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AT DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

WORKSHOP

RECRUITING BLOOD DONORS - SUCCESSFUL PRACTICES

Friday, July 7, 2000

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at

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P R O C E E D I N G S

DR. CONLEY: I have heard that the discussions this morning went very well. What we are going to do this afternoon is report on the summation of those five sessions. Actually, we had left one team back still working on their slides but I see they are here, so that means we are all ready to go.

We will start off with the group that was discussing advertising. This is Susan Parkinson.

Advertising

MS. PARKINSON: Hi. This was a really quick and dirty summary so if anybody that was in the audience has some additional comments, please speak up.

[Slide.]

We had three basic questions to answer; does advertising increase the number of blood donors was the first one. What are the key elements of a successful donor-recruitment campaign. And list successful and novel approaches. We did this all in two hours.

[Slide.]

Does advertising work? Universally, the two groups that we had said that advertising works to achieve a climate of receptivity. That phrase was used in both workshops, interestingly enough. People felt that

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advertising helps in generating awareness but doesn't necessarily bring a donor through the door. So it makes the job easier for the donor-recruiter but it is ultimately responsibility of the grass-roots organizer to get that donor.

Because they are more aware doesn't necessarily mean that they are going to give. So, really, it is in concert with the donor recruitment committee that makes advertising useful.

[Slide.]

You had an example of the "Got Milk" campaign that spent $125 million trying to increase milk drinking. They found that, after three years of research, they increased milk drinking by 0.1 percent or something. So, with our limited budget, we feel like if we can use advertising with the donor recruitment, then it is a useful tool.

[Slide.]

Some of the successful elements, by the two workshops, include frequency. If you have a limited budget, and you are just going to hit advertising once a month, it probably is not going to brand you the way you might like. So, whether it is a combination of paid advertising or pro bono, the importance is to repeat, repeat, repeat.

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The good clear message; calling to action. You need an action item. You can't just say, "Please give blood." You have to talk about where you are going to give blood and how to get there and what it is going to take to give blood, if you are healthy, seventeen years old, 110 pounds, kind of thing.

The length and timing and the placement. Some people mentioned how public-service announcements, while they are nice and it is nice to get them, the placement can be 2:00 a.m. in the morning on some X-rated television station. That is really not the place where you want to recruit donors.

So getting funding so you can get some paid advertising is very important. One of the things that people mentioned was that if you do do paid advertising, you can go in and ask for a 3:1 ratio, meaning you go in and say, "I will pay for one spot. Can you please give me three for free?" That has worked with some of the blood centers out there.

Partnerships to generate funding and to generate interest. Sometimes, you can work with your vendors or the local community to get a joint message out there about the importance of blood and how that specific community organization is helping generate the blood.

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Finally, the other key element of success was that it is probably better to use all the different forms of media, meaning print, television and radio, that kind of thing. Just using one is probably not the best way to go.

[Slide.]

Messages that work? We found that patient testimonials are probably the best way to get people in the door, making that one-to-one connection, the fireman who needs blood or the baby in your local hospital that was a preemie baby. And donor testimonials.

Spokespersons; there wasn't really a definitive opinion on whether national famous spokespeople are good or not. Questions or responses range from they were good in terms of the local level, if you can make that local tie, but you have to make sure that they have a tenacity and a long-term good reputation. You don't want somebody who is famous one day and then infamous the next.

[Slide.]

These are just different types of advertising that we found that blood centers did; print, television, radio. One of the more interesting ones, and I think that Bryan Scully talked about it yesterday, was the bus wraps. That, again, is an opportunity to get sponsorship from a vendor or a local community organization because that is really advertising for them, too.

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I think one of the blood centers mentioned that the bus wrap costs about $7,000 but when they get funding for it, they ask for $25,000 because it is free advertising for that organization.

Then standard billboards and posters, flyers and T-shirts.

[Slide.]

Some of the more novel approaches we talked about were national campaigns that can be implemented locally. Something that ABC did that was mentioned was the pints or half-pints campaign. That was where ABC members all nominated a child who had been transfused or blood had been used to save their life for a national campaign that we made a calendar and did some PSAs and that kind of stuff. We will talk a little bit more about the national campaign in a minute because we went on with it.

Other novel approaches; partnering with vendors. We talked about the bus wraps. Partnering with local communities. Event advertising versus institutional advertising. One of the things we talked about in the second group was how event advertising is a call to action and really generates some donors. If you just advertise your institution, it doesn't, necessarily, bring in the blood units that you want.

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And then making, of course, the local connection. We talked about the local patient.

[Slide.]

The second group, we got a little bold and talked about how, in a perfect world, we could make sure that advertising was successful on a grass-roots level. We decided that we needed to get government funding for a national campaign. So, FDA, are you listening?

Generally, the goal of a national campaign would be to create this climate of receptivity and to use it as an important public-health issue, make it a model. We all talked, with great excitement, about the Canadian presentation yesterday, about the "If You Knew." We have even talked to the Canadians about maybe borrowing it.

Where are you, Rob? It is okay; right?

[Slide.]

The national role would be, of course, funding for the production of the pieces, the PSAs. If we did use the "If You Knew," the actual pieces, and funding for placement because one of the hard things is we talked about paid versus pro bono. Paid advertising seems to be much more effective.

[Slide.]

The role of the local blood center would be to use this new level of awareness to generate the actual

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donors so, really, this is where the grass roots efforts would come into play. And then to fund local paid advertising. So if we could get the national spots paid for, they could work at their local level.

How sad. We are missing two important slides. We talked about we have actually a list of components of what a media kit would be. I could try to do it off the top of my head, but they included an "If We Did" and "If You Knew" national campaign. We wanted to have the posters and the flyers and the PSAs and everything all available electronically and given to the local blood centers on a CD so that they could, then, localize what they needed to make their efforts work.

