



Driving Recruitment of BAME Donors

EBONY LAWS

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#BBTS2019

Background 1

- Recruiting BAME donors, especially from the African and Afro-Caribbean communities, is one of NHSBT's most pressing priorities
- Several research projects have been conducted in the past which sought to understand how best to achieve that objective
- These however always tried to answer the question “why won't black people donate blood”
- Looking for barriers is essential and findings from these analyses have been successful in establishing what these are
- The implicit assumption is that there is a negative bias within the BAME community specifically, which they need to overcome.
- While that is partially true, it is patently not true of the whole of the BAME community, which in itself is quite diverse, as research again has shown that there *are* very committed BAME donors.

Background 2

- Potential flash-points within the blood donation process that may put off new BAME donors from returning
- Deferrals related to travel to African or Caribbean countries or sexual history – are very rarely acknowledged as a barrier
- Previous evidence suggests that they can potentially offend or deter people from returning if the reason for these checks are not fully explained
- The theme of “education” came out very strongly in the preliminary workshops that were conducted with participants from the NHSBT’s BAME Network.
- The aim of these workshops was to tease out any BAME specific issues that may not be normally talked about openly, in order to then explore these fully in a formal focus group environment.
- Whether education to potential donors on the realities of both the donation process and the need for BAME blood has the beneficial effect of neutralising the misunderstandings that may occur during the donor journey.
- Whether the process deters donors even when they are informed of all the facts

OVERARCHING AIM:

To understand how being fully educated on the process of and need for blood donation affects the decisions of potential BAME donor recruits

1

Establish the knowledge, expectations and preconceptions of NHSBT and the blood donation process among BAME individuals who were not blood donation rejecters.

2

Impart information and **gather reactions to the realities of the donation process**, good and bad, explore how the reality measures against expectations and preconceptions.

3

Impart information about the need for Ro blood and **establish whether giving 360 information** about NHSBT, the donation process, the reasons behind our practices and the specific need for blood **has a positive effect on the decision to donate.**

Methodology

- Groups moderated on the 11th and 12th June 2018
- 2 x 120 minutes focus groups in London.
- One group of respondents of Afro-Caribbean ethnicity, one group of respondents of African ethnicity. Each group included a mix of ages and genders.
- Rejecters (those answering “I definitely would not consider becoming a blood donor” from the screening questionnaire) were excluded from recruitment.
- The structure of the discussion was set up to recreate the fairly unengaged mind-state of someone who is thinking about blood donation but has not yet deliberately made that conscious decision, i.e. has not crossed that crucial line in their mind. This person will give less thought to what being a blood donor actually means and will have some defined preconceptions of how they imagine the process to be.

Summary Findings & Recommendations

Five Major Facts Emerge

1

NHSBT can be invisible in the BAME community.

2

People do not *actively* seek information about how to donate blood, even if they know about Sickle Cell Disease (“social loafing”).

3

Ignorance and misconceptions about the service are rife. Thus wrong expectations are held, which are not met by reality.

4

Understanding the donation process and its pitfalls is just as crucial as motivation to convert people into donors.

5

Receptive BAME individuals **will** turn into donors **if** they are in possession of the **full facts**.

Feedback Quotes From Participants

'I am blown away, I didn't know half this stuff and I received blood transfusions.'

*'I think **it's important that you know what you have to do**, this checklist, before giving blood. If I told my family members and I did not tell them about this form, they' would go there thinking "OK, I have an appointment" but then **they see questions like these...**'*

*'If there were more ads and easier avenues to do it, and I understood it more, I would have donated. **If it was more in your face.**'*

*'I have never seen it on television, I don't see it in magazines, **I don't see it anywhere.**'*

*'I think they are asking too much.'
[Q10 on DHC]*

'It's something that I have thought about quite a lot. I haven't really looked into it, I get nervous when I think of giving blood'

*'**I am crossing a line** for me to even think of donating, if you say 'Bye Bye'...!??'*

Facts

People do not *actively* seek information about how to donate blood, even if they know about Sickle Cell Disease (“Social Loafing”).

Potential BAME donors must be led all the way to NHSBT

Ignorance and misconceptions about the service are rife. Thus wrong expectations are held, which are not met by reality.

Inconveniences about the donation process become insignificant if they are explained and if the urgency to donate is well understood.

Understanding the donation process and its pitfalls is just as **crucial** as motivation to convert people into donors.

DHC and on-the-day deferrals can be interpreted as rejection at a point when the donor felt they had made a commitment or given us their trust.

Recommendations

- ▶ **Be more visible. Build up the Blood & Transplant brand** (as opposed to NHS) among BAME audiences. Key associations should include professionalism and normalisation of giving blood as well as **clearly convey the need** for BAME/Ro blood via a frank explanation of diseases such as Sickle Cell and Thalaessimia.
- ▶ **Have a presence in the community**. Shout about mobile sessions and Donor Centres through appropriate local BAME channels. Dislodge the myth that hospitals and GPs are donor venues.
- ▶ **Educate and reassure** new BAME registrants or potential donors about the process **before or during** the act of registration and **before appointments are taken**.
- ▶ **Inform and prepare** new donors to deal with the DHC and possible deferrals. **Depersonalise the process** by explaining the need for asking some of the questions in a clear and compelling way.

