Published in final edited form as:

J Natl Med Assoc. 2017 ; 109(4): 287–293. doi:10.1016/j.jnma.2017.04.004.

Factors Perceived to Influence the Decision for African Americans to Become Registered Organ Donors at the Department of Motorized Vehicles

Derek A. DuBay, MD, MSPH,

Department of Surgery, Division of Abdominal Transplant, Medical University of South Carolina, Charleston, SC

Nataliya Ivankova, PhD,

Department of Health Services Administration, University of Alabama at Birmingham, Birmingham, AL

Ivan Herby, MD, MPH,

Department of Medicine, Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, AL

Yu-Mei Schoenberger, PhD,

Department of Medicine, Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL

David T. Redden, PhD,

School of Public Health, Biostatistics Department, University of Alabama at Birmingham, Birmingham, AL

Cheryl Holt, PhD,

School of Public Health, Department of Behavioral and Community Health, University of Maryland, College Park, College Park, MD

Laura A. Siminoff, PhD,

College of Public Health, Temple University, Philadelphia, PA

Mona Fouad, MD, MPH, and

Department of Medicine, Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL

Michelle Y. Martin, PhD

Department of Preventive Medicine, University of Tennessee Health Science Center, Memphis, TN

Corresponding Author Contact Information: Derek DuBay, MD, Division of Transplantation, Medical University of South Carolina, 409 C1 CSB; 92 Jonathan Lucas St, Charleston, SC 29425, dubay@musc.edu.

Disclosures: The authors declare there are no conflicts of interest

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Abstract

Background—African Americans (AA) are a third as likely as Caucasians to become registered organ donors at the Department of Motorized Vehicles (DMV). The Department of Health and Human Services has set the goal that at least 50% of adults in each state are registered donors.

Aims—The purpose of this study was to explore the personal, behavioral and environmental factors associated with AA donor registration decision-making at the DMV.

Methods—Guided by the Social Cognitive Theory, 13 focus groups (n=100 participants) were conducted with AAs who visited the DMV in the past 3 months and made a decision regarding whether to become or to not become a registered donor. The data were analyzed using inductive thematic and qualitative content analyses.

Results—Study participants expressed a desire to learn more information while waiting in line at the DMV. Knowing a family member or friend in need of an organ transplant, and the desire to make one's own decision were two salient factors associated with the decision to become a registered organ donor. Several aspects of the DMV environment (e.g., noisy, overcrowded, lacking privacy) were cited as deterrents to becoming a registered donor.

Discussion—This study highlights the personal, behavioral and environmental factors associated with AA organ donor registration decision-making at the DMV.

Conclusion—The DMV is a setting where many adults make a decision about organ donation. Policies that create an environment in the DMV to support informed decision-making (e.g., privacy, informed clerks, available educational materials, etc.) are indicated.

Keywords

Organ Donor Registration; Organ Donation; Health Disparities; Social Cognitive Theory; African American; Department of Motorized Vehicles

1. Introduction

There are 122,000 persons waiting for donor organs in the US as of 2015, but only around 30,000 transplants are performed each year.¹ Examination of nationally available data demonstrates a large racial disparity in organ donation.² For example, Caucasians are 4.7 fold more likely than African Americans to consent to organ donation according to a recent study of potential donors in Alabama.³ The disparity in organ donation is a significant public health challenge. In addition to being under represented in the donor pool, African Americans are significantly over represented on the transplant waitlist. In Alabama, for example, African Americans make up 26.7% of the population⁵, yet comprise 67.6% of the renal transplant waiting list at the University of Alabama at Birmingham (UAB)². Furthermore, in Alabama, 77% of Caucasians are registered organ donors, but only 28% of African Americans are registered organ donors.⁴ With the Department of Health and Human Services mandating that all states have a donor registry and set the goal that at least 50% of adults in each state are registered organ donors, these racial disparities highlight the need for interventions to increase African American organ donor registration.