Anyway, I think that, in summary, what both groups said was that if we could get some kind of national funding or national support, whether it be through spokespeople or funding spots from different national events, that we could then take it on a local level and make it work to bring in the donor.

Thank you.

Does anybody have questions because we missed, like, ten pages.

DR. CONLEY: Questions or comments from the groups? Anything you think should be added? Bill?

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MR. TEAGUE: Was there an estimate of the cost of the national campaign?

MS. PARKINSON: That's a good question. We asked the Canadians. Their total campaign cost was $10 million. What people say, generally, if that if you get the $10 million and the marketing dollars, then you can get a 3:1 ratio in pro bono so you can extrapolate that to the $30 million.

An interesting fact that we found out today was that for-profit industries spent about 1.1 percent of their total budget on paid advertising and not-for-profit spent about 0.5 percent. So we would like NHLBI to give us $10 million, please.

MR. NICHOL: Can I just clarify that? The $10 million was for everything you saw yesterday that we are doing in Canada. The promotional campaign was less then half of that. So we are talking about $3 million to $4 million. Keep in mind that we have got a lot smaller--the number of cities we had and the media is a lot less than what you would have here in the U.S. But, proportionately speaking, if you consider that we are one-fifth of your population, it probably works out to somewhere around the same amount.

MS. PARKINSON: So we would really like $20 million is what you are saying.

MR. NICHOL: Good idea.

MS. BERNIER: I am from Hema Quebec. Probably the Canadian did the same thing as we did. We did a big campaign because we were changing the name. It was going from Red Cross to different companies and we were really afraid to lose the donors because Red Cross is a symbol across the world even with the crisis that we had in the mid-nineties. So we had a strong publicity as well.

But to come to the first point that you say, it does bring donors. We find out that when we had publicity towards t.v. and everything, the donors increased 15 percent. When the publicity--because it was cycled. It wasn't publicity all the time, all the year. When the publicity was more in the back, it was going down again.

So the publicity--we know why big companies put a lot of money in that. It does work. But it costs money.

MS. PARKINSON: Other questions?

DR. CONLEY: Thank you very much.

The next group up was the groups that discussed education this morning. Steven Haynes led those and so he will be coming down to do that presentation. Steve is the Immediate Past President of the ADRP.

Education

MR. HAYNES: Our group was on education.

[Slide.]

We talked about does school education programs increase the number of successful blood donors. The answer unequivocally is yes.

[Slide.]

To expand on that a little bit, we talked about schools that are demographically almost identical, and one school is very successful in their blood program and one is not. The consensus was that the school that is not very successful is because you don't have an education program in there where you can actually go in and talk to the school, make your presentation and usually start--the reason between the two usually starts with the leadership in the school, itself.

[Slide.]

Elements of a successful school education program. Start early. Target younger age children. The consensus also came out that targeting younger donors is--well, actually, younger people in this case. You are not actually--most blood bankers, we agree that we don't have a real good long-range vision of what it supposed to look like. Going to elementary schools and talking to them about donating blood is something that may be five, six, ten years away for some of them, is not good use of your time.

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What are you doing tomorrow? How much blood are you bringing in tomorrow, literally tomorrow, is on everybody's mind and not building a long-range vision for your center or for your area and for the blood program in general.

[Slide.]

We talked about Channel 1. How many of you in here know what Channel 1 is? Has anybody ever heard of it? It is a great opportunity for you. Channel 1, if you have never heard of it, is a company that provides actually t.v.s and the downlink software to do it. What they do is, from a satellite, they beam it into the school at night, into a computer. And then, the next day, the computer broadcasts this at standard times during the school day.

The kids get to watch news that pertains to the youth. What goes along with that, a lot of the schools have video classes. You can go in and they literally do an interview with you and you get to talk about the blood program, the blood drive and the standing invitation for people who are 17 years or older to come and donate.

Getting support from the school administration is absolutely vital. This goes back to the statement about the difference between two schools; one has a good program and one does not.

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One of the things that I have always said is there are two different things from support and permission. If you go to a school principle or a superintendent and say, "You know, we want to have a blood drive at your school." "Oh, yeah; it's a great thing. Go ahead and do it. Just tell the principal I okayed it."

Well, that is permission. But getting that school superintendent to actually go with you to meet with the principal and say, "This is going to be a good program," is totally different.

Easing fears and concerns. A numbing-patch program has been piloted in one region about actually numbing the venepuncture site. But easing the fears. This goes along with education in telling people what is actually going to happen.

Show the need. Yesterday, we talked about showing an empty blood refrigerator does not really get people in there. It is showing the need and having the actual testimonial from somebody who has actually used blood. If you can get a student, it is even better.

Format, and how you present it. Timing is definitely critical. And targeting. We talked, also, about 15 and 16-year-olds. We talked about elementary school, maybe not the best use of your time. 15 and 16-year-olds, they are just around the corner from being a

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blood donor. So if you can get in the ninth and tenth grade, that might be the ideal place to really start a push.

If you are on Channel 1, you are already doing that.

[Slide.]

Elements of a successful school-education program; also location, where you actually have it. Frequency and longevity, national champion spokesperson. One of the things that a friend of mine and I were talking about one time is that national champion spokesperson, wouldn't it be great if we had a Smokey the Bear type character.

Whether you use Homer Simpson, Bart Simpson or you actually come up with a new actual person that is identified only with blood banking, as Smokey the Bear was--but Smokey the Bear came along at a time of the developmental part of this country when we had a problem with forest fires, which is detrimental to all of us.

So, "Only you can prevent forest fires," was a great message, simple. If we had a similar character saying, "Only you can save a life; be a blood donor," would be an outstanding way to do it.

