Many Facets of Reluctance: African Americans and the Decision (Not) to Donate Organs

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Although the body of research on African Americans and organ donation continues to grow, the literature still suffers from a lack of reliance on theory to guide research as well as a surfeit of advanced statistical analytical strategies. A more sophisticated approach to understanding the barriers and facilitating factors that African Americans experience in the process of making the decision to become potential organ donors would yield more sound campaign strategies to increase donation. In this study, a sample of 310 African-American adult members of the NAACP was surveyed about their attitudes, knowledge and beliefs about organ donation. Logistic regression demonstrated that the level of knowledge, attitudes, social norms and altruism resulted in correct classification of organ donor card status in 69.3% of cases. When variables such as medical mistrust, bodily integrity and religiosity were added, an even more powerful model resulted, with 73.2% of the cases correctly classified according to organ donor card status. Recommendations for campaigns targeting African Americans' willingness to donate organs are offered.

Key words: organ donation ■ African Americans ■ medical mistrust ■ religiosity ■ Organ Donation model

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The alarming discrepancy in the number of organs available for transplant relative to the need for transplants makes the necessity of well-constructed organ donation promotion campaigns obvious. However, even more staggering is the need for organs in the African-American community relative to the organ donation consent rate (the percentage of families who agree to donate a loved one's organs). Racial differences in the frequency of ABO blood types and the compatibility of organs based on tissue type matching mean that African Americans languish longer on transplant waiting lists and are more likely to receive a suboptimal transplant.

While there are a few documented examples of community-based organ donation promotion campaigns targeting African Americans' willingness to donate organs, these campaigns have not been grounded in theory, suffer from a lack of formative research, frequently do not target specific barriers to donation and do not follow accepted social scientific evaluation procedures. In this study, we will first present what is known about why African Americans are reluctant to donate their organs, including knowledge, attitude, medical mistrust, bodily integrity, religiosity and what have been termed "jinx" and "ick" factors.[1] We will then present the results of a study of African Americans' attitudes and beliefs about donation grounded in the Organ Donation model and offer specific recommendations for the development of organ donation campaigns targeting African Americans' willingness to donate.

Literature Review

Enough literature on the attitudes and beliefs affecting African Americans' willingness to donate organs has been published to get a reasonably clear picture of the factors that influence this important decision. These factors include variables traditionally included in theoretical models of persuasion, such as attitudes, knowledge and social norms. Other factors include variables specifically impacting the decision to donate organs, such as medical mistrust, the desire to maintain bodily integrity after death, religion and altruism. Rather than review the organ

donation literature as a whole, the focus here will be on African Americans and organ donation.

Attitudes and Knowledge

The most commonly addressed variables in research on African Americans' reluctance to donate organs are knowledge and attitudes. General awareness of the need for organs for transplantation has been described by a number of researchers.[2-5] This line of research has found that an awareness of the urgent need for organs is a predictor of the willingness to donate. However, it appears that even more powerful is the awareness of the need for organs in the African-American community.[6,7]

Studies using composite measures of knowledge demonstrate that overall knowledge about organ donation is an important predictor of African Americans' willingness to donate organs.[8,9] African Americans' knowledge about organ donation is measured in a fairly consistent manner because most measures follow the types of questions asked in the national Gallup poll conducted in 1996.[10] In particular, beliefs that the organ allocation system is biased against people of color and the poor are characteristic of African Americans.[1,2,11,12] A lack of understanding of brain death is also problematic in the African-American community.[13-15] This specific knowledge item has been shown to be closely associated with the willingness to donate in the general population,[15] so it remains of particular concern to researchers and practitioners.

Social Norms

In addition to knowledge and attitudes, the Theory of Reasoned Action[16] and similar models of social influence suggest that social norms play a role in organ donation decision-making. Few studies have examined the role of social norms on African Americans' donation decisions. This is especially unfortunate, since the one existing empirical study[9] indicates that the role of social norms is even more important in the African-American community than among European Americans. The power that family and friends exert on decisions to become potential organ donors needs to be acknowledged if barriers to donation are to be overcome. Many community campaigns are, in fact, grounded in this premise, yet few researchers include social norms as a formal variable in organ donation research.