Although rarely utilized for public health interventions, the ideal setting for these intervention programs may be the Department of Motor Vehicles (DMV). Most organ donor registrations (for all races) occur at the DMV.⁶ However, we know little about the decision making process about donation among adults visiting the DMV. The purpose this study was to begin to address the knowledge gap in the literature regarding the decision-making process of *becoming* a registered organ donor at the DMV.

Guided by Social Cognitive Theory,⁷⁻⁹ this qualitative study identified the personal, behavioral, and environmental factors that influence motivation and result in a decision to become or to not become a registered organ donor among African American adults who visited the Alabama DMV in the past 3 months. Two groups were compared: African Americans who made a first time decision to become a registered organ donor and African Americans who chose not to register as an organ donor.

2.0 Materials and Methods

2.1 Participant Recruitment

The study protocol obtained institutional review board approval.. Study participants were African American women and men 19 years or older who visited an Alabama Driver's License office in the past 3 months and made a decision (yes or no) to become a registered organ donor. A list of potential participants was provided by the Alabama Department of Public Safety on a quarterly basis. A postcard was mailed to eligible participants that reside in the 22 Birmingham, Alabama area zip codes that are geographically located within a 20-minute drive to the University of Alabama at Birmingham (UAB) campus. Interested participants were instructed to call the study office. A telephone screening process excluded persons who had renewed their organ donor registration (i.e. NOT a first-time organ donor registration) by comparing their name to the Alabama Donor Registry. In addition, persons were excluded if they indicated that they were NOT asked if they wanted to be an organ donor while at the Driver's License office (all patrons are supposed to be asked if they want to be a registered organ donor but in practice not all are). The goal was to recruit persons who thought about, and made a voluntary decision (yes or no) about becoming a registered organ donor while at the DMV. There was 5% response rate among eligible participants (n=100) who were mailed a postcard inviting them to participate (Table 1). Newly registered donors were oversampled to reach the recruitment goal of 1/2 registered donors and 1/2 non-registered participants. Ineligible persons (n=21) were a combination of registration renewals (not a first-time yes decision) or they had not visited the DMV within the past 3 months (responded to a recruitment postcard indicated for someone else).

2.2 Data Collection

Two experienced African American moderators conducted the focus groups. Semi-structured focus group moderator guides were developed by the research team and organized according to Social Cognitive Theory constructs (Table 2). Thirteen focus groups were then conducted with 100 African Americans with the number of participants ranging from 5 to 8 per focus group. To promote participation and encourage discussion, homogenous focus groups of newly registered organ donors (n=7 groups, n=54 participants) and non-registered

participants (n=6 groups, n=46 participants) were conducted. Audio and video recordings were obtained for each focus group. Participants completed a brief demographic survey upon completion of the focus group. Participants were provided with light refreshments and \$100 cash as compensation for their time and travel.

2.3 Data Analysis

The digitally recorded focus group discussions were transcribed verbatim and analyzed in two stages using a multi-functional software system for qualitative data analysis, NVivo10 (QSR International). First, an inductive thematic analysis was conducted to search for common categories and themes in the data.¹⁰ To ensure consistency in data interpretation, two qualitative investigators (NI and IH) independently coded the original transcripts by identifying key points and recurring categories and themes that were central to areas of discussion both within and across focus groups. A constant comparative method¹¹ that involves iterative comparison of new information with the coded data was used to guide the analytical process. Inter-coder agreement between the two coders reached an acceptable 90%.¹² Content analysis¹³ was also performed on the generated categories and themes using the counts of text references in NVivo 10 to systematically represent consistencies in viewpoints across focus groups and participants with different organ donation registration status. Particular emphasis in the analysis was placed on how the themes interacted with each other to explain the decision to become (or not become) a registered organ donor within the study's theoretical framework.

