly, the number of blacks signing organ-donor cards rose from 7 percent of those surveyed in 1985 to 24 percent in 1990.

This substantial (albeit not yet fully adequate) progress in the black population appears to have resulted from the novel approach to the problem, which is described in this report. The approach has included the elaboration of a message specifically tailored to the community; the intensive use of volunteers; the use of black transplant recipients and patients awaiting transplantation as ideal spokespersons; emphasis on coordination of all educational activities with local community activities; support from the private sector; and collaborative efforts involving both transplantation programs and private community organizations.

The history of this collaborative approach may be useful in furthering awareness of the need for organ donation, not only in the black population, but also in people of other races. The initial pilot study involved 40 randomly selected members of the black community in Washington, D.C. Establishment of the DCOOP followed in 1982. Its members coordinated their activities closely with those of local community leaders in the fields of medicine, politics, education, business, and religion. A steering committee met monthly from 1982 to 1984 to assess progress reports, develop initiatives, and discuss ways of raising the funds needed to get the organ-donation message to the community. These funds were used to provide audiovisual materials (videotapes, slide presentations, brochures, books, and posters), pay the salary of a full-time program coordinator, and develop a professional strategic plan aimed at producing effective and appropriate messages for the black community.

Whenever possible, presentations were made with

the help of ethnically or racially appropriate organ donors, organ recipients, candidates for transplantation, and families of cadaver donors, as well as professional transplantation personnel. These presentations emphasized the need to increase the rate of organ and tissue donation and the importance of twice-yearly blood-pressure measurements after the age of 12 years. The audience was also advised of the absolute need for blood-pressure medication once hypertension has been diagnosed, in order to prevent kidney failure.

Representatives of Dow Chemical attended a DCOOP presentation at a national meeting of the American Council on Transplantation in 1986 and inquired about providing support for the project. The resulting Take Initiative Program took this donor-education effort on a tour of the 22 American cities with the largest black populations. With the collaboration of the National Medical Association and the National Institute of Allergy and Infectious Diseases, these efforts culminated in the National Black Physician Education Project in 1990.

Since 1982, a number of results have been achieved. First, as stated before, the number of organ-donor cards signed in conjunction with applications for or renewals of driver's licenses and received by the Washington, D.C., Motor Vehicle Administration has increased from 25 per month in 1982 to 750 per month in 1989. Second, the number of black organ donors has doubled locally (from 12 in 1980 to 27 in 1989), regionally (from 141 in 1983 to 249 in 1986) (Armeta T, Southeastern Organ Procurement Foundation: personal communication [Terasaki PI: unpublished data]), and nationally (from 100 in 1981 to 278 in 1987 and from 232 in 1982 to 447 in 1989) (Eggers P, Health Care Financing Administration: personal communication). Third, seven video presentations on the subject, targeted to blacks, have been produced and are being shown nationwide. Fourth, the Dow-NAACP Black Donor Education Program has been launched in New York, St. Louis, Memphis, Detroit, Baltimore, and Houston. The program has been featured in 275 newspaper and magazine articles and reported on by 60 local television stations and national networks and 70 local radio stations. It is estimated that this intensive effort to highlight the current shortage of black organ donors for blacks and other candidates for transplantation has generated more than 300 million media impressions (the number of persons or households exposed to a given printed or broadcast story). Fifth, a black-donor-awareness guidebook, based on the DCOOP experience and copyrighted for use by the project in 1987, has been made available. Sixth, a question-and-answer brochure for black donors has been provided to 5000 families since 1989. Finally, 200 copies of a booklet entitled "Organ Donation: A Minority Dilemma" have been distributed by Howard University Hospital since 1988.

The favorable results of organ-donor campaigns in the black population support the concept that if any

given community, black or not, is appropriately challenged and exposed to the facts, it is most likely to respond in a positive manner.<sup>3-10</sup> The success of the current project can be attributed directly to the grass-roots targeting of the educational effort. This approach has generated the kind of reciprocal exchange of information that is indispensable for constructive interaction between physicians and laypersons. This type of coalition and the involvement of ethnically and racially appropriate role models are required to make the black community aware of its responsibility to generate a strong and lasting commitment to organ donation.

This type of coalition has arisen at a critical time in the light of the recent report by the Office of the Inspector General of the Department of Health and Human Services revealing that blacks have to wait twice as long as whites to receive a kidney transplant.<sup>12</sup> One of the main factors in this discrepancy has been the shortage of black organ donors. A continuing increase in the available black organ-donor pool will be of major importance in reducing this long waiting time. In addition, immunogenetic studies have indicated that mismatches for certain histocompatibility molecules, such as HLA-DRw6, occur with greater frequency in blacks than in whites and are associated with higher rates of graft failure. The procurement of a larger number of organs from black donors bearing similar antigens may be a key factor in increasing graft-survival rates in black transplant recipients.<sup>6,7,13-15</sup>

Black donor families, patients waiting for organs or tissues to become available, and transplant recipients have been the most effective and credible witnesses, and we have used their help extensively. Transplantation coordinators are specially trained to speak with family members and communities about organ donation and transplantation. When addressing the black community, black transplantation coordinators are clearly more effective. Since only 5 percent of all coordinators in the United States are black,<sup>12</sup> we must make maximal use of their expertise, and we need to encourage the recruitment of additional black coordinators. In their absence, we need to educate other black health care personnel, such as psychologists, social workers, nurses, and physician's assistants, so that they can be effective messengers; alternatively, transplantation coordinators who are not black but who have been trained to speak with black families and communities can be used.

The use of appropriate messengers to deliver information about the need for organ donation and the shortage of organs has already increased community awareness of the problem; this approach may also be effective in publicizing the need for frequent blood-pressure checks, thereby fulfilling a major preventive health need in the black community. As blacks and the lay community at large realize the potential of their

role in giving the gift of life and the control that they can exercise over their own health by acts as simple as taking heart medication or having regular blood-pressure checks, the schism between the medical establishment and lay communities may also begin to heal. With the impetus generated by a well-informed public and a committed private sector, a volunteer community effort will complete the triad required for the success of the grass-roots approach. This triad can empower communities to participate in the control of their own health care<sup>16-18</sup>; it represents an economical approach that may be applicable to all races and ethnic groups.

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