A spokesperson; one of the things that I said is you could really regionalize that. Where I am from, if you

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had somebody like Del Ernhardt, Ted Turner, Hank Aaron to be one of your spokespeople, hopefully, they would not become infamous, as Susan said. But you could definitely regionalize it.

[Slide.]

We thought that probably third and fourth-graders would be the time to target some type of education. Every age group, national level. Here, again, we are talking about Smokey the Bear and our 15 and 16-year-olds.

[Slide.]

Development of education programs; provide information to the school. Have some type of elementary age curriculum, and this would be kind of an off-the-shelf program. Here, again, we have the national mascot in all this publication. Buy-in from top administration. We thought an ideal place to go would be the National PTA to start this. And hopefully our friends at NIH would help us do that.

[Slide.]

Funding; how do you fund it? Corporate sponsorships. Johnson and Johnson, AT&T, MetLife, the big companies that have real buy-in to what we are already doing. These are the ones that we just came up off the top of our head. I am sure that some of you have large

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companies, maybe corporate headquarters, in your towns that may also want to get in on this.

[Slide.]

Lesson plans; here, again, we have off-the-shelf training materials. My Blood, Your Blood, is a prime example. On-site presentation and demonstration in the classroom. And ABC has a problem that is under development and someone else would have to speak to that because I don't know a whole lot about that one.

[Slide.]

Do community education programs increase the number of blood donors? Not necessarily. We argued this point back and forth. It problem would if it had a longevity, a long staying power. If you notice, in your own centers, when you get into a crisis situation and you really get out to the news media, and they start advertising or educating the masses, that you do get the donors in and your blood supply improves.

But that message doesn't carry very long and so it doesn't always work. If you do a media campaign right now and your blood supply gets low again eight weeks from now and you do it again, you may not necessarily get a good return for that.

[Slide.]

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The best place to reach the community, of course, is mass marketing, television and community cable. We talked about the SuperBowl. If you are not a big football fan, this may not mean anything to you, but a lot of relatively small companies put every dollar of their advertising budget into doing one SuperBowl commercial.

The SuperBowl is the single most watched program on the planet. More people watch it than any other program on any single day. So a lot of people put all their advertising budget into actually one commercial during the SuperBowl.

Have take-home materials to parents and a parental example. One of the things that was said in the second session was are we educating kids at a young enough age where what would be a great thing to have is for the parent that leaves the blood drive, that has just donated, to have some type of coloring book or comic book or magazine or something to take home to the child and give it to them and say, "I donated blood today. You might want to read what it is about," in a comic-book form, something that child will like, colorful, easy to read.

That's pretty much it. Any questions or comments?

Bryan?

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MR. SCULLY: Steve, I want to mention that we have an assistant superintendent of schools on our board of directors. It made a big difference with some of the principals in our schools who haven't been terribly supportive. So any of you out there who have boards of directors, it might be a good idea to put someone from the school system on it.

MR. HAYNES: True. I know that, on a local level, in rural Georgia, we had a couple of blood committees that we did try to include either a principal or a local school superintendent. It was mixed reviews on that.

Bill?

MR. TEAGUE: Steve, first of all, thank you. Nicely done. Do you know of any program that has some quantifiable results from some of these educational programs; i.e., what your participation was before that was implemented and your participation afterward. The second part of that is, is there anything available that would show, once you have a successful program in a high school, how does that carry over for those people to continue to be donors. Is there any information on the success of those two programs?

MR. HAYNES: I will open that up to the audience. I don't know of any.

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MR. WARNACK: I briefly touched upon that in the presentation I gave, but we do have an education program in the high schools and our numbers have consistently been going up over the years. One thing I should mention is Maria Geyer, who heads up our donor recruiting, is now looking at our database. She should have the results of this research in about a month, to see if high-school students are continuing to donate afterwards.

Right now, we really don't know. We assume a number of them are. I am sure she will be reporting that, certainly through ADRP.

MS. ISHIMOTO: One thing that I have noticed, you concentrated on grades up through high school. Was any discussion brought up about education in the colleges?

MR. HAYNES: We touched on it briefly. One of the things that I have done for years is I do HIV AIDS education for high schools and colleges. I use it as a segue into talking about the blood drive. That has worked royally for me, but that may not be for everybody.

One last thing. Join ADRP. It is a good thing. Thanks.

DR. CONLEY: Thanks. If you can't hear the discussion here, I think it was, what, in April, that you have your ADRP national meeting. The next one is in Salt Lake City.

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Donor Retention/Donor Satisfaction

DR. CONLEY: There were a couple of us who got drafted into facilitating at the last minute, and I was one of them. I will report on our group, two groups, really. Very dynamic discussions this morning.

The way we approached our task, we were to list the key elements in donor retention that should exist in any donor-retention program. Each group came up with their own list, but a lot of the same information was discussed. In fact, the way we started the meeting, even though I had a list on the board of things that could stimulate discussion, I, instead, threw the door open and said, "What are the burning issues you want to discuss?"

Both groups, first burning issue out of the gate, recruiters versus collection staff. Obviously, there is a lot of conflict and pull. The first group characterized it as sales versus service. Ever company has that problem. I sell a product and walk away and I expect you to support it. Really, the common element that you will see through it is the answer is to get these people working on the same team, to get those cross-cutting issues communicating and work from that.

You will see it a little bit in both lists, but it was remarkable to me, when the second group came in and

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the first burning issue came up, and it was exactly the same as the first burning issue in the other one.

So, clearly, recruitment and collection staff all over. We need to get them together more and working for the same team.

[Slide.]

So, as I said, our group, donor retention/donor satisfaction, key elements of an effective donor-retention program. Our first group came up with a nice four brackets of information to categorize their comments into, and that included marketing, effective communication, customer service and leadership.

[Slide.]