3.0 Theoretical Framework

Focus group questions were organized around the constructs of the Social Cognitive Theory that provided a framework for exploring factors that may be associated with the choice to become a registered organ donor. The Social Cognitive Theory argues that human behavior is shaped by personal, behavioral, and environmental influences, and that the three (behavior, person, and environment) function in a reciprocally determinant manner.⁷ This means that behavior can both shape and be shaped by the environment. In the case of organ donation registration, both social and physical environmental cues can influence what a person believes and how they act on those beliefs about becoming a donor or not. Personal factors addressed by the Social Cognitive Theory include outcome expectations and perceived self-efficacy.⁹ Outcome expectations are the anticipated consequences of a given behavior, and a given behavior can have several anticipated consequences. Perceived self-efficacy is one's confidence to perform a given behavior well enough to achieve the desired outcome.

4.0 Results

Through the exploration of the views and experiences of participants who became registered donors and those that did not, several themes emerged that provide a deeper understanding of the intra- and interpersonal factors important for African American organ donor registration at the DMV. The description of the themes are organized consistent with the central paradigm of the Social Cognitive Theory that posits that behavior is a function of both the person and the environment and that the three (behavior, person and environment)

function in a reciprocally determinant manner.⁷ Accordingly, we first explore the behavior of becoming a registered organ donor. Next, we present personal factors that are motivators and barriers to the decision to become a registered organ donor. Finally, we describe the DMV environment and how it may influence the behavior of becoming a registered organ donor.

4.1 Behavior: Becoming a registered organ donor at the DMV

4.1.1 Timing of the decision to become a registered organ donor at the DMV—

The point in time when African American participants made the decision to become a registered organ donor varied. Some first-time registered organ donors made the decision far in advance of the DMV visit because they had some experience with organ donation through other people: *“I became an organ donor ... because my best friend had just passed away and needed a heart transplant. They didn't find a heart and he passed on. And all of our whole group of friends decided that we would be organ donors in memory of him.”* Others made the decision prior to the DMV visit, knowing that they would have the opportunity to become a registered organ donor: *“I had been thinking about it that would be something I wanted to do because I feel like even though I'm dead somebody could use my organs to help somebody else in their life.”* However, the most common time participants made the decision to become a registered organ donor was at the DMV. Many decisions were not pre-contemplated but rather, made “on the spur of the moment” when asked by the DMV clerk: *“I didn't think about becoming an organ donor when I first got to the DMV, but after I was asked would I like to be one I decided yes.”*

Participants who chose to not become a registered organ donor rarely entered the DMV having already made that decision. The data revealed that most participants had not considered becoming a registered organ donor; they knew very little about organ donation; and they were “caught off guard” when asked by the DMV clerk: *“I never really thought about it at all... I just, you know, it's not anything I just really thought about doing.”*

4.1.2 Self-Efficacy—Although becoming a registered organ donor was recognized to be a simple process, participants expressed a desire to make one's own decision: *“No it was my choice, I don't need anybody's approval to just help... I didn't tell anybody, I didn't, I just went in and did it.”* Participants emphasized that they should be the one to make the decision about becoming a registered organ donor, not one's family making the organ donation decision posthumously.

4.2 Personal factors associated with becoming a registered organ donor at the DMV

4.2.1 Factors that were associated the decision to become a registered organ donor at the DMV—The salient factor associated with the decision to become a registered organ donor was getting more information: *“When I got my license the first time they asked me, but I didn't know much ... I did a little more research and actually looked into it before I just said okay”.*

Other factors associated with the decision to become a registered organ donor include “seeing injured people” and after seeing media containing organ donor subject matter. The movie John Q was brought up in more than one focus group: *“I really liked movies and the*

movie 'John Q,' it was about HMO's, but in the movie, the accident, and the lady being able to donate what he needed you know it made sense, why not you know if you are gone."