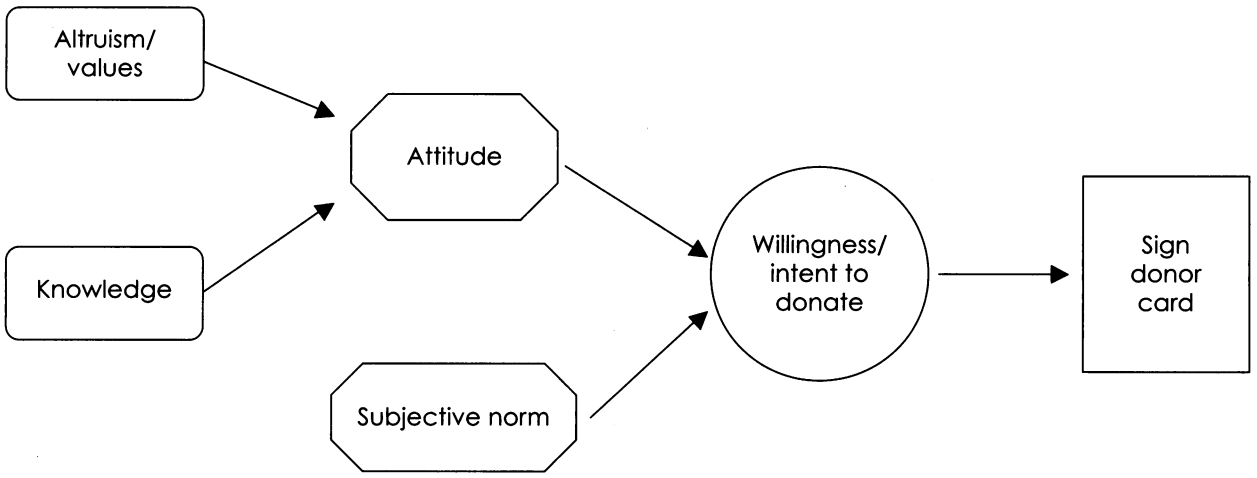
Medical Mistrust

Perhaps the most consistent barrier cited in studies of African Americans and organ donation is medical mistrust.[2,3,6-8,12,14,17,18] However, many claims about medical mistrust are general or speculative rather than based on empirical data. Some qualitative and quantitative studies do report, though, that many respondents believe that physicians will not save their lives if they declare themselves potential organ donors.[11,19,20]

Religion and Altruism

While African Americans are thought to put little trust in the medical system, the African-American community is often noted for its deep faith in God. Religion is frequently cited for its role in encouraging organ donation when community-based interventions include churches in their outreach strategies,[3,21-23] although beliefs in religious myths about organ donation are also cited as a barrier to donation.[24] Generally speaking, it has been noted that religiosity is negatively correlated with organ donation willingness.[2,3,5,8,12,14,18] Plawecki, Freiberg and Plawecki[14] suggest that although most churches do not object to organ donation, the lack of active support for organ donation sends a powerful (negative) message, especially in light of

Figure 1. The Organ Donation model



African Americans' spiritual concerns about donation. African-American churches have been long acknowledged as the political and social center of the community. It stands to reason that when such an important institution is silent on the issue of organ donation, this silence demotivates parishioners from committing to organ donation. By contrast, Pope John Paul II issued a formal statement actively encouraging Catholics to donate, which resulted in greater acceptance of organ donation among Catholics. Of course, educating a single religious leader is a far easier task than conducting outreach to the leaders of multiple denominations and independent churches.

The impact of altruism on organ donation has been investigated primarily in studies of the general population, with only one study examining the role of altruism in African Americans' decisions to donate.[9] Siminoff and Arnold[11] argue that African Americans' reluctance to donate is unrelated to altruism because altruism is much higher in the African-American community than in the general population. However, Morgan, Miller and Arasaratnam[9] report that altruism is a small but significant predictor of African Americans' willingness to donate.