A little bit more information. They recognized, first of all, there is an overarching need for a culture change, something that you get your whole organization to buy into as they work as a team and communicate together. In this case, we decided to call it the "thank you" culture. It is a customer orientation. It is a thank you to our customers, but to recognize that we are also, within the organization, each other's customers and we need to say thank you more often to each other and support those kinds of behaviors.

Very important in marketing to have reliable and accurate data. Some of the people in the group learned

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that others in the same system were collecting more data than they were. We are delighted to find out there are built into their donor-registration systems ways to collect more and better information so that they can discover how to better serve their donors.

So information system support is very important.

Again, within our thank you culture, the effective communication is very important, effective communication throughout. It was listening, responding and going back and listening again and continuing that cycle. Again, it applies to donors. It also applies to internal communication, all of our internal customers and our external customers.

Pretty much, it was understood that there had to be a culture, a philosophy, that was spread amongst the community, if you will, of the blood center and that that is where the leadership had come in. We will come back to that later when we talk about leadership.

It is very important to have defined expectations for the people in the organization.

[Slide.]

A key element of customer service; again, we called it that "thank you" culture, and that it extends all around, that it needs to express an appreciation for the contributions being made by donors and by employees. It

was felt that it needed to be personalized. We are not talking about just letters. We are talking about that personal touch of when people come in to donate that somebody, hopefully several somebodies before they leave, say, "Thank you. You have done an important thing today."

This need to understand your donor needs, things like when is the best time of day to be contacted, where do you like to donate and other information about the donor that can be collected. This is important both finitely, as how I can best handle individual donors, but it is also important in looking at trends and issues for how we handle our entire donor population.

It was felt that it was important to share recipient stories with your donors. Again, that personalization of "Your donation can help people who have received blood."

Again, data. It is nice to make decisions based on data. It also validates it when you communicate to your employees changes that are being made, that it is being made based on data and not on a managerial whim.

Well-planned blood drives. Very important. This means you have to educate your sponsor as to their responsibilities. It is good, again, to know your past experiences so that you can know what staff you are going

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to have available and you can plan your blood drive accordingly.

The past experience is how many drop outs do you usually at this location. If they register 50, how many usually show? When you have got that kind of history over several drives, you can better plan to staff the drive appropriately, enhance that communication between your recruiters and your collection site and maintain that harmony and work as a team.

Under the key element of leadership in our "thank you" culture, again we are almost getting redundant because we are saying many of the same things in the categories, but define the mission from your leadership so that everybody knows what is expected.

[Slide.]

Then train the people so that they understand that philosophy and that mission, build your teams and establish accountability to what you have taught and hold people to your mission, to your standard. That is Group 1.

[Slide.]

Group 2 discussed many of the same issues. As I said, when we first started talking about things, we started from the same common ground. We came up with an overarching element in Group 2 that we need to define our focus. We need to get everybody in the organization on

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board. If we need to change our culture, and most people felt they did, we need to be up-front and explain to people where we are going with that culture.

The supporting elements for that overarching goal is data management, the same as the previous group. Keep it up to date. Be sure that you understand what your donors' needs are so you respond appropriately. And we repeat that. And we repeat that.

[Slide.]

Hire the right people, we thought was very important. We heard it said at one point yesterday--I think it was in Brian Koske's presentation; he said something about hire personalities and train them to technical competence.

We had a little bit of a debate about that and we understood that really you have to balance the two issues. But you need employees--someone used the expression, "who can smile from within." These are the people that you want in contact with your donors. Train, educate them. Make sure they understand the shared vision. Make them understand the culture that they are now part of.

Let them know that this is what is expected of them. Communicate throughout the organization openly. We talked about the effect, the tendency of organizations to have the silo effect where you have your many layers of

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your organization and you tend to get these bore holes down through it.

The only way to communicate is all the way up and over the top and all the way back down the next silo or all the way up and back and all the way down. That is not an efficient means of communication. We thought that you had to get rid of those silos, open up communication throughout the organization.

We thought it was important to consider your scheduling options. It is always best to ask a donor about donating before they leave this current donation, after you have reinforced them. And ask in a reinforcing manner, not just, "Will you donate again in ten weeks, nine weeks, eight weeks?" but, "You have done a wonderful thing today. We would really appreciate it if you could come back and donate again. Would you like to make an appointment now?"

[Slide.]

I thought it was important to recognize the success of both donors as individuals as groups and also to recognize the success of our employees in a positive way. We also felt that there needed to be--at one point, I used the term "goals." There was a bridling against that term. The reason was there were a lot of people in the group who had seen goals put forward and followed that they thought were ineffectual.

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And so we came up with strategic goal orientation. The idea that if you have within your organization people whose job seems to be to attend meetings and drink coffee, then something is misdirected, that the meetings should have genuine strategic goals that are announced, communicated and pursued by the entire organization.

I believe that is that for our two groups. Can I answer any questions or did anyone in the groups feel I have failed to cover something important?

AUDIENCE: I just wondered, what are the components of this data information system? Who is actually doing the data entry? Where is it being done? Can the whole system afford such a system?

DR. CONLEY: The system that was described by one group that got several people excited was a system that has the ability to register donors at a station. So they were able to add questions that were asked about things like, "When is a good time to call you?" So you learned if they were second-shift worker and shouldn't be called in the evenings.

"Where do you like to donate?" "How often are you willing to donate?" So it was a group that had the ability to capture that right at the time the donor is being registered. That was the one that raised the

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excitement. A lot of people are still doing paper registrations and have more difficulty gathering that information.

Did I answer your question? Not really.

Linda?

MS.ALMS? We talked a little bit in our group about the donors who come in and then they don't get to the point of collection because they have a low crit or low iron or something. Did you discuss in your group anything about trying to retain those donors so that, if they were rejected, that they will be brought back later or pursued so that they will come back?

DR. CONLEY: As a matter of fact, that topic did not come up in either of the two groups.

