EVALUATING A PROGRAM TO INCREASE BLOOD DONATION AMONG RACIAL AND ETHNIC MINORITY COMMUNITIES IN NEW YORK CITY

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ABSTRACT

PROGRAM PURPOSE & COMPONENTS

In 2008, with New York State Health Foundation support, the PreciseMatch® program added three outreach coordinators who:

1. Provided education and outreach in the target communities to address myths and misperceptions about blood collection;
2. Promoted awareness of the need for blood donation among the African American/Black, Hispanic/Latino and other racially/ethnically diverse communities; and
3. Built partnerships with community leaders, in order to make any donation increases sustainable.

Outreach to community leaders at churches, community centers and local businesses; face-to-face presentations at community events, health expos and street fairs; and educational presentations at high schools, colleges, and civic, religious and community-based organizations were conducted. Marketing materials developed included a presentation, posters and branded/marketing materials in English and Spanish. Brochures featured three SCD patients. Over 10,000 were distributed at local events and blood drives beginning in 2009.

RESULTS

The program missed the operationalized goal, a quarterly collection of 150 incremental units from African American and Hispanic/Latino donors, by 25%. Significant time and effort was involved in cultivating the community connections that facilitated new drives with high proportions of racial and ethnic minority donors.

Focus Groups on PreciseMatch® Program Marketing Materials

Two groups were held with African American/Black donors, and two with non-donors, to assess whether the groups focused on donation perceptions; reasons for barriers to donation; donation in the community. Donor groups shared first donation stories. Non-donor groups explored whether barriers were insurmountable and what might motivate them to consider donating.

EVALUATION

The guiding evaluation questions were: 1) by what process did PreciseMatch® implement program components; and 2) did the program reach its collection goals. We systematically reviewed the "入党"(blood donor) documentation and databases; was the program able to match with "familiar" blood types (O, O+, A, A+, B, etc.), but also for rare blood donors, across drives, across drives, and across drives.

MARKETING MATERIALS

Graph 1. Black History Month T-shirt Message

The original program goals called for increases in the proportions of African American donors they recruited relative to a drive conducted with typical NYBC drive donors. Fifteen percent were rare blood donors, as compared with 4% of typical NYBC drive donors.

RESULTS, Cont.

PreciseMatch® Program Outreach and Education Goals, Cont.

Coordinators built relationships with 18 community leaders, which matched with "familiar" blood types (O, O+, A, A+, B, etc.), but that 5% of patients need more closely "matched" blood; the role of antigens and specific antigen combinations in the matching process; and rare blood donors are more often among African American/Black and Hispanic/Latino people, thus the need for more donors (Graphic 2).

An incremental increase of 1,572 units missed the goal by 526 units or 25%. (Table 1) The average incremental unit was 112, @40 units short. The coordinators ran successful drives with high proportions of minority and first time donors with a higher than average proportion of rare blood.

Despite successes, high deferral rates and the time required to set up new drives were major challenges to the PreciseMatch® program. Maintaining an increase in effective donations, higher risk and higher resource drives (i.e., too few successful collections) were deemphasized. Further research is needed to develop cost-effective and sustainable approaches.

CONCLUSIONS

ACKNOWLEDGEMENT: The authors acknowledge the work of the Precise Match outreach coordinators, Lakisha Holland, Christopher Tate and Glenda Cabral and current NYBC staff whose commitment to recruiting and retaining minority donors enabled NYBC to meet the clinical needs of frequently transfused patients.

CONCLUSION

Blood transfusion is critical to patient care, particularly among patients with blood diseases requiring frequent transfusion. Individuals with sickle cell disease (SCD), thalassemia, and leukemia often require frequent transfusions and run the risk of erythrocyte alloimmunization. In order to prevent alloimmunization or when alloimmunization is present, phenotype matched/antigen negative RBCs are transfused. To increase the probability of a phenotypic match, donors and recipients should share the same racial and/or ethnic background. Because the majority of patients with SCD are of African and Hispanic descent, a donor base of racial and ethnic minority donors providing an adequate supply of antigen negative RBCs that can be phenotypically matched is required to meet the needs of the transcending patient.

METHODS: The New York Blood Center (NYBC) began the PreciseMatch® program in 2005 to increase donation among racial and ethnic minority groups. To evaluate the program, we conducted a systematic analysis of program documentation; focus group results; and collections data by race and ethnicity over time.

RESULTS: The program missed the operationalized goal, a quarterly collection of 150 incremental units from African American and Hispanic/Latino donors, by 25%. Significant time and effort was involved in cultivating the community connections that facilitated new drives with high proportions of racial and ethnic minority donors.

CONCLUSIONS: Although PreciseMatch® fell short of targets, it has run the risk of erythrocyte alloimmunization. In order to prevent alloimmunization or when alloimmunization is present, phenotype matched/antigen negative RBCs are transfused. To increase the probability of a phenotypic match, donors and recipients should share the same racial and/or ethnic background. Because the majority of patients with SCD are of African and Hispanic descent, a donor base of racial and ethnic minority donors providing an adequate supply of antigen negative RBCs that can be phenotypically matched is required to meet the needs of the transcending patient.

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