Participants who chose to not become a registered organ donor infrequently identified factors that influenced their decision, despite focus group moderators probing for input. This group noted that declining was the "default" choice: *"I had not thought whatsoever about, uh, becoming an organ donor; I was focused on getting my license and that was it."*

4.2.2 Personal motivators associated with becoming a registered organ donor

—When newly registered organ donors were asked what motivated them to become a donor, two dominant factors emerged: Knowing a family member or friend in need and altruism. Most focus group participants had a family member or friend that either was on dialysis, on the kidney (or other solid organ) transplant waitlist, or had received an organ transplant: *"For me...both my uncles...had kidney problems...both had dialysis...one died and one got a donor. If somebody could have helped him out, he would be here."* A readiness to help someone or wanting to give back was commonly noted as the reason to become a registered organ donor: *"My only benefit that I thought would benefit me is the satisfaction of somebody else being happy or somebody else living to see another day even when I'm gone, you know, that will still benefit me it was my organ that saved them..."*

4.2.3 Outcome expectations associated with becoming a registered organ donor at the DMV

—Participants noted that family members (most commonly parents) influenced their decision to become a registered organ donor. Here, participants identified a satisfaction from the belief that they had done 'the right thing', making a decision for which their family member would approve. For example: *"my mom had a great impact in that decision making because she have always lived a Christian life. She have always went beyond her means for other people so she was a great example that I follow."*

4.3 The DMV environment: Influences the behavior of becoming a registered organ donor

4.3.1 Conversations about organ donation while waiting in line at the DMV—

Conversations about organ donation while waiting at the DMV were discussed almost exclusively among participants who became registered organ donors. Although not common, conversations about organ donation from peers standing in line at the DMV were cited as influential in making the decision to become a registered organ donor: *"I had a conversation with a couple of ladies while we were in line for about 15-20 minutes. There was another lady before us and she said, 'I want to be an organ donor'. We was all asking questions why because you know...like someone said, when you're gone, you're gone. But why not give, say if someone was in a car wreck and need a kidney or heart or other part....we discussed that...I was like, I'm gonna do it. If it's time to do it, we need to do it and it was like 15 of us was doing it."*

4.3.2 DMV physical environment—

Both the registered organ donors and non-registered participants noted that the DMV waiting area was noisy and overcrowded. However, negative perceptions of the DMV environment were much more commonly cited among participants who chose to not become a registered organ donor. Those participants were

much more likely to complain of long waiting times at the DMV counter when making the decision: *"I told her 'no' because I was ready to get out of there and I was there on lunch and I was already been an hour and a half or two and I told her 'no'."*

Only participants who chose to not become a registered organ donor expressed concerns about a lack of privacy at the DMV counter when making the decision: *"It wasn't, the way it was set up, it wasn't, you didn't have any privacy so it was a open conversation so when the clerk was asking questions to the person you could hear her asking you know and for the 3 or 4 people that were ahead of me when she asked me would you like to be an organ donor, 'no'."*

4.3.3 DMV Staff—Both participants that chose to become a registered organ donor and those that declined noted that the DMV staff played an important role in the organ donation decision. Both groups had the impression that the DMV clerk was asking about organ donor registration out of obligation: *"When I was asked I can remember the lady that was doing it she was just looking at her computer screen, doing her job, keying in, do you want to be an organ donor? 'No'. She was just about her business asking questions you know..."* Both groups also had the impression that the DMV staff were overloaded: *"... it is so crowded, it's underworked... most of the time they know they got a whole room of people in here, and it's only just a few of them in there; they can't really go into detail with each and every one of us."*

Concerns were raised by both participants that chose to become a registered organ donor and those that declined that the DMV staff had a lack of organ donation knowledge and training. Participants expressed a desire to have the DMV staff answer questions about organ donation: *"Just because they work at the DMV does not mean they have been educated about organ donation you know so then you have some people that stand there and wait because they don't believe and they don't trust and they are not going to tell anybody else about it."*