Bodily Integrity

Related in some ways to spiritual concerns about organ donation, bodily integrity also impacts the donation decision for a variety of reasons. The concern for bodily integrity involves not wanting to "cut up" the body after death. Some respondents are worried about disfigurement of the body,[13] while others simply believe that the body should remain whole for religious reasons.[12] Belief in bodily integrity has been shown to be negatively correlated with African Americans' willingness to donate organs,[5,12,25] though few researchers have offered any suggestions for addressing these concerns in outreach efforts.

"Ick" and "Jinx" Factors

Within the factors reviewed above are variables that represent gut-level responses to the concept of organ donation. Many people express a basic fear that if they sign an organ donor card or give consent for the donation of a loved one's organs, terrible consequences will result. For example, some African Americans state that organ donation violates the will of God and that only disaster could result;[26] similarly, people frequently report the belief that a person needs to have all of their "parts" in order to have an afterlife existence.[27] Other studies report beliefs that talking about death brings bad luck[28] or that talking about death could even bring on death.[29] These beliefs would clearly negatively impact the willingness to discuss organ donation with family members. In addition, some items commonly used in knowledge questionnaires indicate a fundamental fear of terrible outcomes as a function of having an organ donor card, including the premature declaration of death. These reasons for not consenting to donation can be termed "jinx" factors since they represent a fear that a willingness to donate organs or talk about organ donation can bring about grave misfortune.

Another set of reasons African Americans are reluctant to donate can be termed "ick" factors. Wittig[29] reports that in interviews, African-American respondents said that it would be "weird" to have one of their organs in the body of another person. Similarly, Sanner's study[26] indicates that some African Americans feel disgust when considering having parts of a corpse inside a living body. In some ways, organ donation is responded to viscerally as something unsanitary,[28] which may stem from deep-seated blood taboos or taboos surrounding contact with the dead, which are common to all cultures, not just to the African-American community.

These ick and jinx factors warrant greater attention by researchers for all ethnic populations, including European Americans. Empirical researchers are fond of focusing exclusively on reasons for organ donation (or reluctance to donate) that can be easily quantified, manipulated and changed. These are factors that may be less likely to respond to persuasive organ donation promotion campaigns but nonetheless hold a critical key to the understanding of the donation decision-making process.

Belief Outcomes

These attitudes and beliefs about donation have profound consequences to African Americans. First, African Americans may refuse to get organ transplants when they are needed,[8,30] thus resulting in premature death. Second, African Americans are less likely to talk to their family members about their wishes regarding donation.[11] This is likely to be partly responsible for lower consent rates for donation; when family discussions about organ donation occur, donation consent among African Americans is more likely to follow.[13] Third, many African Americans express a preference that the potential donor be able to specify that donated organs be given only to other African Americans.[2,3,7,8,17] This is almost certainly a function of medical mistrust as well as a distrust of the fairness of the organ allocation system. Because this type of directed donation is not yet a commonly accepted option in the transplant community, African Americans continue to refrain from donation because of the belief that their organs will not benefit other African Americans and will instead continue to fuel an unfair system from which they are excluded.

Researchers have attempted to overcome these barriers by creating campaigns targeting African

Americans' willingness to donate organs. One of the first minority campaigns was created by Callender and colleagues in Washington, DC.[3,7,24,31] Through mass media channels and door-to-door interpersonal interventions, the Minority Organ Tissue Transplant Education Program (MOTTEP) was able to affect an increase in the rate of donation among African Americans. A similar type of campaign was conducted in St. Louis.[21,22] However, these campaigns suffered from a lack of theoretical foundation as well as poor evaluation procedures. Future campaigns should look to one of the many models of social influence (some of which have been tailored specifically to organ donation), construct messages based on findings from preliminary research and create a research design that will allow scientifically acceptable evaluation.

