

# Mapping a Typical Health Journey for Indigenous Patients with Chronic Kidney Disease onto Dialysis

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## Background

- Chronic kidney disease (CKD) is a continuous reduction in renal function<sup>1</sup>.
- Becoming a public health concerns, significant burden of disease and premature death<sup>1</sup>.
- CKD often goes untreated due to asymptomatic nature<sup>2</sup>.
- Indigenous Australians are disproportionately affected<sup>3</sup>:
  - Incidence rate of 18 times higher in rural areas<sup>3</sup>
  - Aboriginal patients make >10% of new cases<sup>3</sup>
  - 4 fold increase in risk of death<sup>3</sup>

## Gap, Aim & Hypothesis

### Gap:

- Huge gap of knowledge translation into Aboriginal health practice despite extensive research.

### Aim:

- Mapping a health journey of an Indigenous patient with CKD onset until dialysis – including its symptoms, various healthcare professionals accessed during their journey.

### Hypothesis:

- The majority of Aboriginal patients with CKD are unaware of the health journey they will be taking once diagnosed.

## Methods

- This study consists of a Qualitative Research Approach
- The method consists of a 3-step process:

### 1. Literature and document review

- Searching PubMed & Google Scholar for relevant papers
- Selection process

Relevant studies identified  
(PubMed: n=6, Google  
Scholars: n=11)

Study excluded (n=6)  
(Published prior 2005)

Full text article assessed for  
eligibility (n=11)

Study excluded (n=4)  
(Associated with Canadian and  
New Zealand Indigenous people)

Study finally included  
(n=7)

- Grey literature review – provided by course supervisor.

### 2. Map a typical health journey

- Information gathered from literature & document review
- Ethics did not allow access to identifiable data or any form of direct communication with patients.
- Therefore, representative journey map was only option.

### 3. Validation of mapping by experts

- 2 Aboriginal Reference Group member (lived experience)
- 2 Renal health professionals (Nephrologist, renal nurse)
- Ensures the journey map is a true representation of an Aboriginal renal patient with CKD.

## Results

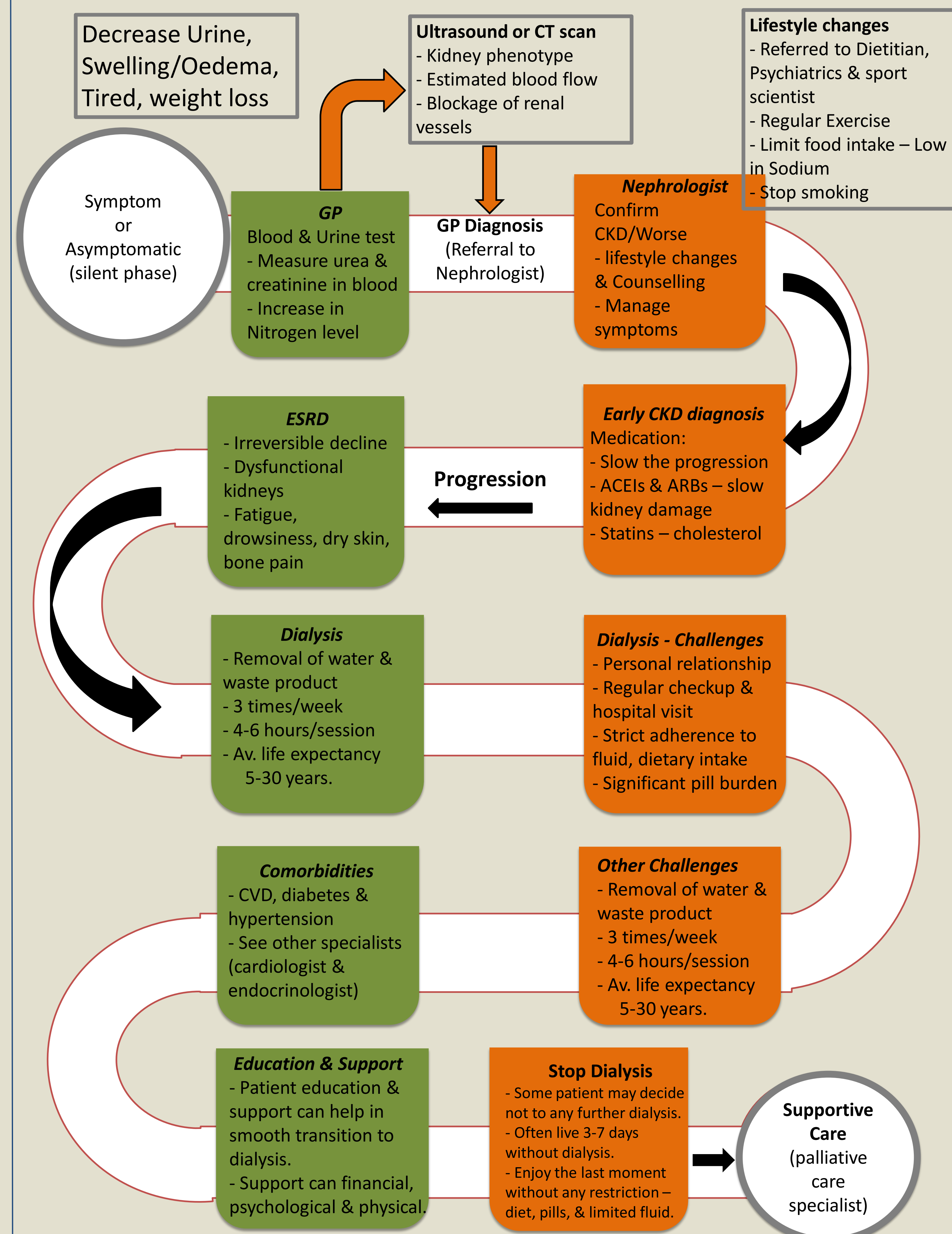


Figure 1: Health journey map of chronic kidney disease patients from diagnosis till dialysis and decision to choose palliative care.

## Conclusions

- This mapping highlights challenges, treatment options and lifestyle alterations experienced by newly diagnosed Indigenous dialysis patients.
- It also forms the basis for future individualised mapping in clinical practice.
- However, people are diagnosed at different stages of their life and the disease, therefore, they may go through a different journey process.
- This journey map has not taken into consideration medication cost, patient background (homeless, rural) and different priorities (children, work). Therefore, more future work is required in this area.
- This study increases the awareness of clinicians, thereby enabling a smoother transition for newly diagnosed Indigenous patients into dialysis.

## References

- Gerrard and McDonald 2019, Improving access to and outcome of kidney transplantation for aboriginal and Torres Strait Islander people in Australia, *The Transplantation Society of ANZ*, 214-227
- Dalrymple et al., 2011, Chronic kidney disease and risk of end-stage renal disease versus death, *Journal of General Internal Medicine*, 26, 379-386
- Burns et al., 2015, Overview of Australian Indigenous health status, *Overview of Australian Indigenous Health Status*, 2014

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