Any other questions? Janet?

MS. ISHIMOTO: You could incorporate that into your education because we did discuss a little bit about providing information to the donors, too. So that could be part of your donor education is if they are temporarily deferred, you could explain to them why they are deferred and when they could come back if they would be eligible to come back. Or if they would be eligible for a different type of donation, if their hemoglobin is a little bit low so that they could donate whole blood but they have--they are anemic afterwards and it takes them a long time to

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recover, then you might want to consider asking them to donate platelets or plasma. So you could use education to expand your other programs besides whole-blood collections.

DR. CONLEY: Lots of avenues open. We do need to move along. We are getting tight on time.

The next presentation, and another person, Elizabeth Callaghan was drafted when another facilitator couldn't make it. So I very much appreciate the fact that she facilitated the group that was discussing donor incentives. She will summarize their reports.

Incentives

MS. CALLAGHAN: I guess one of the most interesting things about the donor incentive groups is that there is no consensus of opinion. There are definitely people who think incentives are the way to go and, in today's culture, they are absolutely necessary. And, of course, there is the other half that think--I shouldn't say half. There is a whole middle section which thinks they are nice but there should be limits.

And then there is the end section which thinks we shouldn't have any donor incentives at all because that is not what giving blood is all about.

So it was kind of interesting. The tone of both groups was very different, which surprised me. I expected

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to get the same type of comments from both groups and I didn't. They really thought about other things.

[Slide.]

The first group was very vocal and many of them said, "I absolutely have to bring home this message, I guess under pain of death if I don't." But they were willing to talk about tax credits. They said tax credits for sponsoring blood drives should be given to the corporations who help them increase their donor supply.

The consensus was that corporations spend between 30 and 50 dollars per donor. With this money, they provide T-shirts. They provide lunches. They provide time off to the donors and they really thought that corporations should be able to take this donation, as they put it, and be able to use it as a tax break.

The second group didn't feel that this was such a wonderful idea on the whole. They figured it was a very slippery slope. Bigger companies give bigger incentives. And where does this equal to a paid donor? I mean, if you have Lucent as opposed to Microstrategies, whose stocks aren't doing too well, just where do you cut off as a tax benefit and a paid donor?

So I guess that is a subject we are going to have to discuss. But, as I said to everybody in the meeting, if you have any very hard and fast feelings about this, we

would be more than happy to have letters come in so that we could come up with an opinion as to what exactly we should do with this issue.

[Slide.]

As far as donor-incentive programs go, do they work? Overall, everybody said yes. However, there has been a study that was mentioned that donor-incentive programs can tend to turn off long-term donors, especially if the promotional incentives are bigger and better and more expensive and the long-term donors tend to feel that this is not why they are here donating, and it is a turn-off for your long-time retained donors.

Facilities have very different programs as far as their donor-incentive programs. Some give presents to anybody who presents themselves as long as they come to the door and they say, "I want a present," they get it. Others have programs where you have to give several donations, four, eight, whatever, before you get a particular gift.

Usually, the incentives are bigger and better for the people who have to donate multiple times prior to being able to receive anything. There were, and still are, some blood-credit programs available where, if you donate blood, there are certain "insurance-type programs" that people in your family, and even that is defined differently with

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different credit programs, will be able to get blood at no cost.

Different programs have different parameters so it is a very individual thing and, apparently, there are some donor-credit programs still going on, although I was under the impression that most of them had been done away with.

The types of incentives that you use are age-specific. You certainly wouldn't give T-shirts to your corporate CEOs as much as you would to your high-school people. I don't think pins are appropriate for your CEOs as much as they would be for other people.

The incentives seem to be regionally dependent. Different cultures, you would give different incentives. Different parts of the United States would have different incentive programs and the amount that these incentives are worth is dependent, also, on the culture and the region from which they are given and, of course, on the most important part, the blood bank's budget.

Budgets for smaller blood banks makes it a lot harder to compete in a lot of cases with facilities, bigger blood facilities, that can afford to have bigger incentive programs and competition is something that everybody was very upset about.

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One of the things that came up a lot in the second group was effective marketing programs. I guess we had a commercial person with us so he was pushing this a lot. Your incentive programs and your marketing programs should be planned well in advance. If you are low on blood and you call up somebody and say, "I need 100 T-shirts because I need donors tomorrow," it is not going to work.

If you are going to have an effective incentive program, you should have it well-planned in advance. You should have an idea of what groups you are going to and what you need and what would be best for them to come into your facility to donate.

[Slide.]

One of the things that was mentioned is that some states do prohibit incentive programs. This made some people who have blood centers in these states very happy because they had a level playing field and didn't have to worry about undue competition because the people down the block were giving gold-plated necklaces as opposed to mugs.

Some of the types of incentives were T-shirts and mugs and towels and time off. It was kind of interesting to see that nobody seemed to favor anything over T-shirts. Most of the programs were giving T-shirts out more than anything.

[Slide.]

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One of the things we did bring up was how much should you have as a payment, or how much should these things be worth? Perception of what an incentive is worth had a lot to do with it. The things that everybody did agree on was that it would be nice if there was a ceiling probably set by mom over here as what should an incentive cost.

But then, again, it is all perception, what somebody perceives as being absolutely wonderful, other people might not. They also all agree that there should be some incentive guidelines. As you are well aware, we are, here at FDA, working on a guideline for incentives only because there is no consistency across the board.

That was mentioned on several occasions that some FDA inspectors think everything is fine with an incentive program a particular blood center is using, and then, when this same type of program is being tried out at another center, they wind up getting a 483 for it.

So the need for some guidelines and definite consistency was one of the major things. Yes; the incentives work. It was funny because a lot of the things we discussed really came over with education and donor service.