The present study is grounded in the Organ Donation model.[1,9] This model (Figure 1) was used successfully in a work site organ donation campaign.[1] Grounded in the Theory of Reasoned Action, the model posits that organ donation willingness is a function of attitudes, knowledge, values and social norms. However, the contribution of other variables, such as bodily integrity, medical mistrust and religiosity in relation to these more traditional social influence variables has yet to be investigated. Religiosity and the desire to maintain bodily integrity are likely to be related to the "values" variable because of the largely spiritual content of these new variables. The role of medical mistrust has not been integrated into prior theoretical models and thus represents a potentially new contribution to the literature. It is hoped that this study will help advance the development of a more comprehensive model of the reasons why African Americans choose to donate organs or to resist donation.

The research question (RQ1) guiding this study is: What is the relative impact of traditional variables, such as knowledge, attitudes and social norms compared to variables thought to be principal barriers to organ donation among African Americans, including medical mistrust, bodily integrity and religiosity?

This study represents the type of research that should help campaign organizers create more effective organ donation promotion campaigns for the African-American community.

Table 1. Logistic regression predicting organ donor card status from demographics, attitude, knowledge, social norms, bodily integrity, medical mistrust, religiosity and altruism

Predictor	ß	Wald χ^2	p	Odds Ratio
Age	-0.20	2.48	0.12	0.82
Gender	-0.04	0.01	0.91	0.97
Education	0.21	2.36	0.13	1.24
Income	0.02	0.19	0.66	1.02
Knowledge	1.59	22.11	<0.001	4.89
Attitudes	2.83	9.56	0.002	16.86
Altruism	-0.67	0.59	0.44	1.95
Social norms	0.42	7.80	0.005	1.52
Bodily integrity	-0.47	1.01	0.31	0.63
Medical mistrust	1.11	1.77	0.18	3.03
Religiosity	-2.58	14.48	<0.001	0.08

METHOD

Procedure

Through the outreach managers at the regional organ procurement organization in northern New Jersey (The New Jersey Sharing Network, NJSN), NAACP chapter presidents within New Jersey were asked to distribute questionnaires for members to complete. In addition, NJSN's African-American Planning Committee, along with various community partners were asked to distribute questionnaires to African Americans in New Jersey. Three-hundred-ten completed questionnaires were collected. A total of $300 in incentive funds was provided to the three people who collected the largest number of questionnaires from members of the community.

Demographics

The average education of respondents was a college degree, with a relatively high proportion reporting postgraduate degrees. Approximately 5.5% reported having less than a high-school education, 15.8% had a high-school diploma, 26.8% attended some college, 29.7% had a college degree, 6.1% had some graduate education and 12.6% had a postgraduate degree. The mean household income was approximately $58,000/year and the average age was about 45 years. Female respondents (59.4%) outnumbered male respondents (40.6%). Based on the findings in the published literature, we can expect that the data may be somewhat skewed toward optimistic findings because higher education, higher income and being female are associated with more favorable attitudes toward donation and being more willing to sign an organ donor card.[32]

Instruments

All scales followed a Likert-type format unless otherwise indicated. Likert scales values ranged from 1 (strongly disagree) to 7 (strongly agree).

Knowledge scales. The questionnaire consisted of two sets of knowledge items. The first set of knowledge items is commonly used in studies of organ donation willingness and has shown to be a valid instrument.[33-35] These questions appear as Appendix A. The second set of items consisted of two African-American-specific knowledge items: "The need for

organ donation in the African-American community is greater than in other racial/ethnic communities" and "High rates of hypertension and diabetes among African Americans lead to a higher need for organ donation." Since both scales rely on accuracy scores (true/false) these dichotomies do not lend themselves to reliability testing. However, based on past studies[35] as well as the current one, it is clear that the scale has both face and predictive validity. The mean number of correct responses to the first knowledge scale was 2.09, SD=2.11, and the mean number of correct responses to the African-American knowledge scale was 1.36, SD=0.79.

Attitude toward donation. A three-item abbreviated version of the attitude scale used in Morgan and Miller's[35] research was used in this study. These items were: I support the idea of organ donation for transplantation purposes; organ donation is an act of compassion; and organ donation is a benefit to humanity. The scale mean was 4.62, SD=0.83. Reliability of the scale was high, alpha=0.91.