5.0 Discussion

Understanding the personal, behavioral, and environmental factors that influence decision-making at the DMV is important for designing interventions to increase African American organ donor registration. This study is unique because research participants were African American adults who were recruited within 90 days of visiting a DMV and making a decision regarding becoming a registered organ donor. The dominant factor that was associated with the decision for participants to become a registered organ donor was knowing a family member or friend in need of a transplant or one that had received an organ transplant. Most participants were aware of family or friends on dialysis and/or on the transplant list, in large part because of the high rate of end-stage renal disease in African Americans.¹⁴ Other survey-based epidemiological studies also have reported an association between knowing a family or friend in need of transplant organs and a willingness to be an organ donor.^{15,16}

Another salient factor associated with participants becoming registered organ donors was related to the concept of self-efficacy. Participants expressed the desire to make this important decision themselves, and not put this burden on their families posthumously. Some participants also expressed concern that one or more of their family members would not support organ donation thus highlighting the importance of one making the decision for themselves and making sure the decision is honored posthumously. Increasing public awareness of first-person consent (donor designation) in all 50 states may facilitate the decision to donate. First-person consent makes the indication of an adult's intent to donate organs (i.e., becoming a registered donor) legally binding, much like a living will.

Another important finding in this qualitative study was that many DMV registered organ donor decisions (both in favor and not in favor) were made while at the DMV, often “on the spur of the moment.” Participants desired organ donation information and were open to learning about organ donation while waiting. Multiple studies have reported the want for education or information about organ donation to help inform decision-making.¹⁷⁻¹⁹ There is little granularity, however, regarding exactly what type of education or information is being requested. Previous work by our research team suggested that two central educational items were the need for deceased organ donors among African Americans and dispelling organ donation myths common among African Americans.²⁰ Furthermore, it is unclear the best avenues to provide donation information prior to becoming a registered organ donor. Organ donation studies highlight the need for “priming” approaches (before going to the DMV), “point of decision-making” items located at the DMV, or some combination.^{6,21,22}

As correctly posited by Bandura, the DMV environment played an important role in the decision to become a registered organ donor among participants.⁷⁻⁹ Study participants who chose to not become a registered organ donor frequently interpreted the DMV environment to be noisy, overcrowded, and lacking privacy. DMV clerks were often viewed as uninterested in organ donation. The importance of the DMV clerk in influencing the decision to become a registered organ donor is highlighted by a successful DMV intervention.²³ DMV clerks in 9 Michigan counties were provided a 1-hour organ donation educational intervention resulting in a 9-14% increase in registrations compared to non-intervention counties.²³ Importantly, the effect lasted for up to a year as opposed to other resource-intensive DMV interventions where the effect rapidly dissipated following completion of the intervention.²¹

Consistent with the Social Cognitive Theory basic tenets, the behavior of becoming a registered organ donor is shaped by personal, behavioral, and environmental influences, and that the three (behavior, person, and environment) function in a reciprocally determinant manner. Using the findings from this study, this relationship is captured in Figure 1, highlighting the need for a comprehensive approach in understanding the factors that may be associated with the choice to become a registered organ donor at the DMV.

This study had several limitations inherent to qualitative research studies. Although engaging African American participants who recently visited the DMV and made an organ donor registration decision is an improvement over other random sampling and hypothetical scenarios in the literature, there was only a 5% recruitment rate suggesting there may be a

participation bias present in this study. African American females were also much more likely to respond to the postcard and be included in the study. Finally, because we invited those just 20 minutes from the University to participate – our sample was primarily urban African Americans and those close to a major academic institution. The experiences and viewpoints of the broader African American community may or may not be represented.

Implications

This study highlights the personal, behavioral and environmental factors associated with African American organ donor registration decision-making at the DMV. (Figure 1) Most decisions about organ donor registration were made at the DMV. Participants desired organ donation information and were open to learning about organ donation while waiting in line at the DMV. A salient factor common among African Americans who became a registered organ donor was knowing a family member or friend in need of a transplant or one that had received an organ transplant. Interventions to increase African American organ donor registration should leverage this association; perhaps by including storytelling among waitlisted patients, transplant recipients and/or donor families.

Acknowledgments

This research was funded by National Institutes of Health grant numbers 1 K23 DK091514 (DD) and 1 R03 DK106432 (DD).

