There remains a pressing need for organ donation in the United States, with >107,000 individuals currently on waiting lists (1). Deceased donors are an important source of live-saving organ donations, and organ donation enjoys broad public support. However, Health Resources and Services Administration statistics show that, although 90% of individuals favor organ donation, only 60% are actually signed up as organ donors (2). This issue is particularly acute in patients from ethnic and racial minority groups, who form a disproportionate number of patients on the transplant waiting list due to higher rates of conditions that predispose to organ failure, such as obesity, hypertension, diabetes, and ESKD.

Members of minority communities are much less likely to be organ donors due to reasons such as decreased awareness, distrust of the medical community, and fear of racism (3). US residents can sign up to be organ donors online (on websites hosted by their local organ procurement organization or nonprofit organization, such as Donate Life) or, more typically, in person at their local Department of Motor Vehicles (DMV) (4). The DMV is well suited for this task and allows instant registration and identification of organ donor status on a ubiquitous, government-issued form (DMV) (4). The DMV is well suited for this task and allows instant registration and identification of organ donor status on a ubiquitous, government-issued form of identification. However, little or no educational information may be available to prospective registrants, DMV clerks may lack the training or time to properly engage individuals, and a DMV visit may cause stress and anxiety for many—negative emotions that may further limit intention to register as a donor (5,6).

In their present work, Molmenti and colleagues evaluated the effect of a video intervention on organ donor intention in an ethnically and racially diverse group of New York City residents, and studied racial differences in effect of the video on factors associated with organ donation. Using an emotive video previously shown to be effective in a predominantly White community, the authors studied responses from a large group of volunteers crowdsourced via an online platform. Minorities were well represented, with Black individuals forming 23% of participants and Hispanics 20%. A majority of participants were young (57% were <40 years old) and employed full or part time (68%). Of the study participants, 37% were already registered organ donors, reflecting the organ donor registration rate in the state of New York, which—as the authors pointed out—is among the lowest in the nation, attributed in part to the diversity of the state’s population. Most participants from ethnic minority backgrounds were not registered organ donors (Black, 77% nondonor; Asian, 72% nondonor; and Hispanic, 62% nondonor).

The authors found that a “video-first” intervention significantly improved the odds of organ donation intent (odds ratio, 1.70; 95% CI, 1.29 to 2.24). Video exposure improved knowledge on how and where to register to be an organ donor and addressed misconceptions on barriers to donation, such as age and health status. Echoing the findings of prior studies, respondents self-identifying as Black were less likely to express intent to register to be organ donors (odds ratio, 0.66; 95% CI, 0.47 to 0.92). Black participants were more likely than White participants to express concern for maintaining body integrity, worry about differential treatment by doctors, and express a fear of racism. They were more likely to believe it is legal to buy an organ, be supportive of receiving funeral payments, and be inclined toward an opt-out system. Black participants were less likely to cite religious beliefs as influencing their decision, think there was an age limit to donation, and—importantly—were much less likely to feel it was appropriate to be asked about donation at the DMV. Study participants endorsed the primary care setting as the most appropriate venue to be asked about organ donation registration, followed by the DMV, will/estate discussions, and the emergency room.

The work by Molmenti et al. adds to the literature on methods to motivate organ donation, especially in minority groups, and identifies concerns in these groups that might be mitigated by education and incentives to positively affect donation. Organ donation registration at the DMV should not be taken for granted and should be recognized as a missed opportunity to educate and encourage more individuals to register as organ donors. A video, such as the one used in Molmenti et al.’s study, may be a simple, effective, and low-cost intervention. In a small study of Black individuals’ experience at the DMV in Alabama, participants indicated that, although almost all were asked if they would like to be an organ donor, a majority were not given any additional information and did not feel that staff helped them understand the
Participants in this study were overwhelmingly interested in learning more about organ donation and felt video messaging was the most effective way to get their attention while waiting in line. Participants in Molmenti et al.’s study favored the primary care setting over the DMV as a site for organ donation registration. Their work adds to the impetus that efforts to increase organ donation registration should not be limited to the DMV. Rather, primary care visits and emergency department waiting rooms are also potential opportunities to leverage organ donation registration.

The White House designated April 2021 as National Donate Life Month and, amid the activities surrounding this initiative, Molmenti et al.’s study is a timely reminder of strategies needed to increase organ donation, especially in minority communities, to ameliorate disparities and improve access to transplantation.

Disclosures
All authors have nothing to disclose.

Funding
None.

Acknowledgments
The content of this article reflects the personal experience and views of the author(s) and should not be considered medical advice or recommendations. The content does not reflect the views or opinions of the American Society of Nephrology (ASN) or Kidney360. Responsibility for the information and views expressed herein lies entirely with the author(s).

Author Contributions
S. Ong wrote the original draft; and S. Ong and K. Wille reviewed and edited the manuscript.

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Received: April 21, 2021 Accepted: July 21, 2021
See related article, “A Randomized Intervention to Assess the Effectiveness of an Educational Video on Organ Donation Intent,” on pages 1625–1632.