Religious and subjective norms. Two items were used to measure subjective norms. The first item asked respondents to think of the most important person in their life and then indicate how that person felt about organ donation. The second item asked respondents to indicate the degree to which this person would influence the respondent's decision to become an organ donor (the "motivation to comply" with the other person's wishes). The mean score for the two-item scale was 4.31, SD=1.89. Because each item of the measure was expected to vary independently of the other (and not "hang together" in the manner of a traditional scale), it is inappropriate to compute Cronbach's alpha for this type of measure.

Religious subjective norms followed a similar format. Respondents were asked how they thought their religious leader felt about organ donation and then were asked to indicate how likely their religious leader would affect their behavior regarding donation. The scale mean was M=3.96, SD=1.94. The two scales were combined to create a single norms scale (M=5.31, SD=1.19), which had good reliability as a two-item overall norms scale, alpha=0.75.

Altruism. Altruism was measured using an abbreviated version of the scale used by Morgan and Miller.[35] The scale (M=5.60, SD=1.08) consisted of three items: helping others is one of the most important aspects of life; I enjoy working for the welfare of others; and my family does a lot to help those less fortunate than us. Reliability of the scale was good, alpha=0.75.

Religiosity. The religiosity scale used in this study was adapted from Rohrbach and Jessor.[37] The four items in this scale asked how much a belief in God influenced daily life, how much prayer was a part of daily life, respondents' strength of conviction in the existence of God and the frequency of attendance at church and church-related activities in the past month (from 0–11+). The mean religiosity score was 5.16, SD=1.24. The reliability of the scale was good, alpha=0.83.

Bodily integrity. Four items, adapted from Alden and Cheung,[36] measured bodily integrity: removing organs from the body just isn't right; people's bodies should be buried without removing organs so that they will be able to rise from the dead or exist in the afterlife; the body should be kept whole for burial; and organs should not be removed when someone dies because the body will be reunited with the spirit after death. The mean score on the scale was 5.25, SD=1.69. Reliability on this scale was high, alpha=0.95.

Medical mistrust. Medical mistrust was measured using a five-item scale adapted from La Veist, Nickerson and Bowie.[38] Respondents were asked whether they believe that doctors always try to act in the patients' best interest, whether some people get better medical treatment than others, whether they trust doctors, whether medical procedures are done on people without their consent and whether doctors could be trusted to save their lives in the event of an emergency. The mean score on the medical mistrust scale was 4.04, SD=0.82. Reliability of this scale was poor, alpha= 0.42. Factor analysis revealed a two-factor structure, where "save life" and "doctors act in best interest" grouped into factor 1, while "medical procedures" and "trust doctors" formed factor 2. Reliabilities of the two two-item scales were 0.64 and 0.55, respectively. However, upon further inspection of the items, the items were kept as a single scale because they do not form conceptually distinct scales. It is possible that this population has a significantly different response structure than the mostly European-American population from LaVeist, Nickerson and Bowie's[38] study. In fact, the mean mistrust level the researchers reported was 2.29, SD=0.39, with an overall reliability of 0.74. Reliability was not assessed separately for African-American and non-African-American populations. Therefore, we recommend further development and testing of a medical mistrust scale with African Americans, or alternately, using a medical mistrust scale developed specifically for African Americans.[39]

RESULTS

A sequential logistic regression was performed using the regression function of SPSS to predict membership in donor vs. nondonor groups. Two groups of predictors were used: the first set consisted of variables used in established models of organ donation willingness (knowledge, attitude and social norms), while the second set consisted of variables thought to be particularly influential in African

Americans' donation decisions (religion, bodily integrity, medical mistrust and altruism).

Of the original 351 cases, 40 were deleted due to missing data because of a survey photocopying error. Initial data cleaning revealed skewness among many of the variables, so square-root transformations were performed on all of the variables used in the logistic regression. On the first step of the logistic regression, demographic variables, including gender, age, education and income were entered. The resulting model was a poor fit [χ^2 (4, N=310) =6.05, p=0.20, R^2=0.01]. When the hypothesized predictors (knowledge, attitude, altruism and social norms) were entered at the second step, a good model fit resulted [χ^2 (8, N=310) =48.04, p<0.001, R^2=0.23]. Comparison of the log-likelihood ratios for models with and without these variables showed reliable improvement with the addition of these variables [χ^2 (8, N=310)=301.67, p<0.05]. This model correctly classified 79.2% of those who had not signed organ donor cards and 55.6% of those who had signed cards. The overall percentage of correct classification using this model was 69.3%.