Final Quotes

'You have to **think of the greater good**, your blood is to be given to someone else.'

'I think to save somebody's life, just for an hour, it's not a big deal really is it?'

Receptive BAME individuals **will** turn into donors **if** they are in possession of the **full facts**.

Education about the process will satisfy fears and doubts, this will then allow the mind to focus on the greater need.

Registrant Profiles:

Growth is coming from men, Black Africans and Londoners

	September 17-July 18 (11 months)		September 18-July 19 (11 months)		Difference
Female	9,003	71%	9,002	69%	-1
Male	3,638	29%	4,016	31%	+378
Mixed Caribbean	3,374	27%	2,734	21%	-640
Mixed African	1,057	8%	1,009	8%	-48
Black Caribbean	2,970	23%	3,207	25%	+237
Black African	4,586	36%	5,378	41%	+792
Black other	654	5%	690	5%	+36
Greater London	5,233	41%	5,825	45%	+592
Rest of country	7,410	59%	7,193	55%	-217
TOTAL	12,643	100%	13,018	100%	+375

KEY RESEARCH FINDINGS (EXTERNAL)



❖ **Knowing a Blood Recipient**

Connection to family and friends in need of blood transfusions. A request from friends or family was also a common reason to donate blood (Shaz et al., 2009).

❖ **Medical Mistrust and Misunderstanding**

Blood donation was somewhat suspicious, their blood was unwanted, and their blood should preferably not be given (Tran et al., 2013)., and not understanding the medical reasons for deferral.

❖ **Identifying With Culture, Race/Ethnicity**

Openness to messages promoting blood donations in communities to specific races. Donating to benefit their own community, such as blood drives for SCD or victims of violence, was a motivator to donate blood.

❖ **Religious Affiliation**

Religious values were associated with blood donation, with individuals noting, "...blood is a symbol of sacrifice, of life..." and "...you are giving life when you are giving blood..."



KEY RESEARCH FINDINGS (INTERNAL)



❖ Ease of Booking

Most donors seek a quick slot, but it's quite difficult to get an appointment before 60 days. There also appears to be an issue in the online donor journey.

❖ Location, Location, Location

Younger individuals accustomed to apps like Amazon, Uber Eats, etc., are used to people coming to them, but we work in reverse and most high BAME areas, do not have a place to donate.

❖ Poor Retention Strategies

High levels of recruitment but a fragmented retention process (sep. teams, comms, etc.). We continue to recruit knowing that the process is flawed. This creates a poor experience to start and makes it harder to retain new donors.

❖ Lack of Diversity

Low levels of diversity in blood marketing, corporate comms, donor carers, etc. Our workforce should reflect the people we're trying to reach.

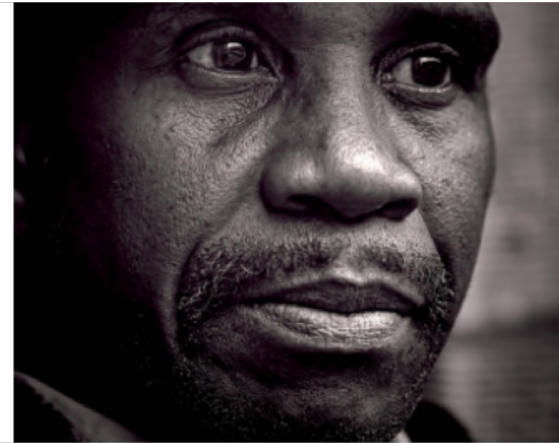
CHANGING THE NARRATIVE

NHS

Blood and Transplant



EMBRACING A
FOUNDATION OF
STORYTELLING



DEEPER
UNDERSTANDING
OF THE ROLE OF
STIGMA AND
CULTURE



WILLINGNESS
TO CHALLENGE
"BEST PRACTICE"



COMMITMENT TO
COMMUNITY AND
COLLABORATION



 Save a life
Give blood

What are we doing now?