Research was supported in part by a Charles Barkley Health Disparities Research Award (D. DuBay) and NIH NIDDK 1 K23 DK091514 (D. DuBay) and 1 R03 DK106432 (D. DuBay).

References

1. Donate Life America. [Accessed July 15, 2014] Donate Life America: Statistics. Donate Life America. 2014. <http://donatelife.net/statistics/>
2. OPTN. [Accessed March 7, 2013] Organ Procurement and Transplantation Network. 2013. <http://optn.transplant.hrsa.gov/>
3. DuBay D, Redden D, Haque A, et al. Is decedent race an independent predictor of organ donor consent or merely a surrogate marker of socioeconomic status? *Transplantation*. 2012; 94(8):873–878. [PubMed: 23018878]
4. Alabama Organ Center. [Accessed February 1, 2016] Alabama Organ Center: giving live a second chance. 2016. <http://www.alabamaorgancenter.org2016>
5. Quickfacts. [Accessed February 5, 2016] Quickfacts: Alabama. 2016. <http://www.census.gov/quickfacts/table/PST045215/01,00>
6. Rodrigue JR, Fleishman A, Fitzpatrick S, Boger M. Organ donation video messaging in motor vehicle offices: results of a randomized trial. *Prog Transplant*. 2015; 25(4):332–338. [PubMed: 26645928]
7. Bandura A. The anatomy of stages of change. *Am J Health Promot*. 1997; 12(1):8–10. [PubMed: 10170438]
8. Bandura A. Health Promotion from the perspective of social cognitive theory. *Psychology & Health*. 1998; 13(4):623–649.
9. Bandura A. Health promotion by social cognitive means. *Health Educ Behav*. 2004; 31(2):143–164. [PubMed: 15090118]
10. Creswell, JW. *Research Design: Qualitative, quantitative, and mixed methods approaches*. 4th ed.. Thousand Oaks, CA: Sage; 2014.
11. Glaser, B., Strauss, A. *The discovery of grounded theory*. Chicago: Aldine; 1967.

12. Miles, MB., Huberman, AM. Qualitative data analysis: A sourcebook. 2nd ed.. Thousand Oaks, CA: Sage; 1994.
13. Krippendorff, K. Content analysis: An introduction to its methodology. Newbury Park, CA: Sage; 2003.
14. Tarver-Carr ME, Powe NR, Eberhardt MS, et al. Excess risk of chronic kidney disease among African-American versus white subjects in the United States: a population-based study of potential explanatory factors. *J Am Soc Nephrol*. 2002; 13(9):2363–2370. [PubMed: 12191981]
15. Wagstaff DA, Korda H, McCleary KJ. African Americans' organ donor intentions: who has used which registration mode to express her or his intentions? *Journal of public health management and practice* : JPHMP. 2008; 14(1):E7–E13. [PubMed: 18091031]
16. Gallup Survey. 2012 National Survey of Organ Donation Attitudes and Behaviors. 2013 [Accessed November 1, 2015]
17. Morgan SE. Many facets of reluctance: African Americans and the decision (not) to donate organs. *J Natl Med Assoc*. 2006; 98(5):695–703. [PubMed: 16749644]
18. Morgan SE, Cannon T. African Americans' knowledge about organ donation: closing the gap with more effective persuasive message strategies. *J Natl Med Assoc*. 2003; 95(11):1066–1071. [PubMed: 14651373]
19. Arriola K, Robinson DH, Thompson NJ, Perryman JP. Project ACTS: an intervention to increase organ and tissue donation intentions among African Americans. *Health Educ Behav*. 2010; 37(2): 264–274. [PubMed: 19858313]
20. DuBay DA, Ivankova N, Herby I, et al. African American organ donor registration: a mixed methods design using the theory of planned behavior. *Progress in transplantation*. 2014; 24(3): 273–283. [PubMed: 25193729]
21. Harrison TR, Morgan SE, King AJ, et al. Promoting the Michigan organ donor registry: evaluating the impact of a multifaceted intervention utilizing media priming and communication design. *Health communication*. 2010; 25(8):700–708. [PubMed: 21153986]
22. Quick B, Harrison TR, King AJ, Bosch D. It's up to you: a multi-message, phased driver facility campaign to increase organ donation registration rates in Illinois. *Clin Transplant*. 2013; 27(5):E546–553. [PubMed: 23952842]
23. Harrison TR, Morgan SE, Di Corcia MJ. Effects of information, education, and communication training about organ donation for gatekeepers: clerks at the Department of Motor Vehicles and organ donor registries. *Progress in transplantation*. 2008; 18(4):301–309. [PubMed: 19186584]

