



Blood donations motivators and barriers: A descriptive study of African American and white voters

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ABSTRACT

African American adults are half as likely to donate blood than whites. In order to understand this difference, African American and white participants completed a survey regarding demographics, medical and donation history, and motivators and barriers. The most agreed upon motivators to blood donation were more convenient place and times, being asked and taking less than hour. Motivator responses which differed by race included donating for infectious disease test and reward, and assurance donating is safe. The most agreed upon barriers were not having a convenient place, not knowing where (response differed by race) and fear of needles, pain and feeling faint.

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1. Introduction

Blood collection and transfusion are crucial to the functioning of a self-sufficient community based healthcare system in the United States (US) and the world. In the US, approximately 15 million whole blood products are collected each year from volunteer donors. African Americans are underrepresented in this donor population; it is estimated that among white adults 4.2% donate versus 2.4% of African American adults [1]. In the Atlanta metropolitan area, the blood donor rate (number of blood donors per population) was 11/1000 population for whites, 6/1000 for African Americans and 3/1000 population for Hispanics, and the blood donation rate (number of units donated by population over the total population) was 77 donations/1000 population for whites, 22/1000 population for African Americans and 10/1000 population for Hispanics [2]. To address this discrepancy in blood donation rates, the rea-

sons for these differences, particularly differences in donor marketing and recruitment, must be understood.

Since African Americans make up an ever-increasing and now substantial minority in metropolitan Atlanta, it is increasingly important to recruit African American donors to ensure an adequate blood supply for the entire community. In addition, red blood cell products donated by African Americans are especially important for the treatment of sickle cell disease patients [3]. Red blood cell transfusions are frequently used to prevent or treat complications of sickle cell disease. Sickle cell patients are best transfused with phenotype-matched red blood cell products to prevent the formation of red blood cell antibodies. The presence of alloantibodies increases the risk of hemolytic transfusion reactions. The phenotype-matched red blood cell products are garnered from donors of similar genetic background, i.e. African Americans donors, and therefore there must be an adequate supply of red blood cell products donated by African Americans to fulfill this need. The difficulty of finding phenotype compatible products for patients with sickle cell disease as well as other alloimmunized patients was highlighted in an article using DNA analysis to determine the donor red blood cell

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phenotype in order to create an adequate hospital inventory [4]. In order to obtain this adequate inventory a high percentage of products must be donated by African Americans.

To increase blood donation within the African American community, it is critical to understand their motivators and barriers to blood donation. Historically, the major motivators to blood donation have been altruism, awareness of the need to donate, a sense of social obligation, personal social pressure, need to replace blood used, and increased self-esteem [5]. A previous study determined that African American donors were more likely than white donors to donate to receive an item and/or gift, to be tested for an infectious agent, or to receive a health screen [6]. Another study of African American and white donors demonstrated African American donors more often donated because it is the right thing to do and preferred mailed reminders, race-specific marketing, and donor center community involvement [7]. In a small sample of young African American women, the primary donation motivator was to increase awareness about the need for blood, with an emphasis on the importance of transfusions for the treatment of children with sickle cell disease [8]. In another study of African American female college students, motivators for donors and non-donors were similar and included convenience, university involvement, and feeling of self-satisfaction [9]. In a study of African American church attendees, the most agreed upon motivators were to help save a life and because blood is needed [10].

Historically, the principal barriers to blood donation are fear, inconvenience, perceived medical disqualification, being too busy, not being asked, and apathy [5]. African Americans, more often than whites, cited bad treatment and poor staff skills as reasons to not donate [11]. In the study of young African American women, the most important reason for not donating was inconvenience, followed by fear of needles and taking too much time [8]. In the study of African American college students, non-donors were more likely than donors to be afraid of donation and more likely to be concerned about the safety of the blood supply [9]. In the study of African American church attendees, the most common cited barrier to blood donation was fear.

Racial/ethnic differences in motivators and barriers to blood donation undoubtedly exist and contribute to the difference in blood donation rates. A better understanding of these differences would then result in improved recruitment and retention strategies. Thus, the aim of this study was to investigate, by way of survey, detailed factors that serve as motivators and barriers to blood donation among African American and white individuals.

2. Methods

2.1. Study population

The study population consisted of African American and white registered voters residing in the four major counties of metropolitan Atlanta, Georgia. Registered voter demographic and contact information was obtained from the

Georgia Secretary of State 2008 voter registration database. Demographic information selected from the database included race, age, gender and county residence.

2.2. Selection of participants

A total of 4000 voters between 18 and 69 years old were randomly selected by stratified sampling to participate in the survey. Voters were stratified based upon race (African American and white), gender (male and female) and county of residence (Fulton, DeKalb, Gwinett, and Cobb). Each participant had self-identified their race on the voter registration card. An equal number of African Americans and whites as well as males and females were selected to receive the survey. All other races were excluded. Thus, in each county, 1000 voters were randomly selected and consisted of 50% male/female and 50% African American/white.

2.3. Survey

A pilot survey was designed and tested to assess the major issues of the questionnaire. A final draft was completed following recommendations from the pilot survey and mailed out to 4000 registered voters in the fall of 2009. Survey packets consisted of an introductory letter explaining the survey, an anonymous and self-administered questionnaire, and a pre-addressed and prepaid returned envelope. The questionnaire was printed on an Optical Mark Read (OMR) form developed by Scantron (Scantron Corporation, 2009, Minneapolis, MN). All participants were provided informed consent via self-consent by completing and returning the survey. A follow-up thank you and reminder postcard was mailed out to each participant 2 weeks later. The study received Emory University Institutional Review Board Exempt Approval.

The 51-item questionnaire evaluated the following five categories:

Demographics of survey participants: ($n = 7$) addressed the participant's demographics (race, gender, age), socioeconomics (education, income, health insurance), marital status, and donation history.

Medical factors: ($n = 9$) addressed perceived and potential medical eligibility, attitudinal factors, and trust of blood centers.

Recruitment options: ($n = 12$) assessed different strategies for blood donor recruitment.

Motivations and barriers to donation: ($n = 21$) assessed motivators to blood donation, including convenience, incentives, awareness, and altruism and barriers to blood donation, including inconvenience, apathy, ignorance and fear. These questions were on 5-point Likert scale and consisted of the following responses: "strongly agree", "agree", "neither agree nor disagree", "disagree" and "strongly disagree".

Knowledge of blood donation and the blood supply: ($n = 2$) addressed the participant's knowledge about the blood donation process, the blood supply, and myths and facts about blood donation.

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