When the variables of religiosity, bodily integrity and medical mistrust were added at Step 3, a good model fit resulted [χ^2 (11, N=310)=68.06, p<0.001, R^2=0.31]. Comparison of the log-likelihood ratios between this model and the previous model showed a reliable improvement [χ^2 (13, N=310)=281.65, p<0.05]. This model correctly classified 79.9% of those who had not signed organ donor cards, and 63.9% of those who had signed cards. The overall percentage of correct classification using this model was 73.2%. Table 1 shows the logistic regression coefficient, Wald test and odds ratio for each of the predictors. At the 0.05 significance level, knowledge, attitudes, social norms and religiosity (negative relationship) had significant partial effects. Table 2 presents a correlation matrix of all of the variables used in the logistic regression.

Because not all variables were statistically significant predictors in the model, a second logistic regression was performed to try to develop the most parsimonious model. The variables of attitudes, knowledge, religiosity and perceived social norms were entered as a single step, yielding a model that correctly classified 71.5% of cases (82.3% of people who had not signed cards and 55.6% of those who had signed cards). Although the model was a good fit [χ^2 (4, N=305) =56.38, p<0.01, R^2=0.23], it was somewhat less powerful than the previous (full) model, which correctly classified 73.2% of cases and had a higher R^2 value (0.32 for the full model vs. 0.23 for the more parsimonious model). Therefore, we believe the full model has more explanatory power.

DISCUSSION

A great deal of the published literature on organ donation willingness has focused primarily on demographic predictors of donor status. Previous findings have indicated that younger people are more likely to be willing to be potential donors than older people, that women are more likely than men to be willing to donate their own organs and that higher education and income is associated with donor willingness. While these findings are certainly interesting, they provide little information that is especially useful in the development of organ donation promotion campaigns. In addition, the present research demonstrates that these demographic variables have far less impact on the willingness to donate by African Americans than previous findings may suggest. Instead, this study indicates that traditional variables used in many persuasive health campaigns (knowledge, attitude, social norms) are the most influential in African Americans' decisions to donate.

This research also revealed that there are additional variables that should be incorporated into theoretical models of the decision to donate by African Americans. Medical mistrust, the desire to maintain

Table 2. Correlation matrix of predictor variables used in logistic regression

	G	E	I	A	K	AT	ALT	SN	BI	R	MM
Gender	1.0										
Education	0.14	1.0									
Income	0.13	0.49	1.0								
Age	0.15	0.35	0.28	1.0							
Knowledge	-0.07	-0.01	-0.10	0.08	1.0						
Attitudes	0.23	0.30	0.35	0.11	0.06	1.0					
Altruism	0.05	0.21	0.17	0.05	0.18	0.56	1.0				
Social norms	-0.11	-0.03	-0.10	-0.05	0.33	0.09	0.29	1.0			
Bodily integrity	0.21	0.29	0.27	0.19	0.16	0.54	0.29	-0.06	1.0		
Religiosity	0.06	0.17	0.19	0.32	0.27	0.30	0.37	0.22	0.16	1.0	
Medical mistrust	-0.05	-0.08	-0.05	-0.08	-0.23	-0.16	-0.06	-0.32	-0.24	-0.15	1.0

Because of large sample size, all correlations exceeding ± 0.11 are significant at p=0.05.

bodily integrity and religiosity were shown to add significantly to the power to predict who will sign an organ donor card. Specifically, African Americans who were lower in medical mistrust, need for bodily integrity and religiosity were more likely to have signed an organ donor card. Although the relationship between these variables and the willingness to donate may be important in the African-American community, there is every reason to believe that these factors have a significant impact in the general population as well.