Figure 1. Social Cognitive Theory Interpretation of Key Themes

Table 1
Characteristics of Focus Group Participants

	YES Registered Organ Donor	NOT Registered Donor
Population	n=56	n=44
Mean Age (years)	35.2 ± 13.5	35.5 ± 13.6
Age Range (years)	19-67	19-65
Gender		
Female	42 (75%)	29 (66%)
Male	14 (25%)	15 (34%)
Education		
Less than High School	1 (2%)	2 (5%)
High School	19 (34%)	21 (48%)
Some College	13 (23%)	10 (23%)
4 Years or more College	23 (41%)	11 (25%)
Marital Status		
Never Married	31 (55%)	26 (59%)
Married/ Common Law	9 (16%)	11 (25%)
Separated/ Divorced	15 (27%)	7 (16%)
Widowed	1 (2%)	0 (0%)
Employment		
Part-Time	13 (23%)	15 (34%)
Full-Time	22 (39%)	19 (43%)
Retired	8 (14%)	3 (7%)
Unemployed	12 (21%)	6 (14%)
Annual Household Income		
<\$20,000	26 (46%)	18 (41%)
\$20,000 – \$40,500	5 (9%)	12 (27%)
\$45,501 – \$60,000	2 (4%)	6 (14%)
>\$60,000	0 (0%)	4 (9%)
Decline to Provide	23 (41%)	4 (9%)
Religious Service Attendance		
>Once a Week	11 (20%)	10 (23%)
About Once a Week	29 (52%)	22 (50%)
About Once a Month	7 (13%)	3 (7%)
<Once a Month	9 (16%)	9 (20%)
Religiosity		
Yes, Very Religious	30 (54%)	20 (45%)
Yes, Somewhat Religious	24 (43%)	21 (48%)
No, Not at All	1 (2%)	3 (7%)
Travel Distance to DMV		

	YES Registered Organ Donor	NOT Registered Donor
Population	n=56	n=44
<10 miles	16 (29%)	24 (55%)
11-20 miles	27 (48%)	17 (39%)
>20 miles	11 (20%)	2 (5%)
Wait Time		
<30 minutes	21 (38%)	22 (50%)
31-60 minutes	16 (29%)	9 (20%)
>60 minutes	19 (34%)	13 (29%)

Table 2
Focus Group Topics Arranged via Social Cognitive Theory Constructs

SCT Constructs	Example Questions
Person Construct	
1. Self-Efficacy	How is your decision affected by your confidence in your ability to become a registered donor at the DMV?
2. Outcome Expectations	
Self-Evaluative	Did you think that becoming a registered organ donor would change you in anyway?
Social	Did you expect someone to approve/ disapprove of your organ donation decision?
Physical	What kind of physical rewards or benefits did you expect from becoming a registered organ donor?
Behavior Construct	
3. Behavioral Capability	Before you entered the DMV, describe how you had already thought about becoming a registered organ donor?
4. Verbal Persuasion	Describe any conversations about organ donation while waiting in line at the DMV?
5. Vicarious Learning	Describe any organ donation promotional items seen at the DMV?
Environment Construct	
6. Environment	Describe your interaction with the person who asked if you wanted to be a registered organ donor.