One of the things they did mention was that we should make sure we have a "thank you" which is your donor-

retention type of concern. If everybody could be more helpful, more customer-oriented, they would have a much better return as opposed to just giving out incentives and saying, "Here is your T-shirt. Hurry up and come back." Everybody had to be personal.

Donor processing. This was something that people considered, at least in the first group, that would be more than helpful as an incentive. Parking right near the facility so that donors didn't have walk all over the place in order to come to donate would be an incentive.

Being able to fill out the donor questionnaire before they showed up at the center would have been very helpful. That way, they wouldn't have to spend all that time at the donor center and they could fill out the beginning part at their convenience. They considered this to be a phenomenal incentive.

What they didn't agree on was that the national donor education program could replace an incentive program. The first group thought it could. The second group said it couldn't, that they would need both. They didn't, as I said before, agree on the corporate tax breaks.

So I think we have come to no conclusions other than, yes, incentive programs work but just how well and how much you agree on them is still a big grey area.

DR. CONLEY: I am going to put a hold on questions because we are starting to run really tight on time. I really have to apologize to Judy. I saved her group for last because she had the overarching group about the top ten actions to recruit and retain donors.

She just asked me if she had to talk real fast. I think so.

Ten Actions to Recruit and Retain Donors

MS. CIARALDI: Thank you, Gil, and thank you to both of my groups. Both were very energetic. In fact, you guys wore me out. I was starting to take a nap over there until Gil woke me up and said I had to come forward.

[Slide.]

One of the things that you will notice is that I took away the part of the title that says "Top." I couldn't bring out top ten. We had so many action items that we put up on the boards that we just went ahead and decided to pick out ten that maybe were cross-cutting actions, and those were the ones from each group that I listed.

So they are not necessarily the top ten. They are not in any order, but you will see there is some consistency between the groups and some independent thought as well.

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One of the things that I did to start to focus was bring up two issues. One of them was forming a list of who is responsible for recruiting and retaining donors. I wanted to know if it was just the donor recruiter or were there other individuals that were involved that would perform these actions.

The second thing I asked my groups is were there really actions that were different to recruit as well as actions different from the actions that the individuals would undertake to retain. As a matter of fact, both groups said that they wanted to start out with two separate lists, one for actions to recruit and one for actions to retain.

As we went on with the discussion, we found out that there were a lot of cross-cutting actions that could apply to both. How you would specifically implement those actions may be different if you want to recruit or if you want to retain, but they were the same type of action.

So I came down, with their permission, to join it into one list.

[Slide.]

The list that we developed here on who could recruit and who could retain donors; we started out, of course, with the person assigned to be the donor-recruiter, but everybody agreed that that should extend, those

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activities should extend to the collection staff, management of the collection center, to donors, themselves, to sponsor groups, to hospitals and, eventually, the list got so long that we just said, "What the heck. It takes a village." Everybody in the community and the whole society has a responsibility for being a blood donor or adding to the blood-donor pool.

Now, as far as how hospitals help, there were a couple of interesting discussions on this. One group said that the nurses within the hospitals approach families of multi-transfused patients and inform them about donations possibilities. In another group, they said that the donor center, itself, gets the list from the hospital. That information is provided and they are able to approach family members of multi-donor individuals.

[Slide.]

The focus of the discussion, then, for the two groups was actions taken by any and all individuals to recruit and retain donors. We didn't concentrate on the donor recruiter, themselves. And we found that the recruiting activities overlapped with the retention activities.

[Slide.]

First, for Group 1, and, as I said, this is in no particular order at all--with Group 1, we said that we

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needed center buy-in by all the staff and this is to include management. Definitely, you need management to support your systems. I think we heard yesterday that, for funding and support, donor recruitment needs to be on the front burner.

Networking with other organizations, like we are doing today, is a good useful action to take to develop strategies to increase the donor pool. Personal contact with the donor. In one column, we called it face-to-face contact. In the other column, for retention, we called it one-on-one contact.

But it really came down to the same thing; get eye-to-eye with the donors when you are recruiting them and when you are retaining them. Let them know how much you value them.

Education; there were several levels of education we discussed. In this group, we discussed educating the donor, making the education very specific, talking to them about the importance of their donation, talking about how they fit in with the community.

One part of the education discussion included, for instance, if you do a group and type and you find that they are very rare, don't just blow it off and say, "You are a universal donor." Tell them how their group and

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type, or how their donation--what part it has to play in their community, really personalize the message.

Another part of the education was to inform the donor who was deferred, either temporarily or indefinitely, what their options are. As Janet mentioned down here, maybe they can participate in another program. Maybe they need to be temporarily deferred for a time period, explain why that is and when they can come back.

If they need to be permanently deferred, explain some other options of how they can still contribute to the donor activities. Center personnel, all agreed, need to be trained very well. They need to know what their responsibilities are. They need to be able to think outside the box. They need to be able to be adaptable to their situations.

You see a lot of this overlaps with what some of the other groups said.

[Slide.]

Then we said that there had to be a very focused or targeted marketing strategy. Things that could be used for this is informational database and advice from medical groups. And then, with this targeted marketing strategy, you would use the appropriate media to give the appropriate message to the right population so that you get your donors in as you need them.

Then, the biggest topic that probably has more than just what I have here is awareness. We wanted the community and the donor population to be very aware. One of the ways that we would start making them aware is to ask them to donate, let them know that there is a need.

One of the ways to enforce that need is testimonials. I think we have discussed that enough. And appropriate media contact educating them and informing them, making them aware of the situation. The responsibility, also, rests with the community, too, to participate in donation activities. So we wanted the community to be aware of what their responsibilities are.

They wanted the awareness--I didn't put it down here, but they wanted it to come to FDA as well. They wanted us to be aware of what their hardships were and to see what kind of help we could give.

