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### **African Americans' Perception of Chronic Kidney Disease**

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**Background:** Compared to other ethnic groups, African Americans (AAs) have the highest prevalence of chronic kidney disease due to type 2 diabetes (T2DM-CKD) and the highest rate of progression to end stage renal disease (ESRD). Despite the effectiveness of known physiological interventions to decrease the progression of T2DM-CKD, the prevalence of ESRD is increasing among AAs. Researchers, who implemented an intervention to impede the progression of T2DM-CKD, found that AA participants with stable or slow decline in kidney function and AA participants with rapid decline in kidney function were in both their intervention and control groups. Therefore, other critical factors not yet identified may influence progression of T2DM-CKD among AAs.

**Purpose:** To determine the feasibility of recruiting a sample of these AAs to elicit their perceptions of T2DM-CKD, we developed an interview guide that focused on describing AAs' perception of T2DM-CKD, specifically perceptions of disease severity, risk, and control, and perceptions of self-management of T2DM-CKD, including benefits and burden for specific self-management behaviors.

**Methods:** To pilot the recruitment strategy and the interview guide, we conducted a cross sectional qualitative descriptive design with purposive sampling. The interview guide was a semi-structured tool. Results: The recruitment method was not successful because too much time elapsed between the initial study and this pilot study. We recruited 9 participants. The interview guide with minor adjustments did elicit the AA's perceptions of T2DM-CKD. Preliminary results revealed that participants did not take T2DM seriously until they had CKD, had misperceptions about the cause of T2DM; and viewed primary care providers (PCPs) as not explicitly informing them of their status in regards to CKD.

**Preliminary Conclusion/Implications:** The results of this study have the potential to identify factors among AAs that contribute to the progression of T2DM-CKD. This information will enhance PCPs' ability to promote realistic perceptions among AAs to decrease the progression of T2DM-CKD.

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