Improving Blood Donor Diversity Through Focused Recruitment Interventions

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Background

• The basics of blood donor and recipient compatibility are commonly known – such as type O being the universal donor; however, a more complex level of blood donor and recipient compatibility can occur before transfusion.
• Besides ABO antigens, there are more than 600 known red blood cell antigens that vary by racial and ethnic background.
• With increased similarity of the donor and recipient red blood cell antigens, we see improved patient outcomes and fewer transfusion-related complications.
• Due to the large racial and ethnic variability in red blood cell antigens, it is ideal to have a diverse blood donor population.
• Those who have medical conditions requiring chronic blood transfusions (Sickle Cell Anemia, Beta-Thalassemia) often develop antibodies against red blood cell antigens, which makes finding antigen-negative blood for them crucial to avoid transfusion reactions, including hemolytic reactions.

Study Design

• Beginning in May 2016, the Jefferson Blood Donor Center began collecting donor self-identified race/ethnicity: White, Black or African American, Hispanic, Asian or Pacific Islander, American Indian or Alaskan Native, Multiracial, Other, Unknown (Figure 1).
• We retrospectively quantified the racial/ethnic groups represented in each month’s donor population.
• In January 2017, the following intervention strategies were implemented:
  • Emailing donors who self-identified as part of a racial/ethnic minority group
  • Contacting racially/ethnically-focused student groups to organize blood drives with the Jefferson Blood Donor Center
  • Partnering with the Jefferson Medical Oncology Society Marrowthon Drive to encourage blood donations
  • Presentation to the local chapter of the National Association of Hispanic Nurses
• Interventions still to come:
  • Featuring the Jefferson Blood Donor Center in the Office of Diversity and Inclusion’s Diversity Newsletter
  • The quantification of racial/ethnic groups were stratified to pre-intervention months and post-intervention months.

Results

• Blood donor diversity at the Jefferson Blood Donor Center was extremely stable from the pre-intervention months to the post-intervention months, likely due to repeat donors.

Conclusion

• The demographics of our donor population are extremely stable, as we have repeat donors who donate regularly.
• Minority groups are underrepresented in the blood donor population – both at Jefferson and nationally.
• The racial/ethnic breakdown of the Jefferson Blood Donor Population mirrors that of the national average.¹
• If racial/ethnic minority groups are underrepresented in the blood donor population, the donated blood may have red blood cell antigens that may be dissimilar from our patients.
• Why are racial/ethnic minority groups underrepresented in the blood donor population?
  • Potential mistrust in the medical system
  • Misinformation about blood donation
  • Lack of outreach/ineffective outreach
• Looking ahead:
  • Continue working with the Jefferson Office of Diversity and Inclusion
  • Continue ongoing focused recruitment interventions
  • Partner with various groups within the Jefferson community

References