Hyper- local

- Focusing on those communities that are more likely to have high numbers of potential donors – raising the caps and delivering very localised promotion to drive black communities to session – starting August 19

Community engagement and advocacy

- The uses of in-group ambassadors, such as the members of the B Positive Choir, to advocate for blood donation at variety of events and media outlets.
- Employing sickle cell patients / community to EEO's (Event and Outreach Officers) to deliver targeted on the ground activity and driving donations (BAU sessions / group sessions / bespoke sessions)
- Festive first time experience (Cultural food, music) on bespoke sessions
- Pilot working with the Sickle Cell Society to deliver an ambassador programme
- Targeted events in communities i.e. entertainment, faith, education, professional

Paid and content

- Ongoing test and learn plan on FB, Instagram and Twitter
- Launch of 3 pilot paid media partnerships to start in September 19
- Ongoing inclusion in national campaigns and FOC partnerships
- Ongoing content to tackle myths, raise awareness and educate
- Focusing on hyper local advertising in high black population areas

Member/ Patient Get Member

- Asking first time donors to return to the donor centre with a friend/family member and support that person through the donor process
- Targeting health care professionals, health care hotspots and patients to encourage family and friends to donate blood – to be rolled out

Journey and session

- Targeted comms to black enrollees
- Exploring bespoke / personalised comms

Changing our Approach: Real Life Stories – Miai and Ama

NHS

Blood and Transplant



 Save a life
Give blood

FAITH BASED MOVEMENT

Key Idea

FAITH BASED MOVEMENT

Supporting Data

1. Viewed as trustworthy, natural, and authentic, the church setting nurtured community bonds
2. Source of myth propagation and education. Change the narrative from the inside.
3. Several investigations indicate that religious involvement is associated with better outcomes for persons who are recovering from physical and mental illness.
4. Religion encompasses behavioral, attitudinal, public, and private activities.

Why Churches?

- Around 250 black majority churches are believed to operate in the borough of Southwark, where **16 per cent** of the population identifies as having African ethnicity.
- Most services are streamed online to a captive audience. Churches are **MARKETING MACHINES** with radio stations, newsletters, youth groups.
- Familiarity breeds liking/comfort with church sessions: **EXPOSURE PRINCIPLE**
- Medical mistrust has been an important barrier and so the church -- where people go on a weekly basis and have an opportunity to develop a rapport with a trusted key leader in the community -- that rapport is a perfect foundation for talking about health.
- **SPACE!** Most have a large community hall.
- More liberal view. Pastors retain the churches African/Carib identity while appealing to children of first generation immigrants.
- People can ask questions or get information in a 'low-stakes,' relaxed environment.

Top 5 churches in London

Kingsway International
Christian Centre

Jesus House

New Wine London

Glory House

Victorious Pentecostal
Assembly

- Over 12,000 regular attending parishioners per church.
- All churches are involved in social engagement activities that are aimed at members of the public, some to a greater extent than others.
- Competitive nature across churches.
- Not just about faith. Career progression, life lessons, professionals that can lead to wider connects and contacts.
- Practical tools for thriving: building aspirations and ***'being the best you can be'***
- The messages from the churches are about striving for 'excellence' in all areas of life, including health and relationships.



Black Males Blood Pressure and Barbershops – USA



***67% decrease in
blood pressure after
12 months.***

- The study included 319 black men across 52 black-owned barbershops in California's Los Angeles County.
- Barbers encouraged the men to meet with specially trained pharmacists at the barbershop to help monitor their blood pressure.
- "No one wanted to do it,". "But by them being there -- we got used to them, and they warmed up to everybody. ... Then a lot of guys eventually were like, 'I'll go. Let me make sure I'm OK.' "



Alignment with Myths and Barriers

Medical Mistrust

- Like minded peers
- Group donation and discussion
- Familiar settings
- No need to go to donor centre
- Culturally relevant
- Break down myths
- Conversation about blood and organ donation
- Change narrative from within.

Religion

- Faith setting (Church Hall)
- Faith leader approval and recommendation
- Face of transfusion/transplantation among peers
- Break down stigma
- 1st/2nd generation donation and conversation

Time and Location

- Church part of routine.
- Familiarity
- Festive event every 4 months
- Accountability and personal commitment
- Vested interest to do something good and save lives through blood and organ donation.
- Peer Pressure and social norming.



Potential Collection Outcomes

Potential Collection Outcomes

Churches	Chairs	Donations (per chair/hour)	Hours	Donations/Event (all churches)	3 sessions / year / church
5	5	2	8	400	1200
10	5	2	8	800	2400
15	5	2	8	1200	3600
20	5	2	8	1600	4800
25	5	2	8	2000	6000
50	5	2	8	4000	12000
100	5	2	8	8000	24000

*This approach would allow NHSBT to regularly collect from a regular donor base of black / Ro donors. Figures are estimated.



Key learning and achievements

Ro donors

- Black donors are particularly responsive to PR and paid media. Social media myth-busting/storytelling content has been successful at engaging our target audience.
- Emergency appeals have been particularly effective at cutting through
- YTD lower level of spend for black donors, however, achieving similar results
- Activity has taken longer than expected to embed – resulting in delays (delivery and processes)
- Black donors have lower level of conversion, less likely to donate for a second time – leaks in pipeline due to clinical reasons but also trust / finding suitable appointments
- Ro reactivation working well
- By ethnicity, the likelihood of having Ro Kell negative based on the current blood donor base is:

- 55% black African • 43% black Caribbean
- 17-24% mixed-race • 2% white Caucasian

THANK YOU