One interesting statement that came up is as you are providing awareness to your donor and your community, don't have them donate for the shelves. Have them donate for people. That is where the testimonials come in that shows their personal involvement.

The next thing is the opportunity. Actions to take is to make it convenient to donate. Have convenient locations, have convenient operating hours after work

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hours, for instance. And inform the community where these opportunities are.

Recognition and respect of the donor. Respect the donor as a person. Respect their time. Try to make it convenient for them. Some of the recognition, it was felt, should come instantaneous and that would help with retention.

Planning, organization and scheduling of things like blood drives and donor appointments were very important and we felt that it was also important to honor the scheduling. If you say you are going to be at a certain place at a certain time for a blood drive, make sure you are there to honor them.

And then, last, was center staffing. Hire the right people, and this was already said before. Make sure that the team within the center, everybody, knows that it is a team effort to recruit and retain donors. That was for Group 1.

Group 2 started out with customer service. Again, this was a very broad category that kind of all of this can fall in. But they focused on two issues. One of the ways to help with customer service was making sure you have a capable staff. That term is much too broad and time is limited for me to go into it in much more detail.

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Then database management is another way that can help customer service. A lot of information could be gathered in the database to develop strategies to serve the customer much better.

Next, recognition and appreciation of the donor. Again, that mirrors what was said with the other group. A convenience to donate; scheduling at a convenient time, informing the donor groups and the community where the donation opportunities are.

Education was talked about in this group as well. Again, we covered education to the donors, telling them about the importance and the benefits of donating, bringing it to a personal level, just showing how important their donation is to an individual use or recipient. Educating center personnel, making them knowledgeable about their responsibilities and knowledgeable about current technology so that they can impart this onto the donor.

Lastly, the community. What was brought up in this group, which I thought was very good, is to start the education early so that donation just become a way of life. It becomes a phrase, a part of living, a part of the community, that children and then, later on, young adults hear about so it is not something that they think is out of the ordinary.

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Then we said in this group here that there should be upper management involvement on several levels; at the blood center, within the community--and this was extended to the political leaders in the community. A lot of talk was spent on what part of the political arena should be involved.

It was kind of decided that mostly the local politicians, the mayors, the local state senators, the ones within that region, could have best impact or most impact on the donor groups. And upper management within the sponsor groups that help with the blood drives.

Donor pride; emphasizing donor pride was very important for recruiting and retaining donors. Making them feel good about completing the process, showing them how they help patients and making them feel a part of the team.

Group 2 wanted to make an individual bullet for "ask the donor," ask the donor to donate. And then to try to develop a marketing strategy, ask the donor why they aren't donating or why they don't come back to donate. And, with that, you can develop other marketing strategies.

In marketing, this group felt it was very important to understand the population that you are going out to, use your community leaders, find out why populations don't give, what would motivate them to give and then come out with a very targeted message.

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Another bullet is to value the center employees, make them accountable for their activities, make them responsible and then reward them if they achieve these responsibilities, make them feel that they are part of the team that contributes to retaining and recruiting donors.

Last was networking within the community, sharing information. One of the important things that came out with all of these discussions, and both groups felt it--it was said in different words--is that all the actions should focus on--even the ones that I didn't get a chance to put on these bullets--should focus on recruiting retainable donors.

Thank you very much.

DR. CONLEY: Now I am forced to choose among the twenty minutes of activity I have left and see what we are going to do in the next five minutes. Actually, I have eight minutes.

One place you might start is in your packets, you will find an evaluation form. If you want to filling that out while I continue to talk, that would be wonderful. We would really like to have these back to know how this went and how you thought the whole two-day session served you. You can leave these at the registration desk on your way out.

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You should also note that, in your package, there is an information sheet for you that explains that, in fifteen days, a transcript should be up on our net from this session and that will be useful to you. We will also take the slides from the summary presentations that we just did. Some of them will be cleaned up a little bit, and then they will be put on our website, too, so you will be able to get those.

AUDIENCE: How will we know where to find those?

DR. CONLEY: At the CBER website. Is that on that sheet? It is also on the sheet in your pad. I just assume most of you have visit our website daily.

I think in the remaining five minutes or so that we have--I had done a nice recap of yesterday's session which, hopefully, would have helped all of us. It certainly helped me this morning in the discussion groups because I could refer back to things that were said yesterday.

I am not sure it is valuable right now to spend our time there because what I would like to do is pose one last question to the group. The original plans for this was for people within the FDA to author a guidance document which is our way of communicating with the world about things that we think are good practices.

Some of us from FDA have been discussing that. Dr. Epstein, in particular, yesterday morning, noted, after he listened to a few of the presentations before he had to leave that it would be very difficult to contend that we have the expertise within the FDA to address the topic adequately of donor recruitment.

So there was some thought that, perhaps, we would like to put together a committee that included some industry people to draft the document or consider other options. What I wanted to do is I think there has been a lot of valuable information that has come out here today.

I am sure that there are equal amounts of valuable information that come out of AABB and then ADRP meetings. I would like to listen to any opinions about how we can best, FDA, in communicating with the world, how we can best get this information out. Is a guidance document a good idea? Bad idea? You got better suggestions? I would like to hear them now.

And everyone falls silent.

AUDIENCE: I, personally, think a guidance document would be better because one of the analogies that we were using in the last session of talking about incentives was that, right now, everything is kind of going by case law. There is a judgment made here. There is a judgment made there.

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Some of us see the 483s. Some of us don't. So it is easy to understand how the going concern out there is that it is easier to ask for forgiveness than permission. So having some general guidelines, if there are going to be things upon which you are regulating, would be good. But if your inspectors are going to be pretty much leaving hands off, then I guess it all depends on how you regulate.

But I was impressed that there were certain things that are commonplace that it sounds like the FDA maybe didn't know what is going on. So I think it would be good to have judgements made.

