



A FEASIBILITY TRIAL OF A STAKEHOLDER-ENHANCED, LAY-NAVIGATOR-DELIVERED INTERVENTION TO IMPROVE THE DECISIONAL PARTNERSHIP OF CHRONIC KIDNEY DISEASE DYADS

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Poster #



Background

Research Setting

Black patients face higher rates of advancing chronic kidney disease due to poorly controlled cardiovascular risk factors and additional factors related to social determinants health (neighborhood factors; access to health care).

Unmet Need

These patients need stronger decision-support skills to assist them in being activated members in shared decision-making with their clinician team.

Project Aims

- To examine the effect of specific ImPart-Multi (Improving Decisional Partnership in Multimorbidity) components, an intervention focused on enhancing patient decision-making skills. Topics: 1) communication; 2) social support effectiveness; and 3) combination of Topics 1 & 2.
- Aim 1** Assess the feasibility and acceptability of ImPart-Multi with 20 dyads
- Aim 2** Provide preliminary estimates of intervention effects

Study Design

Study Population:

Black individuals with stage 3 or 4 kidney disease + concurrent cardiometabolic disease (HTN or Diabetes) and their care partner (64 total)

Study Procedures:

Pragmatic randomized wait-listed control trial with blinded outcomes assessment.

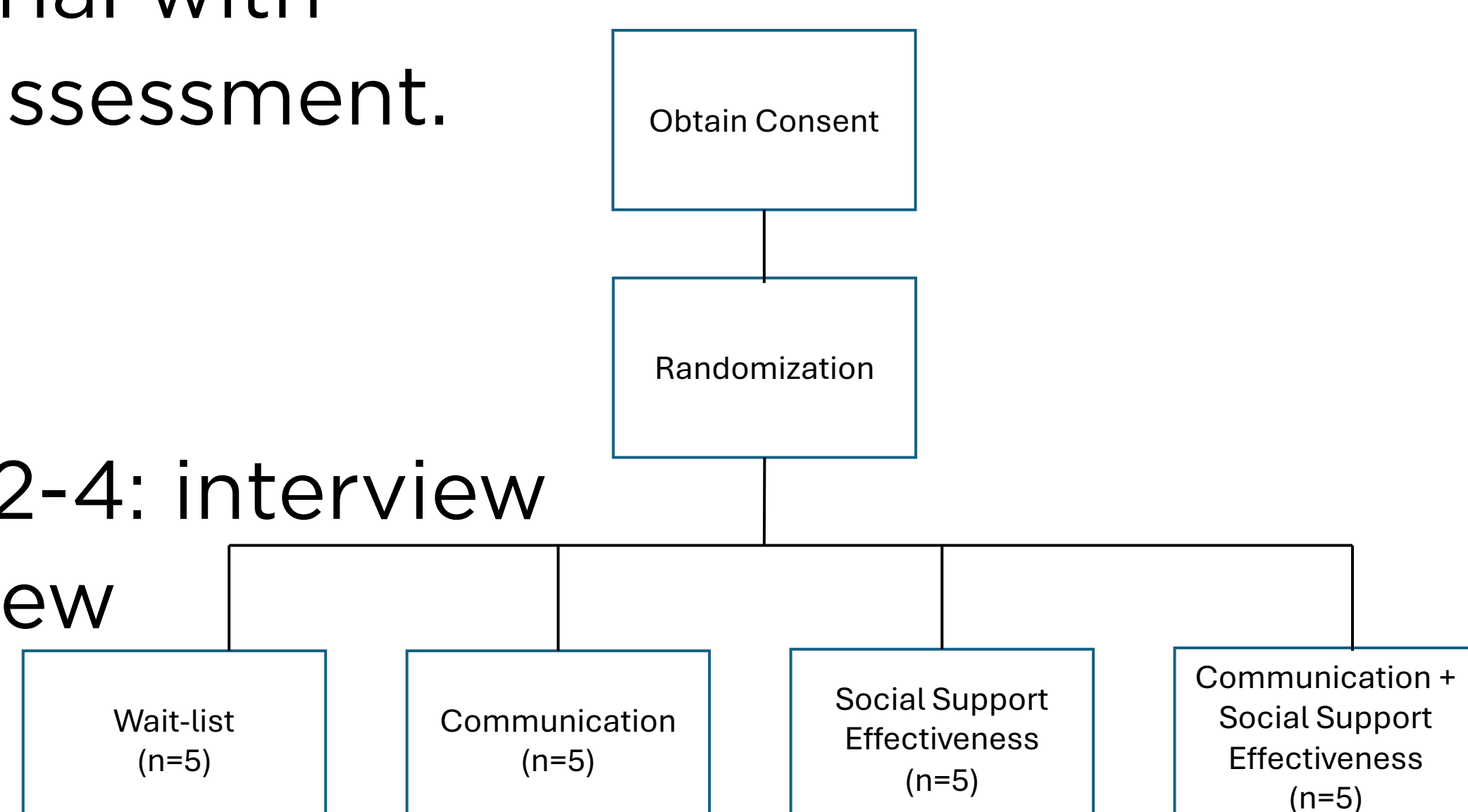
Data Collection:

All Groups:

Baseline: surveys

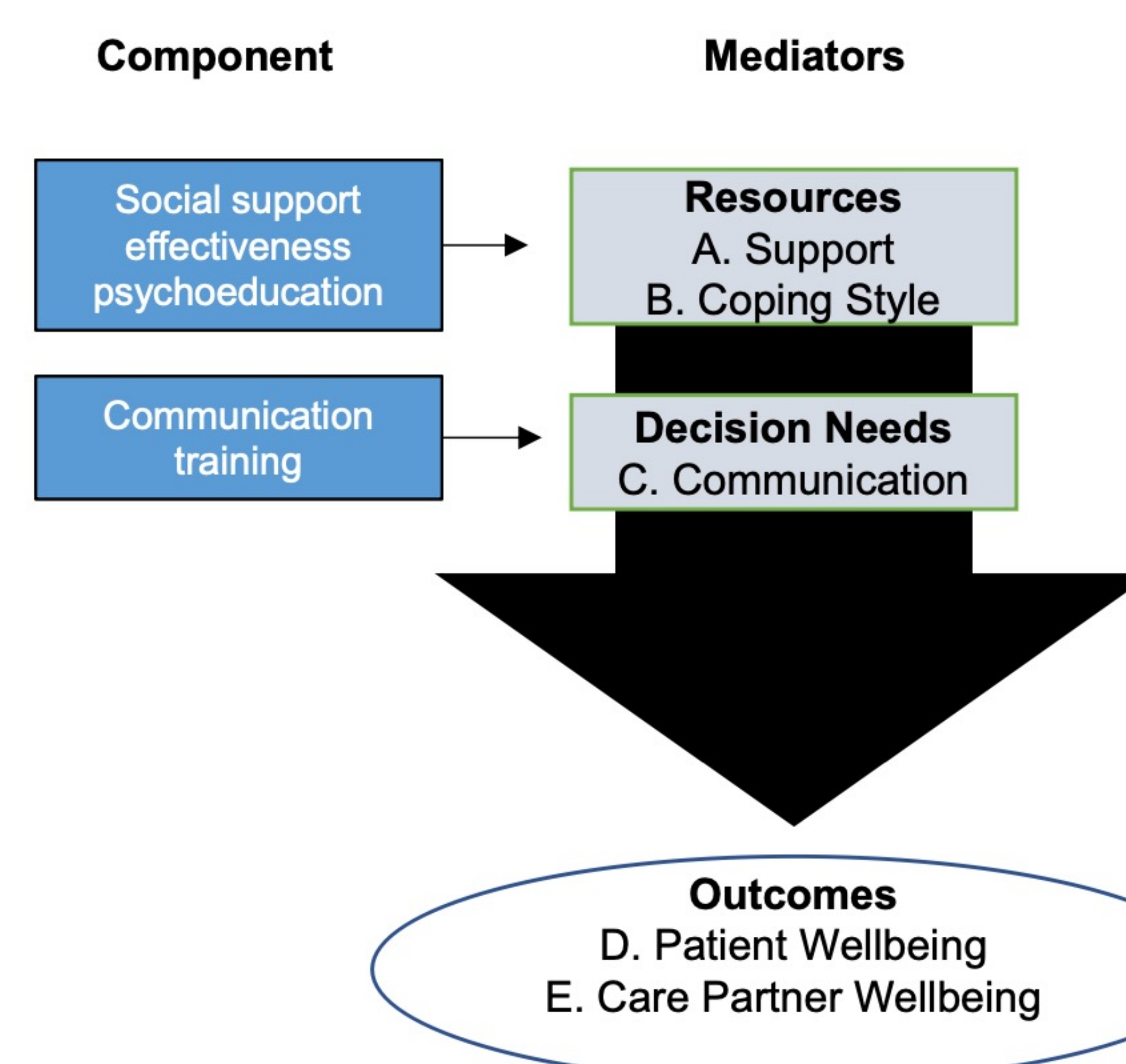
12 wk: surveys/Grp 2-4: interview

24 wk: Grp 1: interview



Theoretical Framework

- Pearlin's Stress-Health Model of Family Caregiving and Rini's Social Support Effectiveness
- ImPart-Multi is designed to train the patient in skills to impact decision-making
 - Lay coach navigator, telehealth delivered
 - Guidebooks containing sessions, resources and a medical organizer.



Key Messages

- We seek to impart short-term *Community & Public Health Benefits* to health promotion, including answer-seeking behaviors.
- This program is designed to *empower Black CKD patients* to seek the resources and support needed to be activated allies when making health-related decisions.

Community Impact

Key Partners:

The Advisory Group comprises 6 people, identifying as CKD patients, care partners, or clinicians. Members collaborated on intervention refinement, study protocol development, recruitment ideas, and dissemination planning.

Public Health & Societal Impact:

- Community Health Services: Support establishment of navigation services
- Health Education Resources: Provide resources to encourage healthy behavior engagement and communication skills

Outcomes

•Preliminary Feasibility:

- Enrollment:** 8 enrolled/124 approached
 - Adjustment: added in person recruitment/sites
- Adherence to randomization grouping:** 100% have not received intervention components outside of their assigned group
 - Scripted toolkits, robust weekly meetings

•Adherence to study protocol: masking:

Statistician: yes/ PI: not to wait-listed control (PI does interviews)/ Survey Outcomes Assessor: yes

•Acceptability Interviews

- Only 1 completed

•Exploratory Outcomes:

- Decision conflict Scale; Social Support Effectiveness
- KDQOL-25; PROMIS Global 10
- Dyadic Coping

References



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