Social norms also proved to be a significant predictor of the willingness to donate organs. This provides weight to the notion that organ donation campaigns should target the entire family and community when trying to reach African Americans. Organ donation is an important decision fraught with a number of fears and spiritual misgivings. Any successful campaign will take into account the fact that the decision to donate must be supported by family members if donation is to take place.

While attitudes toward organ donation and knowledge about the procedures involved with donating organs are relatively easy to target using traditional models of social influence, variables such as medical mistrust, religiosity and bodily integrity will be far more difficult to change. These factors represent deep-seated fears and spiritual beliefs that may be somewhat invulnerable to the usual sort of persuasive message. However, as Morgan and Cannon[40] point out, the first task of any campaign trying to reach African Americans should be to improve on the rather abysmal rate of knowledge about donation. In particular, African Americans show higher rates of belief that organ donation will prevent the possibility of an open-casket funeral[9] and that organs are more likely to be allocated to those who are rich and/or white.[40] Only once myths about donation have been eradicated will the true impact of these other sets of beliefs be known.

Taken together, these findings suggest several directions for future organ donation promotion campaigns for African Americans. First, and most basic, campaigns must improve the level of knowledge about organ donation. Improving knowledge (especially about the organ allocation system) should, in turn, help to improve attitudes toward donation. Second, the impact of social norms indicated in this study points to the importance of community-based campaigns. People who declare their willingness to donate need to have social support for their decision, if for no other reason than the consent required of next-of-kin before donation can take place. Moreover, a community-based campaign is more likely to generate social and family discussions about donation, which provides a natural opportunity for more knowledgeable potential donors to counter the myths and negative attitudes held by others. Third, the involvement of African-American churches is critical to the reduction of spiritual myths about donation (represented by the bodily integrity variable in this study). This study indicates that having African-American religious leaders actively support donation should also have a powerful impact on donation, as indicated by findings on the social norm component (which included religious leaders) and degree of religiosity.

Limitations

Although a sample size of 310 represents a larger study than is commonly seen in the literature on African Americans and organ donation, our study is far from representative of African Americans as a whole. Although every attempt was made to distribute questionnaires to a diverse sample of African-American adults, our sample was skewed toward more educated, higher-income African Americans. As a result, readers can expect that this sample was more favorably inclined toward donation than African Americans as a whole. Research in the area of organ donation has consistently demonstrated that higher education and income are associated with greater willingness to donate. A long history of racism and its enduring consequences mean that African Americans are less likely to be part of the upper-middle and upper classes, which means that they will be statistically less likely to be donors. Studies of poor urban and rural whites may reveal the same reluctance to donate, though perhaps for somewhat different reasons.

In addition, we were discouraged by the poor reliability of the medical mistrust scale. Although this scale has been used in other studies with success, this represents the first test of the scale with African Americans, to the best of our knowledge. Some additional formative research should be conducted

Appendix A. Knowledge Questions

1. Racial discrimination prevents minority patients from receiving the transplant they need. (F)
2. It is possible for a brain-dead person to recover from their injuries. (F)
3. People who choose to donate a family member's organs end up paying extra medical bills. (F)
4. A rich person has a better chance of getting an organ transplant than an ordinary working person. (F)
5. Organs for transplant can be bought and sold on the black market in the U.S (F)
6. It is possible to have an open-casket funeral service following organ donation. (T)

before the scale is used again with this population. To the extent that the scale fails to measure medical mistrust reliably, the findings with regard to the impact of medical mistrust on the willingness to donate should be interpreted with caution. At a minimum, this part of the study should be replicated to test the relationship between medical mistrust and donor willingness among African Americans.

CONCLUSION

All too many health campaigns are conducted without adequate preliminary research to identify the key barriers and beliefs affecting adoption of a recommended behavior. This study indicates that organ donation researchers and practitioners would do well to target basic knowledge and attitudes among African Americans in order to increase rates of donation. However, the role of some other, less cognitively driven variables, such as bodily integrity and religiosity warrants further consideration. While spiritual misgivings about organ donation may be more difficult to target for change, it is by no means impossible. It is clear, however, that African-American churches will need to be heavily involved in such campaigns if they are to succeed in saving the lives of community members.

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