DR. CONLEY: So what I am hearing you say is you want to see a guidance document on incentives. I know that that is being worked on. But you would also like to see a larger guidance document on successful donor recruitment and retention practices. Yes?

AUDIENCE: Yes; that would be great, too.

DR. CONLEY: Jan?

AUDIENCE: Gil, I think that one of the things that we said in one of our group's discussion was that I really do think that the FDA can help us, as the industry, to encourage a national campaign for donor education and donor PSAs. I think that that is a very necessary thing that needs to come out of this particular workshop is a recommendation to go to FDA to do that. Whichever way you

carry that through, I think that that is a necessary thing because we need to get this information to the public and we need to make them aware on a--it doesn't have to be every single day or every single week, but maybe on a seasonally recurring basis, to bring in donors.

I think that, also, some of the things that we have put forth we hoped would end up being recommendations that would go to your policy-making group.

I think that one final thing that I would like to say is that I think that we appreciate all the opportunity to give input to you as the FDA. I think that, hopefully, we will not stop the idea of incentives, but I think that it is very important for the FDA to give us guidelines on exactly how much is appropriate, how much is not.

One other thing is, with the IRS and the tax break for the corporate industry, I think there has to be a ceiling on the corporate tax breaks but I think that that is one way that the corporations can, in fact, be encouraged to help us out with allowing our donor drives to be held during their times at work and stuff is if they get a tax break. But I do think there should be definitely be limits set to the tax breakability there.

DR. CONLEY: Just a couple of thoughts on some of the things you said and some of the things we heard earlier, and to help, hopefully, bound the expectations.

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FDA really has no say about IRS law. In fact, if corporate incentives, such as was described earlier, is to come about, we may be a conduit for information, we may be a contact point, but, really, that sounds like a law change to me and that sounds like letters to your Congressmen to me.

But there are limits as to what we can do. As part of the PHS, even though we are usually a regulatory agency and that is our principle charge, as part of the Public Health Service, overall, that is how we got into this. Certainly, that information will go back to the Public Health Service Committee which is a cross-cutting committee of government agencies that discusses blood, blood supply and blood safety. That information will go back from this meeting to that group.

I understand already that I will be responsible for doing a summary report at the next BPAC meeting. It is funny how one should take on one job and it just leads to another.

AUDIENCE: I guess I would like to speak against published guidelines from the FDA. We are certainly welcoming some instruction and guidelines on incentives and welcome the recognition that we have a need, a desperate need. But I see this more as something that is best done

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within the blood centers across the United States. We would like some best practice.

I thought this was very valuable in talking about best practices, but it seems difficult to set guidelines on how we retain donors and how we recruit donors.

DR. CONLEY: So, at best, if we publish a document, we would have to cautiously word it to be sure that people knew we were not setting guidelines but that we were sharing information.

AUDIENCE: Yes.

DR. CONLEY: We will have to find something else to name it and another rubric to publish it under. Bill?

MR. TEAGUE: With the exception of the incentives issue, the incentives issue are begging for clarification from the FDA as to what is acceptable and what is not. You heard many times the words "level the playing field." There is a serious need for that, and those need to be very specific and they could not only be guidelines, they could be regulatory.

But the other aspect of best practices, based on what you have produced is, in essence, a consensus from those who have a reasonable knowledge of what they are doing; here are some best practices. But the incentives need to be very specific.

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DR. CONLEY: Agreed. I was fascinated to learn that some centers took great comfort in the fact that their state had prohibited incentives for them. Hmmm.

AUDIENCE: Could I make one other comment? Another area that I think you could be helpful--could; I know you could be helpful to us--is we talked about improving the process of donation, the history format and how we go through that with our donors. That would be something very helpful to all of us that would help us streamline or make it a more comfortable situation for our donors.

DR. CONLEY: Another arm of our blood action plan is supposed to be looking at simplifying the donor questionnaire. Obviously, because you want to do that on a fact-based approach, what is really necessary, I know that is going to be a long process. But it is in the hopper and being worked on. In the back?

AUDIENCE: We have talked throughout these two days about the fact that donor recruitment has not necessarily received an adequate portion of our blood center budgets in a variety of situations. With the experience I have in donor recruitment, I think that is because we are not recognized as "professionals," if you will.

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I appreciate and applaud your statement a few minutes ago that the FDA does not have that expertise as much of the management of blood services or of blood centers, I mean, does not have that expertise.

We are a group of professionals. We have worked very hard to develop those skills. Certainly, there is room for improvement and new techniques that we need to employ and strategies and support from the Public Health Service. Government funding for a national donor campaign could be very valuable, but we do know how to do our job.

While we need your support, I agree with the comments that guidance makes me very nervous. We need the guidance on the regulatory side but we are professionals and we do an excellent job. Just help us do better at what we already do well.

DR. CONLEY: I had heard some of the concerns about a guidance document prior to the meeting, and you all have reinforced that. I kind of needed to hear it on the record here at the meeting.

Richard, is there anything else that you want to ask the group as we put together a document?

DR. LEWIS: I might just add to your comment about guidance on the donor questionnaire, that there is a guidance being developed to assist people in developing computer questions, how to ask questions of donors that are

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repeat donors, not first-time donors. I think that we will see that shortly.

DR. CONLEY: Often, what we need is data to make the change and somebody to do the study to give us the data.

Just one or two closing things. I have to say thank you to my planning committee who worked on this effort with me. A special thank you also to Susan Parkinson and ABC. They were very supportive in contacting and soliciting speakers. Frankly, I hope everyone is pleased with the presentations as I am.

I think also the audiovisual gentleman who helped us in this hallway has been so excellent. I have seen so many glitches in so many meetings. Thanks to him.

And thanks to all of you for your participation today and have a safe trip home.

[Whereupon, at 2:05 p.m., the meeting was adjourned.]

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